



# *Finishing Life*

Preparing for the End of Life

By: \_\_\_\_\_



# **Introduction**

## **by Deacon Georgette Forney**

Most people would say they love planning vacations, parties, celebrations, and holidays! They would also say they hate and often put off filling out income tax returns and insurance claim forms. But we persevere in unpleasant tasks because they serve an important purpose.

It's the same with this booklet –it has a lot of blank spaces that need filled in, and it challenges you to think about things you would prefer to not think about. But it will help and bless those you love when they need this information, if you are unable to communicate or are incapacitated.

A few years before my mother died, I created a form like this for my parents, and after mom's death when we were grieving, all this information was documented and organized so we did not have to second guess what her wishes were or where her pertinent documents were.

Thinking about these things now when you are feeling good may seem like a waste of time and energy, but sadly, we never know when things may change. For the sake of your loved ones, communicate your values, needs, and wishes, so they are not overwhelmed while trying to make endless decisions and second guessing what you would have wanted, in the midst of a crisis and grief.

Our hope is that you will take time to think about and express what is important to you, especially as a starting point to share with others. Your wishes and desires matter to those who love you and being able to articulate what you do or do not want is helpful.

Anglicans for Life has designed this booklet in two parts.

The first section addresses your values and preferences for medical care, the process of selecting a Health Care Advocate, and your goals related to end of life medical preferences.

The second half of the booklet collects all your critical personal and financial data into one document.

Our prayer is that completing this booklet will give you and your loved ones peace and assurance that these important topics have been addressed, so everyone can focus on enjoying life until the need arises.

*\*Please remember to tell your family where this booklet is stored! An online version of this document is available for you to download and fill out at your computer if you would prefer to – visit [AnglicansforLife.org](http://AnglicansforLife.org)*

# Worldview about Life and Death

---

This section of **Finishing Life God's Way** is designed to help you think through your values and preferences when circumstances become such that you may be incapacitated or have a limited ability to make decisions. The following basic principles summarize Embrace the Journey's teachings.

1. God does not require people to use every medication, machine, or medical intervention to keep someone alive at all costs. We accept the reality of death, knowing it is a transition to eternal life.
2. We are called "always to care, never to kill." Imposing or hastening death is never acceptable. God alone knows when our life is to end.
3. We are morally obliged to make use of measures that provide a reasonable hope of benefit, without excessive burden. Note that a "benefit" is not the same as a "cure."
4. A measure that is excessively burdensome to the patient or his/her family is not obligatory. But food and fluids are normal, ordinary care (and therefore obligatory), unless, of course, the body itself is no longer assimilating them properly.
5. When specific questions arise about initiating or continuing medical treatment, those questions cannot be answered without considering the medical history of the patient and available options. A key question to ask is: What are the medical benefits of starting or continuing this treatment? (There is a difference between a medical benefit and a value judgment. Whether the person's life is valuable, or worth keeping alive are not medical questions but value judgments, and the value and dignity of every person should be respected by all.)

You don't have to actually write down anything here, but please read through the statements below and think about what is important to you. This can help you identify what you want if and when the need arises. We appreciate that it is hard to imagine aging or being near death and knowing what you will or won't want, but just as we plan for retirement, we must plan for aging and dying.

The best place to start is to ask yourself: What do I believe about life and death? How you view life and death will influence how you respond to the following statements. Discussing these statements with loved ones can give them a clearer picture of your values and what is important to you as you age or near death.

- What are your biggest fears and concerns about aging, illness, and dying?
- What goals are most important to you related to your style of living and your healthcare as you age or as you deal with pre-existing health issues?
- Based on the goals above, what trade-offs or compromises would you be willing to make?

Thinking about these things is hard enough for yourself. If you are trying to help someone else think about them, it can feel intimidating or awkward. Ask God to help you persevere through, so you can have the needed conversations, even if they happen in stages. Often, you can use an incident in someone else's life as a conversation starter.

