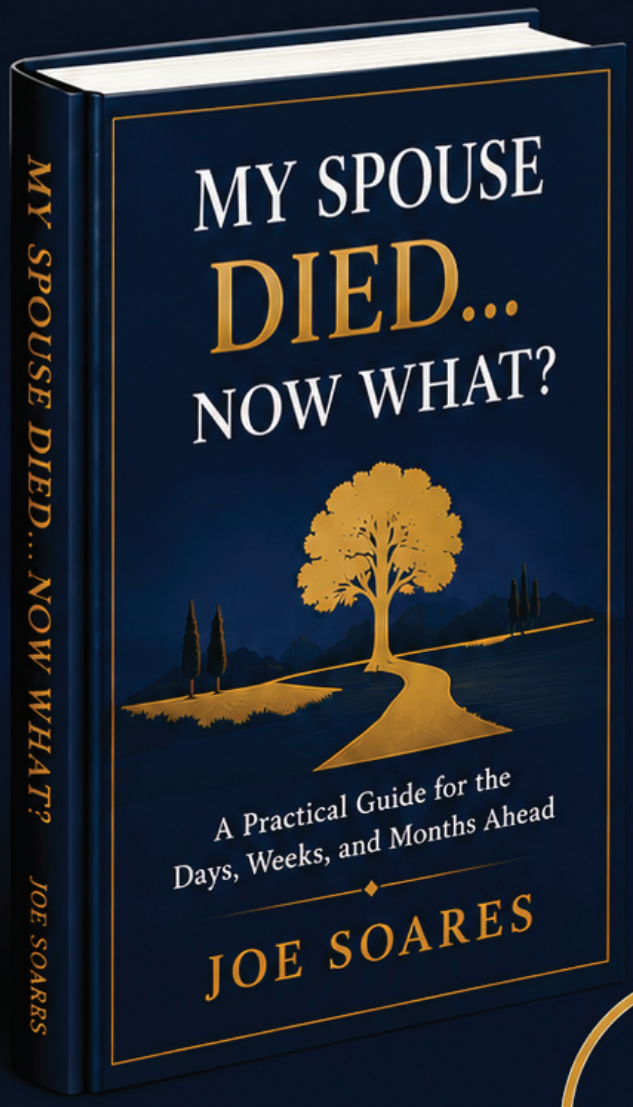
MY SPOUSE DIED... NOW WHAT?



HEALTH CARE AND FINAL WISHES RESOURCES

COMPANION RESOURCE

Supplemental Materials for Medical, Legal, and End-of-Life Planning

SUPPLEMENTAL COMPANION RESOURCE

For readers of My Spouse Died... Now What?

JOE SOARES

JoeSoaresMusic.com

This Companion Resource is provided as supplemental material for readers of ***My Spouse Died... Now What?***

These materials are provided for educational and organizational purposes only and are not legal, tax, or financial advice. Laws and government forms change over time. Always verify current requirements with the appropriate government agency or a qualified professional.

JOE SOARES

JoeSoaresMusic.com

EMERGENCY CONTACT LIST

Use this worksheet to list important people to contact in an emergency.
Keep a copy in an easy-to-find location and share with a trusted family member.

MY INFORMATION

Full Name: _____
Address: _____
Phone (Home): _____
Phone (Mobile): _____
Email: _____
Date Completed: _____

INSTRUCTIONS: List the people, professionals, and organizations to contact in an emergency. Include more than one contact when possible.

1. PRIMARY EMERGENCY CONTACTS (Family & Friends)

NAME	RELATIONSHIP	PHONE (MOBILE)	PHONE (HOME)	EMAIL	NOTES

2. MEDICAL CONTACTS

CONTACT / FACILITY	RELATIONSHIP / ROLE	PHONE	ADDRESS	NOTES / ACCOUNT #

3. PROFESSIONAL ADVISORS

PROFESSIONAL / COMPANY	ROLE	PHONE	EMAIL	NOTES

4. EMERGENCY SERVICES

SERVICE	PHONE NUMBER
Police / Sheriff (Non-Emergency)	
Fire Department (Non-Emergency)	
Ambulance / EMS (Non-Emergency)	
Poison Control	
Utility Company (Gas)	
Utility Company (Electric)	
Utility Company (Water)	
Other: _____	

5. NEIGHBORS & LOCAL SUPPORT

NAME	PHONE	ADDRESS	NOTES

6. IMPORTANT INFORMATION

Where I keep my important documents: _____
Where I keep my medications: _____
Any medical conditions or allergies: _____
Other important information: _____

NOTES

Be prepared today. Peace of mind tomorrow.

