

CHRIST  
CHURCH

# ARE YOU READY?

Important Information about My Belongings,  
Business Affairs, and Wishes

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Christ Church  
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Lake Forest, IL 60045

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# INTRODUCTION

This packet compiles essential information for your loved ones in the event of your death or incapacitation. It contains contacts, legal, health, financial information, and practical matters. We recommend that you complete the relevant sections now, and update it annually. We also recommend that you share this packet with your loved ones, your personal representatives, and store it with other important documents.

***Please note:*** *This packet is not a legal document and does NOT replace a valid will.*

**Survivors:** This packet is intended to help you navigate more smoothly through the particulars of my life.

# MY PERSONAL INFO

LEGAL NAME

---

DATE OF BIRTH

---

BIRTHPLACE

---

---

ADDRESS

---

---

PHONE NUMBER

---

SOCIAL SECURITY NUMBER

---

MY SOCIAL SECURITY CARD IS LOCATED

---

---

MARITAL STATUS

---

SPOUSE'S NAME

---

CHILDREN'S NAMES

---

---

---

GRANDCHILDREN'S NAMES

---

---

---



FATHER'S NAME

---

FATHER'S BIRTHPLACE

---

---

MOTHER'S NAME

---

MOTHER'S BIRTHPLACE

---

---

OCCUPATION

---

RELIGIOUS ORGANIZATIONS TO WHICH I BELONG

---

---

MILITARY SERVICE

---

---

NOTES

---

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# MY MEDICAL INFO

MY LIVING WILL IS LOCATED

---

---

MY HEALTH CARE POWER OF ATTORNEY DOCUMENT IS LOCATED

---

---

---

MY APPOINTED AGENT IS

---

MY DNR ORDER IS LOCATED

---

---

MY ORGAN DONATION INFO IS LOCATED

---

---

BLOOD TYPE

---

MEDICAL CONDITIONS

---

---

---

MEDICATIONS

---

---

---

ALLERGIES AND REACTIONS

---

---

---

HEALTH INSURANCE INFO

---

---

---

MY HEALTH INSURANCE CARD IS LOCATED

---

---

PRIMARY CARE PHYSICIAN AND CONTACT INFO

---

---

---

PREFERRED HOSPITAL AND CONTACT INFO

---

---

---

PREFERRED PHARMACY AND CONTACT INFO

---

---

---

THINGS TO TAKE CARE OF IF I AM UNABLE TO DO THEM MYSELF

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---

# KEY CONTACT INFO

## EXECUTOR AND CONTACT INFO

---

---

---

## ATTORNEY AND CONTACT INFO

---

---

---

## ACCOUNTANT AND CONTACT INFO

---

---

---

## FINANCIAL ADVISOR AND CONTACT INFO

---

---

---

## INSURANCE AGENT AND CONTACT INFO

---

---

---

## HEALTH CARE PROVIDER AND CONTACT INFO

---

---

---

---

---

## CLERGY PERSON AND CONTACT INFO

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---

---

# AT THE TIME OF MY PASSING

*Request 10 copies of the death certificate for legal purposes, insurance purposes, and more. These may be provided by the doctor or funeral director.*