# Choosing a Health Care Advocate

---

Choosing someone to serve as your Health Care Advocate (also called Power of Attorney for Health Care or Proxy) can be challenging. He/she must be someone who knows you very well and cares for you—but also must be able to make difficult decisions. Because of this, a spouse or family member may not be the best choice because he or she is too emotionally involved or can become easily confused. On the other hand, he or she COULD be the best choice. You should also choose someone close by so they can be available when you need them. Whoever you chose as your Health Care Advocate, you must discuss your wishes with this person and be sure this person agrees to follow and respect your wishes. Your Health Care Advocate should be at least 18 years or older (in Colorado, 21 years or older) and should NOT be:

- Your health care provider, including the owner or operator of a health or residential or community care facility serving you
- An employee/spouse of an employee of your healthcare provider
- An individual serving as a Health Care Advocate for 10 or more people, unless he or she is your spouse or relative

A Healthcare Advocate can:

- Talk with your doctors. Make choices about your medical care or services, like tests, medicine, or surgery. This care or service could be to find out what the health problem is or how to treat it. It can also include care to keep you alive. If the treatment or care has already started, your Health Care Advocate can keep it going or have it stopped.
- Interpret any instructions you have given according to your Health Care Advocate's understanding of your wishes and values.
- Consent to admission to an assisted living facility, hospital, hospice, or nursing home for you. Your Advocate can hire any kind of health care workers you may need to help you or take care of you. Your Advocate may also dismiss or change a health care provider, if needed.
- Make the decision to request, take away, or not give medical treatments, including artificially-provided food and water and any other treatments to keep you alive.
- See and approve release of your records and personal files. If you need to sign your name to retrieve any of these files, your Advocate can sign for you.
- Move you to another state to obtain the care you need to carry out your wishes.
- Authorize or refuse to authorize any medication or procedure needed to help with pain.
- Take any legal action to carry out your wishes.
- Donate usable organs or tissues as allowed by law
- Apply for Medicare, Medicaid, or other programs or insurance benefits for you. Your Advocate should be able to see your records to find out what is needed to fill out these forms.

## **Key Questions to Ask as You Decide who to Appoint to be Your Health Care Advocate**

**Will the person make decisions that are in line with your wishes?** Do they think like you? Will emotions cloud their judgement?

**Will the person be comfortable speaking up on your behalf?** Will the person stand up for you or ask difficult questions of healthcare providers?

**Will the person be good at making decisions in changing circumstances?** Will they make decisions consistent with your expressed wishes?

**People to consider: Mother/Father, Spouse/Partner, Son/Daughter, Sister/Brother, Friend, Other?**

**Now that you have thought about who your Health Care Advocate should be, you will need to take steps to legally appoint that person. One way to do that is to appoint them as your Health Care Power of Attorney, which requires a legal document that will need to be presented to various health care facilitators. Or you can sign a Protective Medical Decisions Document if you are appointing someone to serve as your advocate, in which case you would not empower anyone to serve as a Health Care Power of Attorney.**

As noted in **Embrace the Journey**, to appoint an advocate requires signing the **Protective Medical Decisions Document**. You can order the documents from the Patients' Right's Council. They recommend naming an Advocate and two alternates and two witnesses are required. There is no charge for the PMDD. A donation of \$15 is requested, but not required, for each PMDD packet. To obtain a PMDD, call 800-958-5678 or 740-282-3810 between 8:30am and 4:30pm (Eastern Time). Consider ordering additional copies for spouses or other family members over the age of 18.

**Please note:** a Financial Power of Attorney is separate and different than a Health Care Power of Attorney but can be the same person. Two separate documents are needed for these appointments.

Once you decide who you want to serve as your Health Care Power of Attorney or Advocate, you need to speak with them and discuss what your Health Care Preferences are to prepare them to speak for you. You will also want to inform other family members about your plans. Consider: who do you need to speak to about your wishes? Which family members and/or friends do you need to have a discussion with, so your wishes are clear and respected? When would be a good time to discuss these issues? Where should the discussion be held?

After appointing someone as your Health Care Advocate be sure to:

Give them a copy of the signed form so they can share as needed.

Make sure the Advocate knows the names and contact information for your healthcare providers and insurance.

Make sure your primary care provider knows the name and contact information of your Advocate.

# Health Care Preferences

---

Now that you have chosen your Health Care Advocate/POA, you will want to discuss your values, wishes and preferences to help them have a clear understanding of the type of care you desire. Be careful about using general statements such as “I never want to be hooked up to a machine” or “I don’t want a feeding tube or ventilator.” Depending on circumstances, these interventions may be valuable and temporarily necessary.

We have provided a variety of statements to help start the discussion with your Health Care Advocate to help them better understand your values and have a sense of what you do and do not want. These statements relate to **the type of care you would like** to have in the case of prolonged illness or when you are incapacitated or near death. We do not recommend putting specific wishes in writing as they can be misinterpreted. We have left ample space for you or your advocate to make notes.