Medical, Healthcare & Insurance Information

Use this page to record important medical information, healthcare providers, and insurance details.
Keep this information up to date and store it in your Important Documents Binder.

1. MEDICAL INFORMATION

Physician / Specialist (Name & Specialty)	Phone / Fax	Address	Patient Since (Approx.)	Notes

Allergies (List all known allergies)	Current Medical Conditions (Include Dates if Known)

Current Medications (Name, Dosage, Frequency)	Surgeries / Procedures / Hospitalizations (Include Dates)

2. HEALTH INSURANCE INFORMATION

Insurance Provider / Plan Name	Type (Medical, Dental, Vision, etc.)	Policy / Member ID Number	Group Number	Policyholder (Name)	Customer Service Phone	Notes

3. LIFE & DISABILITY INSURANCE

Insurance Company	Type (Life, AD&D, Disability, etc.)	Policy Number	Beneficiary	Face Amount / Benefit Amount	Agent / Contact (Phone)	Notes

4. ADVANCE CARE & END-OF-LIFE PLANNING

Advance Healthcare Directive (Living Will): ☐ Yes ☐ No Date: _____

Durable Power of Attorney for Healthcare: ☐ Yes ☐ No Date: _____

Do Not Resuscitate (DNR) Order: ☐ Yes ☐ No Date: _____

Organ / Tissue Donor: ☐ Yes ☐ No Organization: _____

Preferred Hospital: _____ Phone: _____

Preferred Hospice (if applicable): _____ Phone: _____

Final Wishes / Special Instructions: _____

TIPS

- Keep a current list of medications, dosages, and your pharmacy.
- Store a copy of insurance cards and policy documents.
- Make sure your healthcare agent knows your wishes.
- Review this information regularly and after any major changes.

IMPORTANT TO INCLUDE

- Insurance cards and policy summaries
- Medicare / Medicaid information
- Supplemental insurance policies
- Long-term care insurance
- Health Savings Account (HSA) information
- Pharmacy information
- Vaccination records (optional)

NOTES

REMEMBER

In an emergency, quick access to this information can save valuable time. Keep this page updated and easily accessible to your trusted person.

KEEP THIS INFORMATION PRIVATE AND SECURE.

Store this page and supporting documents in your Important Documents Binder.

Date Completed: _____ Reviewed / Updated: _____

INSURANCE POLICIES INVENTORY

DOCUMENT SUMMARY

Date Completed: _____

Prepared By: _____

Phone: _____

Email: _____

Location of Policy Documents: _____

Use this worksheet to record all of your insurance policies in one place. This will help your family, executor, or trustee quickly locate important coverage information when it is needed most.

INSTRUCTIONS: List every insurance policy you have. Include the insurer, policy number, coverage details, beneficiaries, and where the policy documents are kept. Attach additional pages if needed.

1. LIFE INSURANCE

INSURANCE COMPANY	POLICY NUMBER	TYPE OF POLICY (Term, Whole, Universal)	FACE AMOUNT	BENEFICIARY(IES)	PREMIUM AMOUNT (Monthly / Yearly)	WHERE DOCUMENTS ARE KEPT

2. HEALTH INSURANCE

INSURANCE COMPANY	POLICY / MEMBER ID	TYPE OF COVERAGE (Medical, Dental, Vision)	GROUP / PLAN NAME	DEPENDENTS COVERED	PREMIUM AMOUNT (Monthly / Yearly)	WHERE DOCUMENTS ARE KEPT

3. AUTO INSURANCE

INSURANCE COMPANY	POLICY NUMBER	VEHICLE(S) INSURED (Year, Make, Model)	COVERAGE TYPE (Liability, Full, etc.)	DEDUCTIBLE AMOUNT	PREMIUM AMOUNT (Monthly / Yearly)	WHERE DOCUMENTS ARE KEPT