## Please contact the following:

FAMILY MEMBER AND CONTACT INFO

---

---

---

FAMILY MEMBER AND CONTACT INFO

---

---

---

FAMILY MEMBER AND CONTACT INFO

---

---

---

FAMILY MEMBER AND CONTACT INFO

---

---

---

FRIEND AND CONTACT INFO

---

---

---

FRIEND AND CONTACT INFO

---

---

---

OTHER

---

---



## Regarding my arrangements:

INSURANCE POLICY FOR FUNERAL/BURIAL EXPENSES AND CONTACT INFO

---

---

---

FUNERAL HOME

---

---

HOW I WOULD LIKE MY REMAINS DISPOSED OF

---

BURIAL

---

CEMETERY

---

MEMORIAL STONE

---

---

CREMATION

---

ASHES TO BE SCATTERED

---

---

NOTES ON FUNERAL AND OTHER ARRANGEMENTS

---

---

---

---

---

INFO I WOULD LIKE TO INCLUDE IN MY OBITUARY

---

---

---

---

# MY DEPENDENTS

*Record information about children, aging parents, or other dependents.*

NAME

---

RELATIONSHIP

---

RESIDENCE AND CONTACT INFO

---

---

BIRTHDATE AND BIRTHPLACE

---

CAREGIVING, CUSTODY, OR GUARDIANSHIP INFO

---

---

LOCATION OF DOCUMENTS

---

---

HEALTH AND MEDICAL INFO

---

---

CONDITIONS

---

ALLERGIES

---

HEALTH CARE PROVIDERS

---

---

HEALTH INSURANCE INFO

---

---

NOTES AND INSTRUCTIONS FOR CARE

---

---

# MY DEPENDENTS

*Record information about children, aging parents, or other dependents.*

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RELATIONSHIP

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RESIDENCE AND CONTACT INFO

---

---

BIRTHDATE AND BIRTHPLACE

---

CAREGIVING, CUSTODY, OR GUARDIANSHIP INFO

---

---

LOCATION OF DOCUMENTS

---

---

HEALTH AND MEDICAL INFO

---

---

CONDITIONS

---

ALLERGIES

---

HEALTH CARE PROVIDERS

---

---

HEALTH INSURANCE INFO

---

---

NOTES AND INSTRUCTIONS FOR CARE

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# MY DEPENDENTS

*Record information about children, aging parents, or other dependents.*

NAME

---

RELATIONSHIP

---

RESIDENCE AND CONTACT INFO

---

---

BIRTHDATE AND BIRTHPLACE

---

CAREGIVING, CUSTODY, OR GUARDIANSHIP INFO

---

---

LOCATION OF DOCUMENTS

---

---

HEALTH AND MEDICAL INFO

---

---

CONDITIONS

---

ALLERGIES

---

HEALTH CARE PROVIDERS

---

---

HEALTH INSURANCE INFO

---

---

NOTES AND INSTRUCTIONS FOR CARE

---

---

# IMPORTANT DOCUMENTS

MY WILL IS LOCATED

---

---

THERE ARE \_\_\_\_\_ COPIES.

---

MY DRIVER'S LICENSE IS LOCATED

---

---

DRIVER'S LICENSE NUMBER

---

MY PASSPORT IS LOCATED

---

---

PASSPORT NUMBER

---

MY BIRTH CERTIFICATE IS LOCATED

---

---

MY MARRIAGE CERTIFICATE IS LOCATED

---

---

NOTES REGARDING OTHER DOCUMENTS

---

---

---

---



# FINANCIAL INFO

MY FINANCIAL POWER OF ATTORNEY DOCUMENT IS LOCATED

---

---

MY APPOINTED AGENT IS

---

---

## Bank account info:

CHECKING ACCOUNT

---

BANK

---

ACCOUNT NUMBER

---

ONLINE ACCOUNT USERNAME

---

PASSWORD

---

SAVINGS ACCOUNT

---

BANK

---

ACCOUNT NUMBER

---

ONLINE ACCOUNT USERNAME

---

PASSWORD

---

OTHER ACCOUNT

---

BANK

---

ACCOUNT NUMBER

---

ONLINE ACCOUNT USERNAME

---

PASSWORD

---

OTHER ACCOUNT

BANK

ACCOUNT NUMBER

ONLINE ACCOUNT USERNAME

PASSWORD

ATM CARD

BANK

ACCOUNT NUMBER

PIN

DEBIT CARD

BANK

ACCOUNT NUMBER

PIN

NOTES

---

---

---

---

---

---

---

---

**Credit card info:**

CARD TYPE

---

ACCOUNT NUMBER

---

PHONE NUMBER

---

ONLINE ACCOUNT USERNAME

---

PASSWORD

---

CARD TYPE

---

ACCOUNT NUMBER

---

PHONE NUMBER

---

ONLINE ACCOUNT USERNAME

---

PASSWORD

---

CARD TYPE

---

ACCOUNT NUMBER

---

PHONE NUMBER

---

ONLINE ACCOUNT USERNAME

---

PASSWORD

---

CARD TYPE

---

ACCOUNT NUMBER

---

PHONE NUMBER

---

ONLINE ACCOUNT USERNAME

---

PASSWORD

---

**Other accounts:**NAME OF ACCOUNT  

---

INFO  

---

NAME OF ACCOUNT  

---

INFO  

---

**Tax records:**FEDERAL AND STATE RECORDS ARE LOCATED  

---

ONLINE TAX ACCOUNT  

---

USERNAME  

---

PASSWORD  

---

**Safe deposit box:**BANK AND LOCATION  

---

NUMBER  

---

KEY IS LOCATED  

---

CONTENTS  

---

---

---

---

## What I owe:

MORTGAGE

---

LENDER NAME AND CONTACT INFO

---

---

ACCOUNT NUMBER

---

LOCATION OF PAPERS

---

PROPERTY TAX INFO

---

---

HOME LOAN

---

LENDER NAME AND CONTACT INFO

---

---

ACCOUNT NUMBER

---

LOCATION OF PAPERS

---

CAR LOAN

---

LENDER NAME AND CONTACT INFO

---

---

ACCOUNT NUMBER

---

LOCATION OF PAPERS

---



## What I owe:

STUDENT LOAN

---

LENDER NAME AND CONTACT INFO

---

---

ACCOUNT NUMBER

---

LOCATION OF PAPERS

---

MEDICAL BILLS

---

LENDER NAME AND CONTACT INFO

---

---

ACCOUNT NUMBER

---

LOCATION OF PAPERS

---

PERSONAL LOANS

---

LENDER NAME AND CONTACT INFO

---

---

ACCOUNT NUMBER

---

LOCATION OF PAPERS

---

NOTES

---

---

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---

# WHAT BENEFICIARIES CAN EXPECT

## Life insurance policies:

TYPE OF POLICY

---

ACCOUNT NUMBER

---

CONTACT INFO

---

AMMOUNT

---

BENEFICIARY

---

LOCATION OF PAPERS/INFO

---

---

TYPE OF POLICY

---

ACCOUNT NUMBER

---

CONTACT INFO

---

AMMOUNT

---

BENEFICIARY

---

LOCATION OF PAPERS/INFO

---

---

NOTES

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---

---

---

**Employer benefits:**NAME  

---

ACCOUNT NUMBER  

---

CONTACT INFO  

---

LOCATION OF PAPERS/INFO  

---

  