## 1. Specific Examples of Care Requests

- I do or do not want to be in pain. I want my doctor to give me enough medicine to relieve my pain, even if that means that I will be drowsy or sleep more than I otherwise would.
- I do or do not want anything done or omitted by my doctors or nurses with the intention of taking my life.
- I do or do not want my organs donated after my death.
- I do or do not want to be offered food or fluids by mouth just kept clean and warm.
- I do or do not want to be as alert as possible until I die.
- I do or do not want minimum sedation to prevent pain.
- I want to live as long as possible, no matter what. OR Quality of life is more important to me than quantity of life.
- I am worried I will not get enough care, OR I am worried I will have too much care.
- I wouldn’t mind being cared for in a nursing facility. OR Living independently is very important to me.
- I want my loved ones to do exactly what I have said, even if it makes them uncomfortable, OR I want them to do what they want regardless of my wishes so they are happy.
- When the time comes, I want to be alone, OR I want to be surrounded by loved ones.
- I don’t want anyone to know about my health issues. OR I feel comfortable with those close to me knowing everything about my health.

- 2. If my doctor and another health care professional both decide that I am likely to die within a very short period of time, and life-support treatment is artificially preventing my death (which describes your wishes?):**
- I want to have life-support treatment continued
  - I do not want to have life-support treatment
  - I want to have life –support treatment if my doctor thinks it could help. But I want my doctor to stop life-support treatment if it is not helping my health condition or the treatment becomes burdensome.
- 3. If my doctor and another health care professional both decide that I am in a coma from which I am not expected to wake up or recover and/or I have brain damage, and life-support will only delay the moment of my death (which describes your wishes?):**
- I want to have life-support treatment
  - I do not want to have life-support treatment
  - I want a second opinion and scans done on my brain.
  - I want to have life-support treatment if it could help. But I want to stop life-support treatment if it is not helping my health condition or symptoms or becomes burdensome.
- 4. If my doctor and another health care professional both decide that I have permanent and severe brain damage, (for example, I can open my eyes, but I cannot speak or understand) and I am not expected to get better, but I am surviving without any life-support treatment (which describes your wishes?)**
- I want to be cared for, fed (feeding tube) and treated with the hope of improvement.
  - I want to be kept comfortable without any artificial intervention except food and fluids.
  - I want to have life-support treatment if my doctor believes it could help. But I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.
  - I do not want life-support treatment
- 5. Additional Preferences - Which of the below describes your wishes?**
- I wish to have my favorite music played when possible until my time of death
  - I wish to have personal care like shaving, nail clipping, hair brushing, and teeth brushing, as long as they do not cause me pain or discomfort.
  - I wish to have religious readings and well-loved poems read aloud when I am near death.
  - I wish to have people with me when possible, I want someone to be with me when it seems that death may come at any time



- I wish to have my hand held and to be talked to when possible, even if I don't seem to respond to the voice or touch of others.
- I wish to be massaged with warm oils as often as I can be
- I wish to have the members of my faith community told that I am sick and asked to pray for me and visit me.
- I wish to be cared for with kindness and cheerfulness, and not sadness.
- I wish to have pictures of my loved ones in my room, near my bed.
- I want to die in my home, if that can be done.

Please note specifics about your health insurance – if you are on Medicare, please include that info as well as your Part B coverage provider.

Medicare: \_\_\_\_\_

\_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Prescription Coverage provider: \_\_\_\_\_

If you order medications online, please provide website and log-in username and passcode: \_\_\_\_\_

\_\_\_\_\_

If you access health insurance online, please provide website and log-in username and passcode:

\_\_\_\_\_

If you have long-term care insurance, please provide policy information and phone number to contact provider: \_\_\_\_\_

\_\_\_\_\_

Additional notes for insurance information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Doctors & Specialists Contact Information

---

Doctor: \_\_\_\_\_

Specialty/Medical Condition: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_

Specialty/Medical Condition: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_

Specialty/Medical Condition: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_

Specialty/Medical Condition: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_

Specialty/Medical Condition: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_

Specialty/Medical Condition: \_\_\_\_\_

Phone: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Questions about Living Arrangements

---

**Where do you want to be in your final days? Now is the best time to think about future living arrangements because moving is known to be very traumatic for elderly people.**

Should you consider downsizing now?

Is your home handicap or elderly friendly? What changes would you need to make to make your house elderly safe?

Have you ever visited or toured a retirement village? Do you have any friends living at one locally where you can visit them and ask questions?

If you needed to go into a nursing home for either short-term or long-term care, which home would you prefer or wish to stay away from?

Is there a family relative you do or don't want to live with?

