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.
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.