

INFORMATION MY FAMILY SHOULD KNOW

Completed By:

Name

This Booklet Is Provided as a Courtesy By:

Martin J. Hagan
Law Firm of Martin J. Hagan LLC
One Gateway Center - 8 South
Pittsburgh, PA 15222
412-433-9996 (Phone)
412-433-9980 (Fax)
mhagan@haganlaw.net

NOTICE OF CONFIDENTIALITY

I am completing this booklet to provide members of my family (and/or friends whom I have expressly entrusted for this purpose) with important information that will be needed if I later become disabled and cannot communicate, or at the time of my death. No other person has my permission to possess this booklet or to read its contents.

MY PERSONAL INFORMATION:

<i>My Name:</i>	
<i>My Address:</i>	
<i>My Date of Birth:</i>	
<i>My S.S. No.:</i>	

MY FAMILY:

My spouse's name (if applicable): _____

My children or other next-of-kin:

<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>	<i>Relationship to Me</i>

LOCATION OF MY IMPORTANT PAPERS

I have signed the following documents that express my intentions in the event of my incapacity or death:

<i>Document</i>	<i>Date Signed</i>	<i>Location of Original</i>	<i>Location(s) of Copy</i>
Health Care Power of Attorney			
Health Care Treatment Instructions (Living Will)			
Power of Attorney For Property and Financial Management			
Revocable Lifetime Trust			
Irrevocable Lifetime Trust			
Last Will and Testament			

My Other Legal Documents and Important Papers. Employment and Business Agreements, Marital Agreements, Deeds, Leases, Insurance Policies, Annuity Contracts, etc.

<i>Description of Document:</i>	<i>Location of Document:</i>

Physician Orders That Apply If I Am Seriously Ill or Have a Terminal Medical Condition

- POLST.** I and my physician (or other health care professional) have both signed a POLST (Physician Orders for Life-Sustaining Treatment), which is printed on Pulsar Pink cardstock. The original is located here: _____. The POLST should stay with me if I am moved from my residence, or from one facility to another.
- Out-of-Hospital Do-Not-Resuscitate Order.** My physician has signed an Out-of-Hospital Do-Not-Resuscitate Order for me, the original of which is located here: _____ . This Order should stay with me if I am moved from my residence, or from one facility to another.

APPOINTMENT OF HEALTH CARE AGENTS

My Health Care Agent(s):

The person(s) I have named in my Health Care Power of Attorney to act as my health care agent(s) if I cannot communicate my intentions are:

<i>Name(s) of Health Care Agents(s)</i>	<i>Address</i>	<i>Telephone Number</i>

APPOINTMENT OF AGENTS FOR MY PROPERTY AND FINANCES

My Agent(s) for Property and Financial Management:

The person(s) I have named in my Power of Attorney to act as my agent(s) to handle my property and other financial matters if I become unable to do so are:

<i>Name(s) of Agent(s)</i>	<i>Address</i>	<i>Telephone Number</i>

Revocable Lifetime Trust For My Benefit:

In addition to my Power of Attorney, I have OR have not established and funded a Trust to provide for my lifetime needs. If I have such a Trust, the Trust document is described on page 2 above. I have named the following person(s) to manage the Trust assets as Trustees in the event of my incapacity or death:

<i>Name(s) of Trustee(s)</i>	<i>Address</i>	<i>Telephone Number</i>

APPOINTMENT OF EXECUTORS

In the event of my death, I have named the following person(s) in my Last Will and Testament to act as the Executor(s) of my estate:

<i>Name(s) of Executor(s)</i>	<i>Address</i>	<i>Telephone Number</i>

NOTE: FOR THE BENEFIT OF MY AGENTS, TRUSTEES, AND EXECUTORS, I AM ALSO COMPLETING THE APPENDIX TO THIS BOOKLET, ENTITLED “INFORMATION ABOUT MY PROPERTY,” THAT BEGINS ON PAGE 11 BELOW.

PERSONS TO CONTACT

MY PROFESSIONAL ADVISORS:

1. My Attorney for Estate Planning Matters:

<i>Name of Attorney</i>	<i>Telephone Number</i>

2. Attorneys or Law Firms I Use for Other Legal Matters:

<i>Name of Attorney or Law Firm</i>	<i>Telephone Number</i>	<i>Type of Legal Matter</i>

