



## Got Your Ducks in a Row?

*Check the boxes of what you have completed.  
 Provide the information for your family in this document.*

Health	Financial	Death
<b>POLST/DNR</b> <input type="checkbox"/> Physician Order for Life Sustaining Treatment	<b>Will OR Trust</b> <input type="checkbox"/>	<b>Disposition Authorization</b> <input type="checkbox"/> Burial or Cremation Plot/Niche/Scatter
<b>Advance Healthcare Directive</b> <input type="checkbox"/>	<b>Executor OR Trustee</b> <input type="checkbox"/>	<b>Vital Statistics/ Planning form</b> <input type="checkbox"/> Info for Death Certificate Obits, Service, Memorials
<b>Mental Health Advance Directive</b> <input type="checkbox"/>	<b>MOST IMPORTANT</b> I have shared all this information with my family/friends/attorney <input type="checkbox"/>	<b>Designated Agent</b> <input type="checkbox"/> Who will be making funeral arrangements?
<b>Durable Power of Attorney HEALTHCARE</b> <input type="checkbox"/>	<b>Durable Power of Attorney FINANCE</b> <input type="checkbox"/>	<b>Funds for Arrangements</b> <input type="checkbox"/> Where is the \$\$\$?
<b>Living Will Registry Donate Life Today</b> (if donation is wanted) <input type="checkbox"/>	<b>List of Passwords</b> <input type="checkbox"/> Accounts Policies	<b>Document Storage Service</b> <input type="checkbox"/> Electronically save documents with PMA

People's Memorial Association  
 206.325.0489 info@peoplesmemorial.org



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

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

AKA: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**MEDICAL INFORMATION**

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

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

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

Medicare #: \_\_\_\_\_ VA Health Care #: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

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: \_\_\_\_\_

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

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

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

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

**FINANCIAL INFORMATION**

**Checking/Savings Accounts**

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

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

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

Individual(s) with named access: \_\_\_\_\_

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

**Retirement Accounts**

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

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

**Investment Accounts**

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

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

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

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

Life Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

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

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

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

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

**CYBERSPACE**

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

**FINAL DISPOSITION**

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

My **PMA** membership number is: \_\_\_\_\_

In the event of my death, contact \_\_\_\_\_ Funeral Home to pick up my body and handle arrangements. The funeral home’s phone number is \_\_\_\_\_

Visit ***www.peoplesmemorial.org*** or call ***PMA Time of Death Phone: 1-888-762-2762 for a current list of PMA contracted funeral homes***

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’s Document Storage Service

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

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

I \_\_\_\_\_ **am** \_\_\_\_\_ **am not** an organ/tissue donor.

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

***This document is for providing information only and is not a legally binding document. Please share with your family.***