

# Keeping It Together

Information Organized for

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**SENIOR SERVICES**

Better Living Starts Here

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**A Resource for Organizing Your Personal Information**

## BEFORE YOU BEGIN!

- **Read** the entire manual.
- Make **extra copies** of pages, such as those for health history, finances, and treasures. You may want to have a complete clean copy for planned updates.
- When completing a form, please **print** so it will be easy for others to read.
- **Store** the manual in a location that can be accessed by a trusted family member.
- **Review** and update the manual every six to twelve months.
- Copies of important documents can be placed in **plastic sleeves** and stored in this manual. Plastic sleeves can be purchased at office supply stores.
- There may be **more** documentation needed for your situation that is not currently in this manual. Since each person's circumstances are different, add pages as needed.
- **IMPORTANT:** A manual will contain important personal and financial information. To **protect** you from identity theft, keep this manual in a locked or secured location.
- **Electronic Version:** Use the **tab key** or your **mouse** to move from one answer to the next.

# Keeping It Together

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We all have important paperwork and personal information...details...papers...decisions...how do we sort it all out? How do you start conversations on tough topics like finances, end of life planning or who gets the “Family Treasures?” The goal of “Keeping It Together” is to help families come together now and start planning for the future.

This manual is not a “one-size-fits-all” idea as you may have other important information in your life that should be included. We hope that by having your important documents and information in one place, it will be easier for those dealing with your estate and final arrangements.

The idea for the “Get It Together” manual came from Rev. Myrna Long Wheeler with contributions from the following:

1. The Rev. Elizabeth G. Rowan’s “Keeping Track of What Counts” binder – helping a person develop a filing system for their personal household documents.
2. Barbara Arn, a Hillcrest resident, who helped developed a binder of information she calls, “To Make Death Easier” which pulled together the same type of material I have collected.

Rev. Myrna Long Wheeler, Chaplain  
Hillcrest Retirement Community, (909) 392-4354  
March 2008; Revised June 2008  
Senior Services, Midland County Council on Aging, contributed to this project by updating and expanding the original information.

Revised April 2009; May 2010

*Life offers two great gifts--time, and the ability to choose how we spend it. Planning is a process of choosing among those many options. If we do not choose to plan, then we choose to have others plan for us. Richard I. Winword*

This manual provides a system for structuring and easily organizing your information for:

	Pages
Health History .....	5-8
Insurance Policies and Benefits.....	9-10
Residence/Property .....	11-12
Automobile and Other Vehicles .....	13
Financial Data.....	14
Bank Accounts.....	15
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*For every minute spent in organizing, an hour is earned.*

*Author Unknown*

Physicians

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Diagnosis and date \_\_\_\_\_

Treatment \_\_\_\_\_

Surgery \_\_\_\_\_

Hospital \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Diagnosis and date \_\_\_\_\_

Treatment \_\_\_\_\_

Surgery \_\_\_\_\_

Hospital \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Diagnosis and date \_\_\_\_\_

Treatment \_\_\_\_\_

Surgery \_\_\_\_\_

Hospital \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Diagnosis and date \_\_\_\_\_

Treatment \_\_\_\_\_

Surgery \_\_\_\_\_

Hospital \_\_\_\_\_ Date \_\_\_\_\_

Do you have a record of your immunizations? Yes No

If yes, put a copy in this manual.

	Type of Vaccine	Date	Health Professional or Clinic	Date next dose is due
Chickenpox (Varicella)				
Hep A				
Hepatitis B				
Influenza				
Measles, Mumps, Rubella (MMR)				
Pneumococcal				
Shingles (Zoster)				
Tetanus, Diphtheria				
Other				

<b>Allergies</b>	<b>Reaction</b>	<b>Medication</b>
Asthma		
Chemicals		
Food		
Medications		
Pets		
Seasonal		
Skin		
Stings		

Pharmacies

<b>Pharmacy</b>	<b>Address</b>	<b>Phone</b>	<b>Accepts Your Insurance</b>
Local:			Yes No
Local:			Yes No
Mail Order:			Yes No
Compounding:*			Yes No
Other:			Yes No

\*Compounding is the process of mixing drugs by a pharmacist or physician to fit the unique needs of a patient.





# INSURANCE POLICIES AND BENEFITS

<b>Policies and Benefits</b>	<b>Company Name &amp; Phone</b>	<b>Account Number</b>	<b>Policy Amount</b>	<b>Located</b>	<b>Comments</b>
Life					
Health					
Dental					
Vision					
Medicare					

# INSURANCE POLICIES AND BENEFITS

Policies and Benefits	Company Name & Phone	Account Number	Policy Amount	Located	Comments
Medicare D					
Supplemental					
Cancer					
Long Term Care					
Disability					



Home Maintenance and Repairs

Item	Company	Address	Phone
Appliances			
Computer			
Furnace			
Housekeeping			
Lawn			
Plumbing			
Recycling			
Garbage			

Retirement Community

Name of Retirement Community \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Phone \_\_\_\_\_

Year you moved in \_\_\_\_\_

Entrance fee \_\_\_\_\_ Monthly fee \_\_\_\_\_

Time Share(s)

Where is the file located if not included in this manual?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Location of Time Share(s)

\_\_\_\_\_  
 \_\_\_\_\_

**AUTOMOBILE AND OTHER VEHICLES** Use one sheet for each vehicle

Notify your Secretary of State, Department of Motor Vehicles of the owner's death.

Place the Title of ownership in this manual Vehicle Information

Year and Make \_\_\_\_\_

Vehicle Identification Number \_\_\_\_\_

Date purchased \_\_\_\_\_ License Number \_\_\_\_\_

Legal owner, if not you \_\_\_\_\_  
Name

\_\_\_\_\_ Street City State

Location of purchase papers \_\_\_\_\_  
\_\_\_\_\_

**Insurance Information**

Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Phone \_\_\_\_\_

Name of Agent/Agency \_\_\_\_\_

Address of Agent /Agency \_\_\_\_\_  
Street

\_\_\_\_\_ City State

Phone \_\_\_\_\_

Location of policy \_\_\_\_\_

**Car Maintenance and Repairs**

Company \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Phone \_\_\_\_\_

## FINANCIAL DATA

Include a statement of each source of financial data in this manual.

Income Sources		Location of Files
Employment		
Pension		
401K		
Interest		
CD		
IRA		
Annuities		

Who is your Tax Preparer?

Company \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Phone \_\_\_\_\_

Where are previous years Federal and State Income tax returns located?

Year	Location of Tax Returns

# BANK ACCOUNTS

Use one sheet for each account

For each Bank account include a statement in this manual.

Type of account: Savings Checking Money Market

Other \_\_\_\_\_

Account Number \_\_\_\_\_

Name and address of bank or financial institution

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Phone \_\_\_\_\_

Name(s) on the signature card

Name \_\_\_\_\_ Beneficiary Yes No

Name \_\_\_\_\_ Beneficiary Yes No

If no, who is the beneficiary?

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_  
Street City State

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Phone \_\_\_\_\_

## CREDIT/DEBIT CARDS

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Place a copy of each credit card bill in this manual *and* any credit cards that you do not use.

Debit/Credit card data

Name	Number	Expiration date	Location (if not in this manual)

Safe Deposit Box: Yes No

If yes, place a list of everything that is in the box in this manual.

