



# THE LAST CHAPTER

DOCUMENTING YOUR PRE- & POST-DEATH DECISIONS

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**This is the digital companion version to *The Last Chapter: Documenting Your Pre-and Post-Death Decisions, Version 1*.** It is not intended to be a stand-alone book but rather a digital version to use alongside the workbook. It is for those individuals who wish to keep their data – either all of it or some of it – in a digital format.

Important and helpful information is written in each section of your workbook that is not included in this digital companion. The corresponding page numbers are listed here for you to reference your workbook.

It is suggested that you consider storing written documents in the back pocket of the workbook. You could also scan copies of important documents or take a picture of them and keep them with your digital companion. If you decide to keep your data on a flash drive, there are online instructions about how to password protect it.

## **Introduction: Pausing to take stock**

Pages intro 1-3

How would you define a good death? Do you know a beautiful death and dying story?

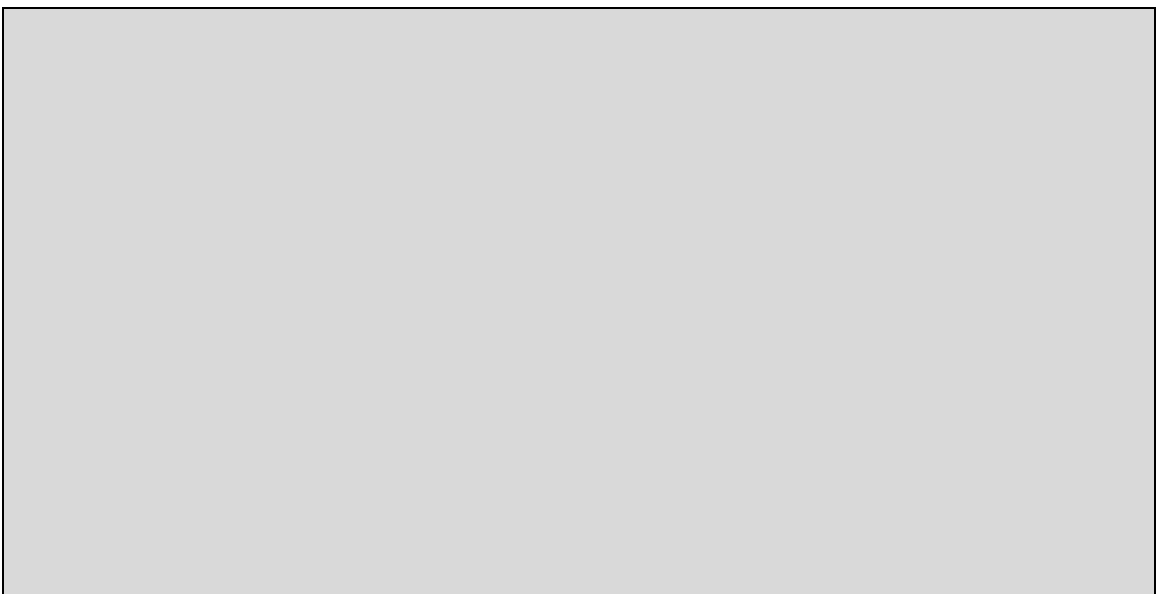
If there is a choice, where do you want to die?



Is it possible to get “too much” care where living longer becomes dying longer?



Are there some conditions/situations worse than death?



What are your thoughts on the amount of money that should be spent when death is imminent and medical care will not forestall the inevitable?

### **Section one- All Your Data-Personal information**

Page 2

Name (full legal name with maiden name if applicable)

Address

Phone(s) (with password)

Email(s) (with password)

Date of birth (DOB) and city and state where you were born

Where is your birth certificate/adoption record? (Consider storing this document in the back pocket.)

Do you have immigration documents? (Consider storing them in the back pocket.)

Page 3

What is your social security number (SSN)? \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Where is your SSN card? (Consider storing this document in the back pocket.)

Driver's license number and state where it was issued

Where is your passport? (Consider storing this document in the back pocket.)

Do you have a transportation security administration global entry number (TSA)?

Name and location of institution where your safe deposit box is held

Is there a co-signer or co-owner?

Location of the key? (Consider storing it in back pocket.)

What is stored in the safe deposit box?

Page 4

Do you have a religious identification?

Are you part of a faith community? If so what is the name, address and phone number?

Do you have a religious leader? If so what is their name and contact information?

Where is your baptismal information (if applicable)? (Consider storing this document in the back pocket.)