Please make notes of any specific wishes related to living arrangements: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

# General Personal Information

---

Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone/Mobile Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marriage anniversary Date: \_\_\_\_\_

Passport Number: \_\_\_\_\_

## Organ Donation Preferences:

---

Have you signed documents that permit organ donation? \_\_\_\_\_ If so, location: \_\_\_\_\_

No signed documents but have the desire to donate: \_\_\_\_\_

Do NOT wish to donate: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Biographical Information for Obituary

---

Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Siblings: \_\_\_\_\_

\_\_\_\_\_

Name of high school: \_\_\_\_\_

College: \_\_\_\_\_

Post-College: \_\_\_\_\_

Occupation: \_\_\_\_\_

Last Employed by: \_\_\_\_\_

Retired when, if appropriate: \_\_\_\_\_

Date of marriage: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

If formerly married, name of spouse(s): \_\_\_\_\_

\_\_\_\_\_

If Divorced, decree date/location: \_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grandchildren: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Great-grandchildren: \_\_\_\_\_

\_\_\_\_\_

Church Membership/affiliation: \_\_\_\_\_

Veteran (if yes, please indicate branch of and dates of service): \_\_\_\_\_

\_\_\_\_\_

Grade or rank: \_\_\_\_\_

Name of War/Conflict: \_\_\_\_\_

Clubs and organizations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Achievements/Recognition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hobbies and Personal Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you want to be remembered? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Funeral or Cremation Planning:

---

**Please make sure to discuss these plans and preferences with family members in addition to filling in this information. Don't forget you can pre-plan and pay for your funeral arrangements.**

**Funeral Home to be contacted:**

Funeral Home Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Pre-arranged?: \_\_\_\_\_ If so, pre-arranged contact: \_\_\_\_\_

Amount paid: \_\_\_\_\_

**Cemetery Information:**

Name of Cemetery: \_\_\_\_\_

Telephone: \_\_\_\_\_

Plot in Whose Name: \_\_\_\_\_

Section: \_\_\_\_\_

Block: \_\_\_\_\_

Location of deed: \_\_\_\_\_

Monument/marker type: \_\_\_\_\_

Epitaph/Inscription: \_\_\_\_\_

**Cremation:**

Disposal of ashes: \_\_\_\_\_

**Funeral/Memorial Service to be Held:**

Church: \_\_\_\_\_

Funeral Home: \_\_\_\_\_

Clergyman to conduct ceremony: \_\_\_\_\_

Telephone of clergy: \_\_\_\_\_

Visitation: \_\_\_\_\_



Family member participation in service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preference to give Eulogy: \_\_\_\_\_

Pallbearers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Honorary pall bearers: \_\_\_\_\_  
\_\_\_\_\_

What do you want to be buried in? \_\_\_\_\_  
\_\_\_\_\_

Flowers: \_\_\_\_\_

Memorial donations? \_\_\_\_\_ If yes, than to what organization or to whom? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other requests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

About these matters (check and/or complete one)

\_\_\_\_\_ I want the decision of my \_\_\_\_\_ or if he or she is not living, my \_\_\_\_\_  
to have a final decision on all of the above.

\_\_\_\_\_ I want my children to make a final decision on these matters by consensus, or, if that is not  
practical, by a majority “vote” within the parameters as stated herein.

Music preferences: \_\_\_\_\_

---

Commonly used hymns from *The Hymnal 1982*:

<u>Hymn Name</u>	<u>Page</u>	<u>Hymn Name</u>	<u>Page</u>
A Mighty Fortress	687, 688	I Love Thy Kingdom, Lord	524
Abide with Me	662	If Thou But Trust God to Guide Thee	635
All Glory Be to God on High	421	Immortal, Invisible, God Only Wise	423
All People That on Earth Do Dwell	377, 378	Jerusalem the Golden	624
Be Thou My Vision	488	Joyful, Joyful, We Adore Thee	376
Breathe on Me, Breath of God	508	I to the Hills Will Lift My Eyes	668
Christ the Lord Is Risen Today	188, 189	Love Divine, All Loves Excelling	657
Faith of Our Fathers	558	O God, Our Help in Ages Past	680
For All the Saints	287	Of the Father's Love Begotten	82
Glorious Things of Thee Are Spoken	522, 523	Out of the Depths, I Call	666
God Moves in a Mysterious Way	677	The Church's One Foundation	525
God of Grace and God of Glory	594, 595	The King of Love My Shepherd Is	645, 646
Guide Me, O Thou Great Jehovah	690	The Lord's My Shepherd	663
I Know That My Redeemer Lives		The Strife Is O'er	208

