

## INDEX TO ATTACHED FORMS

The following forms are designed to provide direction and guidance to your Power of Attorney, your Patient Advocate, your successor Trustee or your Personal Representative and your guardian. The following forms are saved as one large PDF (non-writable form) for your personal use.

We recommend that once you complete these forms that you not only provide copies to the people you have nominated to serve, but that you also place the original completed forms with your original estate planning documents. You are also welcome to email our office a PDF of any of the completed forms to retain in your file at our office.

**Here are the forms in the following order:**

- Page 2: Location of Important papers, updated asset information and password storage
- Page 3: Information for your Patient Advocate
- Page 4: Key Advisor Information
- Page 5: Power of Attorney Reaffirmation form
- Page 6: Minor children information for your nominated Guardian
- Page 7: Specific gifts of Personal Property upon death
- Page 8: Pet Instruction Form
- Page 9: Relatives and Close Friends to be contacted at death
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## **LOCATION OF IMPORTANT PAPERS, ASSET INFORMATION AND PASSWORDS**

When you set up your estate plan, you completed an Estate Planning Questionnaire for our office. That document was returned to you at the final meeting. *If your estate plan is over 25 years old and has never been updated, you may not have ever completed this Questionnaire.*

Keeping your information up to date will make the job of your Durable Power of Attorney or your successor Administrator that much easier. Remember, you are asking someone to assist or take over your financial matters should you become physically or mentally incapable or when you die. The less searching they have to do the easier the job will be. Here are some things you should provide to your agent under the Durable Power of Attorney or to your successor Administrator (Trustee or Personal Representative).

1. Location of the original estate planning documents. You should have already provided a copy of the Durable Power of Attorney to your agent when the document was signed.
2. Location of all tax records. Seven years is typically the maximum number of years that you need to keep tax records. See also the form called “Key Advisors” that provides contact information for a CPA or accountant.
3. Financial Accounts: Although you do not necessarily need to provide asset value, you should have a list of bank accounts, credit unions and financial institutions you work with. Again, see the form called “Key Advisors” that provides contact information for a financial advisor.
4. Real Estate: Take the time to locate all documents reflecting currently owned real estate. Such file would include the purchase of the real estate, the transfer of real estate inherited and any subsequent deeds of transfer (such as a deed into your trust). If you are retaining records for any real estate that has been sold more than five to seven years ago, you should shred those records to avoid confusion.
5. Funeral/Burial contracts: If you have completed and prepaid for your funeral, burial or cremation, please make sure you have the documentation with your estate plan. If you are former military, make sure you have records of your service for any benefits that may be afforded you. If you have not prearranged any of these items, take a minute to complete the funeral/burial questionnaire in this list of PDFs.
6. Titles to cars, boats, RVs, etc: Set up a file with all original titles to make the sale or transfer at death easier for the administrator.
7. Finally, if you have passwords for various financial sites, banks, credit unions, credit card companies, utility company, cell phone, computer, etc, make sure your agent or successor administrator knows how to access those passwords.

## Health Information Sheet for Patient Advocate(s)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Physician \_\_\_\_\_

Name

Telephone

Office location

Associated with which hospital?

Specialist: \_\_\_\_\_

Name

Telephone

Office location

Other

Name

Telephone

Office location

Dentist

Name

Telephone

Office location

Pharmacist \_\_\_\_\_

Company Name

Telephone

location used for pickup/delivery (?)

Known Medical Conditions \_\_\_\_\_

Medication(s): After each medication identify what it is for: \_\_\_\_\_

Blood Type? \_\_\_\_\_

Date Completed \_\_\_\_\_

## KEY ADVISORS TO BE CONTACTED

**Estate Attorney:** \_\_\_\_\_

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

Address; \_\_\_\_\_

**Home/Auto Agent:** \_\_\_\_\_

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

Address; \_\_\_\_\_

**Employer:** \_\_\_\_\_

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

Address; \_\_\_\_\_

**Financial Advisor:** \_\_\_\_\_

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

Address; \_\_\_\_\_

**Mortgage Company:** \_\_\_\_\_

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

Address; \_\_\_\_\_

**Life Insurance Agent:** \_\_\_\_\_

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

Address; \_\_\_\_\_

**Accountant/CPA:** \_\_\_\_\_

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

Address; \_\_\_\_\_

Date completed: \_\_\_\_\_

*\*\* Use this document to renew your Durable Power of Attorney. This form should only be used if no other changes in the document are required. This form is especially important for many financial institutions if the date of your power of attorney is over five years old. Once this form is signed, attach it to your original Power of Attorney and provide a copy to your agents to attach to their copy.*

I, \_\_\_\_\_, reconfirm the validity of my Durable Power  
of Attorney on \_\_\_\_\_.

