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.

To download our comprehensive Organizer Kit, and find more information and resources, visit our website, www.LivingBeforeLeaving.org. Then join us for a presentation on advance care planning by clicking on Attend A Seminar.

Just in Case

Key Information about Your Medical Care, Finances and More

Hospice by the Bay is a nonprofit 501(c)(3), caring for patients, families and the community in Marin, San Francisco, N. San Mateo and Sonoma counties 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).

Marin County
17 East Sir Francis Drake Blvd.
Larkspur, CA 94939
(415) 927.2273
(888) 204.4081 Fax

San Francisco & N. San Mateo Counties
180 Redwood Street, Suite 350
San Francisco, CA 94102
(415) 626.5900
(415) 563.8749 Fax

Sonoma County & City of Napa
190 West Napa Street
Sonoma, CA 95476
(707) 935.7504
(707) 935.7590 Fax

Admissions
(888) 420.2111
(888) 767.1919 Fax
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.