

The Basics of Getting Your Affairs in Order

Whether you're 35, 55 or 85, it's a good time to ensure that you and your family are prepared in case of a health crisis or terminal medical diagnosis.

Making and documenting your choices about key issues — such as finances, wills and your health care wishes — puts you in charge of your future. Talking with your family and your physician about your decisions helps them advocate for you if you can't speak for yourself.

Complete the information in this brochure, then share it with those close to you. Keep a copy accessible to you and your family, and review it annually for accuracy.

For more information and resources, visit our *Start the Conversation* web page at www.hospicebythebay.org, or attend one of the free *My Life, My Choices* seminars listed on our website calendar.



Hospice by the Bay is a non-profit 501(c)(3), caring for patients, families and the community in the counties of Marin, San Francisco, San Mateo, Sonoma, and the City of Napa. Licensed by the State of California, it is certified by Medicare and Medi-Cal, and accredited by the Community Health Accreditation Program, Inc., for achieving standards of excellence (www.chapinc.org).

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San Francisco, CA 94102
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(415) 563.8749 Fax

Sonoma County & the cities of American Canyon, Napa and Vallejo

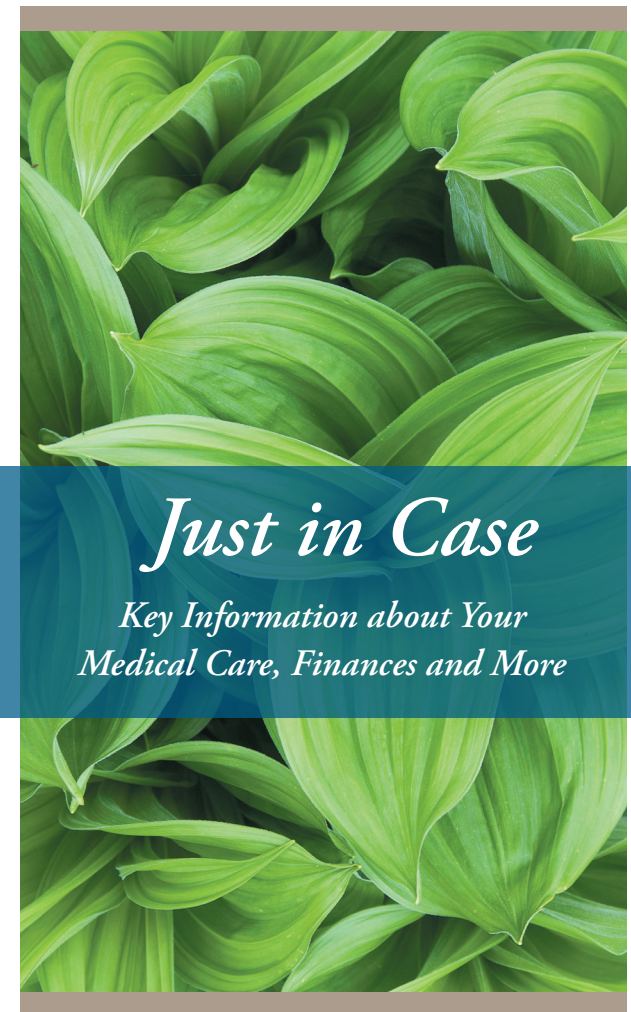
190 West Napa Street
Sonoma, CA 95476
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Admissions

(888) 420.2111
(888) 767.1919 Fax

www.hospicebythebay.org

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SERVING THE COUNTIES OF MARIN,
SAN FRANCISCO, SAN MATEO, SONOMA & THE CITIES
OF AMERICAN CANYON, NAPA AND VALLEJO

My Document Locations and Important Contacts

My name: _____

Date completed: _____

Advance Care Planning

Living Will

I have completed a Living Will, had it signed and notarized. It includes instructions for:

- Medical treatment choices for serious illness
- How/where I wish to spend my final days
- Whom I wish to be present at time of death
- Requests for a funeral or other memorial

Location: _____

Durable Power of Attorney for Health Care

I have completed a *Durable Power of Attorney for Health Care* and named a Health Care Agent to make health care decisions if I am unable to do so.

Location: _____

Agent: _____

Agent's phone: _____

Physician Orders for Life-Sustaining Treatment

I have completed a California *POLST* form listing my choices for medical treatments at the end of my life (CPR, IV feeding, etc.).

Location: _____

Medical Information Release

I have written permission(s) from my physician and specialists to allow sharing medical records with specific family members and/or caregivers.

Location: _____

Durable Power of Attorney for Finances

I have completed a *Durable Power of Attorney for Finances* and named an agent to manage my finances if I am unable to do so.

Agent: _____

Agent's phone: _____

Financial and Practical Matters

Last Will and Testament

I have completed a *Last Will and Testament*.

Location: _____

Executor: _____

Phone: _____

Electronic Data

I have given the following person(s) passwords and access to my email, social media, blogs, websites, and discussed what do with them.

Name: _____

Phone: _____

Agent's Phone: _____

Pets

I have made plans for the care/custody of my pet(s) :

Name: _____

Phone: _____

Funeral Arrangements

I have pre-selected a mortuary/cemetery.

Name: _____

Phone: _____

I have chosen someone to plan my service.

Planner: _____

Phone: _____

Officiating: _____

Phone: _____

Obituary

I have written my obituary or have asked someone to write it for me.

Location or person: _____

Phone: _____

Submit to publication(s): _____

At the Time of my Death

Notify these persons by phone:

_____ ()

_____ ()

_____ ()

Following My Death

Contact those listed about funeral/memorial arrangements.

Schedule the service.

Contact the person who will deliver the eulogy.

Write and/or submit my obituary for publication (a mortuary can assist).

Order copies of death certificate from my County Recorder as verification for each bank/stock account, the Veteran's Administration, Social Security, etc.

Notify my employer.

Name: _____

Phone: _____

Notify my life insurance company.

Name: _____

Phone: _____

Notify my accountant.

Name: _____

Phone: _____

Notify my agent for Durable Power of Attorney for Finances.

Notify Veterans' Administration (may cover some burial/funeral expenses).

Notify Social Security (Legally required, notification ensures that your family receives entitled benefits).

Consider family, individual or group grief counseling through Hospice by the Bay.