Sign here: \_\_\_\_\_

## MINOR CHILD INFORMATION SHEET

Child Name \_\_\_\_\_  
(First) (Middle) (Last)

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Pediatrician \_\_\_\_\_  
Name Address Telephone

Dentist \_\_\_\_\_  
Name Address Telephone

Other \_\_\_\_\_  
Name Address Telephone

Known Medical Conditions \_\_\_\_\_  
\_\_\_\_\_

Medication(s)/Pharmacy: \_\_\_\_\_  
\_\_\_\_\_

Babysitter

\_\_\_\_\_  
Name Address Telephone Age

\_\_\_\_\_  
School/Day Care Teacher/Provider Address Telephone

Diet (Restrictions, Likes/Dislikes) \_\_\_\_\_  
\_\_\_\_\_

Lessons/Sport(s) \_\_\_\_\_

Interest(s) \_\_\_\_\_

Date Completed: \_\_\_\_\_

## SPECIFIC GIFTS UPON DEATH

Pursuant to the provisions of my estate plan, which incorporates this specific gift form by reference, I instruct the distribution of the following gifts:

**Description of Gift:** \_\_\_\_\_

Recipient and Relationship: \_\_\_\_\_

Dated: \_\_\_\_\_

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

**Description of Gift:** \_\_\_\_\_

Recipient and Relationship: \_\_\_\_\_

Dated: \_\_\_\_\_

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

**Description of Gift:** \_\_\_\_\_

Recipient and Relationship: \_\_\_\_\_

Dated: \_\_\_\_\_

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

**Description of Gift:** \_\_\_\_\_

Recipient and Relationship: \_\_\_\_\_

Dated: \_\_\_\_\_

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

**Description of Gift:** \_\_\_\_\_

Recipient and Relationship: \_\_\_\_\_

Dated: \_\_\_\_\_

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

**Description of Gift:** \_\_\_\_\_

Recipient and Relationship: \_\_\_\_\_

Dated: \_\_\_\_\_

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

**Description of Gift:** \_\_\_\_\_

Recipient and Relationship: \_\_\_\_\_

Dated: \_\_\_\_\_

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

**This list must be handwritten, signed and dated where indicated.**

# INSTRUCTIONS FOR PET

## **Description of Pet**

Pet's Name: \_\_\_\_\_

Approximate Age of Pet \_\_\_\_\_ Breed \_\_\_\_\_

## **New Owner**

I request my pet be given to the following individual(s)(in order of preference):

1. \_\_\_\_\_

Address \_\_\_\_\_ Ph. \_\_\_\_\_

2. \_\_\_\_\_

Address \_\_\_\_\_ Ph. \_\_\_\_\_

## **Medical Information**

Veterinarian \_\_\_\_\_ Ph. \_\_\_\_\_

Address \_\_\_\_\_

Medical Problems/Allergies: \_\_\_\_\_

Medication(s): \_\_\_\_\_

## **Food/Treats/Toys**

Type/Amount/Frequency: \_\_\_\_\_

\_\_\_\_\_

Favorite Treats: \_\_\_\_\_

Favorite Toys/Games: \_\_\_\_\_

Groomer \_\_\_\_\_ Address \_\_\_\_\_ Ph. \_\_\_\_\_

Boarding Kennel \_\_\_\_\_ Address \_\_\_\_\_ Ph. \_\_\_\_\_

Exercise Routine: \_\_\_\_\_

## **Other Instructions/ Please attach a separate page**

Date Completed: \_\_\_\_\_



## RELATIVES AND CLOSE FRIENDS TO BE CONTACTED AT DEATH

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Date completed: \_\_\_\_\_

## FUNERAL/ BURIAL/CREMATION INSTRUCTIONS

The following information will assist with final arrangements at death. Our office does not assist or advise on this matter, we are merely providing this form to remind you of the importance of getting this done.

Full Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Married \_\_\_\_\_ Deceased? \_\_\_\_\_  
Spouse or Significant Other's Name/ maiden name

Date of Marriage \_\_\_\_\_

Married in what city? \_\_\_\_\_

### Children: (please attach another sheet if needed)

Name	Age	Address
------	-----	---------

_____	_____	_____
_____	_____	_____
_____	_____	_____

### Living Brothers and Sisters: (please attach another sheet if needed)

Name	Address
------	---------

_____	_____
_____	_____
_____	_____

### Deceased Children, Grandchildren, Brothers and Sisters:

Name	Relationship	Date of Death
------	--------------	---------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

### Other Relatives: (please attach another sheet with names, addresses and relationship)

## **FAMILY INFORMATION FOR OBITUARY**

Father's Name: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Address if Living \_\_\_\_\_

If not living, date of death \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Address if Living: \_\_\_\_\_

If not living, date of death \_\_\_\_\_

## **Consider providing the following information on a separate sheet:**

1. Education
2. Community involvement
3. Church
4. Clubs, Fraternal and Military Organizations
5. Military Service/Rank Attained / Unit/Date Entered/ Date Discharged
6. Employment/Business/Corporate Directorates and Offices Held
7. Other items of interest concerning your life

## **BURIAL ARRANGEMENTS**

I prefer:

☐ BURIAL

☐ CREMATION

☐ Cemetery Lot

Wishes for my ashes:

☐ Need to purchase

☐ Already own

Where? \_\_\_\_\_

Burial (Where?)

Lot #? \_\_\_\_\_

\_\_\_\_\_

☐ Mausoleum

Scattered (Where and by whom?)

Which? \_\_\_\_\_

\_\_\_\_\_

Where? \_\_\_\_\_

Other \_\_\_\_\_

## **FUNERAL HOME PREFERENCE:**

Name: \_\_\_\_\_

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

## FUNERAL ARRANGEMENTS

I wish:

Calling hours:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> No funeral service | <input type="checkbox"/> Church: _____   | <input type="checkbox"/> at funeral home  |
| <input type="checkbox"/> Memorial service   | <input type="checkbox"/> Home: _____     | <input type="checkbox"/> at my home       |
| <input type="checkbox"/> Funeral service:   | <input type="checkbox"/> Mortuary: _____ | <input type="checkbox"/> no calling hours |

Any jewelry, clothing or other items you wish to be buried with or not buried with?

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## SERVICES:

Performed by: \_\_\_\_\_

Special Bible readings, Special Music or other readings: (please attach information)

Flowers: Y/N    Donation to organization in lieu of flowers? Y/N

Which organization? \_\_\_\_\_

Requested pallbearers you wish to assist with your service?

\_\_\_\_\_

\_\_\_\_\_

Preferences for stone or marker? \_\_\_\_\_

Any special inscription or epitaph? (Please attach)

Cemetery \_\_\_\_\_

Obituaries - preference for printing in following papers: \_\_\_\_\_

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Date Completed: \_\_\_\_\_

## ANATOMICAL GIFT INFORMATION

This is merely informational. If you wish to make your organ donation binding on your family, it is also important that you complete the organ donor form with the Secretary of State or contact "The Gift of Life" organization in Ann Arbor ([www.giftoflifemichigan.org](http://www.giftoflifemichigan.org)).

I, \_\_\_\_\_, hereby make this anatomical gift, if medically acceptable, to take effect upon my death.

### Personal Information

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

Social Security Number: \_\_\_\_\_

Patient Advocate Name: \_\_\_\_\_

Patient Advocate Telephone Number: \_\_\_\_\_

**I give** (place a check mark in the appropriate box):

☐

Any needed organs or parts

☐

Only the following organs or parts:

\_\_\_\_\_

I have previously signed with a medical school: ☐ Yes ☐ No

If yes, name of school: \_\_\_\_\_

I have filed written instruction with the Secretary of State or Gift of Life: ☐ Yes ☐ No

I have the following special wishes concerning my anatomical gift: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I authorize** the physician listed below to furnish my attending physician with any pertinent medical information in the event of my death:

Physician's name: \_\_\_\_\_

Physician's Telephone Number: \_\_\_\_\_

I have signed my anatomical gift form on \_\_\_\_\_.

Donor Signature: \_\_\_\_\_

Date completed: \_\_\_\_\_