



## Loved One's Guide



# Loved One's Guide

*The Everything List*

*Myself*

## Individuals to contact and documents to obtain in the event of accident, illness or death.

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

### The Everything Binder

Location: \_\_\_\_\_

### Estate Plan

Location: \_\_\_\_\_

Who has a copy? \_\_\_\_\_

### Estate Planning Attorney

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

Phone #: \_\_\_\_\_

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

### Tax Accountant

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

Phone #: \_\_\_\_\_

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

### Financial Advisor

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

Company: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

### Additional Special Instructions:

Large rounded rectangular area for additional special instructions.

Michelle Perry Higgins

[www.michelleperryhiggins.com](http://www.michelleperryhiggins.com)

Addition to The Everything Binder Book - Chapter 18

*This is not a legal document and does not replace any estate planning documents.*





# Loved One's Guide

"What If" Scenario

*Myself*

## Current documents and preferences for how/from whom I wish to receive care.

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

### Trusted Emergency Contact

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

Phone #: \_\_\_\_\_

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

### Executor/Trustee

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

Phone #: \_\_\_\_\_

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

### Power of Attorney

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

Phone #: \_\_\_\_\_

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

POA Type (full, durable, etc.): \_\_\_\_\_

Location of Documents: \_\_\_\_\_

### Long-Term Care Insurance

Insurance Company: \_\_\_\_\_

Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_

Location of Statement: \_\_\_\_\_

### Additional Special Instructions:

Large rounded rectangular area for additional special instructions.





# Loved One's Guide

*"What If" Scenario*

*Myself*

## Discussions with my caregiver prior to incapacitation:

Would you prefer to stay in your home or go to a care facility?

Home  Care Facility

Long-Term Care Facility Preference: \_\_\_\_\_

Specific Instructions for Pet(s): \_\_\_\_\_

\_\_\_\_\_

## If early onset memory loss is noticed:

How would you like to be approached? \_\_\_\_\_

\_\_\_\_\_

## Order of Important Contacts:

1. Name: _____	3. Name: _____
Phone #: _____	Phone #: _____
Email: _____	Email: _____

2. Name: _____	4. Name: _____
Phone #: _____	Phone #: _____
Email: _____	Email: _____

## Additional Special Instructions:

Large rounded rectangular area for additional special instructions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Loved One's Guide

*The Everything List*

*Spouse/Partner*

## Individuals to contact and documents to obtain in the event of accident, illness or death.

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

### The Everything Binder

Location: \_\_\_\_\_

### Estate Plan

Location: \_\_\_\_\_

Who has a copy? \_\_\_\_\_

### Estate Planning Attorney

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

Phone #: \_\_\_\_\_

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

### Tax Accountant

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

Phone #: \_\_\_\_\_

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

### Financial Advisor

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

Company: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Additional Special Instructions:

Large rounded rectangular area for additional special instructions.





# Loved One's Guide

"What If" Scenario

*Spouse/Partner*

## Current documents and preferences for how/from whom I wish to receive care.

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

### Trusted Emergency Contact

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

Phone #: \_\_\_\_\_

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

### Executor/Trustee

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

Phone #: \_\_\_\_\_

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

### Power of Attorney

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

Phone #: \_\_\_\_\_

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

POA Type (full, durable, etc.): \_\_\_\_\_

Location of Documents: \_\_\_\_\_

### Long-Term Care Insurance

Insurance Company: \_\_\_\_\_

Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_

Location of Statement: \_\_\_\_\_

### Additional Special Instructions:

Large rounded rectangular area for writing additional special instructions.





# Loved One's Guide

*"What If" Scenario*

*Spouse/Partner*

## Discussions with my caregiver prior to incapacitation:

Would you prefer to stay in your home or go to a care facility?

Home  Care Facility

Long-Term Care Facility Preference: \_\_\_\_\_

Specific Instructions for Pet(s): \_\_\_\_\_

\_\_\_\_\_

## If early onset memory loss is noticed:

How would you like to be approached? \_\_\_\_\_

\_\_\_\_\_

## Order of Important Contacts:

1. Name: _____	3. Name: _____
Phone #: _____	Phone #: _____
Email: _____	Email: _____

2. Name: _____	4. Name: _____
Phone #: _____	Phone #: _____
Email: _____	Email: _____

\_\_\_\_\_

## Additional Special Instructions:

Large rounded rectangular area for additional special instructions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