Vocalist: \_\_\_\_\_

Scripture: \_\_\_\_\_

I would like to say this to my family and friends: \_\_\_\_\_

Miscellaneous instructions and/or comments: \_\_\_\_\_

# Financial Information

---

## **BANKING**

Bank name: \_\_\_\_\_

Location: \_\_\_\_\_

Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Location: \_\_\_\_\_

Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank name: \_\_\_\_\_

Location: \_\_\_\_\_

Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank name: \_\_\_\_\_

Location: \_\_\_\_\_

Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_

## **MONTHLY INCOME SOURCES**

Social Security: \_\_\_\_\_ \$ \_\_\_\_\_

Pension: \_\_\_\_\_ \$ \_\_\_\_\_

Misc.: \_\_\_\_\_ \$ \_\_\_\_\_

**DEBTS**

Lender: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lender: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lender: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ESTIMATED ASSETS**

Cash: \_\_\_\_\_ \$ \_\_\_\_\_

Aggregate value of stocks and bonds: \_\_\_\_\_ \$ \_\_\_\_\_

Notes receivable: \_\_\_\_\_ \$ \_\_\_\_\_

Life Insurances: \_\_\_\_\_ \$ \_\_\_\_\_

Business Interest: \_\_\_\_\_ \$ \_\_\_\_\_

Aggregate Value of Retirement accounts: \_\_\_\_\_ \$ \_\_\_\_\_

Aggregate Value of Real Estate: \_\_\_\_\_ \$ \_\_\_\_\_

Trusts: \_\_\_\_\_ \$ \_\_\_\_\_

Miscellaneous Assets: \_\_\_\_\_ \$ \_\_\_\_\_

**ESTIMATED LIABILITIES**

Mortgage: \_\_\_\_\_ \$ \_\_\_\_\_  
Bank loans: \_\_\_\_\_ \$ \_\_\_\_\_  
Taxes outstanding: \_\_\_\_\_ \$ \_\_\_\_\_  
Monthly Expenses: \_\_\_\_\_ \$ \_\_\_\_\_  
Other debts: \_\_\_\_\_ \$ \_\_\_\_\_  
Health Insurance Premiums: \_\_\_\_\_ \$ \_\_\_\_\_  
Long-Term Care Insurance Premiums: \_\_\_\_\_ \$ \_\_\_\_\_

**CREDIT CARDS**

Name on Account: \_\_\_\_\_  
Type of Card/Issuer: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_  
Type of Card/Issuer: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_  
Type of Card/Issuer: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_  
Type of Card/Issuer: \_\_\_\_\_  
Account Number: \_\_\_\_\_

\*Use blank sheet of paper to list additional credit card accounts.

**AUTOMOBILES**

**Make/model:** \_\_\_\_\_

Car Loan Holder/Account#: \_\_\_\_\_

**Make/model:** \_\_\_\_\_

Car Loan Holder/Account#: \_\_\_\_\_

**PENSION OR UNION PLAN**

**Company:** \_\_\_\_\_

Account Number: \_\_\_\_\_

**Company:** \_\_\_\_\_

Account Number: \_\_\_\_\_

**401K/IRA/ANNUITIES AND RETIREMENT PLAN BENEFITS**

**Name of Company:** \_\_\_\_\_

Account Number: \_\_\_\_\_

Value: \_\_\_\_\_

Representative Contact Information: \_\_\_\_\_

**Name of Company:** \_\_\_\_\_

Account Number: \_\_\_\_\_

Value: \_\_\_\_\_

Representative Contact Information: \_\_\_\_\_

**Name of Company:** \_\_\_\_\_

Account Number: \_\_\_\_\_

Value: \_\_\_\_\_

Representative Contact Information: \_\_\_\_\_

## INVESTMENT PORTFOLIO

**Firm:** \_\_\_\_\_

Financial Advisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Value: \_\_\_\_\_

**Firm:** \_\_\_\_\_

Financial Advisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Value: \_\_\_\_\_