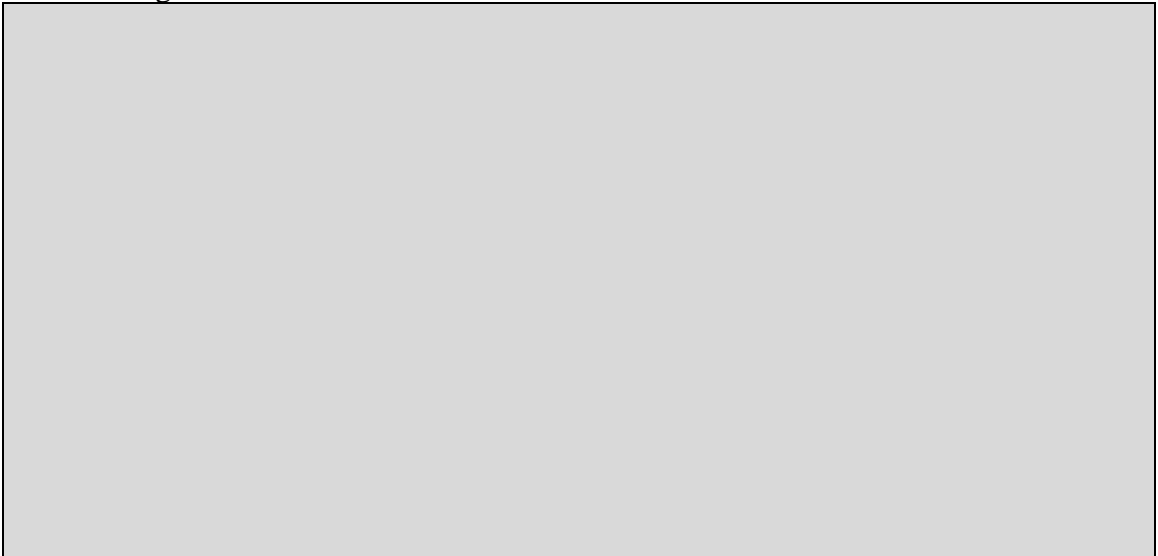
Is there any additional information that is important to document about your faith involvement?

Education – names and locations of schools attended and dates of completion

Elementary school

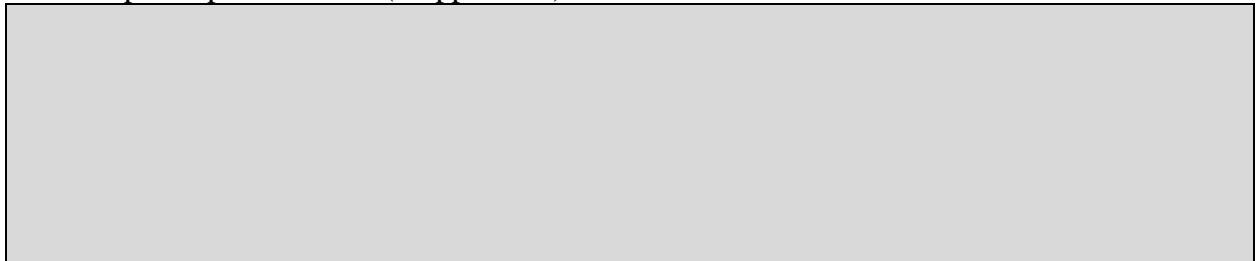
High School/Military Academy

Trade/College/Universities

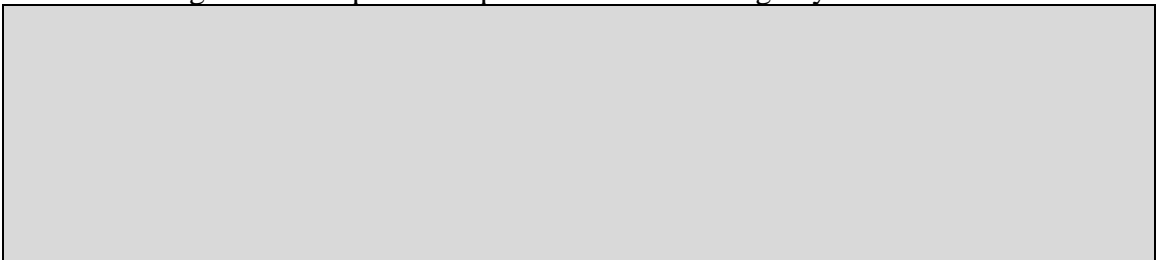


Page 5

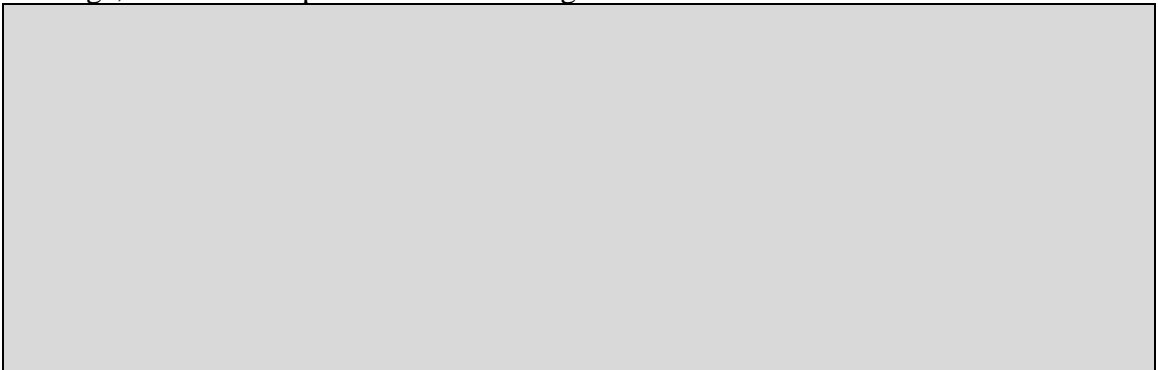
Current spouse/partner name (if applicable)