3. My Accountant or Income Tax-Return Preparer:

<i>Name of Accountant</i>	<i>Telephone Number</i>

4. My Life Insurance Agent:

<i>Name of Agent</i>	<i>Telephone Number</i>

5. My Homeowner's and Automobile Insurance Agent:

<i>Name of Agent</i>	<i>Telephone Number</i>

6. My Long-Term Care (Nursing Home) Insurance Agent:

<i>Name of Agent</i>	<i>Telephone Number</i>

7. My Investment Advisor or Stockbroker:

<i>Name of Investment Advisor</i>	<i>Telephone Number</i>

8. My Other Advisors:

<i>Names of Advisors</i>	<i>Telephone Number</i>	<i>Specialty</i>

MY PHYSICIANS AND OTHER MEDICAL CARE-GIVERS:

1. My primary care physician is:

<i>Name of Physician</i>	<i>Telephone Number</i>

The name of my physician's group practice is: _____

2. Other doctors who are treating me are:

<i>Name of Physician</i>	<i>Telephone Number</i>	<i>Area of Specialty</i>

3. Other Medical Personnel (Therapists, Visiting Nurses, etc.) who are involved in my care are:

<i>Name</i>	<i>Telephone Number</i>	<i>Area of Specialty</i>

MEDICAL INFORMATION MY HEALTH CARE AGENTS SHOULD KNOW:

Medicines I am currently taking are:

<i>Name of Drug</i>	<i>Dosage</i>	<i>Frequency of Use</i>

Names and telephone numbers of the pharmacies where my prescriptions are filled are:

<i>Name of Pharmacy</i>	<i>Location or Address</i>	<i>Telephone Number</i>

Allergies to drugs that my health care agents should be aware of are:

INFORMATION APPLICABLE IN THE EVENT OF MY DEATH

I want my family to know my wishes as expressed below regarding my funeral and burial:

1. **Funeral Home I Want To Use:**

<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>

I have pre-arranged my funeral, and the paperwork is located: _____
_____.

I have OR have not prepaid my funeral expense. The amount I have paid is
\$_____.

I have not made any prior arrangements.

2. **Viewing Instructions.** My wishes regarding viewing at the funeral home are:

3. **Obituary.** In my obituary, I want it specified that any memorial donations should be made to the following charity or charities (or fund/funds):

4. **Funeral Service:** I would like to have the funeral service conducted:

- At my church or synagogue, the name of which is: _____.
- At the funeral home.
- I do not want to have a funeral service held for me.

My funeral service is to be conducted by:

- The minister or rabbi of my church or synagogue, preferably _____.
- Another clergyman, whose name, address, and telephone number are:
_____.
- I have no preference.

Music: At my funeral service, I would like to have the following hymns or songs sung or played:

Readings: I would like the following readings said at my funeral service:

5. **Memorial Service (If Applicable):**

In lieu of a funeral service, I want a memorial service to be held at the following location:

_____.

Please invite the following persons to speak at my memorial service, if they are able and willing to do so:

Music: At my memorial service, I do OR I do not want music played. If I do, I want the following hymns or songs sung or played:

6. **My Wishes Regarding the Disposition of My Remains:**

- I want a traditional burial and do not want to be cremated.
- I prefer to have a “green” or natural burial, if that option is reasonably available at my death.
- I want to be cremated. My wishes concerning the disposition of my ashes are:

7. **Burial Instructions:**

Name of the cemetery I want to be buried in is: _____.

I want do not want an above-ground burial (i.e., in an indoor mausoleum at the cemetery).

- My family already has a burial plot or space reserved for me, which is Lot No. _____.
- I have purchased a burial plot or space, which is Lot No. _____.
- I have not purchased a burial plot or mausoleum space.

Grave Marker:

- I have purchased a grave marker from: _____.
- I have not yet purchased a marker, but would like to have the following type:
 - Bronze plaque Granite marker Other _____

Inscription I want to appear on my grave marker:

- I do not wish to have a marker.

8. Other Funeral or Burial Instructions:

I acknowledge that this document is meant for informational purposes only. I expressly do not intend that it act as my Last Will and Testament, Lifetime Trust, Durable Power of Attorney, Durable Health Care Power of Attorney, or Health Care Treatment Instructions (Living Will), or in any way modify any of these documents that I may have previously signed and are currently in effect.

Witness my signature on this _____ day of _____, 201____.

Signature

Print Name: _____

APPENDIX

INFORMATION ABOUT MY PROPERTY

To aid my agents (and trustees, if I have established a trust) during my life, and my executors in the event of my death, I am setting forth the following information regarding my property and financial affairs:

MY REAL ESTATE:

A. I own my house located at: _____.

The property is OR is not encumbered by a mortgage or home equity loan. If it is, the names of the banks or other companies to which I make payments are:

<i>Name of Institution</i>	<i>Telephone Number</i>	<i>Amount of Monthly Payment</i>

My homeowner's insurance is with the following company:

Premiums are due on the following dates during the year:

The following persons have keys to my house:

<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>

If my agent or executor needs to have a neighbor or friend check up on my house and property regularly, they should call on the following person(s) for that purpose:

<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>

B. I rent my home (apartment, etc.) located at: _____.

My monthly rent is \$_____, and is payable to: _____.