4. HOMEOWNERS / RENTERS INSURANCE

INSURANCE COMPANY	POLICY NUMBER	PROPERTY ADDRESS	COVERAGE TYPE (Homeowners, Renters, Condo)	COVERAGE AMOUNT	PREMIUM AMOUNT (Monthly / Yearly)	WHERE DOCUMENTS ARE KEPT

5. OTHER INSURANCE

TYPE OF INSURANCE (Disability, Long-Term Care, Umbrella, Boat, RV, etc.)	INSURANCE COMPANY	POLICY NUMBER	COVERAGE / BENEFITS	BENEFICIARY(IES)	PREMIUM AMOUNT (Monthly / Yearly)	WHERE DOCUMENTS ARE KEPT

ADDITIONAL NOTES

_____

_____

_____

_____

_____

IMPORTANT CONTACTS

Insurance Agent / Broker: _____

Phone: _____ Email: _____

Additional Contact (if any): _____

Phone: _____ Email: _____

Being prepared today helps protect tomorrow.

Advance Healthcare Directive & Final Wishes

Use this form to express your healthcare wishes and end-of-life preferences.
Share this information with your loved ones, your healthcare agent, and your doctor.

1. HEALTHCARE AGENT (Decision Maker)

I appoint the following person as my Healthcare Agent:

Name: _____

Relationship: _____

Phone: _____ Email: _____

Address: _____

_____

Alternate Healthcare Agent (if primary is unavailable):

Name: _____

Relationship: _____

Phone: _____ Email: _____

Address: _____

_____

This person has the authority to make healthcare decisions on my behalf if I am unable to do so.

2. MEDICAL TREATMENT PREFERENCES

If I am unable to communicate or make decisions, my wishes are:

- ☐ I want all life-sustaining treatment unless my condition is determined to be terminal and irreversible.
- ☐ I do not want to be kept alive by machines if there is no reasonable hope of recovery.
- ☐ I prefer comfort care and pain management.
- ☐ I do not want CPR or resuscitation (DNR).
- ☐ I do want organ/tissue donation (specify): _____
- ☐ I do not want organ/tissue donation.
- ☐ Other specific instructions:

_____

_____

_____

3. LIVING WILL SUMMARY

These are my values and priorities for medical care:

- Quality of life is more important than length of life.
- I value dignity, comfort, and peace.
- I want my decisions based on my personal beliefs.
- Keep me informed and involved, if possible.
- Respect my faith, values, and wishes.

Additional Instructions / Special Requests:

_____

_____

_____

_____

4. END-OF-LIFE PERSONAL WISHES

Funeral / Memorial Preferences:

☐ Traditional Service ☐ Memorial Service ☐ Celebration of Life

☐ Burial ☐ Cremation ☐ Other: _____

Final Resting Place (if known):

Location: _____

Other Wishes:

_____

_____

Message to Loved Ones (Optional):

_____

_____

5. COMFORT & CARE PREFERENCES

I prefer:

- ☐ To receive spiritual care / prayer
- ☐ Natural remedies / alternative treatments (if appropriate)
- ☐ No aggressive treatments (if terminal condition)
- ☐ Hospice care (when appropriate)
- ☐ Other preferences:

_____

_____

_____

_____

6. LOCATION OF DOCUMENTS

These documents are stored:

- ☐ In my Important Documents Binder
- ☐ With my Attorney
- ☐ With my Bank / Safe Deposit Box
- ☐ Other Location: _____

_____

_____

I have discussed my wishes with:

Name: _____

Relationship: _____

Date Discussed: _____

TIPS

- Review this document every 1–2 years.
- Share copies with your family and doctor.
- Keep the original in your Important Documents Binder.
- State laws vary—consult an attorney if needed.

IMPORTANT

- This document is not a substitute for legal documents.
- Consider completing an official Advance Directive or Living Will with your attorney.

NOTES

_____

_____

_____

_____

_____

_____

KEEP THIS INFORMATION PRIVATE AND SECURE.

This information is personal and confidential. Store it safely and only share with those you trust.

Date Created: _____ **Reviewed / Updated:** _____

PERSONAL PROPERTY INVENTORY – BLANK WORKSHEET

RECORD ALL TANGIBLE PERSONAL PROPERTY

ESTATE INFORMATION

Decedent: _____

Date of Death: _____

Surviving Spouse: _____

Prepared By: _____

Date Prepared: _____

INSTRUCTIONS: List all personal property of value. Include household items, furniture, electronics, tools, books, jewelry, collections, and other tangible items. Attach additional pages if more space is needed.

