



HOSPICE
==== *of* ====
GREEN COUNTRY

What My Family Should Know
A Guide for My Affairs

Name: _____

Date Completed: _____

Although many of us are efficient in our daily lives, most of us leave inadequate and incomplete records of our financial and personal affairs at the end of our lives. Taking the time to plan and have one's affairs in order is truly one of the most thoughtful gifts that you can give to those you love.

Please take the time to plan now and record information while it is still a task and not an additional burden to those you will later leave behind. The purpose of this guide is to encourage you to make plans for an orderly transition. Eventually someone will be handling your affairs without you. The death of a loved one is excruciating enough without the added responsibilities of resolving unfinished affairs. Your preparation will help in easing the burden on those you hold dear. You now have the opportunity to help your loved ones at a time when they will need it most.

We suggest you complete this record and store it in a safe place so it will be available for possible revisions by you and later on, for use by your loved ones.

We hope that in addition to guiding your own family as to your wishes you may be able to help someone else who has not yet had the opportunity to prepare.

Hospice of Green Country
3501 S Yale Avenue, Suite A
Tulsa, OK 74135
www.hospiceofgreencountry.org



Compassionate guardians of comfort and dignity.

PERSONAL INFORMATION

Name:					
Social Security No.					
Date of Birth:			Place of Birth:		
Current Home Address:					
Home Telephone #:			Work Telephone #:	Cell #:	
Permanent Address:					
Marital Status:	Married:	Divorced:	Widowed:	Single:	Separated:
Date and Place of Marriage:					
Name of Significant Other:					
(Please complete if different than above)					
Current Home Address:					
Telephone #:					
Significant Other's Employer:					
Address of Employer:					
Work Telephone #:					
Name of Former Significant Other, if applicable:					
Current Home Address:					
Work Telephone #:					
Date & Place of Marriage:					
Date & Place of Divorce, if applicable:					

Registry of Children:				
First Name	Last Name	Date of Birth	Cell	Address

Current as of:

PERSONAL INFORMATION – Significant Other

Name:					
Social Security No.					
Date of Birth:			Place of Birth:		
Current Home Address:					
Home Telephone #:			Work Telephone #:		
Prior or Permanent Address:					
Marital Status:	Married	Divorced	Widowed	Single	Separated
Date and Place of Marriage:					
Name of Significant Other:					
(Please complete if different than above)					
Current Home Address:					
Telephone #:					
Spouse's Employer:					
Address of Employer:					
Work Telephone #:					
Name of Former Spouse:					
Current Home Address:					
Work Telephone #:					
Date & Place of Marriage:					
Date & Place of Divorce:					
Registry of Children:					

First Name	Last Name	Date of Birth	Cell	Address

Current as of:

FAMILY REGISTRY

Grandchildren				
First Name	Last Name	Date of Birth	Cell	Their Parents
Family				
Name of Father:				
Current Home Address:				
Telephone #:				
Work Telephone #:				
Name of Mother:				
Current Home Address:				
Telephone #:				
Work Telephone #:				
Registry of Brothers and Sisters				
First Name	Last Name	Date of Birth	Address	
Significant Other's Family				
Name of Father:				
Current Home Address:				
Telephone #:				
Work Telephone #:				
Name of Mother:				
Current Home Address:				
Telephone #:				
Work Telephone #:				

Registry of Brothers and Sisters			
First Name	Last Name	Date of Birth	Address

If any of the above family members are deceased, please indicate date of death next to the name.

Current as of:

**IN CASE OF EMERGENCY
THESE PEOPLE MUST BE NOTIFIED**

Name:		Relationship:
Address:		
Home Phone:		Work Phone:
Name:		Relationship:
Address:		
Home Phone:		Work Phone:
Name:		Relationship:
Address:		
Home Phone:		Work Phone:
Name:		Relationship:
Address:		
Home Phone:		Work Phone:
Name:		Relationship:
Address:		
Home Phone:		Work Phone:
Name:		Relationship:
Address:		
Home Phone:		Work Phone:
Name:		Relationship:
Address:		
Home Phone:		Work Phone:
Name:		Relationship:
Address:		
Home Phone:		Work Phone:
Name:		Relationship:
Address:		
Home Phone:		Work Phone:

Current as of:

**IMPORTANT BUSINESS AND PERSONAL CONTACTS
TO BE NOTIFIED**

Immediate Supervisor:		
Office Phone:		Home Phone:
Significant Other's Supervisor:		
Office Phone:		Home Phone:
Personal Physician:		
Address:		
Office Phone:		Home Phone:
Clergy/Spiritual Advisor:		
Address:		
Office Phone:		Home Phone:
Attorney:		
Address:		
Office Phone:		Home Phone:
Dentist:		
Address:		
Office Phone:		Home Phone:
Accountant:		
Address:		
Office Phone:		Home Phone:
Insurance Agent:		Insurance Agency:
Address:		
Office Phone:		
Banker:		
Bank Name:		
Address:		
Office Phone:		
Broker:		
Investment Co.		
Address:		
Office Phone:		

Current as of:

PERSONAL FINANCE INFORMATION

Bank:		
Checking Account No.:		Is Account Joint?
Savings Account No.:		Is Account Joint?
Bank:		
Checking Account No.:		Is Account Joint?
Savings Account No.:		Is Account Joint?
Bank:		
Checking Account No.:		Is Account Joint?
Savings Account No.:		Is Account Joint?
Certificate of Deposit #:		Bank:
Certificate is kept at:		
Safety Deposit Box #:		Bank:
Address of Bank/Branch:		
Safe Deposit Box is accessible by:		
Key is kept at:		
DD214 – Record of Military Service is located at:		
Investment/Stock Portfolio is located at:		
Bonds Portfolio is located at:		
IRA Certificate and file are located at:		
401K Retirement File is located at:		
Credit Card Accounts:		
Name:		Account Number:
Issued by:		Is Account Balance Insured?
Name:		Account Number:
Issued by:		Is Account Balance Insured?
Name:		Account Number:
Issued by:		Is Account Balance Insured?
Name:		Account Number:
Issued by:		Is Account Balance Insured?
Name:		Account Number:
Issued by:		Is Account Balance Insured?

Current as of:

REAL ESTATE

We/I own the property located at:			
Mortgage on the property is held by:			
Address:			
Monthly Payments:		Balance of Loan:	
Value of Property:			
Homeowners Insurance Held by:			
Homeowners Insurance Policy is located at:			
Mortgage Insurance if any:			
Mortgage Insurance Policy located at:			

I/We own other real estate at: (List addresses and same info as above):

Deeds, tax documents and pay records are located at:

AUTOMOBILE AND AUTO INSURANCE

Make	Model	Year	Registered To	Status of Ownership

TRAILERS AND OTHER MOTOR VEHICLES

Make	Model	Year	Registered To	Status of Ownership

OTHER IMPORTANT INFORMATION

Current as of:

A SUMMARY OF MY EMPLOYEE BENEFITS

Health Insurance			
I have Self Only	Or Family	Coverage with the following health plan:	
This is a federal plan	YES:	NO:	
I/We have additional coverage under my spouse's health plan	YES:	NO:	
That plan is	And is provided by:		
Life Insurance (1)			
I have Life Insurance in the amount of \$			
With	Company.		
I have a designation of beneficiary on file:	YES:	NO:	
The beneficiary named is:			
He/She is aware of this designation:	YES:	NO:	
Life Insurance (2)			
I have Life Insurance in the amount of \$			
With	Company		
I have a designation of beneficiary on file:	YES:	NO:	
The beneficiary named is:			
He/She is aware of this designation:	YES:	NO:	
I am enrolled in other employee sponsored supplemental insurance plans:	Yes:	No:	
Plan Names:			
Leaves Balances/Leave Programs:			
As of (date):	Hours of annual leave:	Hours of sick leave:	
I am a member of a Medical Leave Sharing Program:	Yes:	No:	
The beneficiary names is:			
He/She is aware of this designation:	Yes:	No:	
Investment Plans:			
I am a member of Thrift:	Yes:	No:	If yes, current balance:
I have a designation of beneficiary on file:	Yes:	No:	
The beneficiary named is:			
He/She is aware of this designation:	Yes:	No:	
I am a member of another employee investment plan	Yes:	No:	
I have a designation of beneficiary on file:	Yes:	No:	
The beneficiary named is:			
He/She is aware of this designation:	Yes:	No:	