Location of Safe Deposit Box \_\_\_\_\_

\_\_\_\_\_

Location of Key \_\_\_\_\_

Approved to access Safe Deposit Box

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_



## GOVERNMENT DOCUMENTS

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

Medicare Number \_\_\_\_\_

Driver's License \_\_\_\_\_

Issuing State \_\_\_\_\_

Expiration Date \_\_\_\_\_

Passport \_\_\_\_\_

Name \_\_\_\_\_

Issuing Country \_\_\_\_\_

Valid date \_\_\_\_\_

Citizenship \_\_\_\_\_

### Certificates included in this manual

Birth Yes No \_\_\_\_\_

Adoption Yes No \_\_\_\_\_

Baptismal Yes No \_\_\_\_\_

Marriage Yes No \_\_\_\_\_

Divorce Yes No \_\_\_\_\_

Military I. D. \_\_\_\_\_ Discharge Date \_\_\_\_\_  
Number

DD-214/Discharge papers are needed for benefits. Add a copy to this manual.

Veteran Papers \_\_\_\_\_

Immigration/Citizenship papers

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# WILL

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Do you have a will? Yes No

If yes, put a copy in this manual.

Who has a copy?

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Phone \_\_\_\_\_

Do you have an Executor for your estate? Yes No

If yes, who?

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Phone \_\_\_\_\_

# TRUST

---

Do you have a trust? Yes No

If yes, put a copy in this manual.

Where is the Trust held? \_\_\_\_\_  
\_\_\_\_\_

Who is the Trustee?

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Phone \_\_\_\_\_

Who has copies of the Trust?

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Phone \_\_\_\_\_

Family Attorney \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Phone \_\_\_\_\_

## DURABLE POWER OF ATTORNEY

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Have you named a Durable Power of Attorney? Yes No

If yes, put a copy in this manual.

Who is the DPOA?

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Phone \_\_\_\_\_

### Release of Information

**Give consent in advance for your doctor or lawyer to talk with your caregiver as needed.** There may be questions about your care, a bill or a health insurance claim. Without your consent, your caregiver may not be able to get needed information. You can give your okay in advance to Medicare, a credit card company, your bank or your doctor. You may need to sign and return a form.

Even though it's your own spouse or parent, or sibling who's sick, some hospitals won't release any medical information because of HIPAA privacy regulations. It can also be difficult to deal with insurance companies or doctors' offices on someone else's behalf without a HIPAA release form.

Do you release forms for the following?

Bank	Yes	No
Credit Card(s)	Yes	No
Doctor	Yes	No
Hospital	Yes	No
Insurance Co.	Yes	No
Lawyer	Yes	No
Medicare	Yes	No
Other	Yes	No

While you may sign a release form with a variety of entities, you are not always given a copy. Ask for a copy and then place it in this manual.

# ADVANCED HEALTH CARE DIRECTIVE

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Do you have an Advance Health Care Directive?\* Yes No

Do you have a Health Care Durable Power of Attorney? Yes No

(The Health Care Durable Power of Attorney and the Durable Power of Attorney on the previous page are different documents.)

If yes, put a copy of each in this manual.

Choose a person who will be able to follow your wishes when the decisions get tough.

Patient Advocate \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Phone \_\_\_\_\_

Successor Advocate \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Phone \_\_\_\_\_

Successor Advocate \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Phone \_\_\_\_\_

\*Listing names for Patient Advocate without the legal paperwork does not give the Advocate the authority to execute your wishes.

**IN CASE OF AN EMERGENCY**, a copy of this form should be readily available to take to the hospital.

Where is a copy located? \_\_\_\_\_

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## MY LIFE STORY

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Place in this manual or indicate where it can be found.

Location \_\_\_\_\_

Is there a recorded audio or video tape of your life story? Yes No

Location \_\_\_\_\_

Include things about

- Your early childhood memories of parents/grandparents
- Antics with siblings or close friends
- School days; Teachers that made an impact
- Pets
- Hobbies
- Chores
- Memberships/awards
- Incident in childhood/youth that impacted you
- College days
- Early jobs
- Employers
- Career
- Dating/marriage(s)
- Ex-spouses
- Children/family connections (or disconnections)
- Children's addresses
- Vacations
- Military or alternative service stories
- Religion – how it played a part (or not) in your life
- Values – Beliefs – Goals in life
- Retirement
- Travel – places you've most enjoyed
- Things you are most proud of...or have accomplished
- Recognitions or honors received
- Groups/individuals supported
- Unusual happenings
- Family Tree