A copy of my lease can be found in: _____.

My lease is month-to-month OR year-to-year , with the term ending in the month of _____.

I have a security deposit with the landlord in the amount of \$_____.

C. Information on other real estate I own (vacation home, investment properties etc.):

MY RETIREMENT ACCOUNTS:

I have the following IRAs, 401(k), or other retirement accounts:

<i>Name of Institution Holding Account</i>	<i>Type of Account (IRA, SEP, etc.)</i>	<i>Name(s) of Beneficiaries to Receive Funds at Death</i>

MY SECURITIES AND INVESTMENTS:

Apart from my retirement accounts, I own securities (stocks, government bonds, mutual funds, etc.) that are held at one or more brokerage or financial management firms listed below:

<i>Name of Institution Holding Account</i>	<i>Type of Account</i>

I own securities and hold the original certificates and/or bonds myself. They are located in:

MY BANK ACCOUNTS AND CERTIFICATES OF DEPOSIT:

I have bank accounts and/or C.D.'s with the following banks:

<i>Name of Bank</i>	<i>Location of Branch Where Account Opened</i>	<i>Type of Account (Savings, Checking, C.D., etc.)</i>	<i>Account Number</i>

LIFE INSURANCE

I own the following policies of life insurance on my life:

<i>Name of Insurance Company</i>	<i>Amount of Death Benefit</i>	<i>Name(s) of Primary Beneficiaries</i>	<i>Name(s) of Contingent Beneficiaries</i>

ANNUITIES

I own the following annuity contracts:

<i>Name of Annuity Company</i>	<i>Amount of Lifetime Benefit</i>	<i>Name(s) of Primary Beneficiaries</i>	<i>Name(s) of Contingent Beneficiaries</i>

AUTOMOBILES

A. _____ I own the following automobiles:

<i>Make of Automobile</i>	<i>Model of Automobile</i>	<i>Year</i>

The title certificates to these autos are located in: _____
_____.

B. _____ I lease my car. The location of the lease and other paperwork is: _____.

Information as to any outstanding car loans or other financing arrangements:

JOINTLY OWNED PROPERTY

As to any of the assets described above, I own the following assets in joint names with one or more other parties:

<i>Asset</i>	<i>Name(s) of Joint Owners</i>

OTHER IMPORTANT FINANCIAL INFORMATION

1. **Financial Records and Tax Returns.** I do OR do not maintain my financial records and tax returns on my computer. If I do, my computer is kept at the following location:
_____.

The specific software programs or applications I use for these purposes are:
_____.

(e.g., Excel, Quicken, QuickBooks, TurboTax).

If my computer or the specific software application has a security password, these are the password(s): _____ (or this is where the password(s) have been written down: _____).

I do OR do not maintain my financial records and other information in written format (ledgers, binders, notebooks, etc.). These written records are located in: _____ . Copies of my federal and state income tax returns are located: _____.

2. **Safe Deposit Box.** I do OR do not maintain a safe deposit box. If I do, it is at the following bank:

<i>Name of Bank</i>	<i>Bank Branch Location</i>	<i>Location of Key</i>

I have OR have not signed papers at the bank to allow others access to my safe deposit box. If so, these persons are:

<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>

3. **Home Safe.** I do OR do not have a safe or strong-box at home, which can be found at the following location: _____. The combination to the safe is: _____ (or such combination can be found in a separate writing located here: _____). If it is not a combination lock, the key to the strong-box is located: _____.

4. **Charitable Pledge.** I have OR have not made a pledge to a religious or charitable organization that is not yet fully paid, or will not become payable until my death. If applicable the terms of such pledge are as follows:

<i>Name of Charity</i>	<i>Address of Charity</i>	<i>Telephone Number</i>	<i>Amount and Other Terms of Pledge</i>

The pledge documentation is located in: _____.

5. **Loans I Have Made That Are Unpaid.** I have loaned money to the following persons that remains unpaid:

<i>Name of Borrower</i>	<i>Address of Borrower</i>	<i>Amount Loaned</i>	<i>Terms of Repayment</i>

6. **Debts I Owe.** Not including credit card debts, I have unpaid loans with the following companies or individuals:

<i>Person or Company Owed Money</i>	<i>Address of Person or Company</i>	<i>Telephone Number</i>	<i>Terms of Repayment; Date of Final Payment</i>

Location of promissory notes, agreements, or other paperwork relating to the loans:

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END OF FORM