



“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 #: _____ VA Health Care #: _____

Health Insurance Co.: _____ Policy #: _____

Major Health Conditions:

Allergies:

Discuss with next-of-kin. KEEP with important papers. Page 1 of 5

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: _____

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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:

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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 #: _____

Location of Original
Policy: _____

Life Insurance Company: _____ Policy #: _____

Location of Original
Policy: _____

Other

Insurance: _____

Real Estate Owned/Other Info:

Accountant Name: _____ Phone: _____

Location of Tax Returns &
Records: _____

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FINAL DISPOSITION:

I am a member of **People’s Memorial Association (PMA)** (206-325-0489)

My **PMA** 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: 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 (funeral home or insurance company - **not** available through PMA) :

The original documents regarding this prepayment are located:

I ___ **have** ___ **have not** filed my funeral planning documents with PMA for record safekeeping.

In general, my wishes are for ___ **cremation** ___ **burial**

I have a 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: _____

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