#	DESCRIPTION OF ITEM (Be Specific)	CATEGORY (Furniture, Electronics, Jewelry, Tools, etc.)	LOCATION (Where Item is Located)	ESTIMATED VALUE (As of Date of Death)	INTENDED RECIPIENT (If Known)	NOTES (Condition, Serial #, Appraisal, etc.)
1				$_____		
2				$_____		
3				$_____		
4				$_____		
5				$_____		
6				$_____		
7				$_____		
8				$_____		
9				$_____		
10				$_____		
11				$_____		
12				$_____		
13				$_____		
14				$_____		
15				$_____		

NOTES

- Use current fair market value as of the date of death.
- Note any items with sentimental or heirloom value.
- Keep receipts, appraisals, or photos with estate records.
- Continue on Page 2 if more space is needed.

SUMMARY (Page 1 of 2)

Total Items Listed on Page 1: _____

Total Estimated Value on Page 1: $_____

Number of Pages Used: _____

"Every good gift and every perfect gift is from above." James 1:17 (KJV)

"Well done, good and faithful servant." Matthew 25:23 (KJV)

PHOTOCOPY THIS PAGE AS OFTEN AS NEEDED.

PERSONAL PROPERTY INVENTORY – BLANK WORKSHEET

RECORD ALL TANGIBLE PERSONAL PROPERTY (CONTINUATION)

ESTATE INFORMATION

Decedent: _____

Date of Death: _____

Surviving Spouse: _____

Prepared By: _____

Date Prepared: _____

INSTRUCTIONS: List all personal property of value. Include household items, furniture, electronics, tools, books, jewelry, collections, and other tangible items. Attach additional pages if more space is needed.

#	DESCRIPTION OF ITEM (Be Specific)	CATEGORY (Furniture, Electronics, Jewelry, Tools, etc.)	LOCATION (Where Item is Located)	ESTIMATED VALUE (As of Date of Death)	INTENDED RECIPIENT (If Known)	NOTES (Condition, Serial #, Appraisal, etc.)
16				$_____		
17				$_____		
18				$_____		
19				$_____		
20				$_____		
21				$_____		
22				$_____		
23				$_____		
24				$_____		
25				$_____		
26				$_____		
27				$_____		
28				$_____		
29				$_____		
30				$_____		

NOTES

- Continue listing all personal property on this page.
- Attach additional pages if more space is needed.
- Keep copies of appraisals, receipts, and photos with your estate records.

SUMMARY (Page 2 of 2)

Total Items Listed on Page 2: _____

Total Estimated Value on Page 2: $_____

Number of Pages Used: _____

GRAND TOTAL (Pages 1 & 2)

Total Items (Pages 1 & 2): _____

Total Estimated Value: $_____

Number of Pages Used: _____

"Well done, good and faithful servant."
Matthew 25:23 (KJV)

End-of-Life Wishes Worksheet

Use this worksheet to share your wishes for your end-of-life care, arrangements, and legacy.
Discuss your wishes with your loved ones and keep this with your Important Documents Binder.

1. PERSONAL WISHES

I want to be known as: _____

What is most important to me: _____

_____

_____

What I want my loved ones to remember most:

_____

_____

_____

2. MEDICAL CARE WISHES

If I am unable to make decisions for myself, I want my medical care to be:

- ☐ Full treatment to prolong my life as long as possible
- ☐ Treatment to keep me comfortable, but not prolong life
- ☐ Comfort care only (no life-prolonging measures)
- ☐ Other: _____

Additional instructions:

_____

_____

_____

3. END-OF-LIFE ARRANGEMENTS

I prefer: ☐ Burial ☐ Cremation ☐ Not sure

Funeral / Memorial wishes: _____

_____

Preferred location (church, funeral home, etc.): _____

Clergy / Officiant (if known): _____

Specific songs, readings, or music I want: _____

_____

Other special requests: _____

_____

4. DECISION MAKERS

If I am unable to make decisions, I trust the following person to make decisions on my behalf.

