
It's All About Me
SeniorAge
Let Me Help You Get to Know Me

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Inspiration for All About Me

I'm fortunate to serve on the SeniorAge Advisory Council—a council filled with colleagues who have had extensive volunteer experience helping others with business and life guidance. Many of us have been both caregivers and care recipients during vulnerable times in life.

Many of us have also lost precious loved ones, and have had to work our way through the complications of trying to recover important information during difficult times of grieving. Countless times we have seen the need for a completed workbook like this one—a reference source that would have eased the complications and concerns of many a life juncture.

Because of this, we are glad we can put this booklet into your hands. We hope you find it to be handy and helpful for collecting and safeguarding many important and interesting facts about your own life. We hope you will enjoy completing it, knowing that it might help your loved ones, and that it might also help them help you.

We serve on the SeniorAge Advisory Council because we believe in the mission of this organization:
Working together. Finding options. Bettering lives.
Your life is meaningful, and we want to help you live it well—with positive support, less confusion, and helpful planning for long years of adventure.

Join us, and all the employees of SeniorAge,
in celebrating you!

My Name is

_____

And This Book Is All About Me

I know there might come a time when I will need the help of trusted family and friends. I also know that being trusted to provide help for me might be quite a task to undertake. My hope is that I have made it easier for you to help me by taking the time to provide you with a lot of information about me. If there comes a time when you are using this book for my good, please know that your honest help is appreciated.

This is a favorite picture of me, taken in _____.

I know this booklet contains a great amount of confidential information. It is my desire that it be shared only with these select people who I willingly trust to keep this information secure.

_____ _____

Name Name

_____ _____

Phone Phone

The *It's All About Me* workbook was designed with your needs in mind. We encourage you to keep it up to date so your information and wishes are in tune with your current situation.

Here are a few tips to get you started:

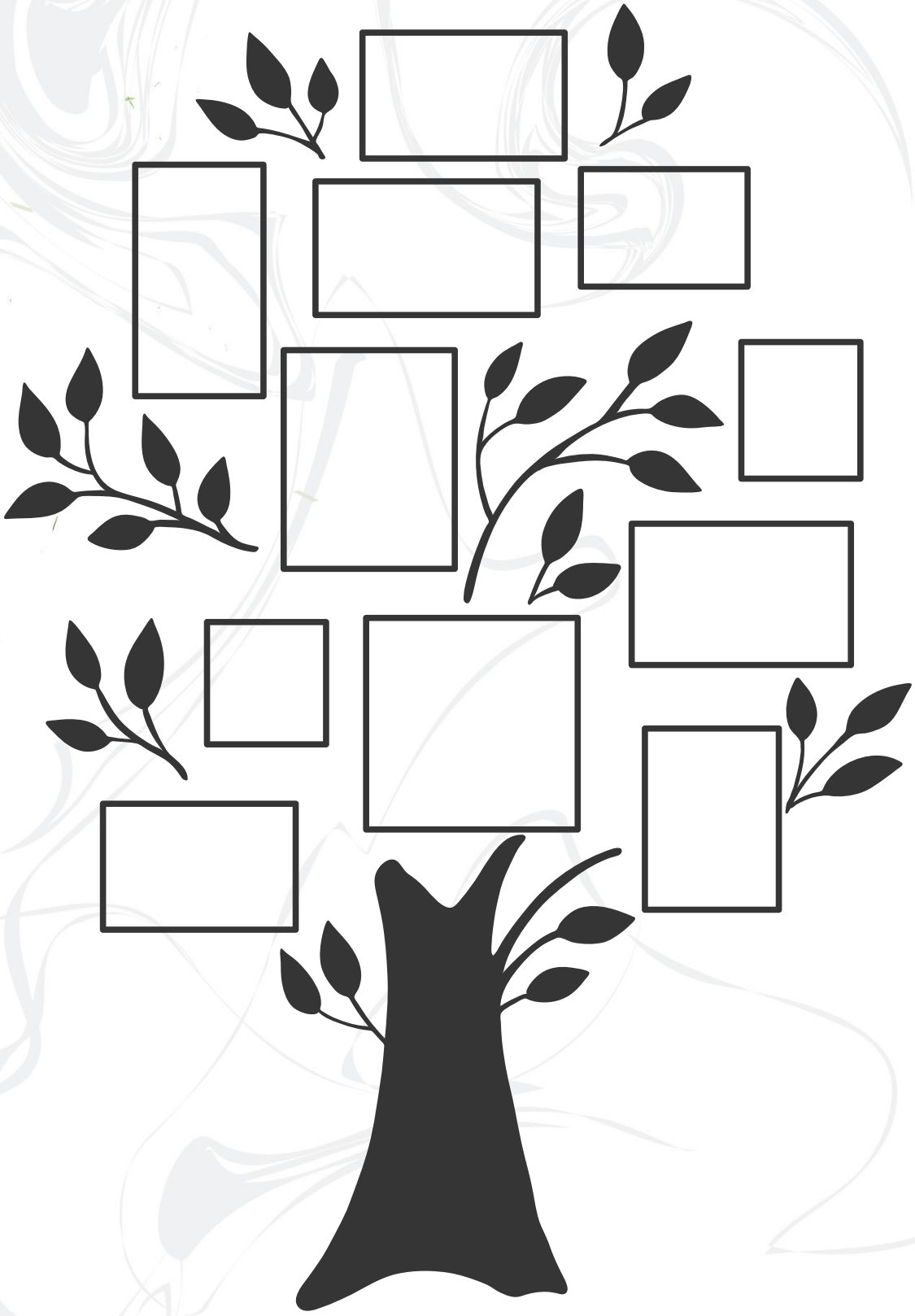
- Complete the workbook in pencil or erasable pen to allow for easy updates.
- Print clearly and legibly so others are able to read it.
- Keep information as current as possible. As your life situations change, so might your wishes.
- Discuss and share your information with loved ones so they can help ensure your wishes are followed through.
- Keep your book in a private place so only those intended to see the information know where to find it.
- Encourage other loved ones to obtain their own copy of this book to accommodate their own wishes.
- Take pride and ownership in your *It's All About Me* book. You are passing down a legacy of information and a lifetime of memories that your family can cherish and ensure your wishes are carried through.
- If you would like to make a donation to SeniorAge to help cover the cost of a book for another individual, please see page 130 for details on sending contributions. Your help ensures we can continue to print copies for seniors unable to contribute.

It's All About Me - Table of Contents

It's All About Me - Table of Contents

This is My Family

Fill in the squares with names of the members of your family.



Me and My Family

I Encourage You...

"I am blessed to have been a professional working with older adults for over 40 years. That experience, both professionally and personally, has been overwhelming at times, but my education and training has helped me through the challenges that aging and disabilities can bring at any age and the resources available that can help.

In today's busy society, family members may not fully understand the needs, desires, or finances that a health issue or death of a loved one may have. I receive calls regularly from overwhelmed individuals asking for assistance in locating resources to help a family member. I ask many questions about that individual's situation but often find the caller has little knowledge of their loved one's personal desires, medical needs, or financial means.