---

**Social security:**NAME  

---

ACCOUNT NUMBER  

---

CONTACT INFO  

---

LOCATION OF PAPERS/INFO  

---

  

---

**Retirement:**NAME  

---

ACCOUNT NUMBER  

---

CONTACT INFO  

---

LOCATION OF PAPERS/INFO  

---

  

---

# PERSONAL PROPERTY

## Real estate:

RESIDENCE

---

ADDRESS

---

---

CO-OWNER(S)

---

---

LOCATION OF LEGAL DOCUMENTS

---

---

LOCATION OF KEYS

---

---

LOCATION OF FURNISHING/APPLIANCE WARRANTIES, MAINTENANCE  
CONTRACTS, ETC.

---

---

HOME SECURITY CONTACT INFO

---

---

IF RENTING, LOCATION OF LEASE

---

LEASE EXPIRES

---

LOCATION OF KEYS

---

---

PROPERTY MANAGER CONTACT INFO

---

---

## Vehicles: Cars, boats, and more

VEHICLE

---

YEAR/MODEL/MAKE/COLOR

---

---

VIN/ID

---

---

LOCATION OF TITLE

---

---

LOCATION OF KEYS

---

---

LOCATION OF LEASE/LOAN INFO

---

---

VEHICLE

---

YEAR/MODEL/MAKE/COLOR

---

---

VIN/ID

---

---

LOCATION OF TITLE

---

---

LOCATION OF KEYS

---

---

LOCATION OF LEASE/LOAN INFO

---

---



## Heirlooms and personal effects:

ITEM

---

LOCATION

---

NOTES AND INSTRUCTIONS

---

---

ITEM

---

LOCATION

---

NOTES AND INSTRUCTIONS

---

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ITEM

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LOCATION

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NOTES AND INSTRUCTIONS

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ITEM

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LOCATION

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NOTES AND INSTRUCTIONS

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ITEM

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LOCATION

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NOTES AND INSTRUCTIONS

---

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# INSURANCE

LIFE INSURANCE

---

AGENCY/AGENT NAME

---

CONTACT INFO

---

---

LOCATION POLICY

---

HOMEOWNER'S INSURANCE

---

AGENCY/AGENT NAME

---

CONTACT INFO

---

---

LOCATION OF POLICY

---

RENTAL OR STORAGE INSURANCE

---

AGENCY/AGENT NAME

---

CONTACT INFO

---

---

LOCATION POLICY

---

HEALTH INSURANCE

---

INSURER NAME AND CONTACT INFO

---

---

HSA INFO

---

DENTAL INSURANCE

---

INSURER NAME

---

CONTACT INFO

---

---

VISION INSURANCE

---

INSURER NAME

---

CONTACT INFO

---

---

MOTOR VEHICLE INSURANCE

---

INSURER NAME

---

CONTACT INFO

---

---

LOCATION OF POLICY

---

# MY PETS

PET NAME

---

DESCRIPTION/AGE

---

LICENSE/ID INFO

---

HEALTH INFO

---

---

VETERINARIAN

---

---

WHO WILL CARE FOR MY PET

---

CONTACT INFO

---

---

INSTRUCTIONS FOR CARING FOR MY PET

---

---

---

---

---

# WHAT TO PAY, CLOSE, AND CANCEL

## Heirlooms and personal effects:

GAS AND OIL PROVIDER CONTACT INFO

---

---

ELECTRIC PROVIDER CONTACT INFO

---

---

WATER PROVIDER CONTACT INFO

---

---

MOBILE PHONE PROVIDER CONTACT INFO

---

---

CABLE/INTERNET PROVIDER CONTACT INFO

---

---

## Subscriptions: Print, email, etc.

PUBLICATION NAME AND CONTACT INFO

---

---

PUBLICATION NAME AND CONTACT INFO

---

---

PUBLICATION NAME AND CONTACT INFO

---

---

# EMAIL AND SOCIAL MEDIA

## Username and Passwords

*Note: Check the Terms of Service for each to learn what happens to your account after your passing. Consider saving important emails, favorite photos, etc., separately.*

### Email:

EMAIL ACCOUNT

---

USERNAME

---

PASSWORD

---

EMAIL ACCOUNT

---

USERNAME

---

PASSWORD

---

### Social Media:

FACEBOOK

---

USERNAME

---

PASSWORD

---

LINKEDIN

---

USERNAME

---

PASSWORD

---

INSTAGRAM

---

USERNAME

---

PASSWORD

---

OTHER

USERNAME

PASSWORD

OTHER

USERNAME

PASSWORD







