

# Exhibits

Make as many copies of these forms as your family needs, or go to [GoodBooks.com/NecessaryConversations](http://GoodBooks.com/NecessaryConversations) to download printable versions of the forms.

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Exhibit A  
Needs Assessments for Family Helpers

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Finances		
Tasks	Coordinator	Provider
Monitor bill paying		
Review expenses and income		
Balance checkbook		
Review investments and savings		
Review wills		
Review estate planning		

Housing		
Tasks	Coordinator	Provider
Yard and house maintenance		
Housecleaning		
Assess safety hazards		
Plan for long-term housing		

Health		
Tasks	Coordinator	Provider
Monitor health changes, nutrition		
Schedule doctor appointments		
Accompany to doctor visits		

Exhibit A  
**Needs Assessments for Family Helpers**

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Health		
Tasks	Coordinator	Provider
Monitor medications		
Maintain medical file		

Daily Activities		
Tasks	Coordinator	Provider
Encourage appropriate social activities		
Provide for transportation needs		
Assess driving skills		
Arrange for personal care services		
Monitor meals and eating habits		
Monitor shopping needs		
Coordinate visitors		

End-of-Life Planning		
Tasks	Coordinator	Provider
Review Advance Directive, Living Will, and POLST		
Encourage funeral planning		
Make sure will is up to date		
Determine need for and funding of long-term care		

We suggest that adult children/substitutes be given copies of this information and told where the original official documents are kept.

- Names, addresses, phone numbers of family members, including siblings
- Birth and marriage certificates, passports
- Names and contact information of agents of power of attorney and health care proxy
- List of medications currently being taken; list of any allergies (see Exhibit F)
- Health care providers, including doctors and hospital information
- Copy of Medicare or Medicaid card
- Do not resuscitate (DNR) order (see Exhibit E)
- Advance directives (living will, POLST; see Exhibit E)
- Anatomical gift/organ donation card
- Funeral plans

We suggest that parents inform their power of attorney agent(s) and their executor(s) about the secure locations where the following materials can be found.

- Social security number for each parent
- Insurance policies (see Exhibit C)
- Financial information (see Exhibit C)
- Financial statement (see Exhibit D)
- Official financial papers and documents (CDs, stock and bond certificates, annuities paperwork, loans, titles, deeds)
- Computer passwords for all accounts
- Will and testament for each parent

Exhibit B  
**Financial File**

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- List of possessions and distribution of them
- Location of the names and account numbers for each of the following, so each can be notified upon the death of the parent directly involved:
  - checking account(s)
  - saving account(s)
  - retirement account
  - annuity(ies)
  - CD(s)
  - mutual funds
  - stocks and bonds
  - life insurance policy(ies)
  - health insurance policy(ies)
  - subscriptions and memberships
  - extended family and friends

Exhibit C  
**Financial Information**

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This list is to help you get started and is not exhaustive. Add any other relevant information you feel might be important.

**Date:** \_\_\_\_\_

**Name of Parent:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**Social security #:** \_\_\_\_\_

**Bank lock box location:** \_\_\_\_\_

**Bank lock box #:** \_\_\_\_\_

**Bank lock box key location:** \_\_\_\_\_

**Contents:** \_\_\_\_\_

**Lawyer:** \_\_\_\_\_

Address: \_\_\_\_\_

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

**Accountant:** \_\_\_\_\_

Address: \_\_\_\_\_

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

**Financial advisor:** \_\_\_\_\_

Address: \_\_\_\_\_

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

Exhibit C  
**Financial Information**

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## **Insurance**

**Life:** \_\_\_\_\_

Address: \_\_\_\_\_

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

Acct # and value (\$): \_\_\_\_\_

Contact info: \_\_\_\_\_

**Home & Fire:** \_\_\_\_\_

Address: \_\_\_\_\_

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

Acct #: \_\_\_\_\_

Contact info: \_\_\_\_\_

**Health:** \_\_\_\_\_

Address: \_\_\_\_\_

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

Acct #: \_\_\_\_\_

**Auto:** \_\_\_\_\_

Address: \_\_\_\_\_

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

Acct #: \_\_\_\_\_

## **Financial Institutions**

**Banks/credit unions:** \_\_\_\_\_

Address: \_\_\_\_\_

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

Checking/savings acct #: \_\_\_\_\_

Exhibit C  
**Financial Information**

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## **Investments**

**Stocks and Bonds:** \_\_\_\_\_

Address: \_\_\_\_\_

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

Acct #: \_\_\_\_\_

**Mutual Funds:** \_\_\_\_\_

Address: \_\_\_\_\_

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

Acct #: \_\_\_\_\_

**Annuities/CDs:** \_\_\_\_\_

Address: \_\_\_\_\_

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

Acct #: \_\_\_\_\_

**Properties:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Acct #: \_\_\_\_\_

**Partnerships:** \_\_\_\_\_

Address: \_\_\_\_\_

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

Acct #: \_\_\_\_\_



Exhibit C  
**Financial Information**

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**Retirement accounts:** \_\_\_\_\_