Our community is blessed to have many helpful resources but, despite our best intentions, if we don't know all the facts about the individual we are trying to develop a plan for, there will undoubtedly be delays in services and mistakes made along the way. As a result, we often find ourselves meeting the needs and desires of the caregiver rather than the person who needs the services.

I have personally had the responsibility of being a caregiver for my grandmother, mother, and even my own daughter. Despite all of my experience and training, I have had challenges. There can never be enough information when you begin that caregiving role. I encourage everyone to take time to complete this workbook to make decision making a little easier. Let your family know where it is kept so that you will have better outcomes in times of need."

Teresa Hall, BS, MS,
Former Licensed Missouri Nursing Home Administrator, Realtor, and Caregiver

This is Me

Full Legal Name .....

I Like to be Called .....

Address .....

City ..... State ..... Zip Code .....

Date of Birth ..... Place of Birth .....

Date of Adoption, if applicable..... Legal Name Change.....

Citizenship: ..... Naturalization Date .....

Social Security Number .....

In Case of an Emergency, Please Contact .....

Phone Number ..... E-mail .....

Cell Phone Number .....

Password/Pattern for Cell Phone Unlock.....

Marital Status ..... Married ..... Divorced ..... Widowed ..... Other
..... Never Married

My Spouse / Significant Other / Partner

Name of Spouse/Significant Other/Partner .....

Date of Birth ..... Date of Marriage .....

Widowed ..... Date of Death .....

If Divorced, What Year .....

Marriage / Divorce Papers are Located .....

How We Met .....

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These are some special memories with my children...

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Use this space to list additional children if necessary.

Children

Name .....

Phone Number ..... E-mail .....

Name .....

Phone Number ..... E-mail .....

Name .....

Phone Number ..... E-mail .....

Name .....

Phone Number ..... E-mail .....

Name .....

Phone Number ..... E-mail .....

Name .....

Phone Number ..... E-mail .....

Name .....

Phone Number ..... E-mail .....

Name .....

Phone Number ..... E-mail .....

Name .....

Phone Number ..... E-mail .....

Name .....

Phone Number ..... E-mail .....

These are some special memories with my grandchildren...

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Use this space to list additional grandchildren if necessary.

Grandchildren

Name .....

Phone Number ..... E-mail .....

Name .....

Phone Number ..... E-mail .....

Name .....

Phone Number ..... E-mail .....

Name .....

Phone Number ..... E-mail .....

Name .....

Phone Number ..... E-mail .....

Name .....

Phone Number ..... E-mail .....

Name .....

Phone Number ..... E-mail .....

Name .....

Phone Number ..... E-mail .....

Name .....

Phone Number ..... E-mail .....

Name .....

Phone Number ..... E-mail .....

These are some of my best childhood memories...

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Siblings

Name .....

Phone Number ..... E-mail .....

Name .....

Phone Number ..... E-mail .....

Name .....

Phone Number ..... E-mail .....

Name .....

Phone Number ..... E-mail .....

Name .....

Phone Number ..... E-mail .....

Name .....

Phone Number ..... E-mail .....

My Fraternal Organizations

Name ..... Address .....

City ..... State ..... Zip Code .....

Name ..... Address .....

City ..... State ..... Zip Code .....

Something about my military experience...

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Military History

❑ I Did Not Serve in the U.S. Military ❑ I Served in the U.S. Military

Dates of Service .....

Branch of Service .....

Registered Name .....

Military Service Number .....

Grade or Rank .....

DD Form 214 Proof of Military Record is Located .....

Wars/Conflicts Served .....

.....

.....

Awards or Medals Received .....

Injuries Sustained .....

National Guard .....

Reserves .....

I Was Separated from Service On .....

Location of Discharge Papers .....

I Receive Veterans Benefits From .....

My Veterans Care Center of Choice .....

Was Your Spouse a Veteran? ❑ Yes ❑ No

Since this is “All About Me,” I thought you would like to know...

My First Pet

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Favorite Pet Memories

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My Pets

Pet Type (ie, Dog, Cat, Bird)....................
Breed..
Pet's Name ....
Food ....
Feeding Times ....
Where My Pet Sleeps ....
Veterinarian ....
Groomer..
Medications ....

Special Instructions for My Pet:

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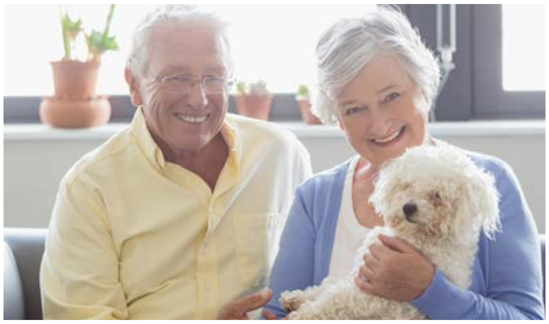

Pet Type (ie, Dog, Cat, Bird)....................
Breed..
Pet's Name ....
Food ....
Feeding Times ....
Where My Pet Sleeps ....
Veterinarian ....
Groomer..
Medications ....

Special Instructions for My Pet:

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Pet Type (ie, Dog, Cat, Bird)....................
Breed..
Pet's Name ....
Food ....
Feeding Times ....
Where My Pet Sleeps ....
Veterinarian ....
Groomer..
Medications ....

Special Instructions for My Pet:

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Insurance At A Glance

❑ I Do Not Carry Health Insurance ❑ I Carry Health Insurance

My Coverage Includes:

❑ Dental
❑ Disability
❑ Hospitalization
❑ Long-Term Care
❑ Major Medical
❑ Medicare
❑ Medicare Advantage
❑ Medicare Part D (Prescription Drug Coverage)
❑ Medicare Supplement Insurance
❑ Surgical
❑ Travel/Accidental Death
❑ Vision
❑ Other:.....

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My Medical History and Insurance

Since this is "All About Me," I thought you would like to know...

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Use the blank spaces throughout this book as you wish. Share the secret family recipe everyone requests, tell your best fish story of the one that got away, or give helpful advice to your grandchildren. Draw a picture of the pink roses in your garden or add a favorite photo of the first car you ever owned. How much did that car cost and how fast would it go?

Medical Specialists Who Provide Care or Services For Me

Primary Care Physician

Name .....

Address .....

Phone .....

Secondary Care Physician

Name .....

Address .....

Phone .....

Preferred Pharmacy

Name .....

Address .....

Phone .....

Dentist

Name .....

Address .....

Phone .....

Life Line / Life Alert Provider

Name .....

Address .....

Phone .....

Since this is “All About Me,” I thought you would like to know...

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Other Specialty Providers

Specialty Physician

Name .....

Specialty .....

Address .....

Phone .....

Specialty Physician

Name .....

Specialty .....

Address .....

Phone .....

Specialty Physician

Name .....

