

# "Dear Family Letter"

***In the event I should require emergent medical attention, become disabled or die, I am providing this information to those who will be handling my affairs.***

My Full Legal Name: \_\_\_\_\_

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

Street Address: \_\_\_\_\_  
(If different from Mailing Address)

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

Email Addresses: \_\_\_\_\_

## **MEDICAL INFORMATION:**

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ VA Health Care Number: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Major Health Conditions: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

## **ADVANCE DIRECTIVES:**

I \_\_\_ **have** \_\_\_ **have not** executed a **Durable Power of Attorney for Healthcare**.

I have named \_\_\_\_\_ (Ph: \_\_\_\_\_) to be my healthcare decision-maker and selected \_\_\_\_\_ (Ph: \_\_\_\_\_)

as the alternate. The original document is located: \_\_\_\_\_

I \_\_\_ **have** \_\_\_ **have not** executed a **Directive to Physicians (Living Will)**.

The original document is located: \_\_\_\_\_

**LEGAL INFORMATION:**

I \_\_\_ **have** \_\_\_ **have not** executed a **General Durable Power of Attorney**.

I have named \_\_\_\_\_ (Ph: \_\_\_\_\_) to act on my behalf regarding my personal and financial affairs. The original document is located: \_\_\_\_\_

I \_\_\_ **have** \_\_\_ **have not** executed a **Last Will & Testament**.

The original Will is located: \_\_\_\_\_

The person named as Personal Representative is: \_\_\_\_\_

I \_\_\_ **have** \_\_\_ **have not** executed a **Community Property Agreement**.

The original is located: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**PERSONAL INFORMATION:**

AKA/Other names used: \_\_\_\_\_ SS #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Place of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Military Service: \_\_\_\_\_

Military discharge papers location: \_\_\_\_\_

Legal Name of Spouse/Partner: \_\_\_\_\_ SS# \_\_\_\_\_

Former spouses & years of marriage: \_\_\_\_\_

Location of paperwork regarding marriage, divorce or death of former spouse: \_\_\_\_\_

**CYBERSPACE:**

Location of computer passwords: \_\_\_\_\_

**FINANCIAL INFORMATION:**

**Checking/Savings Accounts:**

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

Account #: \_\_\_\_\_

Names on Account: \_\_\_\_\_

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

Account #: \_\_\_\_\_

Names on Account: \_\_\_\_\_

Safe deposit box? \_\_\_ **Yes** \_\_\_ **No**. Located in Bank: \_\_\_\_\_

Individuals with named access: \_\_\_\_\_

Location of key: \_\_\_\_\_

Contents: \_\_\_\_\_

**Retirement Accounts:**

Location: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Account (Roth, 401(k) etc): \_\_\_\_\_

Location: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Account (Roth, 401(k) etc): \_\_\_\_\_

**Investment Accounts:**

Brokerage Company: \_\_\_\_\_ Account #: \_\_\_\_\_

Brokerage Company: \_\_\_\_\_ Account #: \_\_\_\_\_

Name of Investment Advisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Location of Investment Records: \_\_\_\_\_

Pension Information: \_\_\_\_\_

Life Insurance Company: \_\_\_\_\_ Policy no.: \_\_\_\_\_

Location of Original Policy: \_\_\_\_\_

Life Insurance Company: \_\_\_\_\_ Policy no.: \_\_\_\_\_

Location of Original Policy: \_\_\_\_\_

Other Insurance: \_\_\_\_\_

Real Estate Owned/Other Info: \_\_\_\_\_

Accountant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Tax Returns & Records: \_\_\_\_\_

**FINAL DISPOSITION:**

I am a member of **PEOPLE'S MEMORIAL Association (PMA)** (206-325-0489)

My **PEOPLE'S MEMORIAL** membership number is: \_\_\_\_\_

In the event of death, contact \_\_\_\_\_ Funeral Home, Phone: \_\_\_\_\_  
to pick up my body and handle arrangements. Visit ***www.peoplesmemorial.org*** or call  
***PMA Time of Death Phone Line: 1-888-762-2762.***

If I should die outside of Washington state or northern Idaho, membership in PMA may be honored by other affiliates of the Funeral Consumer's Alliance in the USA. Not all affiliates have contracted funeral homes. For a list of affiliates by state check ***www.funerals.org***.

I \_\_\_\_\_ **have** \_\_\_\_\_ **have not** completed a **Disposition Authorization** authorizing my final arrangements. The original is located: \_\_\_\_\_

I \_\_\_\_\_ **have** \_\_\_\_\_ **have not** completed a **Planning Form** regarding my final arrangements and vital statistics. The original is located: \_\_\_\_\_

I \_\_\_\_\_ **have** \_\_\_\_\_ **have not** completed a **Designated Agent** form giving power to a specific individual to handle my final arrangements. The original is located: \_\_\_\_\_

I \_\_\_\_\_ **have** \_\_\_\_\_ **have not** pre-paid for funeral services with: \_\_\_\_\_  
The original documents regarding this prepayment are located: \_\_\_\_\_

I \_\_\_\_\_ **have** \_\_\_\_\_ **have not** filed my funeral planning documents with PEOPLE'S MEMORIAL Association for record-safekeeping.

In general, my wishes are for \_\_\_ **cremation** \_\_\_ **burial**

I have designated a certain bank account or insurance policy to cover my funeral expenses:

\_\_\_\_\_

I \_\_\_ **am** \_\_\_ **am not** an organ/tissue donor and would like those arrangements made at my death.

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