Address: \_\_\_\_\_

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

Acct #: \_\_\_\_\_

**Credit Cards:** \_\_\_\_\_

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

Acct #: \_\_\_\_\_

## **Loans to**

**Institution or Person:** \_\_\_\_\_

Address: \_\_\_\_\_

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

Acct #: \_\_\_\_\_

## **Loans from**

**Institution or Person:** \_\_\_\_\_

Address: \_\_\_\_\_

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

Acct #: \_\_\_\_\_

Exhibit D  
**Financial Statement**

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**Date:** \_\_\_\_\_

**Names:** \_\_\_\_\_

**Birth dates:** \_\_\_\_\_

**Social security numbers:** \_\_\_\_\_

**Addresses:** \_\_\_\_\_

**Phone numbers:** \_\_\_\_\_

## **Assets**

**Stocks and Bonds:** \_\_\_\_\_

\$ Value: \_\_\_\_\_

**Mutual funds:** \_\_\_\_\_

\$ Value: \_\_\_\_\_

**Partnerships:** \_\_\_\_\_

\$ Value: \_\_\_\_\_

**CDs:** \_\_\_\_\_

\$ Value: \_\_\_\_\_

**Annuities:** \_\_\_\_\_

\$ Value: \_\_\_\_\_

**Retirement accounts:** \_\_\_\_\_

\$ Value: \_\_\_\_\_

Exhibit D  
**Financial Statement**

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**Checking accounts:** \_\_\_\_\_

\$ Value: \_\_\_\_\_

**Savings accounts:** \_\_\_\_\_

\$ Value: \_\_\_\_\_

## **Non-Cash Assets**

**Properties:** \_\_\_\_\_

Addresses: \_\_\_\_\_

Appraised \$ value: \_\_\_\_\_

**Possessions:** \_\_\_\_\_

**Life insurance:** \_\_\_\_\_

Address: \_\_\_\_\_

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

\$ value: \_\_\_\_\_

## **Liabilities**

**Loan Amounts:** \_\_\_\_\_

From: \_\_\_\_\_

Interest charged: \_\_\_\_\_

Length of term: \_\_\_\_\_

**Net Worth:** \_\_\_\_\_

Exhibit E  
**Medical File**

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

**Address:** \_\_\_\_\_

**Phone numbers:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

Address: \_\_\_\_\_

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

**Health proxy:** \_\_\_\_\_

Address: \_\_\_\_\_

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

**Date:** \_\_\_\_\_

Blood pressure: \_\_\_\_\_

Cholesterol: \_\_\_\_\_

Weight: \_\_\_\_\_

**Dates of past illnesses:** \_\_\_\_\_

\_\_\_\_\_

**Dates of hospitalizations:** \_\_\_\_\_

**Dates of surgeries:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Present medical conditions:** \_\_\_\_\_

\_\_\_\_\_

**Symptoms and diagnosis:** \_\_\_\_\_

Exhibit E  
**Medical File**

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## **Health Care Providers and Hospitals**

Fill in names, addresses, and phone numbers for each entry.

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Pass codes to electronic medical record file maintained by

primary physician/medical practice: \_\_\_\_\_

Location of copies of Advanced Directive, POLST, and

other legal health care documents: \_\_\_\_\_

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Pass codes to electronic medical record file maintained by

primary physician/medical practice: \_\_\_\_\_

Location of copies of Advanced Directive, POLST, and

other legal health care documents: \_\_\_\_\_

## Prescription Medications

[illegible]

Exhibit F

**Medications and Supplements List**

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**Non-Prescription Medications and Supplements**

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**Allergies**

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Exhibit G  
**Driving Contract and Checklist**

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**Senior**

I am entrusting you to periodically review my driving safety with me. I will accept your observations without being defensive or blaming other drivers. I will respect your advice to restrict my driving. When the time comes when I can no longer drive, I will give you my keys and permission to sell my vehicle.

Please be gentle with me if I find it difficult to lose this part of my independence.

This is my wish, and I give you permission to make the necessary decisions. Thank you for protecting me. I love you.

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

**Adult Child/Substitute**

I am humbled that you are entrusting me with this responsibility. I love and respect you for preparing with me for the time when it is no longer safe for you to drive. I pledge to be gentle with you as I alert you about my concerns.

My hope is that when the time comes for you to no longer drive, it will be a mutual decision. If I need to make that decision alone, I will do so only to protect you and others.

Please be assured that I will be available to provide transportation or make other arrangements to enable you to remain independent. I am honored and relieved that you have given me this privilege.

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



## **Indicators of Unsafe Driving**

- Easily distracted while driving
- Hitting curbs
- Having trouble merging into traffic
- Poor judgment when making left turns and at intersections
- Failing to follow traffic signs and signals
- Near crashes
- Causing dents and scrapes
- Reduced vision/relies on passenger for help
- Responding more slowly to unexpected situations
- Getting lost frequently
- Having a hard time turning around

*Adapted from AARP.com*

Exhibit H  
**Funeral-Planning Instructions**

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**Funeral home to be contacted:** \_\_\_\_\_

**Cemetery:** \_\_\_\_\_

**My wishes for remains:**

- ☐ Cremated
- ☐ Organ donor
- ☐ Body to science
- ☐ Traditional burial

**I would like services held in:**

- ☐ Church: \_\_\_\_\_
- ☐ Funeral Home: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**I request the following person(s) to participate in the service:**

- ☐ Pastor: \_\_\_\_\_
- ☐ Relatives: \_\_\_\_\_
- ☐ Friends: \_\_\_\_\_

**Scriptures, hymns, poems that are especially meaningful to me :**

- ☐ Scriptures: \_\_\_\_\_
- ☐ Hymns: \_\_\_\_\_
- ☐ Special music: \_\_\_\_\_
- ☐ Poems or readings: \_\_\_\_\_

Exhibit H  
**Funeral-Planning Instructions**

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Suggestions for Pallbearers (usually six):

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

4: \_\_\_\_\_

5: \_\_\_\_\_

6: \_\_\_\_\_

My clothing preference: \_\_\_\_\_

Memorial contributions: \_\_\_\_\_

Other special instructions: \_\_\_\_\_

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

*Adapted from AMC, Akron, PA*

***Detailed worksheet available at:  
deathforbeginners.com***