Specialty .....

Address .....

Phone .....

Other

Name .....

Address .....

Phone .....

Other

Name .....

Address .....

Phone .....

Since this is “All About Me,” I thought you would like to know...

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Allergies

Allergies to Food .....

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Allergies to Medication .....

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Other Allergies .....

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My Current Health Conditions

Illness ..... Date of Diagnosis .....

Attending Physician .....

Illness ..... Date of Diagnosis .....

Attending Physician .....

Illness ..... Date of Diagnosis .....

Attending Physician .....

Illness ..... Date of Diagnosis .....

Attending Physician .....

Since this is “All About Me,” I thought you would like to know...

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Regular Medications I Take (or Attach a List from Your Pharmacy)

Where My Medications are Kept ....

Name of Medication ....
Dosage/Frequency ....
Prescribing Doctor ....
Date of Prescription ....
Where it is Filled ....

Name of Medication ....
Dosage/Frequency ....
Prescribing Doctor ....
Date of Prescription ....
Where it is Filled ....

Name of Medication ....
Dosage/Frequency ....
Prescribing Doctor ....
Date of Prescription ....
Where it is Filled ....

Name of Medication ....
Dosage/Frequency ....
Prescribing Doctor ....
Date of Prescription ....
Where it is Filled ....

Name of Medication ....
Dosage/Frequency ....
Prescribing Doctor ....
Date of Prescription ....
Where it is Filled ....

Name of Medication ....
Dosage/Frequency ....
Prescribing Doctor ....
Date of Prescription ....
Where it is Filled ....

Name of Medication ....
Dosage/Frequency ....
Prescribing Doctor ....
Date of Prescription ....
Where it is Filled ....

Name of Medication ....
Dosage/Frequency ....
Prescribing Doctor ....
Date of Prescription ....
Where it is Filled ....

You may duplicate this medicine page as necessary to list more medications. *If a medication is discontinued, draw a line through it and write the date the medication was stopped.*

Since this is “All About Me,” I thought you would like to know...

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Medical and Long-Term Care Insurance

Medical Insurance

Name of Insurance Company .....

Agent's Name ..... Phone.....

Address.....

Policy Number .....

Policy Location.....

Premium is Paid (circle one) Monthly Semi-Annually Annually

Is the Premium a Direct Withdrawal from Your Bank Account? Yes No

Medicare Supplement Insurance

Name of Insurance Company .....

Agent's Name ..... Phone.....

Address.....

Policy Number .....

Policy Location.....

Premium is Paid (circle one) Monthly Semi-Annually Annually

Is the Premium a Direct Withdrawal from Your Bank Account? Yes No

Long-Term Care Insurance

Name of Insurance Company .....

Agent's Name ..... Phone.....

Address.....

Policy Number .....

Policy Location.....

Premium is Paid (circle one) Monthly Semi-Annually Annually Paid in Full

Is the Premium a Direct Withdrawal from Your Bank Account? Yes No

Since this is “All About Me,” I thought you would like to know...

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Life Insurance

Name of Insurance Company ....

Agent's Name .... Phone..............................

Address...

Policy Number ....

Coverage Amount ....

Policy Location...

Premium is Paid (circle one) Monthly Semi-Annually Annually Paid in Full

Is the Premium a Direct Withdrawal from Your Bank Account? Yes No

Name of Insurance Company ....

Agent's Name .... Phone..............................

Address...

Policy Number ....

Coverage Amount ....

Policy Location...

Premium is Paid (circle one) Monthly Semi-Annually Annually Paid in Full

Is the Premium a Direct Withdrawal from Your Bank Account? Yes No

Name of Insurance Company ....

Agent's Name .... Phone..............................

Address...

Policy Number ....

Coverage Amount ....

Policy Location...

Premium is Paid (circle one) Monthly Semi-Annually Annually Paid in Full

Is the Premium a Direct Withdrawal from Your Bank Account? Yes No

Property At A Glance

- ❑ I Do Not Own My Own Home
- ❑ I Own My Own Home

My Property Address Is .....

I Own the Following:

- ❑ Boats
- ❑ Community Property
- ❑ Farm Property

Address.....

- ❑ Land

Location .....

- ❑ Rental Property

Address.....

- ❑ Timeshares

Company .....

- ❑ Travel Trailer/Recreational Vehicle
- ❑ Memberships (Travel, County Club, etc.)

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- ❑ Other: .....

My Property and Home Maintenance

Reason' Why...

I didn't see myself becoming a widow in my fifties. My husband had a long career in public safety and emergency management before a rare cancer became our reality and took his life. Due to his work experience…seeing how fragile life can be…and my career in senior services, we had frank chats on how we would carry on—one without the other.

Most of those conversations were heartfelt matters, stored in my head. Though we had notes on paper and formal documents in notebooks, our "business" was not in one single organized guide. I paid the bills and managed the file cabinet. I knew when money came in and where it was needed. I knew where essential papers were stored. Despite the fact I knew my husband's computer logins, those accounts tied only to his identifying information, immediately became disabled once his death certificate was filed.

Never before had I realized all the details that follow a loving goodbye. The tasks needing attention in the months after compelled me to see this book through to completion.

June Huff
Retired Widow

I Own the Following Properties

Type of Property (circle one) Home, Rental, Land, Farm, Timeshare, etc.

Year of Purchase ..... Age of Property.....

Address.....

Type of Property (circle one) Home, Rental, Land, Farm, Timeshare, etc.

Year of Purchase ..... Age of Property.....

Address.....

I Own Handguns/Weapons Yes No Located .....

Registration Papers are Located .....

Lock Combination.....

My Home Appliance Warranty Papers are Located .....

Homeowner's / Renter's Insurance

Name of Insurance Company .....

Agent's Name .....

Address .....

Phone .....

E-mail .....

Policy Number .....

Policy Location .....

Premium is paid (circle one) Monthly Semi-Annually Annually

Is the Premium a Direct Withdrawal from Your Bank Account? Yes No

These are favorite memories of my first home...

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Home Maintenance

My Property is Maintained by

Lawn Mowing .....

Phone ..... E-mail: .....

Electrician .....

Phone ..... E-mail: .....

Plumber .....

Phone ..... E-mail: .....

Heating & Air .....

Phone ..... E-mail: .....

Handyman .....

Phone ..... E-mail: .....

Pool/Hot Tub .....

Phone ..... E-mail: .....

Painter .....

Phone ..... E-mail: .....

Gardener .....

Phone ..... E-mail: .....

Irrigation System .....

Phone ..... E-mail: .....

Since this is "All About Me," I thought you would like to know...

What types of music make me happy

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Some of my favorite songs/artists

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Other Professional Services

Service .....

Phone ..... E-mail: .....

Service .....

Phone ..... E-mail: .....

Service .....

Phone ..... E-mail: .....

Service .....

Phone ..... E-mail: .....

I Have a Storage Unit

Name of Storage Facility .....

Address .....

Phone ..... Unit Number .....

