

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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24/7 availability including nights,
weekends and holidays.

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