## DISTRIBUTION OF THE “FAMILY TREASURES”

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Item \_\_\_\_\_ Given to \_\_\_\_\_ Date \_\_\_\_\_

Item \_\_\_\_\_ Given to \_\_\_\_\_ Date \_\_\_\_\_

Item \_\_\_\_\_ Given to \_\_\_\_\_ Date \_\_\_\_\_

Item \_\_\_\_\_ Given to \_\_\_\_\_ Date \_\_\_\_\_

Item \_\_\_\_\_ Given to \_\_\_\_\_ Date \_\_\_\_\_

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Item \_\_\_\_\_ Given to \_\_\_\_\_ Date \_\_\_\_\_

Item \_\_\_\_\_ Given to \_\_\_\_\_ Date \_\_\_\_\_

Item \_\_\_\_\_ Given to \_\_\_\_\_ Date \_\_\_\_\_

Item \_\_\_\_\_ Given to \_\_\_\_\_ Date \_\_\_\_\_

## WHO SHOULD BE NOTIFIED

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**AUTHORITIES:** If the death occurs outside of a hospital or nursing home you may need to notify authorities of the death. Call 911 or your local emergency number to report the death. The authorities will call the coroner. Although it may not actually be necessary to call the coroner, it is a good idea to do so, especially if the deceased had insurance policies.

**FAMILY AND FRIENDS:** List some key people to call and ask them to please notify others of the death:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

List organizations/companies you have worked for who might like to know about your death:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Groups to which you belonged, i.e. bridge, book, church, Kiwanis, YMCA, etc:

Group \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Group \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Group \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Group \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_



# VITAL STATISTICS FOR AN OBITUARY

---

Full Legal Name \_\_\_\_\_

Legal Residence \_\_\_\_\_  
Street City State

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_  
City/County State

Death Date \_\_\_\_\_ Place \_\_\_\_\_  
City/County State

Cause of Death \_\_\_\_\_

Mother\* \_\_\_\_\_ Birth Place \_\_\_\_\_  
City/County State

Father \_\_\_\_\_ Birth Place \_\_\_\_\_  
City/County State

Husband's name or Wife's maiden\* name \_\_\_\_\_

Survived by – Spouse \_\_\_\_\_

Children's Names \_\_\_\_\_

\_\_\_\_\_

Other Survivors \_\_\_\_\_

Education 1-12 \_\_\_\_\_ College 1-4 or 5+ \_\_\_\_\_

\_\_\_\_\_

Military \_\_\_\_\_

Career \_\_\_\_\_

\_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Alternate Residence \_\_\_\_\_

Newspaper and/or College Alumni Departments \_\_\_\_\_

\_\_\_\_\_

**\*Do not** include mother's maiden name in an obituary as that data often is used as a password to account information.

I have made arrangements with:

Name of Mortuary/Organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State

Phone \_\_\_\_\_

Do you have a pre-paid burial plan? Yes No

If yes, put a copy in this manual.

Account Number \_\_\_\_\_

Do you have pre-paid cemetery plots? Yes No

If yes, include a copy of the deed or invoice in this manual.

Are the costs for opening and closing the grave included in this amount?

Yes No If no, there may be an additional charge.

My desire is to have the Casket: Open Closed

I prefer my body to be: Buried Cremated Donated

My final "resting place" should be \_\_\_\_\_

\_\_\_\_\_ (Earth burial, mausoleum, ashes scattered at sea/mountains/other)

Please have the following written on my gravestone \_\_\_\_\_

If a Veteran, are you eligible for a marker plaque? Yes No

A memorial/funeral service should be planned by:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Pallbearers

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Military or other type of Honor Guard Yes No

If yes, please contact \_\_\_\_\_

Church/synagogue/place where I would like my service:

\_\_\_\_\_

\_\_\_\_\_

My memorial service could include:

Speaker/Pastor/Priest/Chaplain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Favorite scriptures \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Favorite stories from the Bible \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Favorite poems/readings \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Favorite Hymns \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special music or musicians I would like

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Flowers/flowering plants I like

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---

Memorial contributions could be designated for

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Phone \_\_\_\_\_

**Children**

Some people using this may have children under age 18. If so, it is VERY important to have made plans for their care.

Do the children have a legal guardian other than you? Yes No

If yes, who is the legal guardian?

Name \_\_\_\_\_ Phone \_\_\_\_\_

**With whom will the children live?**

Decide on a few people/families that may be your top choices for raising your children in the eventuality that something happens to you. Interview each person/family to decide who would be the best fit. It may be family; it may be good friends. Any final decision should be clear in your will with the support of the person(s) named. Always take into consideration the importance of family contacts and visits if the person(s) chosen is not family.

Place Immunization records in this manual.

Special Health/Emotional needs of each child

Name \_\_\_\_\_

Special Health/Emotional needs \_\_\_\_\_

Name \_\_\_\_\_

Special Health/Emotional needs \_\_\_\_\_

Name of primary doctor, phone number and address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there folders or documents that pertain to your child's future? Yes No

If yes, where are they located? \_\_\_\_\_

**Others persons who depend on me**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

**Pets**

Name \_\_\_\_\_ Give to \_\_\_\_\_

Name \_\_\_\_\_ Give to \_\_\_\_\_

Caregiver for

Item	Individual Responsible
<b>Home Maintenance and Living Situation</b>	
Pay Rent/Mortgage	
Home Repairs	
Ongoing Maintenance	
Safety Concerns	
Accessibility for Disabilities	
Grocery Shopping & Meal Preparation	
Lawn Care	
Pet Care	
Housekeeping	
<b>Financial Affairs</b>	
Paying Bills	
Keeping Track of Financial Records	
Taxes	
Supervising Public Benefits Programs, etc.	
<b>Health Care</b>	
Make, Accompany, Drive or Make Alternate Logistical Arrangements for Doctor's Appointments	
Medication Management	
Submit Medical Insurance and Bills	
Explain Medical Decisions	
<b>Transportation</b>	
Driving Decisions	
Coordinating Rides	
<b>Communications</b>	
Keeping Family Caregiving Team Informed	
Coordinating Visits	
<b>Personal Care</b>	
Organization of Family and Professional Care Providers	
Ride to Beauty/Barber Shop	
Help with Bathing	
<b>Adaptive Devices</b>	
Ordering, Maintaining, and Paying for Adaptive Devices (e.g., Wheelchair, Walker, etc.)	
<b>Other Items</b>	

Contact information for individuals listed on previous pages

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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Relationship \_\_\_\_\_

Name \_\_\_\_\_

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Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

## APPENDIX

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A) Notes

B) Biography of author

C) Web Sites

D) Letters

E) Flowers for Funeral

F) Donate Body to Science





Reverend Myrna Long Wheeler was the Chaplain at Brethren Hillcrest Homes in LaVerne, California for eight years. As a single person herself, and seeing first-hand the anguish of some of her residents' family members when they had to find the documents needed after a relative's death, and also wondering what to do for a memorial service, she developed a tool for people to have peace of mind that their wishes will be carried out in a timely and easy manner.

Myrna passed away at age 70 on Jan. 9, 2010 at her home in San Dimas, California, following several months of struggle with acute myeloid leukemia. Until her illness in the last half of 2009, she was serving as chair of the Board for Pacific Southwest District of the Church of the Brethren, and as Chaplain for Brethren Hillcrest Homes in La Verne, California.

She was a graduate of the Training in Ministry program of Bethany Seminary; at age sixty was licensed to minister and ordained at age sixty-three. She was a part-time staff of the La Verne Church of the Brethren as minister to older adults.

In her volunteer service to the Church of the Brethren, Wheeler twice served as moderator of Pacific Southwest District. At the time of her illness she had been newly confirmed as an officer of the Ministers' Association. She mentored Training in Ministry students, served for 25 years as a member of the Board of Trustees of the University of La Verne, and was a member of the Older Adult Ministry Group. She was a longtime board member with the YWCA of Greater Pomona Valley and the American Association of University Women-Pomona Branch. Her honors include the Centennial Citation of Distinction in 1991 from the University of La Verne, being named ULV "Alumna of the Year" in 1993, and being selected a "Woman of Achievement" by the YWCA of Los Angeles, Orange, and San Bernardino Counties in 1995.

### Advance Directives and Living Wills:

- American Bar Association  
[www.abanet.org](http://www.abanet.org) 800-285-2221 (toll-free)
- Caring Connections (National Hospice and Palliative Care Organization)  
[www.caringinfo.org](http://www.caringinfo.org) 800-658-8898 (toll-free)
- Medlineplus.gov  
[www.medlineplus.gov](http://www.medlineplus.gov), go to: Advance Directives
- National Cancer Institute  
[www.cancer.gov](http://www.cancer.gov) 800-422-6237 (toll-free)

### Funeral Planning:

- [www.funeralplanning101.com](http://www.funeralplanning101.com)
- [www.ftc.gov/bcp/edu/pubs/consumer/products/pro19.shtm](http://www.ftc.gov/bcp/edu/pubs/consumer/products/pro19.shtm)

### United Network for Organ Sharing:

- [www.unos.org](http://www.unos.org)

### MidMichigan Health:

- [www.midmichigan.org](http://www.midmichigan.org)

### University of Michigan Health Center:

- [www.med.umich.edu](http://www.med.umich.edu)

**Children**

On each child's birthday, why not write a letter sharing memories you will always carry of that child. Name the attributes that you love about each child. What are your hopes for each child? What have been favorite pastimes, teams, books, movies, friends, accomplishments this past year? Name what you would like your child to remember about you.

**Other Family**

Consider writing letters to other family members or friends to capture those special memories that you have shared.

There is no hard and fast rule about flower or plant selection for a funeral. Flowers are generally accepted as an appropriate way to comfort the grieving family. Occasionally, someone in the grieving family will have allergies to certain plants or flowers, so we advise you to ask a family member before ordering your selection. Remember to keep in mind that plants will need care after the funeral, and flowers will need to be disposed of by the family. Take some care in your flower selection to keep in mind the ultimate purpose of the gift -- that is, to comfort the loved ones and to honor the memory of the deceased.

### **CASKET SPRAYS**

Casket sprays are flowers lain over the casket. These are usually ordered by the closest relatives of the deceased. In cases where the deceased has no close living relatives, friends or other family members may order the casket sprays. In hardship cases, where there are no living relatives and no pre-arrangements, a friend or business partner or other community organization may provide casket sprays.

### **VETERANS**

Military personnel often have a flag placed on the casket. In this instance, if a casket spray has been ordered, it is usually displayed above and behind the portion of the casket draped with the flag. Flowers are NEVER placed on top of the flag, so if there is a casket spray in addition to the flag, feel free to display it over the scarf portion of the casket. In some cases, a properly folded flag will be placed in the casket with the deceased, allowing the casket sprays to be placed over the casket as usual.

### **FLORAL PIECES**

Floral pieces from relatives are usually placed closest to the casket. Often, relatives choose matching baskets for each end of the casket, or standing sprays, floral hearts and pillows, wreaths, fireside baskets, and even rosaries. Specialty arrangements can be ordered, also.

### **SPECIALTY ARRANGEMENTS**

Specialty arrangements include flowers with figurines or other items indicating a connection to the deceased. These options may be sent by relatives or friends and are often chosen by those who have shared a particular interest or pastime with the deceased. For example: using a sheaf of wheat in an arrangement for a farmer; or a ball of yarn and knitting needles for someone who liked to knit. Toys can be used for adults and children, alike. We know of instances where a semi-truck was used for a trucker who passed on, and a toy tugboat for a child. Almost anything can be incorporated into a floral arrangement, depending on the ability of your florist to accommodate them. You are limited only by your imagination.

### **LID ARRANGEMENTS**

Lid arrangements are floral pieces placed inside the casket. These are often gifts from the children, grandchildren or someone especially close to the deceased. Generally, lid arrangements are in the form of satin pillows, hearts or crosses with roses on them. Hand bouquets, nosegays, corsages and/or boutonnieres may be used. Always check with the immediate family before ordering an arrangement to be placed inside the casket.

## RESPECT FAMILY WISHES

Flowers may be sent regardless of a funeral notice requesting charitable donations “in lieu of flowers.” However, there are times, especially with celebrities or someone who was quite popular in life, when the grieving family can be overwhelmed by the donation of large groups of flowers and plants. For example: when a prominent person dies, and the family has requested a charitable donation “in lieu of flowers,” it is best to respect the family's wishes. If you feel compelled to send flowers, ask the florist how many pieces have already been sent or ordered, and make your decision from there.

Another reason for the “in lieu of flowers” wish is in the example of an entire family dying in a tragic accident. When there are several members of the same family being buried at the same time, it can become difficult for the funeral home to accommodate all the donations of flowers.

## GROUP FLOWERS

Groups of people that might wish to send flowers include employees, co-workers, neighbors and colleagues. Ask for a group sympathy card from the florist. Special cards can be purchased and sent with the flowers, if you like. Formal associations such as the Masons, Loyal Order of the Moose or Eastern Star, have their own emblems and will want to have them represented.

## IDENTIFICATION

Ask the florist to include a brief description of what flowers are in your arrangement, and who sent them, when you make your order. This will help the bereaved when it comes time to send out thank you cards. Some florists will automatically include this information, having learned from experience, but it doesn't hurt to ask anyway.

## AFTER THE FUNERAL

Flowers may also be sent well after the funeral is over. Many people appreciate the kindness and thoughtfulness of those who attend the funeral to pay their respects, and then send a floral gift to the home sometime after the funeral to show they are still thinking of the family in their time of sorrow.

## Introduction

If you're just dying to get into medical school, you can always enroll later in life. Donating your body to science is the ultimate rare event - a once-in-a-lifetime opportunity to benefit medical teaching and research since the study of human anatomy does require a body.

## Instructions

### Step One

Preregister your donation with a local medical school or university. You'll be given a registration packet that covers policies and procedures; read it very carefully.

### Step Two

Sign a consent form stating your desire to donate your body, and put a copy of it with your will and other personal documents. You won't be listed as a donor until a completed form has been returned and acknowledged. Cancel your decision at any time by notifying the medical school or university in writing.

### Step Three

Arrange for the medical school or university to be notified when you die, so that your body can be properly transported and prepared. When your corpse is delivered to the medical institution, it will be embalmed and refrigerated until it's needed for study.

### Step Four

Check with the school to see what its policies and procedures are regarding your body after it has been studied. Most institutions will respectfully cremate your remains at their expense and give your ashes to your loved ones. Don't expect to get paid for your donation pre or postmortem. By law, medical schools are not permitted to purchase anyone's body.

### Step Five

Contact the United Network for Organ Sharing ([www.unos.org](http://www.unos.org)), a national group that oversees organ transplantation procedures in this country, for more information on donating your body.

### Step Six

Rest in peace? Perhaps not: Your spouse, adult children, siblings, parents and guardians can arrange to have your body donated after you die by filling out an after-death donor form. In the event that your body cannot be accepted, your family needs to make alternate plans for your disposal.

## What to Look For

Medical school or university	registration packet
Consent form	final disposition policy

## Overall Tips & Warnings

The mistreatment of donated bodies is not uncommon. The Uniform Anatomical Gifts Act governs the donation of bodies for dissection, research and transplantation throughout the United States, but dead people can't file a complaint.