Keys are Located ..... Entry Code (If Applicable) .....

My Preferred Real Estate Professional Is

Company .....

Agent's Name .....

Address .....

Phone ..... E-mail: .....

This was my first car...

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I Own The Following Vehicles

Automobiles

Make.....

Model.....

Year ..... VIN Number .....

Automobiles

Make.....

Model.....

Year ..... VIN Number .....

Lawn Tractor/Mower

Make.....

Model.....

Year ..... VIN Number .....

Boat/Camper/RV

Make.....

Model.....

Year ..... VIN Number .....

Other

Make.....

Model.....

Year ..... VIN Number .....

Since this is “All About Me,” I thought you would like to know...

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Vehicle Maintenance and Insurance

My Mechanic Is:

Name .....

Business Name .....

Address .....

Phone .....

Car Insurance:

Name of Insurance Company .....

Agent's Name .....

Address .....

Phone .....

Policy Number .....

Policy Location .....

Premium is Paid (circle one) Monthly Semi-Annually Annually

Is the Premium a Direct Withdrawal from Your Bank Account? Yes No

Other Vehicle:

Name of Insurance Company .....

Agent's Name .....

Address .....

Phone .....

Policy Number .....

Policy Location .....

Premium is paid (circle one) Monthly Semi-Annually Annually

Is the Premium a Direct Withdrawal from Your Bank Account? Yes No

My Vehicle Keys are Located .....

Money Matters At A Glance

- ❑ I Do Not Have Any Investments
- ❑ I Do Have Investments

My Investments Include:

- ❑ Stocks and Bonds
- ❑ Certificate of Deposits
- ❑ Checking Account
- ❑ College Savings Plans
- ❑ Money Markets
- ❑ Mutual Funds
- ❑ Long-Term Care
- ❑ Savings Account
- ❑ Other: .....

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Money Matters

It's Never Too Early to Have a Plan

As an employee at SeniorAge, I knew how vital these conversations were for my senior customers. It wasn't until I became a brand new mother in my mid 20s that I realized my husband and I needed to have this talk as well, put our wishes in writing, and make responsible decisions for our growing family.

I encourage every individual who is thinking of starting a family to take advantage of this tool and put their information in writing, too. Should anything happen to you as your family grows, you can have peace of mind knowing your loved ones will have a tool to help them through the overwhelming process.

Jennifer Tennison
Mother of Young Child

My Income

Income Sources

Wages.....

How Often/Amount .....

Contact, if Known .....

Social Security .....

How Often/Amount .....

Pension.....

How Often/Amount.....

Contact, if Known .....

Other Sources.....

How Often/Amount .....

Contact, if Known .....

Other Sources.....

How Often/Amount .....

Contact, if Known .....

Other Sources.....

How Often/Amount .....

Contact, if Known .....

Other Sources.....

How Often/Amount .....

Contact, if Known .....

This was my first job and how much I made...

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Banking

Banking Information:

Type of Account (ie. Checking, Savings, CD, etc.) .....

Name of Bank.....

Address .....

Phone .....

Name of Personal Banker .....

Names on the Account .....

Location of Account Ledgers/Registers and Extra Checks .....

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Primary Purpose of this Account.....

Other Notes Regarding this Account .....

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Type of Account (ie. Checking, Savings, CD, etc.) .....

Name of Bank.....

Address .....

Phone .....

Name of Personal Banker .....

Names on the Account .....

Location of Account Ledgers/Registers and Extra Checks .....

.....

Primary Purpose of this Account.....

Other Notes Regarding this Account .....

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I Have Savings Bonds ❑ Yes ❑ No

Savings Bonds are Located at .....

Since this is “All About Me,” I thought you would like to know...

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Online Banking

Bank Name .....

Username ..... Password .....

Bank Name .....

Username ..... Password .....

Monthly Bills

Mortgage/Rent on Home

Name of Company .....

Phone ..... Account # .....

Login ..... Password .....

Electric

Name of Company .....

Phone ..... Account # .....

Login ..... Password .....

Water

Name of Company .....

Phone ..... Account # .....

Login ..... Password .....

Since this is “All About Me,” I thought you would like to know...

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Monthly Bills Continued

Gas

Name of Company .....

Phone ..... Account # .....

Login ..... Password .....

Home Phone

Name of Company .....

Phone ..... Account # .....

Login ..... Password .....

Cell Phone

Name of Company ..... Voice Mail Password .....

Phone ..... Account # .....

Login ..... Password .....

Cable/Satellite

Name of Company .....

Phone ..... Account # .....

Login ..... Password .....

Internet

Name of Company .....

Phone ..... Account # .....

Login ..... Password .....

Since this is “All About Me,” I thought you would like to know...

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Monthly Bills Continued

Home Security System

Name of Company .....

Phone ..... Account # .....

Login ..... Password .....

Life Alert System

Name of Company .....

Phone ..... Account # .....

Login ..... Password .....

Student Loans

Name of Company .....

Phone ..... Account # .....

Login ..... Password .....

Personal Line of Credit

Name of Company .....

Phone ..... Account # .....

Login ..... Password .....

Consumer Credit Loans

Name of Company .....

Phone ..... Account # .....

Login ..... Password .....

Since this is “All About Me,” I thought you would like to know...

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Monthly Bills Continued

Medical Payment Plan Loans

Name of Company .....

Phone ..... Account # .....

Login ..... Password .....

Car Loans

Name of Company .....

Phone ..... Account # .....

Login ..... Password .....

Other Outstanding Debts

Name of Company/Individual .....

Phone ..... Account # .....

Login ..... Password .....

Other Outstanding Debts

Name of Company/Individual .....

Phone ..... Account # .....

Login ..... Password .....

Outstanding Debts Owed to Me

Name of Company/Individual .....

Phone ..... Account # .....

Login ..... Password .....

My advice to you for using credit cards wisely...

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Credit Card Information

Credit Card (Circle one - Visa, Mastercard, American Express, Discover, etc.)

Name of Company .....

Phone ..... Account # .....

Login ..... Password .....

Answer to Hint Questions .....

Credit Card (Circle one - Visa, Mastercard, American Express, Discover, etc.)

Name of Company .....

Phone ..... Account # .....

Login ..... Password .....

Answer to Hint Questions .....

Store Credit Card (Kohl's, Lowes, JC Penney, etc.)

Name of Company .....

Phone ..... Account # .....

Login ..... Password .....

Answer to Hint Questions .....

Store Credit Card (Kohl's, Lowes, JC Penney, etc.)

Name of Company .....

Phone ..... Account # .....

Login ..... Password .....

Answer to Hint Questions .....

My Credit Cards are Located .....

Since this is “All About Me,” I thought you would like to know...

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Investments and Taxes

My Investments/Financial Advisor

Company Name .....

Address .....

Agent's Name .....

Agent's Phone ..... E-mail .....

Investments .....

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Company Name .....

Address .....

Agent's Name .....

Agent's Phone ..... E-mail .....

Investments .....

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My CPA/Bookkeeper/Tax Advisor

Company Name .....

Address .....

Agent's Name .....

Agent's Phone ..... E-mail .....

My CPA/Bookkeeper/Tax Advisor

Company Name .....

Address .....

Agent's Name .....

Agent's Phone ..... E-mail .....

Legal Matters At A Glance

I Have the Following Documents:

- ❑ Advanced Directive / Living Will
- ❑ Durable Power of Attorney for Healthcare
- ❑ Financial Power of Attorney
- ❑ Trust

❑ I Have A Safety Deposit Box

Location .....

Legal Matters

Alzheimer's Takes Its Toll

My mom was diagnosed with mild dementia nearly 10 years ago and with Alzheimer's in the Fall of 2017. While this has been a tragic journey for my mom, and a very emotional and hard time for her kids and extended family, one thing we are very thankful for is having time to prepare for the inevitable decline she would face. We have been able to discuss many topics so now we know what her wishes are and how to proceed when she is gone.

Traditional end-of-life planning (healthcare directives, funeral, burial, etc.) is critical, but true planning for the challenges of the sunset of life involves more. This handy little book is a wonderful template for leaving your family with as few everyday burdens as possible. Additionally, it gives family caregivers a less stressful jumping-off point for having these hard discussions with aging parents and relatives.

This book also provides a place to record a beautiful piece of your family legacy so that future generations can see a glimpse of the loved one beyond merely the obituary. I would strongly encourage every family to work through this book together.

Mark Applegate
Son

Legal Providers

My Attorney

Firm Name .....

Attorney's Name .....

Address .....

Phone ..... E-mail.....

Notes .....

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Will and Trust

I have a Will and/or Living Trust? Yes No

If Yes, the Location is .....

Prepared by.....

Date Prepared .....

What is Included in the Trust .....

What Assets are Not Included.....

The Executor of My Will

Name .....

Phone ..... E-mail .....

City ..... State..... Zip Code.....

My Financial Power of Attorney

Name .....

Address .....

Phone ..... E-mail.....

City ..... State..... Zip Code.....

Location of Documents .....

Since this is “All About Me,” I thought you would like to know...

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Advance Directives

I Have an Advance Directive/Living Will ❑ Yes ❑ No

Prepared By .....

Last Review .....

I have a Durable Power of Attorney for Healthcare? ❑ Yes ❑ No

If Yes, the Location is .....

The Person Designated as My Durable Power of Attorney for Healthcare Is

Name .....

Address.....

City ..... State..... Zip Code .....

Phone ..... E-mail .....

Location of Documents .....

Guardianship or Trustee

Are You a Guardian for Another Person ❑ Yes ❑ No

Name..... Contact .....

Are You a Trustee for Another Person ❑ Yes ❑ No

Name..... Contact .....

Are You a Power of Attorney for Another Person ❑ Yes ❑ No

Name..... Contact .....

Since this is “All About Me,” I thought you would like to know...

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Safety Deposit Box

I Have a Safety Deposit Box Yes No

If Yes, the Location is .....

The Key is Located .....

Name of the Bank or Institution.....

Address .....

Phone .....

Items That are In My Safety Deposit Box

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Location of Other Important Documents

Safe/Lock Box or Other Important Keys .....

Birth Certificate(s) .....

Children's Birth Certificate(s) .....

Marriage Certificate .....

Social Security Card.....

Medicare Card.....

Deed and Titles.....

Mortgages and Notes .....

Income Tax Records/Returns .....

Veteran Discharge Papers .....

Other Important Papers and Locations .....

Since this is “All About Me,” I thought you would like to know...

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Odds and Ends - Where to Find It

Adoption Papers .....

Appointment Book or Calendar .....

Birth Certificates .....

Digital Photos / Memory Books.....

Disability Papers .....

Citizenship / Naturalization Papers .....

Collection Inventory .....

Contact Books .....

Durable Power of Attorney for Finances .....

Durable Power of Attorney for Healthcare.....

Extra Keys (House, Vehicle, Storage, etc.) .....

Insurance Records (Home, Health, Personal Property) .....

Jewelry Appraisals .....

Lock Combinations .....

Marriage Certificate .....

Military Records .....

Mortgage/Home Records .....

Passport.....

Pension Records .....

Pre-Paid Funeral Contracts.....

Prenuptial Agreement .....

Purse or Wallet.....

Timeshare Agreements .....

Trust Papers.....

Vehicle Titles .....

Will .....

Other .....

Social World At A Glance

I Am A Member of.....

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❑ I Do Not Own a Computer/Tablet

❑ I Own a Computer/Tablet

I Have the Following Social Media Accounts:

❑ E-mail

❑ Facebook

❑ Instagram

❑ Twitter

❑ Dating/Friendship Sites

Other: .....

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My Social World

Since this is "All About Me," I thought you would like to know...

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My Computer World

Computer Login..... Password .....

Answer to Hint Questions .....

Cell Phone Login ..... Password .....

Answer to Hint Questions .....

Social Media Login ..... Password .....

Answer to Hint Questions .....

Other Social Apps .....

Login .....Password .....

Answer to Hint Questions .....

Other On-Line Groups (Weight Watchers, Subscriptions, Ancestry, Memberships, etc.)

Group .....

Login ..... Password .....

Answer to Hint Questions .....

Group .....

Login ..... Password .....

Answer to Hint Questions .....

Group .....

Login ..... Password .....

Answer to Hint Questions .....

This is my best friend...

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Friends I Talk to Regularly

Name .....

Address .....

Phone ..... E-mail .....

Activities I Enjoy With This Person and Frequency .....

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Name .....

Address .....

Phone ..... E-mail .....

Activities I Enjoy With This Person and Frequency .....

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Name .....

Address .....

Phone ..... E-mail .....

Activities I Enjoy With This Person and Frequency .....

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Name .....

Address .....

Phone ..... E-mail .....

Activities I Enjoy With This Person and Frequency .....

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I have met these famous people in my life...

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Important Acquaintances/Business Connections

Name .....

Address .....

Phone ..... E-mail .....

Relationship Details.....

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Name .....

Address .....

Phone ..... E-mail .....

Relationship Details.....

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Name .....

Address .....

Phone ..... E-mail .....

Relationship Details.....

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Name .....

Address .....

Phone ..... E-mail .....

Relationship Details.....

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Since this is “All About Me,” I thought you would like to know...

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I Belong to the Following Clubs/Organizations

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My Hobbies and Special Interests

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My Address Book is Located.....

If I Must be Moved, Change of Address Cards Should be Sent to the Following People, Organizations, or Companies:

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Volunteering has impacted my life because...

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My Volunteer Activities

Organization .....

Contact Name .....

Phone ..... E-mail .....

What I Do .....

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Organization .....

Contact Name .....

Phone ..... E-mail .....

What I Do .....

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Organization .....

Contact Name .....

Phone ..... E-mail .....