Date of marriage/domestic partnership/civil union including city and state



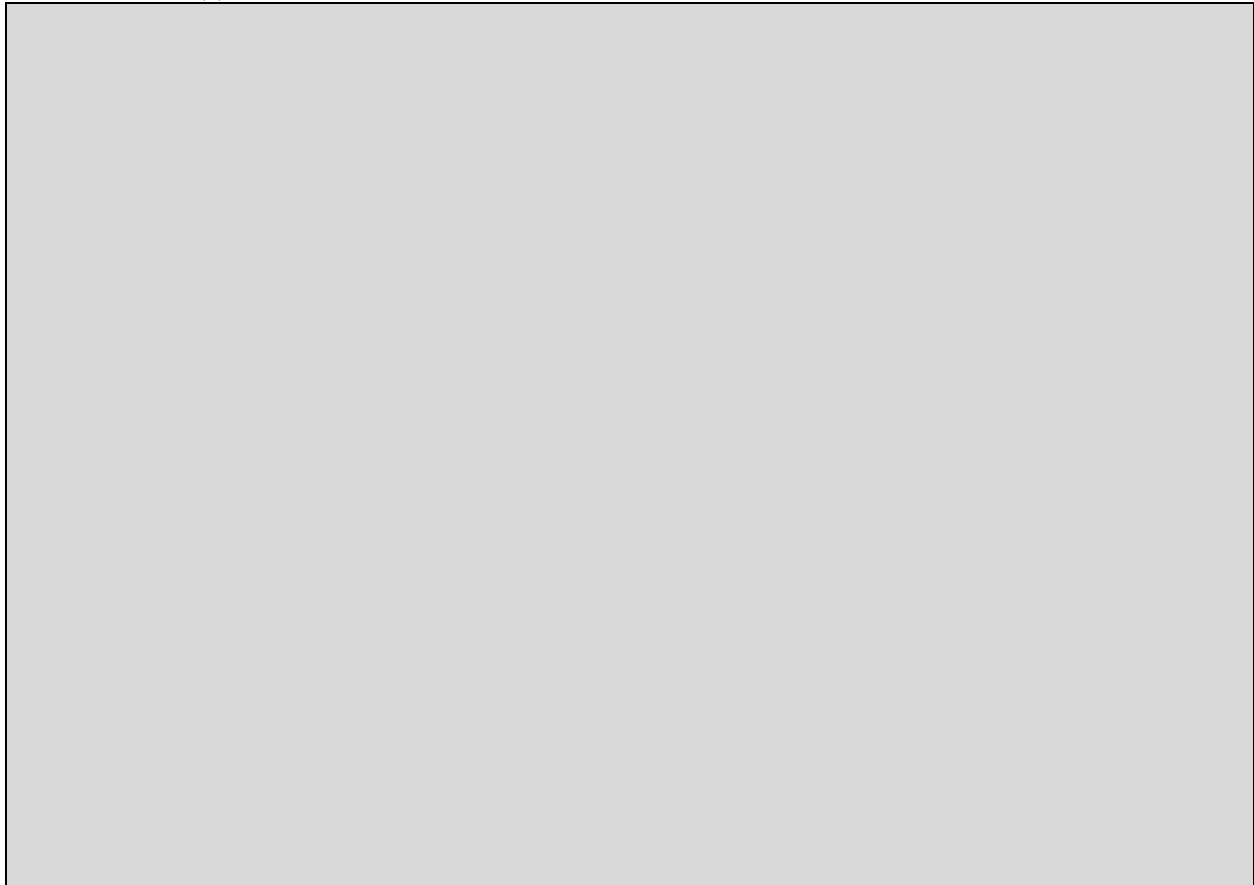
Have you been divorced? List name of former person(s), legal name you had during marriage, and date and place of both marriage and divorce. List their SSN if known.



Have you been widowed? List name of spouse, legal name you had during marriage, and date and place of marriage. List their SSN if known. Where is death certificate of spouse? (Consider storing this document in back pocket.)

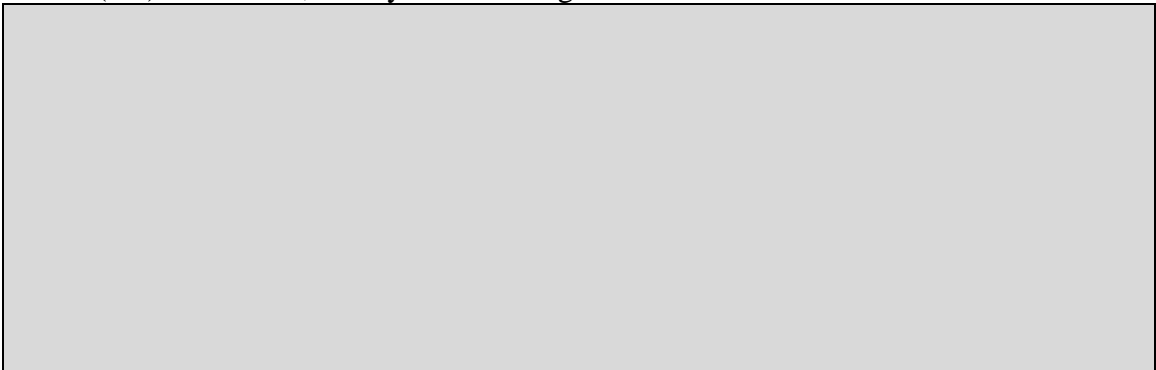


Children name(s) and contact information



Page 6

If child(ren) are minors, have you named a guardian? List name and contact information.





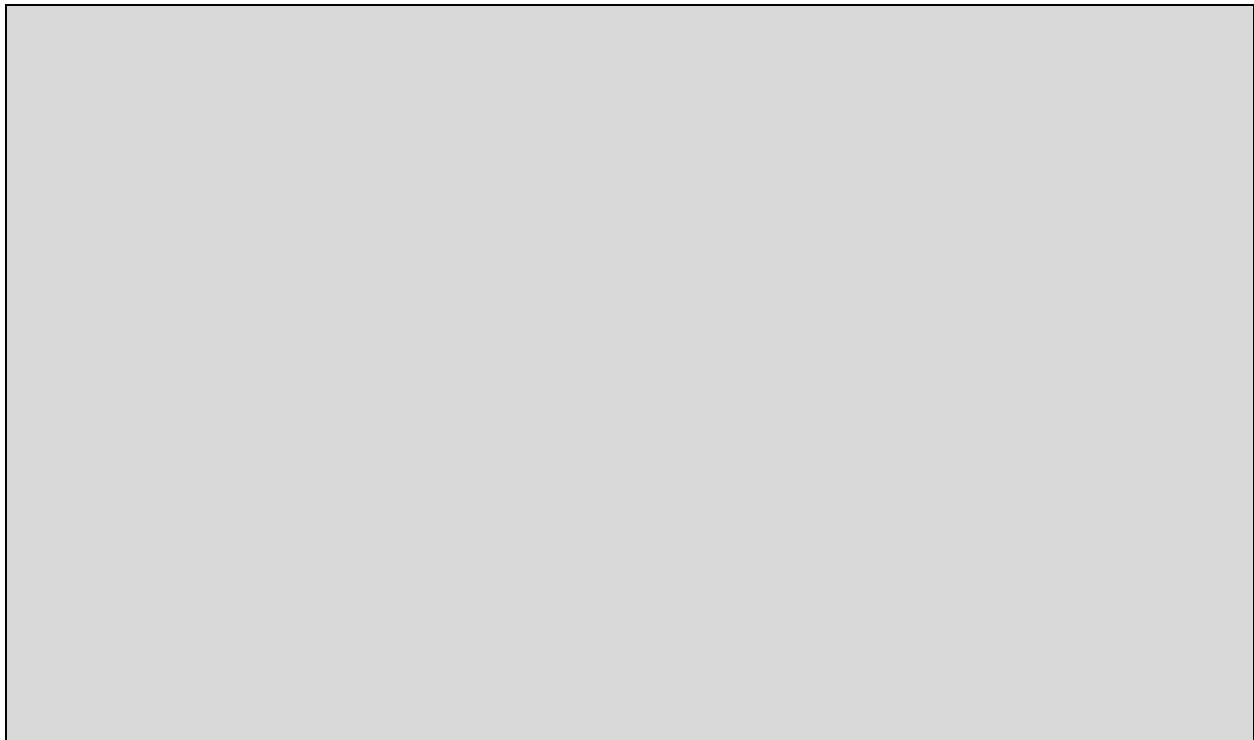
Have you named an alternate? List name and contact information.



Have you documented your wishes for your child(ren) and have you conveyed them to the identified guardian? Have you filled out the necessary documents for legal purposes? Where are these documents? (Consider storing them in the back pocket.)



Are there step-children, foster children, or individuals you consider “child(ren)” who would be important to list here?



Your parents' full names

Mother's full name (including maiden name), contact information, DOB, date of death (DOD), if applicable

Father's name, contact information, DOB, DOD, if applicable

Your sibling's name(s), contact information, DOB, DOD, if applicable

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Page 8

Are there step-sibling(s) or other individuals that you consider “sibling(s)” who would be important to include here?

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Do you have pets? What is your plan regarding your pet?

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Do you have pet cremated remains? What do you want done with them?

Page 9

Were you in the armed services?

