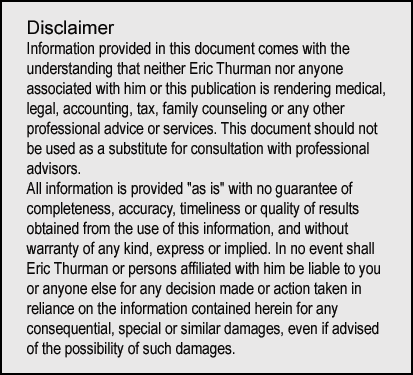
Before I Die

**

*INSTRUCTIONS*

Use this document to clarify your personal wishes. Before you die, there’s a good chance that you’ll have a period of time when you will be too weak, disinterested, or unable to manage your personal affairs. You will need help. But what help and from whom? Along with your health and comfort, you may have pets that need care. You will almost certainly have bills that must be paid. It will be good for your peace of mind to be prepared for any situation that may arise. Make it easy on yourself and your caregivers by having all the essential information about you in one convenient place.

You may need two kinds of documents to do a thorough job of expressing all your desires.

1 – **Formal legal documents**. These typically include an **Advance Directive** and usually **Powers of Attorney**. The proper form can vary by state. The standard form is usually free. Google Advance Directive and the name of your stage to find a copy. A popular resource that 25 million people have used is a booklet called **Five Wishes**. You can order a printed copy or complete the form online at www.AgingWithDignity.org. If you have questions, you can call 850-681-2010.

2 – **An informal document**. This document, **Before I Die**, adds information that is often missing from the formal legal documents. Be sure that everything you instruct in one document agrees with what is in the other.

The form below prompts you through key issues. Add as many other personal details and instructions as you wish.

**This contains confidential information. Keep this with other important documents in a**

**S A F E P L A C E**

This information is about:

*Insert your name or names of people covered here.*

*Typically, this will be you or you and your spouse. Making separate documents for you and your spouse is usually best, however, to prevent confusion.*

*Just type in this area. You can delete these instructions.*

My full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Social Security number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Updated on:

*The date you added the latest information. Never go more than 10 years between updates. Frequent updates are best. Be sure to update information whenever you’ve had a major life event like moving or losing a family member. Set a time in the future when you will check this document for any information that has changed or should be added.*

Who you trust to keep this information:

*Who is the person you trust and appoint to maintain all the essential information about you? Ask that person whether he or she agrees with the responsibility and tell that person where this and other key documents can be found. List the name and contact information for your trusted person below.*

Should I become incapacitated, the person to contact for information about me is:

Name

Phone numbers

Any special ways to make contact

*Also list the same type of contact information if you designate an alternative person in the event your primary person isn’t available.*

*Check the boxes below when each action is complete.*

🞏 I have asked my primary contact and he/she has agreed be the primary contact.

🞏 My trusted person knows where this document and other vital information can be found.

🞏 I’ve told the most important people in my life who the primary contact is, and that this person has all my essential information.

Who Should Be in Charge

*This may be the same person you just identified above. Think carefully about this choice. It does not have to be the same person.*

*The primary contact should be someone near you who is available at all times. However, the person you give authority to make decisions for you, if you are unconscious or otherwise unable, may be a different person. Usually you will give authority over your care to someone who is closely related to you like your spouse or an adult child.*

*Be sure to make a clear decision and fully empower the person you’ve chosen to make the necessary decisions in the event you need help. See the next section that describes how you give your chosen person authority to manage your care in an extreme situation.*

The person I want to manage my health care and other personal matters, in the event I am unable, is:

*Once you have chosen the person you want to be in charge, be sure to provide him or her with the necessary legal documents. See the next item.*

Important Legal Documents

*It takes a little work, but stay with it. Gathering all the information you could need in an emergency will important for your future and essential for people who are helping you.*

*Complete this document and the companion form entitled* Upon My Death*. You also need three legal documents. Combined these are called Health Care Directives or Advance Directives. The three legal documents you need are:*

1. *Durable Power of Attorney for Health Care*
2. *Living Will or other Advance Directive*
3. *Financial Power of Attorney*

*Many hospitals have ready-made standard forms at no cost that you can sign and have on file. Community centers and social service agencies can often provide them as well. You may want to use the* **Five Wishes** *document mentioned on the first page.*

*Check the boxes below when each action is complete.*

🞏 This form – Before I Die – is complete and kept where my trusted person can find it.

🞏 My Durable Power of Attorney for Health Care is signed and on file.

🞏 My Living Will is signed and on file.

🞏 My Financial Power of Attorney is signed and on file.

🞏 I have also completed the document Upon My Death and it is on file.