What I Do .....

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Organization .....

Contact Name .....

Phone ..... E-mail .....

What I Do .....

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Since this is “All About Me,” I thought you would like to know...

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My Church and Charity Affiliations

Church or Denomination Preference .....

Clergy Name .....

Address .....

Phone ..... E-mail .....

Regular Tithe/Pledge Routine .....

Charities I support

Name .....

Address .....

Phone ..... E-mail .....

Regular Giving/Pledge Is .....

Name .....

Address .....

Phone ..... E-mail .....

Regular Giving/Pledge Is .....

Name .....

Address .....

Phone ..... E-mail .....

Regular Giving/Pledge Is .....

Name .....

Address .....

Phone ..... E-mail .....

Regular Giving/Pledge Is .....

These are some of the places I have traveled...

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Frequent Flyer Miles

Name on Account .....

Airline .....

Login .....

Password .....

Name on Account .....

Airline .....

Login .....

Password .....

Rewards Programs

Name on Account .....

Program .....

Login .....

Password .....

Name on Account .....

Program.....

Login .....

Password .....

Some of my favorite leisure activities include...

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Monthly Subscriptions (Magazines, TV, Mail Orders, etc.)

Subscription Type .....

Name on Account.....

Frequency..... Subscription Ends.....

Monthly Payment..... Paid in Full.....

Login ..... Password.....

Subscription Type .....

Name on Account.....

Frequency..... Subscription Ends.....

Monthly Payment..... Paid in Full.....

Login ..... Password.....

Subscription Type .....

Name on Account.....

Frequency..... Subscription Ends.....

Monthly Payment..... Paid in Full.....

Login ..... Password.....

Subscription Type .....

Name on Account.....

Frequency..... Subscription Ends.....

Monthly Payment..... Paid in Full.....

Login ..... Password.....

A few of my cherished collections include...

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My Collections, Jewelry, and Heirlooms

The Perfect Gift

Whether you have years to prepare, or absolutely no notice at all, this booklet can help you navigate. I really didn't want to go down this path of having these conversations, but my husband insisted! I am eternally grateful that he answered these questions while he was able. He was wise and he knew how much comfort it would be for me to know his wishes. All I had to do was fulfill his requests.

Through the tears, I was confident I was making the right decisions. I was not surprised by the tears, but I was surprised that my grief diminished my ability to think clearly and make decisions. Because the information was there, others were able to step in and give me the assistance I desperately needed. Completing this booklet is a gift you can give to your survivors! I promise they will be eternally grateful.

Annette Fields
Widow

Items Special to Me

Type of Valuable .....

Location of Valuable .....

Notes Regarding This Valuable .....

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Someone Who Might Have Helpful Information About This Item / Contact Information

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Type of Valuable .....

Location of Valuable .....

Notes Regarding This Valuable .....

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Someone Who Might Have Helpful Information About This Item / Contact Information

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Type of Valuable .....

Location of Valuable .....

Notes Regarding This Valuable .....

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Someone Who Might Have Helpful Information About This Item / Contact Information

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The most special gift I have ever received is...

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Places my name is permanently etched or recorded as a donor or contributor (ie. walkways, parks, universities, places of worship, botanical gardens, hospital, fountains, building wall of honor)

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Items Special to Me

Type of Valuable .....

Location of Valuable .....

Notes Regarding This Valuable .....

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Someone Who Might Have Helpful Information About This Item / Contact Information

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Type of Valuable .....

Location of Valuable .....

Notes Regarding This Valuable .....

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Someone Who Might Have Helpful Information About This Item / Contact Information

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Type of Valuable .....

Location of Valuable .....

Notes Regarding This Valuable .....

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Someone Who Might Have Helpful Information About This Item / Contact Information

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Since this is “All About Me,” I thought you would like to know...

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My Personal Gifts to Others

Type of Valuable .....

Location of Valuable .....

Notes Regarding This Valuable .....

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Someone Who Might Have Helpful Information About This Item / Contact Information

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Type of Valuable .....

Location of Valuable .....

Notes Regarding This Valuable .....

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Someone Who Might Have Helpful Information About This Item / Contact Information

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Type of Valuable .....

Location of Valuable .....

Notes Regarding This Valuable .....

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Someone Who Might Have Helpful Information About This Item / Contact Information

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Since this is “All About Me,” I thought you would like to know...

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My Personal Gifts to Others

Type of Valuable .....

Location of Valuable .....

Notes Regarding This Valuable .....

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Someone Who Might Have Helpful Information About This Item / Contact Information

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Type of Valuable .....

Location of Valuable .....

Notes Regarding This Valuable .....

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Someone Who Might Have Helpful Information About This Item / Contact Information

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Type of Valuable .....

Location of Valuable .....

Notes Regarding This Valuable .....

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Someone Who Might Have Helpful Information About This Item / Contact Information

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Since this is “All About Me,” I thought you would like to know...

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My Legacy Wishes

I Would Like Gifts Made In My Memory to Go to the Following Charities:

Organization .....

Contact Information .....

Special Notes .....

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Organization .....

Contact Information .....

Special Notes .....

.....

I Would Like to Leave a Special Legacy Gift In My Name to the Following Organizations:

Organization .....

Amount $.....

Contact Information .....

Special Notes .....

.....

Organization .....

Amount $.....

Contact Information .....

Special Notes .....

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Personal Care Needs at a Glance

I Have the Following Policies or Documents:

❑ Long-Term Care Policy

❑ Prepaid Funeral

❑ VA Home Care Benefits

Other: .....

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My Personal Care Needs

I Wish I Had Known....

My mom passed at the beginning of 2019. I was with her every morning and evening for the past five years. She refused to share with me all the pertinent information that is needed after someone passes. It was always to be a conversation we would have "later."

Mom had a hand-written will but it was not signed, dated, or witnessed, therefore, not legal. As a result, I could not handle financial affairs like banking, paying bills, turning off cell phone service, selling her house and contents, or any other aspects of closing her estate without going into probate. If there are others in the family, an executor has to be legally assigned, which became a very costly endeavor.

This book would have been so helpful to support the question of "When you pass, Mom, what do you want me to do?" I wanted her wishes to be met and I needed her to help me make sure that happened. It was very difficult to make decisions while mourning her loss—I was clouded in sorrow and emotion. This book, and a few conversations, will definitely help you avoid a difficult process.

Christine Thompson
Daughter

Should I Require Home Care

Given My Choice, I Would Most Like to Receive Care at: (circle one)

Home Nursing Facility Family Member's Home Hospital Other

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Preferred Care Facility or Home Care .....

My Daily Routines

I Wake Up at Approximately ..... AM PM

I Prefer to Take Shower Tub Bath (circle one)

I prefer my shower or bath: AM PM (circle one)

Breakfast

Approximate Time I Like to Eat ..... AM PM

What I Like to Eat and Drink .....

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Morning Routine (Read Paper, Watch TV, etc.) .....