Primary Decision Maker (Healthcare & Personal)

Name: _____

Relationship: _____

Phone: _____

Email: _____

Alternate Decision Maker

Name: _____

Relationship: _____

Phone: _____

Email: _____

5. FINAL RESTING PLACE

I want to be laid to rest at: _____

Location Address: _____

Section / Plot / Niche (if purchased): _____

Other instructions: _____

_____

6. LEGACY & SPECIAL REQUESTS

Items I would like to pass on (be specific): _____

_____

Letters or messages I have written: _____

Other special requests or messages for my loved ones:

_____

KEEP THIS INFORMATION PRIVATE AND SECURE.

Store this worksheet in your Important Documents Binder where your loved ones can easily find it.

TIPS

- Talk with your loved ones about your wishes.
- Review this worksheet regularly and update it.
- This worksheet is not a legal document.
- Your state may have specific forms for medical directives and advance care planning.

WHAT TO DO NEXT

- Share this worksheet with your decision makers.
- Consider completing legal documents such as:
  - Advance Healthcare Directive
  - Durable Power of Attorney
  - Living Will (if available in your state)
- Keep copies in your Important Documents Binder.

NOTES

_____

_____

_____

_____

IMPORTANT REMINDER

Laws vary by state. This worksheet does not replace legal documents. Consult an attorney for advice specific to your situation.

Funeral & Memorial Arrangements

Use this form to record your preferences for your funeral or memorial service.
Share this information with your loved ones and keep it in your Important Documents Binder.

1. Service Preferences

Type of Service: ☐ Traditional Funeral ☐ Memorial Service ☐ Celebration of Life
☐ Graveside Service ☐ Direct Cremation ☐ Other: _____

I prefer my service to be:
☐ Religious ☐ Non-religious ☐ Both ☐ Other: _____

Location Preference: _____

_____

Officiant / Clergy (if known): _____

2. Music & Readings

Music I would like:
1. _____
2. _____
3. _____

Scripture Readings:
1. _____
2. _____

Poems / Readings:
1. _____
2. _____

3. Final Disposition

I prefer: ☐ Burial ☐ Cremation ☐ Not sure

If Burial:
Cemetery Name: _____
Location: _____ Section / Lot: _____
I own a plot: ☐ Yes ☐ No ☐ Not sure
Other Instructions: _____

_____

If Cremation:
Final Resting Place / Disposition of Ashes:
☐ Scatter in nature ☐ Kept by family ☐ Columbarium ☐ Other: _____
Location / Instructions: _____

_____

4. Family Requests

People I would like to have speak or participate:
1. Name: _____ Relationship: _____
2. Name: _____ Relationship: _____
3. Name: _____ Relationship: _____

Pallbearers (if desired):
1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Special family requests: _____

_____

_____

5. Additional Information

Obituary Notice (newspaper / online): _____
Donation in Lieu of Flowers: _____
Preferred Contact Person: _____
Organization / Charity: _____
Phone: _____ Email: _____
Other Instructions or Notes: _____

_____

Tips

- Discuss your wishes with your family.
- Review and update these preferences as needed.
- Keep this form with your other important documents.
- Final decisions will be up to your loved ones and may be influenced by circumstances.

Important to Consider

- Pre-planning can reduce stress for your family.
- Funeral homes can help with pre-arrangements if you choose.
- Keep a copy of any pre-paid arrangements in your binder.

Notes

Please Remember

This form is not a legal document.
Be sure to have the necessary legal documents such as a Will and Advance Directive.

KEEP THIS INFORMATION PRIVATE AND SECURE.
Store this form in your Important Documents Binder where your loved ones can easily find it.

PETS INFORMATION SHEET

ESTATE ADMINISTRATION COMPANION RESOURCE

Information for the Care and Transfer of Pets

Estate of: _____ | Personal Representative: _____ | DATE PREPARED: _____

Decedent: _____ | County: _____

Date of Death: _____ | Case / File No.: _____

1 INSTRUCTIONS

Use this sheet to gather important information about pets owned by the decedent.
Ensure that pets are cared for and transferred according to the decedent's wishes or as directed by the estate.

