Got Your Ducks in a Row?
Check the boxes of what you have completed.
Provide the information for your family in this document.

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

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.