Branch

Service serial number

Date entered and place of entry

Type of separation/discharge

Date of discharge

Place of separation

Location of military discharge papers (DD214)

Highest grade, rank, or rating

Page 10

Wars/conflicts served

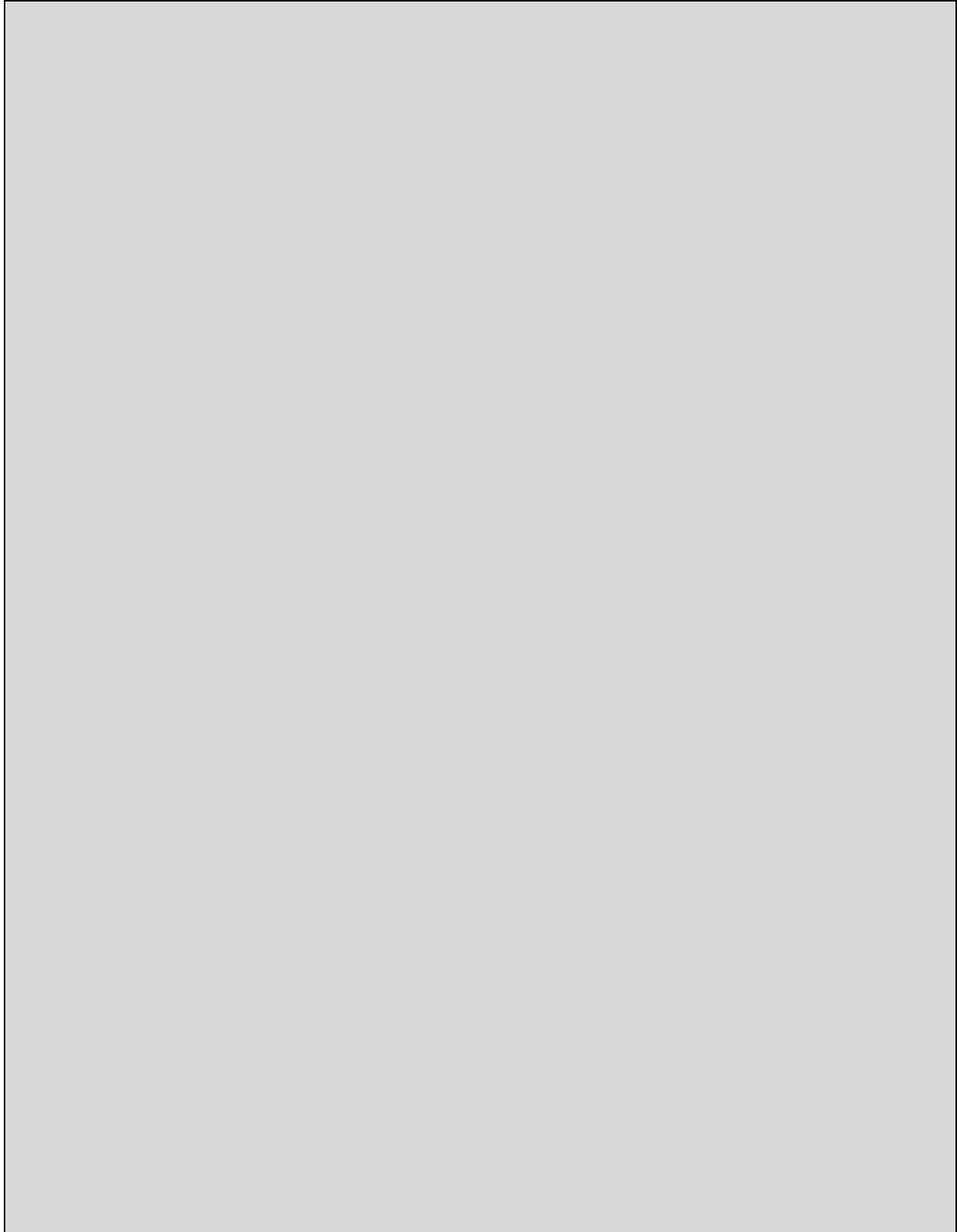
Medals/honors/citations

## Section one- All Your Data-Medical

Page 11

See section for detailed information and instruction on what to include in this section.

Who are your medical providers? In addition to MD's, include dental, vision, and chiropractor providers.



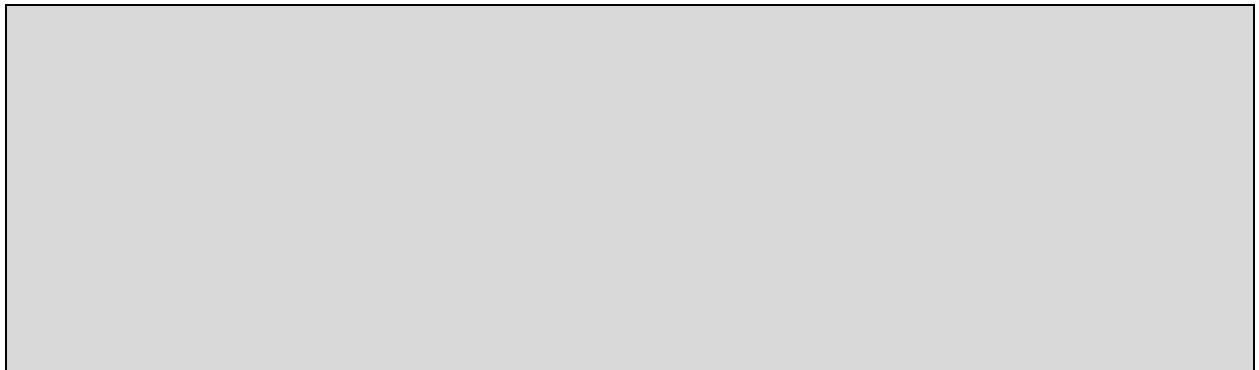


Page 12

### **Health Insurance**

See section for detailed information and instruction on what to include in this section.

List all medical insurances, if applicable, including private insurance, Medicare with supplemental and drug plans, Medicaid, dental, vision, prescription providers such as mail-in pharmacies



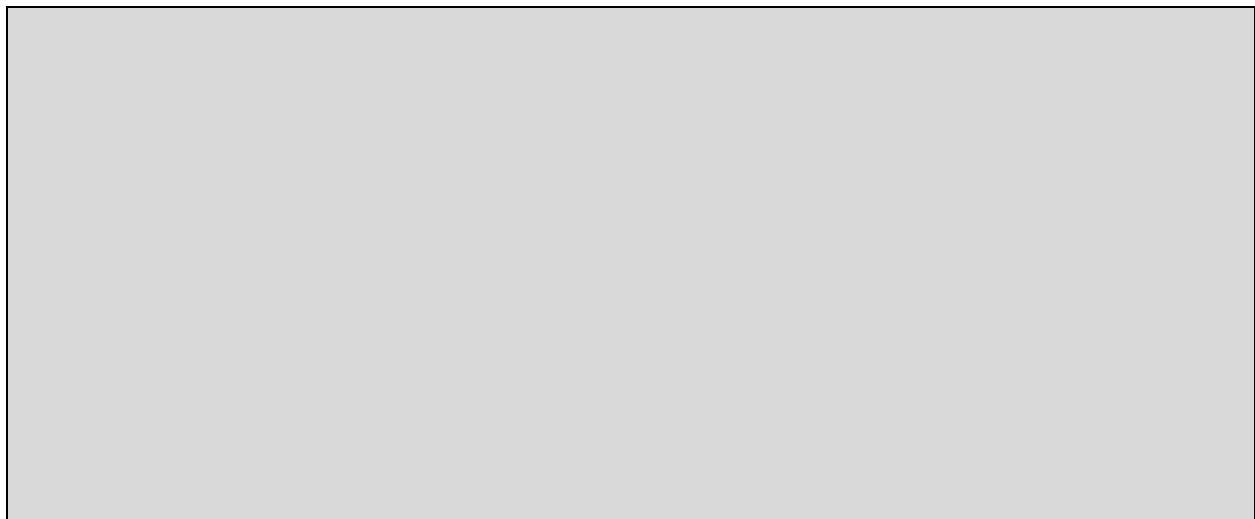


Page 13

**Additional medical insurance**

See section for detailed information and instruction on what to include in this section.

List all additional medical insurance, if applicable, such as long-term care or accident/cancer policies



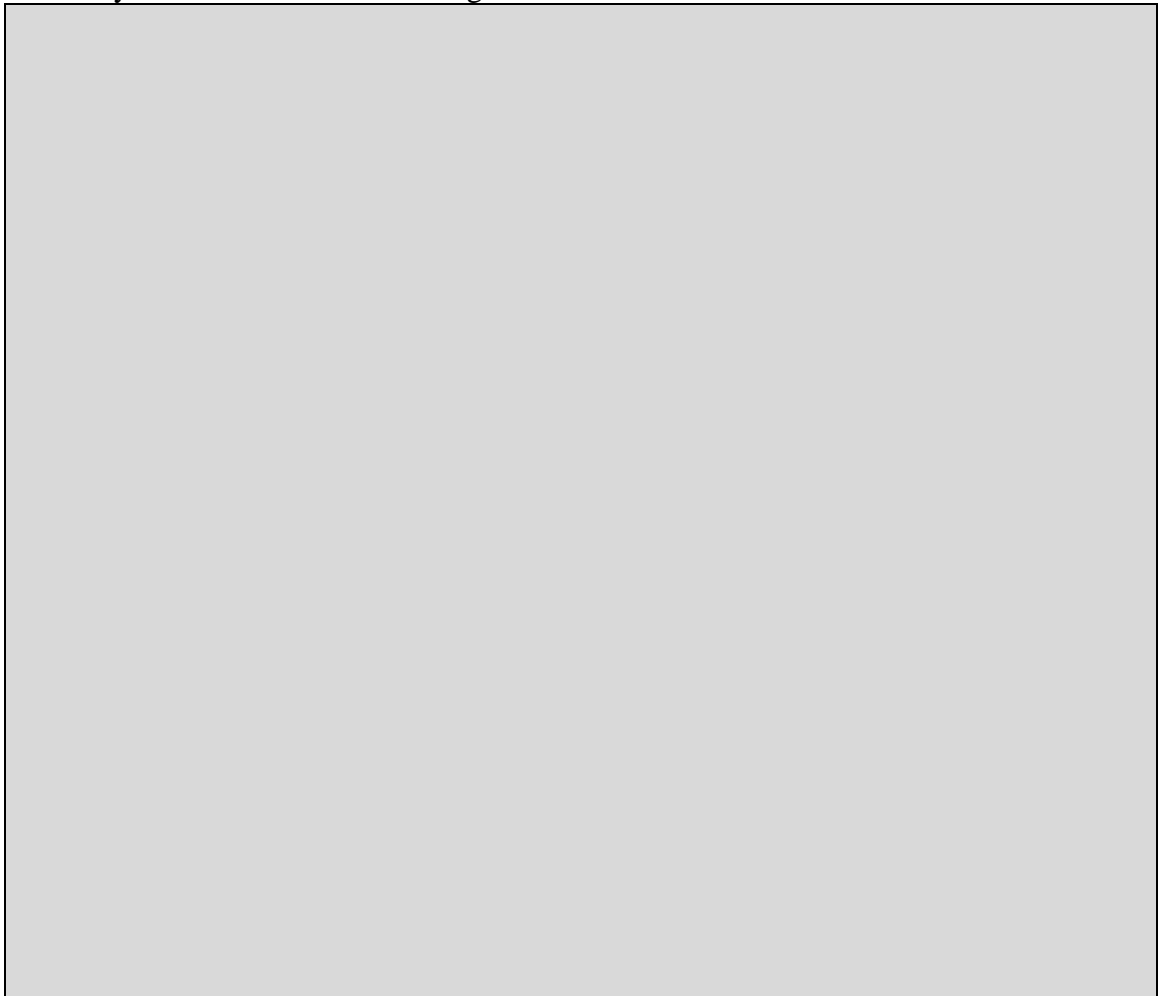


Do you have a health savings account (HSA) or flexible spending account (FSA) that you pay medical bills with? If so, what is the name of the company with contact information, the account number, and online account access with login and password information?



**Health summary**

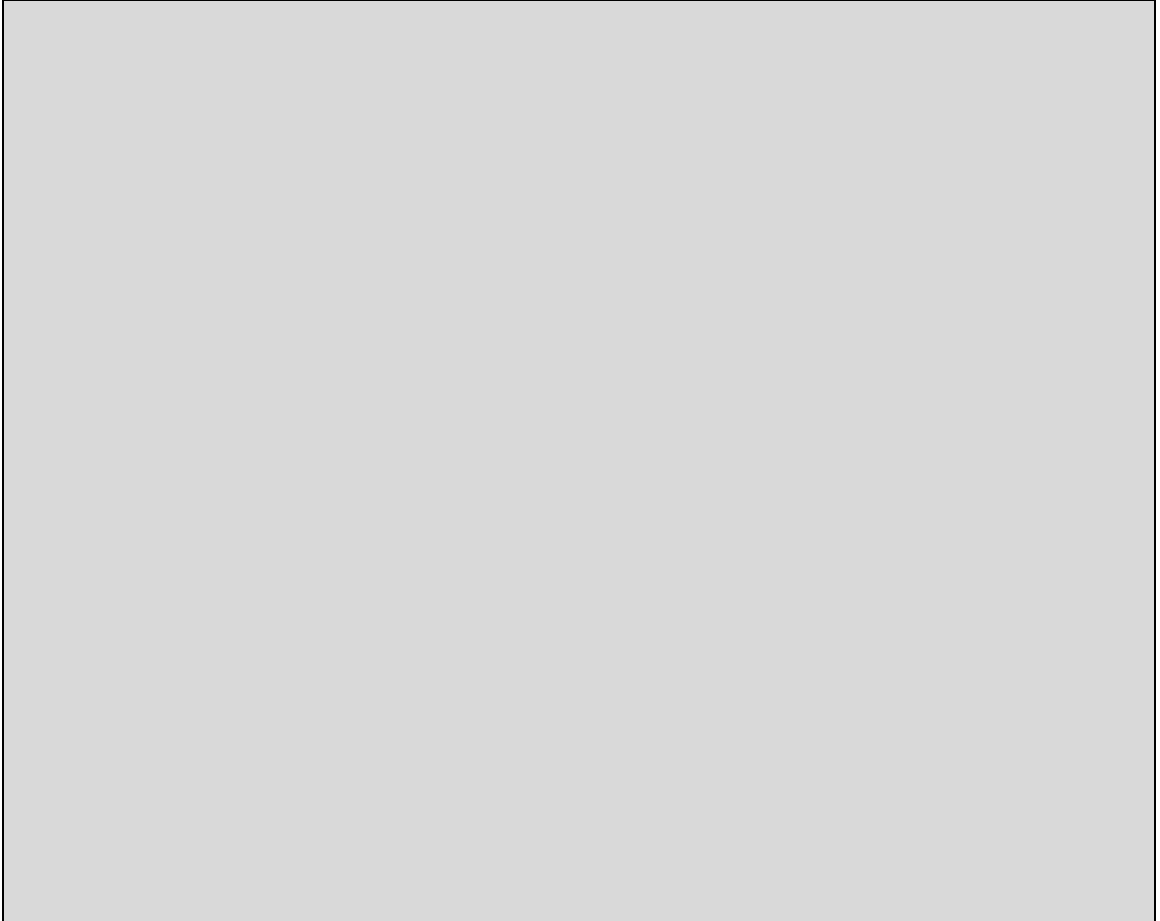
Summary of current conditions being treated





Page 14

Past significant diagnoses/conditions, surgeries and hospitalizations and dates of onset



Page 15

Allergies

What is your blood type?