## STOCKS AND BONDS

**Name of stock/bond:** \_\_\_\_\_

Broker's name/phone: \_\_\_\_\_

Number of Shares: \_\_\_\_\_

Face value: \_\_\_\_\_

Additional Name Listed as owner of Stock \_\_\_\_\_

**Name of stock/bond:** \_\_\_\_\_

Broker's name/phone: \_\_\_\_\_

Number of Shares: \_\_\_\_\_

Face value: \_\_\_\_\_

Additional Name Listed as owner of Stock \_\_\_\_\_

**Name of stock/bond:** \_\_\_\_\_

Broker's name/phone: \_\_\_\_\_

Number of Shares: \_\_\_\_\_

Face value: \_\_\_\_\_

Additional Name Listed as owner of Stock \_\_\_\_\_

**REAL ESTATE**

**Description:** \_\_\_\_\_

Deed: \_\_\_\_\_ Mortgage Company: \_\_\_\_\_

Who's Name is Real Estate in: \_\_\_\_\_

**Description:** \_\_\_\_\_

Deed: \_\_\_\_\_ Mortgage Company: \_\_\_\_\_

Who's Name is Real Estate in: \_\_\_\_\_

**INSURANCE POLICIES**

**Company:** \_\_\_\_\_

Policy #: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

Amount: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

**Company:** \_\_\_\_\_

Policy #: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

Amount: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

**Company:** \_\_\_\_\_

Policy #: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

Amount: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

**FAMILY TRUST DETAILS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Locations of Items:

---

Safe/Vault/Safety deposit box location: \_\_\_\_\_

Location of safety deposit keys or combination is: \_\_\_\_\_

In whose name: \_\_\_\_\_

Will: \_\_\_\_\_

Durable Power of Attorney for Health Care: \_\_\_\_\_

Power of Attorney: \_\_\_\_\_

Passport: \_\_\_\_\_

Birth Certificate: \_\_\_\_\_

Children's Birth Certificates: \_\_\_\_\_

Deeds/titles: \_\_\_\_\_

Driver's License: \_\_\_\_\_

Marriage Certificate: \_\_\_\_\_

Mortgage information: \_\_\_\_\_

Income Tax Returns: \_\_\_\_\_

Automobile Titles/Registrations: \_\_\_\_\_

Life Insurance information: \_\_\_\_\_

Expensive Jewelry: \_\_\_\_\_

Cash: \_\_\_\_\_

Stocks/Bonds/Financial Portfolio Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Username/Passwords:

---

General computer login: \_\_\_\_\_

Online banking: \_\_\_\_\_

Email(s): \_\_\_\_\_

Pin #'s \_\_\_\_\_

Social Media (Twitter, Facebook, LinkedIn): \_\_\_\_\_

\_\_\_\_\_

Voicemail: \_\_\_\_\_

Security Question answers: \_\_\_\_\_

\_\_\_\_\_

Mobile Phone login: \_\_\_\_\_

Other Passwords: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Important Contacts:

---

Attorney name: \_\_\_\_\_

Firm: \_\_\_\_\_

Telephone: \_\_\_\_\_

Accountant name: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone: \_\_\_\_\_

Executor name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Financial Consultant name: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone: \_\_\_\_\_

Minister/Rector/Pastor name: \_\_\_\_\_

Church: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Personal Items and Bequests

---

List of personal items of value: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Bequests to Family & Friends (designation of items not listed in will): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note provision for care of pets: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Family & Friends to be Notified:

---

Name & Phone#: \_\_\_\_\_

Name & Phone#: \_\_\_\_\_

Name & Phone#: \_\_\_\_\_

Name & Phone#: \_\_\_\_\_

Name & Phone#: \_\_\_\_\_

Name & Phone#: \_\_\_\_\_

Name & Phone#: \_\_\_\_\_

Name & Phone#: \_\_\_\_\_

Name & Phone#: \_\_\_\_\_

Name & Phone#: \_\_\_\_\_

Name & Phone#: \_\_\_\_\_

Name & Phone#: \_\_\_\_\_

Name & Phone#: \_\_\_\_\_

Name & Phone#: \_\_\_\_\_

Name & Phone#: \_\_\_\_\_

Name & Phone#: \_\_\_\_\_

Name & Phone#: \_\_\_\_\_

Name & Phone#: \_\_\_\_\_

Name & Phone#: \_\_\_\_\_

Name & Phone#: \_\_\_\_\_

Name & Phone#: \_\_\_\_\_

Name & Phone#: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





Please remember!

Tell someone where this document is stored in your home or online!

Copyright 2016

For additional copies of this booklet, please contact:

**Anglicans for Life**

**80 Leetsdale Industrial Drive, Suite 301**

**Leetsdale, PA 15056-1034**

**412-749-0455   [www.AnglicansForLife.org](http://www.AnglicansForLife.org)   [info@AnglicansForLife.org](mailto:info@AnglicansForLife.org)**