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Lunch

Approximate Time I Like to Eat ..... AM PM

What I Like to Eat (Lighter Meal Such as a Sandwich or Heavier Meal at Lunch).....

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Afternoon Routine (Watch TV, Go for a Ride, Attend Luncheons, Meetings, etc.)

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Since this is “All About Me,” I thought you would like to know...

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Evening

Approximate Time I Like to Eat ..... AM PM

What I Like to Eat for My Evening Meal .....

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What I Like to Do After I Eat My Evening Meal (Watch TV, Play Cards, Use the Computer, Listen to Music, etc.).....

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Bedtime Routine ..... AM PM

What I Wear to Bed .....

My Normal Sleeping Habits Are (Go to the Bathroom 2-3 Times a Night, Eat Snacks in the Middle of the Night, Sleep With a Fan On, etc.).....

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My Food Preferences

Foods and Drinks I Like.....

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Foods and Drinks I Dislike.....

.....

My Normal Bowel Habits

Daily: Yes No

Time of Day I Usually Have Bowel Movements ..... AM PM

If I Have Problems, I Use This Laxative .....

Other Information About My Habits Which Is Important for My Caregiver to Know

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Since this is "All About Me," I thought you would like to know...

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Other Things I Want My Care Provider to Know About Me

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Organ Donation

I Am Registered as an Organ Donor Yes No

I Would Like to Donate My (Check One)

- ❑ Organs, Tissues , or Parts
- ❑ Any Organs, Tissues, or Parts Except .....
- ❑ The Following Tissues, Organs, or Parts Only .....

I Would Like My Organs, Tissues, or Parts to be Donated to:

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Since this is “All About Me,” I thought you would like to know...

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End of Life Issues

I Have a Pre-Arranged Burial Yes No

Is it Pre-Paid Yes No

If Yes, the Name and Location is .....

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I Prefer Burial or Cremation .....

I Do Not Have a Pre-Arranged Service but My Desires are:

Name of Preferred Funeral Home .....

Address .....

Type of Service Desired (circle all that apply) Church Funeral Home Graveside

My Favorite Flowers .....

Who Do I Want to Conduct the Service? .....

What Music Do I Wish and Who Do I Want to Sing? .....

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What Do I Want to Wear? .....

Where Do I Want to be Buried or Ashes Placed? .....

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Some random facts about me:

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Other Important Topics

The Best Gift of All

When my husband was diagnosed with ALS, every part of our world moved in directions never taken before. Everything came unlatched from seated places of safety—sometimes moving in slow motion falls toward edges never seen before–sometimes dropping and swooping like a carnival ride. Sea sickness and fear. Fatigue and confusion. Grief and faith. It took everything we had to...hold on.

I have shared the story of our journey with many. Along with it, the truth that at times, I didn't hold on. Sometimes I landed hard from mid-air catapults. I can't tell you what was worse. My grip slipping off. The fright of mid-air flailing. The shock of not being able to "fix it." Or the hard hurt of hitting the reefs of grief–always waiting below. In the midst of it all, trying to conduct business sanely, create a plan in a place of disembodied reality, gather scraps of information soon to be needed, it felt like being expected to solve for "X" in a mathematical equation while riding a rocket that has blown up in space.

I wish I had been better prepared. I wish I had done better with the grief. With the challenges. With the days that were left to us. But, from that experience, I encountered a new grace. I discovered new hope. And, to this day, I am learning to live as one more accepting of all the moving parts. At the same time, I've put into effect some practical things that can help, come what may. I've learned the value of having the essential information of life well ordered, ready, and at hand. It gives me great relief, and gentle assurance, knowing I have created a better personal information library of help for my daughter than I thought to have ready for the care of my husband.

Having the time and the opportunity to complete a book like this is a gift. A gift I unwrapped for myself . . . so I could then gift it to my daughter.

Starr Kohler
Daughter

These Topics are Important to Me

When I Think About the Last Phase of My Life, These Things are Really Important to Me

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I Would Like to be Able to Share In These Important Milestones with My Family, if Possible .....

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I'm Concerned About These Disagreements or Family Tensions.....

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When I was young this is what I liked to do...

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Fun Facts About Me

Where I Grew Up.....

My Favorite Childhood Memory .....

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Where I Went to College .....

My Degree Was In .....

My First Job .....

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My Career Job .....

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My Biggest Accomplishment .....

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Since this is "All About Me," I thought you would like to know...

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A Few of My Proudest Moments.....

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The Hardest Lesson I Ever Learned.....

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Something You May Not Know About Me.....

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I Would Like to be Remembered for.....

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People I have lost throughout my life:

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What to Do When a Loved One Dies

Keep notes as you make progress through these tasks.

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When a Loved One Dies

Get Duplicate Death Certificates.

You may need at least a dozen certified death records to complete upcoming tasks, though some will require less expensive copies. Your funeral director may help you handle this or you can order them from the County or State Vital Statistics office where the death occurred. Each certified record will cost in the neighborhood of $10-$20.

Notify Local Social Security Office.

Typically, the funeral director will notify Social Security of your loved one's death. If not, call 1-800-772-1213 or contact your local office. If your loved one was receiving benefits, they must stop because over payments will require complicated repayment. Even a payment received for the month of death may need to be returned. If the deceased has a surviving spouse or dependents, ask about their eligibility for increased personal benefits and about a one-time payment of $255 to the survivor.

Handle Medicare.

If your loved one received Medicare, Social Security will inform the program of the death. If the deceased had been enrolled in Medicare Prescription Drug Coverage (Part D), Medicare Advantage plan or had a Medigap policy, contact these plans at the phone numbers provided on each plan membership card to cancel the insurance.

Look Into Employment Benefits.

If the deceased was working, contact the employer for information about pension plan, credit unions, and union death benefits. You will need a death certificate for each claim.

Stop Health Insurance.

Notify the health insurance company or the deceased's employer. End coverage for the deceased, but be sure coverage for any dependents continues, if needed.

Keep notes as you make progress through these tasks.

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Close Credit Card Accounts.

For each account, call the customer service phone number on the credit card, monthly statement or issuer's website. Let the agent know that you would like to close the account of a deceased relative. Upon request, submit a copy of the death certificate by fax or email. If that's not possible, send the document by registered mail with return receipt requested. Once the company receives the certificate, it will close the account as of the date of death. If an agent doesn't offer to waive interest or fees after that date, be sure to ask. Keep records of what accounts you close and notify the executor of the estate about outstanding debts.

Notify Credit Reporting Agencies.

To minimize the chance of identity theft, provide copies of the death certificate to the three major firms - Equifax, Experian, and TransUnion – as soon as possible so the account is flagged. Four to six weeks later, check the deceased's credit history to ensure no fraudulent accounts have been opened.

Cancel Driver's License.

Clearing the driver's license record will remove the deceased's name from the records of the Department of Motor Vehicles and help prevent identity theft. Contact the State Department of Motor Vehicles for exact instructions. You may have to visit a customer service center or mail documentation. Either way, you'll need a copy of the death certificate.