Current as of:

RETIREMENT

I am a federal employee	Yes: _____	No: _____
If federal employee, I am under the:		
Civil Service Retirement System (CSRS)		
Federal Employees Retirement System (FERS)		
Other _____		
I am eligible for retirement as of: _____		
Due to prior military service or federal service, I have been advised that I may need to pay either a deposit or a re-deposit to fully receive credit for that service.—Yes: _____ —No:—		
Have deposits/re-deposits been paid?	Yes: _____	No: _____
If my death occurs before retirement, my spouse is aware that he/she may be eligible for a survivor annuity? Yes: _____No: _____		
Amount: \$ _____	Per month. Restrictions/Limitations: _____	
Social Security:		
If I am a federal employee under FERS, is my spouse aware he/she and the children may qualify for benefits under Social Security. Yes: _____No: _____		
Additional Benefits Information:		

Current as of:

FINAL WISHES

Name:			
Place of Worship Preference:		Religious Affiliation:	
Clergy/Spiritual Advisor:			Phone:
Funeral Home Preference:			
Address:			
Phone:			
I have a Pre-Paid Burial/Cremation Plan:		YES	NO:
I would prefer to have funeral/memorial/celebration of life services held at:			
Funeral Home		Name of Funeral Home:	
Place of Worship/Other	Name:	Address:	
		Phone #:	
I prefer:	Internment	Entombment	Cremation
My choice of cemetery is:			
I have not purchased a lot.		I have purchased a lot.	
The lot is in the name of:			
Location of deed for lot:			
I would like to have the following persons act as pallbearers:			
If cremated, what do you wish done with your ashes?			
Would you want an obituary published?		YES:	NO:
Please list the following in my obituary:			
I am entitled to Veterans Benefits:		YES:	NO:
I am entitled to Military Honors:		YES:	NO:
Musical Selections:			

Special Requests for Service:

Current as of:

TRUSTS AND POWERS OF ATTORNEY

An attorney can best advise you if you need to execute a Will. While it is possible to do Wills using various software packages, it is not advisable to do so without having it reviewed by an attorney. Even coping and old Will could be a problem, if you have changed your home of record or have any changes in your family or your assets. You should also rely on your attorney to advise you regarding a power of attorney. While many can be done without the use of an attorney, again the money is well spent if it ensures you and your family that your affairs are in order.

I have a Will that is located at:	
The attorney who handled my Will is:	
At the Law Firm of:	
Phone Number:	
My last Will is dated:	
The Executor is:	
Legal Guardianship Documents are located at:	

TRUST FUNDS

You may wish to seek the advice of your attorney and investment counselor to determine if establishing a Trust Fund would be beneficial. There are many types of Trust Funds for various purposes and each must be done by an attorney. Just remember that if you are setting up a trust fund and want your employee benefits to be paid into the trust, than you must update your beneficiary forms to reflect this.

LIVING WILL OR HEALTH CARE POWER OF ATTORNEY

Individuals may also wish to execute a Living Will or Health Care Power of Attorney that instructs family members and physicians what steps they may want taken should they become unable to make health care decisions for themselves. Since copies of these documents may not be accepted by a physician, you should ensure that signed originals should be given to your private physician, your family members and possibly your attorney.

I have NOT executed a "living Will"	I have executed a "living Will"
My "living Will" is located at:	

ORGAN DONATION

I DO NOT want any of my organs donated.	
I would like to donate ANY organs needed for transplant.	
I would like to donate only the following organs for transplant/research:	
I would like to donate my body for research.	

Current as of:

