

MY LIFE

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If something were to happen to you tomorrow, would your next of kin (NOK) know what to do? What if you were incapacitated or unable to make decisions? This document was created to help you take the first step in providing the information your family or a trusted friend would need to manage your assets, finances and wishes.

This document will provide a place for you to write down all the basics your next of kin would need if something happened to you. We encourage you to make this document part of a **MY LIFE BOX** that would include all the items your next of kin would need during a difficult time.

Suggestions for your **MY LIFE BOX**:

- Up-to-Date **MY LIFE** document
- File Folder and File Folder Labels to organize your information
- Metal File Box
- A large zippered waterproof pouch to hold your important papers
- Zippered cases for keys and key tags

***See next page for where to find the above items and for other resources.*

Once you have completed the **MY LIFE** document and gathered all the information in your metal box, let your next of kin know that you have this information (even if you are not finished with this project) and where it is kept. Once completed, be sure to keep your information updated.

If you decide to complete the document and keep it on your computer, make sure your next of kin knows how to get access to your computer and the document. You may want to keep your completed document on a zip drive and/or print out a hard copy and have it on your computer, also. Any way works, as long as your NOK knows how to find it!

Married couples and individuals in a relationship should each create their own **MY LIFE** document.

***Add additional pages, as needed. Make note on the original document if extra pages are included and where (especially if they are in a separate computer file or kept separate from the original document).*

IMPORTANT ORIGINAL DOCUMENTS:

- Birth Certificates
- Passports
- Social Security Cards
- Copy of Driver's License
- Vehicle Titles
- Property Deeds
- Originals of your will, trust and/or estate documents
- Marriage Certificates
- Divorce Papers
- List of Usernames and Passwords

These are documents that should be kept in the large waterproof zippered pouch.

KEYS

- Keep a copy of all your keys in the small zippered pouch.
- Make sure all the keys are labeled.
- Note location of Safe Deposit Key, if you have one.

SUPPLIES

Waterproof Fireproof Box [Amazon.com : ZOOPIP Fireproof File Box with Lock, Document Box Storage Organizer, Suitable for Hanging File Folders in Letter Size, Collapsible File Box, Reflective Strip for Fast Find \(12.2"*6"*10.2, Black\) : Office Products](#)

Key Label Tags https://www.amazon.com/Uniclif-Plastic-Winow-Assorted-Colors/dp/B01G8L4T74/ref=sr_1_5?crd=2XUYVL8HRM70A&keywords=key+label+tags&qid=1704572951&srefix=key+label+tags%2Caps%2C366&sr=8-5

Zippered Bags [Amazon.com : JPSOR 16pcs 8 Size Mesh Zipper Pouch for Organization, Waterproof Zipper Pouches Colored PVC Travel Zipper Bags Clear Multipurpose Document Bags for School Office Home Cosmetics Storage Toys Puzzle : Office Products](#)

***These links are just examples and not meant as an endorsement of specific products or vendors.*

RESOURCES

17 Reasons to Update Your Will, AARP Foundation

<https://giftplanning.aarp.org/reasons-to-update-your-will-guide>

Before All is Said and Done, Practical Advice on Living and Dying Well

by Pat Miles and Suzanne Watson, Made for Success Publishing, 2022

Confidential Organizer Workbook, AARP Foundation, 2014

Email tcarter51@msn.com to request an electronic copy

Death Announcement Scams

<https://identitymanagementinstitute.org/obituary-death-announcement-scams/>

<https://www.aarp.org/money/scams-fraud/info-2020/obituary.html>

Personal Estate Planning Kit, AARP Foundation. Lesson Book and Record Book

<https://giftplanning.aarp.org/personal-estate-planning-kit>

Planning Ahead for Your Future, Minnesota Board on Aging, MBA-3012

<https://mn.gov/senior-linkage-line/resources/print-materials/>

Scams targeting widows

<https://www.claritywealthdevelopment.com/watch-out-for-these-common-scams-targeting-widows/>

The Nokbox, www.thenokbox.com

What to do in the First 48 hours After You Lose a Loved One

<https://giftplanning.aarp.org/first-48-hours-guide>

“Where to go for Vital Records” in Minnesota, birth, death, marriage, divorce -

<https://www.cdc.gov/nchs/w2w/minnesota.htm>

Health care directive kit, University of Minnesota Extension

<https://extension.umn.edu/health-care/minnesota-health-care-directive-planning-toolkit>

MN Board on Aging – Advanced Directives

<https://mn.gov/board-on-aging/connect-to-services/legal/advanced-care-planning/advance-directives/>

MY LIFE
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PERSONAL INFORMATION

Full Legal Name(first, middle, last): _____

Address: _____

Phone Number: _____ Password/PIN: _____

Voicemail Password: _____ Computer Password: _____

Email: _____ Password: _____

Work Email: _____ Password: _____

Include Birth Certificate (copy in folder, original in zippered case)

Marital Status: _____

Spouse/Significant Other: _____

Include Marriage Certificate, Prenuptial Agreement, Information on any previous marriages and dissolutions (divorce, death, separation) (copy in folder, original in zippered case)

US Citizen? If not, details on naturalization and other citizenship: _____

DEPENDENTS

Include full name, address and date of birth for all dependents.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

If minors, include birth certificates, Social Security card, passport, support orders, medical/dental information, special needs, medications, allergies, financial obligations or income. (copy in file, original in zippered case)

INCOME

For Employer, include contact information, employment contracts, pay stub, benefit documentation bonus information, ownership interest in business or stock options for employment.

For Retirement/Pension/Investment Accounts, include name of fund, account #, user names/passwords, complete address and phone number for each account. Put copy of recent statement in folder, along with access information. Include IRAs, 401Ks, stocks, bonds, digital assets, online trading accounts, college savings, cryptocurrency, annuities, options, etc.

For Other, include information on other income, inheritances, trusts, child support, spousal support, disability, unemployment, severance pay,

Employer: _____

Retirement/Pension/Investment Accounts: _____

Other: _____

SOCIAL SECURITY & MEDICARE

Social Security Number: _____

SS.gov login information and passwords: _____

Where payments are deposited or mailed: _____

- **Note: all payment made after a death must be returned to SS.**
- Check for the death benefit from SS. This may come as a check payment or direct deposit.
- Note if you are managing benefits for a minor or spouse, so their support is not interrupted.
- Spouses and minor children of deceased may be entitled to Social Security benefits. Contact SS for more information and to notify them of a death.

Include a copy of your Medicare benefit statement in the folder (this will have contact information).
Note current payment for Part A (provides inpatient/hospital coverage), Part B (provides outpatient/medical coverage), Part C (information on supplemental insurance), and Part D (who provides prescription drug coverage).

PERSONAL ADVISORS

Attorney: _____

Accountant: _____

Bank or Trust Officer: _____

Investment Broker: _____

Insurance Agent: _____

Clergy (Pastor, Priest, etc): _____

Include name, agency, address, phone and email

INSURANCE

List company name, agent's information, policy number, yearly premium, any usernames/passwords, complete address and phone number for each policy. Also list what the policy covers and any beneficiaries. Include how the premiums are paid and any needed usernames/passwords, along with the monthly or yearly payment. Include a copy of any insurance cards, bills and/or policy declarations in file.

Vehicle(s): _____

Homeowners: _____

Health: _____

Supplemental: _____

Long-Term Care: _____

Disability: _____

Annuity: _____

Life: _____

Other: _____

REAL PROPERTY (including Mortgages or Leases)

Property Address (primary residence): _____

Access Codes and/or Alarm/Security System Information: _____

Mortgage/Lease Payment (include amount and how and to who payment made): _____

Property Address (other): _____

Access Codes and/or Alarm/Security System Information: _____

Mortgage/Lease Payment (include amount and how and to who payment made): _____

Include a copy of property tax records, loan information and/or deed in folder (original in zippered pouch if paid off).

UTILITIES

Electric: _____

Phone (cell and landline): _____

Internet: _____

Cable: _____

Gas/Propane: _____

Sewer and Water: _____

Other: _____

Other: _____

Other: _____

Include company name, address, phone number, account number and any usernames and passwords.

VEHICLES

List all vehicles you own with a title or VIN number (cars, trucks, campers, boats, motorcycles, trailers, ATVs, snowmobiles, jet skis, etc). Items without a title can be listed under assets.

Include the following information for each: Description (year, make, model, color), approximate value, joint owners, number of keys and where they are, where vehicle and title are located. Also include if there is a lienholder, satellite radio, warranty or maintenance plan, any release releases.

Include any special instructions to donate or bequeath.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

CREDIT CARD/STUDENT DEBT

List all credit cards, including type (VISA, Discover, Mastercard, American Express), bank name, description, last 4 digits of account # and where that card is located. Keep a copy of the card and statement in your folder and original in zippered pouch, if not used frequently). Note any rewards, points or miles, as these can sometimes be redeemed by your estate or cashed in.

List any current student debt, complete information including lender name, address and phone number, account #, username and passwords and who the loan is for. Include a copy of a statement.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

BANKING

List each bank account you have, including bank name, location, website and last 4 digits of account #, along with the type of account (checking, savings or other), name(s) on the account and any co-signers, beneficiaries or POA (Power of Attorney).

Include the location of your debit card and PIN # and where your checks/checkbooks can be found, along with usernames and passwords for each account.

List any direct deposits (paychecks, Social Security benefits, monthly interest) and any auto withdrawals (bills, payments, subscriptions) for each account.

Also, list any information on websites or apps that are attached to bank accounts (Venmo, Apple Pay, Paypal, Zelle, etc) and usernames and passwords to access these accounts. Be sure to note any of these accounts that have money coming in or going out (ext. utilities, cable, cell phone, internet).

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

ASSETS

List any assets, including jewelry, antiques, instruments, weapons, contents of a storage unit, safe deposit box contents, other significant tangible assets. Include information to help your next of kin manage these assets, including location, deeds, purchase documents, appraisals, licenses, titles, etc.

If you have a safe deposit box, determine the specific ways the box can be accessed upon your incapacitation or death. You may want to have a trusted person be a signer or limit what is kept in the box.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Safe Deposit Boxes:

1. _____

2. _____

Include where located (bank, location), Box # and location of key.

CURRENT LOANS/DEBTS

List any personal debts, loans to friends/family, promissory notes, money that others owe you. Include type, payment amount and information.

Also, include any medical debt. These may or may not be forgiven upon death.

1. _____

2. _____

3. _____

4. _____

PETS

List pet's name, date of birth (or approximate age), description (breed, color), vet's information (name, address, phone), boarding, grooming and/or pet insurance information. Include a copy of vaccination records and Microchip ID in folder.

List an emergency contact and preferred guardian for your pet(s). Details on preferred food, treats, medications, allergies, temperament, behavior, etc. also helpful.

1. _____

2. _____

3. _____

4. _____

PEOPLE

List any individuals who you would like notified if something happened to you.

List any individuals who may have access to your home or have a spare key.

List companies and/or individuals who provide services for you: handyman, plumber, electrician, lawn mowing, auto repair, etc.

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

- 6. _____

- 7. _____

- 8. _____

- 9. _____

- 10. _____

Include type (notify, access or service) and contact information for each individual/company listed.

MILITARY SERVICE

Include country, branch, rank, induction date, discharge date, citations or award received. Include in file: DD-214 separation documents, VA Form 40-1330 Claim for a Government headstone or maker, if wanted. VA Form 21P-530 is used for Application for burial benefits.

MEDICAL

Primary Care Physician: _____

Dentist: _____

Vision: _____

Preferred Hospital: _____

Specialty Doctors: _____

Blood Type: _____

Vaccinations: _____

Current Medications/Prescriptions: _____

Past Surgeries: _____

Major Dental Work: _____

Illness(es) or Disease(s): _____

Other Health History and/or Notes: _____

HEALTH CARE DIRECTIVES

Who is allowed to access your medical information? _____

Include a copy of your *Living Will* or *Health Care Directive*. This directive gives your medical team instructions regarding artificial life support in very specific situations if you are unable to speak for yourself. It does not give anyone the power to make medical decisions on your behalf. This should be shared with your medical team.

Include a copy of your *Medical Power of Attorney*. This allows someone to act as your health care agent and they are entrusted to make life and death medical decisions on your behalf. Note where the original can be found.

Typically, your clinic or health care provider can provide you with the forms to complete.

FINANCIAL POWER OF ATTORNEY

A Financial Power of Attorney gives a trusted person the authority to manage financial obligations when you are unable. This may allow your agent to pay bills, conduct financial business and manage accounts for you. This POA is only valid while you are alive. Put a copy in your folder and the original in the zippered pouch.

SUBSCRIPTIONS, MEMBERSHIPS AND SERVICES

For each subscription and membership, list each account's name, account number, contact information, username and passwords, date membership expires and if auto-renewing (and which credit card will be charged).

Examples of subscriptions include: Netflix, Disney+, Hulu and other streaming services, Spotify, Pandora and other music services, Kindle, and other reading subscriptions, news/media, Amazon Prime, workout/exercise programs, gaming, crafting sites, other hobby sites, etc.

Examples of memberships include: gyms, clubs, lodges, loyalty cards (Costco, Sam's Club, gas stations, grocery stores, etc), airline mileage programs, etc.

Examples of mailed services include: newspapers, magazines, meal kit deliveries, pet food/treat deliveries, clothing/styling subscriptions, etc.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

SOCIAL MEDIA

List social media platforms (Facebook, Twitter, Linked In, etc) and user name and passwords.

1. _____

2. _____

3. _____

4. _____

5. _____

Specific message that you would like posted after your passing on group sites:

ONLINE ACCOUNTS AND PASSWORDS

It may be helpful to have a book, notebook or computer file (print new copy to include in folder each time you update it) with all your account usernames and passwords.

TAX RECORDS

List your Accountant or Tax Firm, including name, address and phone number. Also include any usernames and passwords if you use an online tax software, or IRS login information, any State Revenue Service login information, login information for your social security account.

Accountant or Tax Firm: _____

Any Tax Liens: _____

Include a copy of your most recent tax return (or where to find it) in your folder. Executors or Trustees will have to file your tax return as well as create an estate or trust tax return each year until your estate is closed.

LEGAL

List documentation on past or current legal situations in your life. Include: prenuptial agreements, marriage license, divorce decrees, attorney agreements, child support orders, parenting plans, adoption records & filings, patent, trademarks, copyrights, intellectual property, lawsuits (pending), judgments, arrests, identity theft, bankruptcies, inheritances, LLC's, Corporations and Partnerships.

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

- 6. _____

- 7. _____

- 8. _____

- 9. _____

Put copies of documents in your folder and place originals in zippered pouch. These files may or may not be necessary for beneficiaries to show if they are entitled to any inheritance.

WILLS/TRUSTS

Put a copy of your will and/or trust in the folder and the originals in your zippered pouch. Include contact information about the attorney who drafted your will/trust documents.

Attorney: _____

PERSONAL PROPERTY BEQUESTS

List any personal property that you wish to be given to an individual and who that is. Include item, who you would like to have the item and their contact information, if needed.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

FUNERAL AND BURIAL INSTRUCTIONS

What would you like to happen to your body (burial, interment, cremation, green burial (eco-friendly) or anatomical donation): _____

Preferred Funeral Home: _____

Preferred Cemetery: _____

Preferred Church or other Location: _____

Preferred Clergy: _____

If you do not wish to have a service, please note: _____

Preferred Memorial Service or NONE: _____
(ex. Viewing or wake, funeral service, backyard BBQ, open house, etc)

Prearrangements? YES NO

If YES, with who (name and contact information): _____

Organ Donation: YES NO _____

Other Preferences: _____

It may be helpful to write out information you would like included in an obituary (family survived by and preceded in death by, life details)

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**MN TRIAD is
Seniors, Law Enforcement and Community Groups
working together to enhance senior safety**

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*Special Thank You to Aitkin County Triad & ANGELS of McGregor (and especially Terry Carter)
for sharing their "What Happens Next" Presentation Handout,
which was used as a template for this document.*