Cancel E-mail and Website Accounts.

It's a good idea to close social media and other on-line accounts to avoid fraud or identity theft. The procedures for each website will vary. For instance, Google Mail (G-mail) will ask you to provide a death certificate, a photocopy of your driver's license and other detailed information.

Social Media.

Did your loved one have a LinkedIn account, Facebook, or other social media? If so, it will be helpful if you know Login and Password information so you can close the accounts.

Keep notes as you make progress through these tasks.

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Online Accounts.

If you have the user name and password to an on-line account and there is information you need to get such as an account number, balance or form, do so before you notify the company. Once you tell them your loved one has died, the account will likely be disabled and you won't be able to access.

Cancel Memberships in Organizations.

Reach out to sororities, fraternities, and professional organizations that the deceased belonged to and find out how to handle his/her membership status. Greek organizations may want to hold a special ceremony for your loved one.

Contact a Tax Preparer.

A return may need to be filed for the individual, as well as for an estate return. Keep monthly bank statements on all individual and joint accounts that show the account balance on the day of death.

Cell Phone.

Before giving away or selling your loved one's cell phone, remove confidential or sensitive information. Unless you have a trusted individual who is tech smart, you might need to take the phone to the cell phone provider for assistance removing this information.

Pay attention to all the things linked to the cell phone number: pet ID tags, in-store reward programs, and contact numbers and addresses you may not have stored anywhere else.

Airline Miles and Reward Programs.

To transfer miles or credit card rewards will generally require completing an affidavit, writing the company a letter and sending the death certificate. These miles or credit card reward points can add to a sizable amount so it may be worth the extra steps to see if someone is eligible to use these. If family or friends are not interested in using these accumulated miles, they can often be donated to charity.

Keep notes as you make progress through these tasks.

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Apply for Benefits Due to Survivors.

For all kinds of insurance policies, as well as financial contracts—including car loans, mortgages, and credit card agreements—find out whether insurance premiums were paid on the accounts. If so, cash benefits may be due to heirs.

Ask questions to find out if survivors are due pension benefits or income from the deceased person's employer, union or maybe even the military. Employers may pay out 401 (k) funds, along with unused vacation time, holiday time, or bonuses already earned.

Was there a life insurance policy? Generally, this requires a claim form and a death certificate.

Send Thank You Notes.

Sending thank you notes may be a task a family member will help you with.

Change of Address

It will be helpful to submit a change address to the US Postal Service so mail can be forwarded to the person in charge. There will always be last minute business matters that arise, and having mail sent directly to the person in charge will be helpful.

Information in this section was generated from the expertise of SeniorAge employees and client experiences, as well as outside sources including AARP.

Keep notes as you make progress through these tasks.

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Social Security Benefits

Who receives the benefits?

Certain family members may be eligible to receive monthly benefits, including:

- A widow or widower age 60 or older (age 50 or older if disabled)
- A surviving divorced spouse, under certain circumstances
- A widow or widower at any age who is caring for the deceased's child who is under age 16 or disabled and receiving benefits on their record
- An unmarried child of the deceased who is:

    1. Younger than age 18 (or up to age 19 if he or she is a full-time student in an elementary or secondary school)
    2. Age 18 or older with a disability that began before age 22.

Are other family members eligible?

Under certain circumstances the following family members may be eligible:

- A stepchild, grandchild, step grandchild, or adopted child
- Parents, age 62 or older, who were dependent on the deceased for at least half of their support.

Eligible family members may be able to receive survivors' benefits for the month that the beneficiary died.

More detailed information is available on the Social Security Administration website at *www.ssa.gov/planners/survivors/ifyou.html*

Completing this booklet on-line will make it easiest to update.
To assure your loved ones have access when needed, print a copy and keep in a safe place or share the digital document with trusted loved ones.
This document should be reviewed/updated annually.

This document was completed on _____

My personal information has been updated on the following dates:

❑ _____ ❑ _____ ❑ _____

❑ _____ ❑ _____ ❑ _____

Careful thought went into the creation of this booklet.
Although we may think it is only necessary when we are "Senior Age,"
any person who has reached the magical age of having income and bills to pay,
can benefit from completing this document.

We'd love to hear your comments.
If we've missed something you feel is vital,
please share your ideas/suggestions with us at
marketing@senioragemo.org.

YOUR DONATIONS HELP US HELP OTHERS!

This book was created for you by SeniorAge in efforts to help you plan for end-of-life situations before you actually need services or help. Pre-planning is the key to a successful transition, whether it be being placed in nursing home care or facing end-of-life situations. It is a helpful guide for your family members in knowing what your wishes are, where to find important paperwork and documents, and how to fulfill your wishes in the end.

From our expert advice published in this book, do not procrastinate—do it now while you still can. Everyone will thank you when the burden is lifted from their shoulders because you cared enough to let your wishes be known and that important processes and paperwork have been taken care of.

As with all printed materials, there is a cost associated with producing this workbook. The cost is $25 per book.

Thank you for this handy workbook. I would like to make a donation to SeniorAge so another senior who may not be able to pay can benefit from this workbook.

_____ $25 ____$50 ____ $75 _____Other $

You can also include SeniorAge in your will or trust or make memorial requests in your name. This will help ensure other Seniors like you can continue to receive the help they need to remain independent and in the environment they choose to live.

Checks may be mailed to:
SeniorAge Area Agency on Aging
1735 S. Fort, Springfield MO 65807
Memo: All About Me

On-line donations can be made through our secure website at: ***www.continuetogive.com/senioragegiving.***

About SeniorAge

Working together. Finding options. Bettering lives.

Many of us find we may need help from others at certain times. This help may be provided by a network of family, friends, and neighbors. But seniors who are unable to meet particular needs through such an informal network must sometimes draw upon support from the larger community. This help may include a hot meal enjoyed with friends in a senior center dining room and transportation to the doctor or, in some cases, meals delivered to the home and regular visits from a homemaker aide.

SeniorAge helps link seniors to the resources and services that support wellness, connection, and confidence. Serving 17 counties in southwest Missouri, we offer support in the following areas *(our services are offered on a contribution basis)*:

- Information and Assistance
- Senior Activity Centers
- Wellness Classes and Activities
- Advocacy
- Social Opportunities
- Caregiver Encouragement
- Meals
- Tax Preparation Assistance
- Volunteer Fun and Fulfillment
- Care Coordination
- Transportation Services
- Health Promotion
- Medicare Enrollment
- Phone Reassurance
- Options Counseling

Thank you for supporting our services through the purchase of this book.

SeniorAge
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10 Tips for Healthy Aging:

Be Active

Eat Good Foods

Maintain Your Brain

Enjoy Relationships

Good Sleep

Manage Stress

An Ounce of Prevention is Worth a Pound of Cure

Be Certain of Your Own Health

Make Community Connections

Make Advance Directive Choices

And...Complete Your “It’s All About Me!”

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