



# Things to Do Before You Die Checklist

(LIST105)

*The following checklist allows you to implement the provisions found in the article "Things to Do Before You Die." Legal assistance may be needed in some areas to fully comply with the law.*

## 1. Prepare a Will

- \* Attorney:
- \* Executor/Personal Representative:
- \* Location of Will:
- \* Location of Marriage Licenses/Social Security cards:

## 2. Healthcare Directive or Living Will

- \* Attorney (if one):
- \* Location of Directive or Will:

## 3. Power of Attorney (POA)

- \* Attorney:
- \* Agent Named POA:
- \* Location of General POA:
- \* Location and Purpose (healthcare, selling property, banking, etc.) of Specific POA:

## 4. Update Beneficiaries

- \* Life Insurance Policies:
  - \* Company:
  - \* Policy Number:
- \* Retirement Accounts:
  - \* Company:
  - \* Account Number:
- \* Savings Accounts:
  - \* Company:
  - \* Account Number:
- \* Investment Accounts:
  - \* Company:
  - \* Account Number:
- \* Other Accounts:
  - \* Company:
  - \* Account Number:

## 5. Add a Co-Signer

- \* Bank Accounts:
  - \* Bank A:
    - \* Co-Signer:
  - \* Bank B:
    - \* Co-Signer:
  - \* Bank C:
    - \* Co-Signer:
- \* Investment Accounts:
  - \* Firm A:
    - \* Co-Signer:
  - \* Firm B:
    - \* Co-Signer:

**6. Safe Deposit Box**

- \* Bank
  - \* Key or Access Code:
- \* Home Safe
  - \* Key or Combination:

**7. Access to Your Home**

- \* Who Has Keys:

**8. Passwords and User Names**

- \* Account:
  - \* User Name:
  - \* Password:
  - \* Security Question Answers:
- \* Account:
  - \* User Name:
  - \* Password:
  - \* Security Question Answers:
- \* Account:
  - \* User Name:
  - \* Password:
  - \* Security Question Answers:
- \* Account:
  - \* User Name:
  - \* Password:
  - \* Security Question Answers:

**9. Funeral Plans**

- \* Funeral Home:
- \* Pre-Paid?:
- \* Burial or Cremation (and site):
  - \* Lots Purchased?:
- \* Minister:
- \* Pallbearers:
- \* Service Location:
- \* Special Songs/Musicians/Singers:

**10. Letter of Instruction**

- \* Last Updated:
- \* Location:

**11. Gift Now**

- \* Items to Gift:
- \* Time to Gift

**12. Spousal Care**

- \* Care Needed (Caregiver or Move-In with Relatives):
- \* Funds for Care:
- \* Long Term Care Policy:
  - \* Company:
  - \* Policy Number: