



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

People's Memorial Association
 2011 1st Ave N, Seattle, WA 98109
 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 Line: 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.