Emergency Information

*Who should be notified in the event you have an emergency. List at least 3 people, more if you wish. Usually, these would include people like your spouse (if you have one), children or other relatives, important nearby friends, or trusted neighbors.*

Notify these people if I have an emergency:

Name Relationship

Phone numbers Email

Name Relationship

Phone numbers Email

Name Relationship

Phone numbers Email

Health Information

*Provide your basic health information.*

My preferred hospital:

*(Some insurance plans only cover certain hospitals. To prevent excessive medical bills, be sure you know which hospitals are in the network that your insurance covers most fully.)*

Medications I take:

Name of medication Dose How often

My doctors:

Doctor name Medical specialty Phone numbers

My medical conditions: *(list a brief description of each)*

Medical Insurance

*You may have multiple policies. For instance, a person on Medicare may have three cards: one for Medicare, a supplement plan, and a card for medicines. Include all your policies.*

*The easiest and often best way to list insurance is to make a photocopy of both sides of all your insurance cards and keep the photocopies with this file. If you prefer, you can enter all the information about insurance numbers below.*

The First 24 Hours

*Who are the people, and perhaps animals, who depend on you? In addition to those listed earlier in the* Emergency Information *category, who else who needs to be notified immediately if you become incapacitated?*

Name Relationship

Phone numbers Email

*If you have a job or regular volunteer schedule, who should be notified?*

Name Title

Phone numbers Email

*If you have pets, what are their names and your instructions to care for them.*

*How to get into your home:*

This is where you can find a spare key to get into my home:

*List any pass codes needed for gates or alarms:*

*It is a good idea for someone you trust to have access to your computer and phone.*

For my computer, my login name is \_\_\_\_\_\_\_\_\_\_\_\_\_ password \_\_\_\_\_\_\_\_\_\_\_\_\_\_

For my mobile phone, my login name is \_\_\_\_\_\_\_\_\_\_\_\_\_ password \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*What other information might people need in order to assist you?*

*Add descriptions and essential facts below:*

Short-term Financial Information

*Someone needs to be able to pay your bills and other expenses, if you aren’t able. The Financial Power of Attorney mentioned earlier makes your designated person legally able, but does he or she have the necessary information about your accounts? Provide that here.*

My bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My credit/debit card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PIN \_\_\_\_\_\_\_\_

*Include information on all your credit/debit cards and bank accounts before leaving this section.*

*When you die, your heirs will need much more information about your finances. As soon as you complete this document, also fill out the companion document* Upon My Death*.*

*Other information that might be helpful for people to have in the event of an emergency:*

*Driver’s License number \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Veteran ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Anything else?*

When My Death May Be Near

*Most people cannot predict when a medical emergency will be their last. So, always be prepared by having clear instructions about how you want to be treated.*

*Use cancer, for example. Some patients with a terminal diagnosis prefer to spend their final weeks in their home with hospice care for comfort, and surrounded by family. Others want aggressive care, fighting to the very end. They prefer to remain in a hospital and pursue every experimental chemotherapy or treatment possible.*

*What do you want? Your dignity and the quality of your death, when the time comes, depends on key people knowing your wishes. The next section is where you can express your desires. Answer the questions and also add any further instructions that come to mind.*

Once doctors assess that I am near death, I prefer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The usual answers are: heroic measures (fight to keep me alive) or*

*palliative care (comfort and pain management)*

Where I prefer to be at the end of my life \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Circumstances may not let you choose your setting, but if you can decide where you would like to be, the usual answers are: at home or in a medical facility.*

Ideally, I would like to have with me \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name the people, family and friends, whose company you would welcome. Describe as much as you wish here. Of course, not everyone may be able to be present for your final moments, but you increase the chances by expressing your desire here. It is perfectly within your right to say that you prefer solitude if you would rather be alone.*

The atmosphere I would like around me when I pass is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*People are spontaneous at intense moments like the passing of a loved one. You may not be able to control what the mood will be as you come to the end of your life. It is more likely, however, to be the way you wish if you tell people ahead of time what you prefer.*

*Here are a few possible ways to describe some of your options.*

*Solemn, gentle, and peaceful.*

*A party. I am grateful for my life and the people I’ve enjoyed.*

*Worshipful. I am about to enter eternity. Please sing songs and pray.*

Decisions Immediately after I Die

*The person or persons you put in charge of your personal affairs will be faced with a few immediate questions very shortly after you pass. What to do with your body? And what kind of memorial service should be held? Tell your wishes here.*

When I die, this is what I want done with my body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Your choices include:*

*Donate my entire body for medical research or other science.*

*Donate organs and tissues for the medical benefit of others.*

*It is helpful to complete an organ donor card ahead of time.*

*Cremation.*

*Burial.*

*Note that when you offer organs and tissue for donation, you also should specify what should happen with the rest of your body, usually cremation or burial.*

*If you have any further desires, such as a preferred mortuary, add a note here.*

Concerning a memorial service, I prefer: *(describe)*

*Would you like a funeral where your body is present, a memorial service which is similar except usually without the body present, a casual gathering, or no ceremony at all? Describe what you prefer or say that you don’t have a preference if you want your surviving friends and family to decide.*

*You can provide further details for a service in the document* Upon My Death.

Don’t stop now

*This document will be a great help to people who care about you. Congratulations for preparing it. To be complete as possible, be sure you have each of the following:*

1. *This document,* Before I Die
2. *Durable Power of Attorney for Health Care*
3. *Living Will*
4. *Financial Power of Attorney*
5. *A legal Will, Trust, or other Estate Plan*
6. *A completed copy of* Upon My Death([www.AmazingAge.com/resources](http://www.AmazingAge.com/resources))
7. *Notes as described in* My Final Gifts([www.AmazingAge.com/resources](http://www.AmazingAge.com/resources))