2 PET INFORMATION

PET NAME	TYPE OF PET (Dog, Cat, Bird, etc.)	BREED	AGE	GENDER (M / F)	SPAYED / NEUTERED (Yes / No)	MICROCHIP # (If known)

3 VETERINARY INFORMATION

Veterinary Clinic: _____ Phone: _____

Address: _____ Email: _____

Last Visit Date: _____ Medical Records Location: _____

4 FOOD, SUPPLIES & SPECIAL NEEDS

Type of Food: _____

Feeding Schedule: _____

Special Diet / Instructions: _____

Medications: _____

Dosage / Schedule: _____

Allergies / Medical Conditions: _____

Favorite Toys / Items: _____

Other Important Notes: _____

5 CARE INSTRUCTIONS

- ☐ Pet is currently with the Personal Representative.
- ☐ Pet is currently with a family member or friend.
- ☐ Pet is currently at the veterinarian / boarding facility.
- ☐ Decedent had a designated caregiver for this pet.
- ☐ See section 6 for transfer information.

Additional Instructions:

_____

_____

_____

6 DESIGNATED CAREGIVER / TRANSFER INFORMATION

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

Alternate Caregiver (if needed): _____

Relationship: _____

Phone: _____ Email: _____

Date Pet to be Transferred: _____

7 ADDITIONAL DOCUMENTS

- ☐ Veterinary Records
- ☐ Vaccination Records
- ☐ Registration / Microchip Records
- ☐ Adoption Papers
- ☐ Pet Insurance Policy
- ☐ Other: _____

8 NOTES

_____

_____

_____

IMPORTANT REMINDER:
Ensure that pets are cared for according to the decedent's wishes. Communicate with the designated caregiver and confirm arrangements in writing.

"A righteous man regardeth the life of his beast: but the tender mercies of the wicked are cruel."
PROVERBS 12:10 (KJV)

THANK YOU FOR LETTING US SERVE YOU.
CLEAR DOCUMENTS. SMOOTH PROCESS. PEACE OF MIND.

ESTATE PLANNING REVIEW

Use this worksheet to review your estate planning documents and key decisions. This will help your family or executor know what you have in place and where important documents are located.

INFORMATION

Full Name: _____

Date of Review: _____

Reviewed By: _____

Where Documents Are Kept: _____

INSTRUCTIONS: Check each item that you have completed. Provide the date of the document and location where it is kept. If not completed, indicate any notes or next steps.

1. ESTATE PLANNING DOCUMENTS

DOCUMENT	COMPLETED (Yes / No)	DATE EXECUTED	LOCATION OF ORIGINAL	NOTES / NEXT STEPS
☐ Last Will and Testament	Yes / No			
☐ Revocable Living Trust	Yes / No			
☐ Durable Power of Attorney (Financial)	Yes / No			
☐ Designation of Health Care Surrogate	Yes / No			
☐ Living Will / Advance Directive	Yes / No			
☐ HIPAA Authorization	Yes / No			
☐ Pour-Over Will (If you have a Trust)	Yes / No			
☐ Letter of Intent (For my family / executor)	Yes / No			
☐ Memorandum of Wishes	Yes / No			
☐ Beneficiary Designations (Life Insurance / Retirement Accounts)	Yes / No			
☐ Funeral / Burial Instructions	Yes / No			
☐ Other (Specify): _____	Yes / No			

2. KEY DECISIONS & PREFERENCES

Guardian for Minor Children: _____

Successor Trustee (if applicable): _____

Executor of Will: _____

Health Care Surrogate: _____

Alternate Surrogate: _____

Agent under Power of Attorney: _____

Alternate Agent: _____

Do you wish to be an organ donor? ☐ Yes ☐ No

Other Important Wishes / Instructions:

_____

_____

_____

3. ASSETS & ACCOUNTS OVERVIEW

Real Estate Owned: ☐ Yes ☐ No

If Yes, Location(s): _____

Business Ownership: ☐ Yes ☐ No

If Yes, Name(s): _____

Life Insurance Policies: ☐ Yes ☐ No

If Yes, Count: _____

Retirement Accounts: ☐ Yes ☐ No

If Yes, Count: _____

Other Significant Assets: ☐ Yes ☐ No

If Yes, Describe: _____

4. REVIEW REMINDERS

Review Regularly
Review your estate plan at least once a year or after major life events.

Communicate
Let your family and executor know where documents are kept.

Keep Copies
Keep copies (not originals) with your important papers in a safe, accessible place.

Update Information
Keep beneficiary designations and contact information up to date.

Seek Professional Advice
Consult your attorney or advisor for guidance on changes to your plan.

A plan today can protect tomorrow.