

Workbook for When I Am Gone



ST. CROIX[®]
HOSPICE

There when you need us the most.

This Workbook includes space to record the most important pieces of information that your loved ones will need when you are gone.

Go through this Workbook to record and check off all the information that you either already know or that does not pertain to you. Then, find and record any of the missing information you want to be sure to provide to the people/ person you have designated to handle your affairs when you are gone.

Sometimes it's hard to remember all of the important things someone else will need to know about us after we are no longer able to share it, and we hope this workbook makes the process of gathering this information easier for you and those you love.

We recommend using this Workbook in partnership with our Checklist for When I Am Gone. Keep this Workbook with your personal and sensitive information secure at home, and carry the Checklist with you to appointments or meetings as a reminder of which information you are still gathering.

This Workbook is one of the four pieces in our Lighthouse End-of-Life Planning Program®.

- The other program materials include our **Advance Care Planning Guide, Capture the Memories Journal and Checklist for When I Am Gone**
- These materials may be downloaded for free online at stcroixhospice.com/lighthouse.
- Printed copies may be requested through your St. Croix Hospice contact or via email at info@stcroixhospice.com.

Reminder: This workbook is not a legal document, and we recommend consulting with an expert for more information on how to build an Advance Care Plan that is personalized to your unique needs and wishes.

Find more Advance Care Planning information, tools and links to state-specific resources online at stcroixhospice.com/lighthouse.

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My Personal Information

Birthdate: _____

Place of Birth: _____

Charitable, Religious,
Fraternal Organizations/Boards: _____

Education (school, college, university): _____

Full Name: _____

Home Address: _____

Parents/Siblings Full Names (maiden names): _____

Pet(s) Names: _____

Phone Number(s): _____

Primary Care Provider: _____

Social Security Number: _____

Spouse Full Name: _____

Advance Care Planning Documents

- Advance Directive: _____

- Do Not Resuscitate: _____

- Executor/Estate Planner: _____
- Funeral Arrangements: _____

- Health Care Proxy: _____

- MOLST/POLST/POST: _____

- Organ/Body Donation Paperwork: _____

- Power of Attorney: _____

Important Contact Information

Name, phone number, email and/or mailing address of:

- Accountant: _____

- Attorney: _____

- Banker: _____

- Clergy: _____

- Employer: _____

- Executor of Estate: _____

- Financial Planner: _____

- Funeral Home: _____

- Health Care Proxy: _____

- Insurance Agent: _____

- Pension/Retirement Fund Contact: _____

- People Who Should be Notified: _____

- Power of Attorney: _____

- Stockbroker: _____

- Tax Preparer: _____

Legal Documents

Death-Related Documents

- Appointment of Agent to Control Disposition of Remains: _____

- Certified Death Certificate (Vital Statistic): _____

Estate Plan: _____

Legal Will (Vital Statistic): _____

Living Trust: _____

Power of Attorney: _____

Transfer on Death: _____

Other Documents

Armed Forces ID/Discharge Papers: _____

Birth Certificate (Vital Statistic): _____

Deeds to Cemetery Plot: _____

Deeds to Property: _____

Deeds to Vehicle(s): _____

Divorce Certificate (Vital Statistic): _____

Driver's License or ID Card (Vital Statistic): _____

Health Insurance Cards: _____

Marriage License (Vital Statistic): _____

Naturalization/Immigration Records/Certificate of Citizenship: _____

Passport: _____

Personal Files: _____

Social Security Card (Vital Statistic): _____

Tax Returns: _____

Financial Information

Online account usernames and passwords, account numbers, asset values, contact information, security questions for the following:

Automatic Withdrawals/Payments: _____

Bank Account(s): _____

Cryptocurrency: _____

Donations (recurring and automated): _____

Expenses or Money I Owe:

Garbage/Lawn care: _____

Mortgage/Rent: _____

Property Tax: _____

Utilities: _____

Insurance Policies:
 Auto/Vehicle: _____

Health/Dental/Vision (including Medicare): _____

Homeowner's/Renter's: _____

Life: _____

Long-term Care: _____

Investment Account(s): _____

Loans in My Name:
 Credit Cards: _____

Home Equity/Reverse Mortgage Loans: _____

Loans I Have Co-Signed For: _____

Other Loans (personal, private, other secured loans): _____

Property Loans: _____

Student Loans: _____

Vehicles: _____

Memberships (gyms, clubs, associations, etc.): _____

Money or Assets Owed to Me: _____

Personal Property: _____

Real Estate (property): _____

Retirement Account(s) (pension, 401k, etc.): _____

Stocks and Bonds: _____

Subscriptions:

Online Services and Goods: _____

Print Subscriptions – Newspapers and Magazines: _____

Streaming Devices (Amazon, HBO, Hulu, Disney+, Netflix, etc.): _____

Vehicles: _____

Electronics and Online Accounts

Online Account Access:

Cloud Storage (iCloud, Dropbox, Flickr, etc.): _____

Delivery Services (food, medication, etc.): _____

Email Address(es): _____

Entertainment (streaming channels, music, gaming, etc.): _____

Healthcare (Electronic Medical Record): _____

Shopping: _____

Software Licenses: _____

Travel: _____

Web Hosting: _____

Social Media:

Account Closing: _____

Health Updates: _____

Death Announcement Preferences: _____

Person to Act on My Behalf: _____

Usernames and Passwords for Each Platform (Facebook, Instagram, TikTok, Twitter, etc.): _____

Unlocking Electronics/Security:

Apple ID: _____

Cellphone: _____

Desktop Computer: _____

Home Security System: _____

Internet and Wi-Fi Routers: _____

Laptop: _____

Tablet: _____

Funeral and Burial Plans

Burial/Cremation Plans: _____

Funeral Arrangements: _____

Heirlooms/Documents of Family History: _____

Obituary Information: _____

Personal Possessions I'd Like to Share (attach separately) : _____

After Death Checklist

Arrange for Care of Family and/or Pets: _____

Collect Documents and Paperwork: _____

Forward Mail: _____

Notify Upon Death List: _____

Obtain multiple copies of the Death Certificate: _____

Secure Property: _____

Secure **Vital Statistics** (required documents):

Birth Certificate: _____

Certified Death Certificate: _____

Divorce Certificate: _____

Driver's License or ID Card: _____

Legal Will: _____

Marriage License: _____

Social Security Card : _____

Update/Close Accounts: _____

Lighthouse End-of-Life Planning Program®

This program provides four tools to help you and your loved ones gather and share the important information that will be needed after you are gone.

- Advance Care Planning Guide
- Checklist for When I Am Gone
- Workbook for When I Am Gone
- Capture the Memories Journal

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