Have you been exposed to toxic or carcinogenic metals/chemicals?

Do you wear glasses or contacts?

Do you wear hearing aids and where are they serviced? Name of company with contact information

**Medications**

Pharmacy name(s), location(s) and phone number(s). If mail-in pharmacy, what is login information including password?

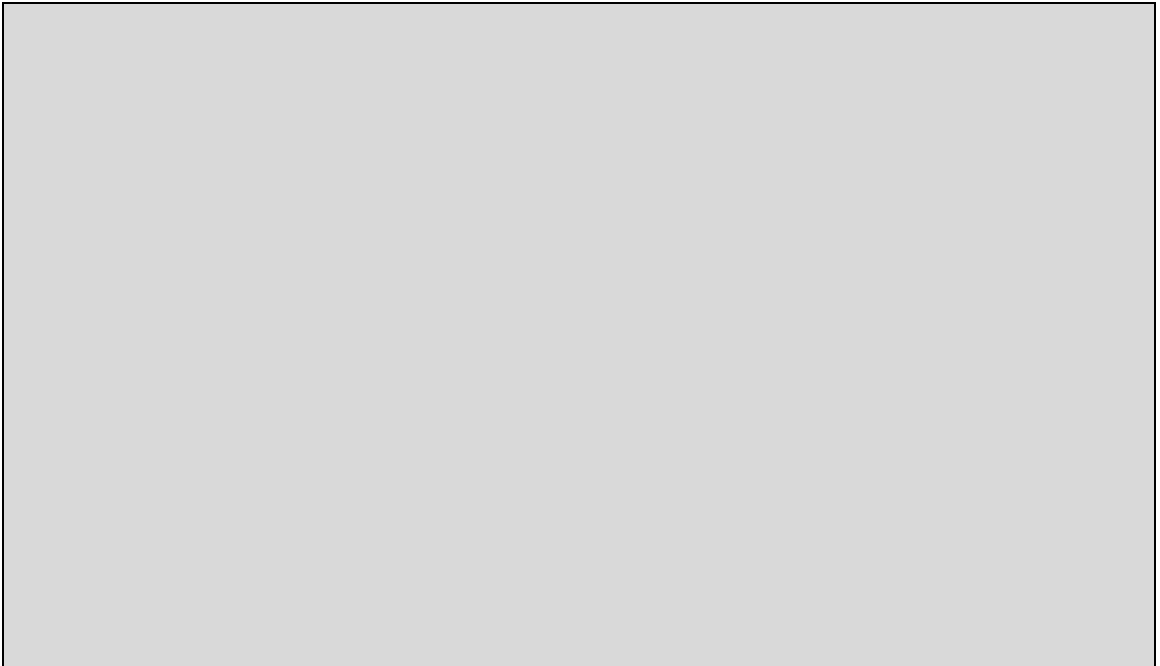
Page 16

List current medications, dose and prescriber. Indicate if this script is picked up at a pharmacy, delivered by the pharmacy, or is it a mail-in script?

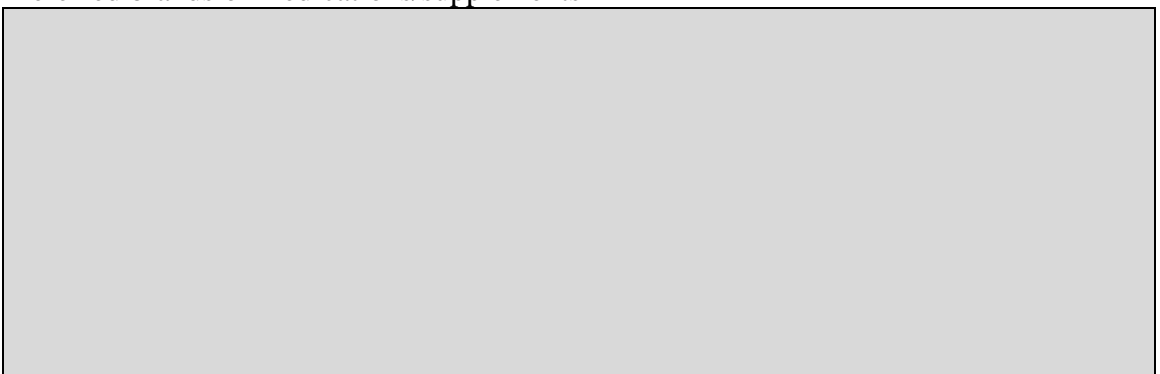


Page 17

Current over-the-counter medications



Preferred brands of medications/supplements





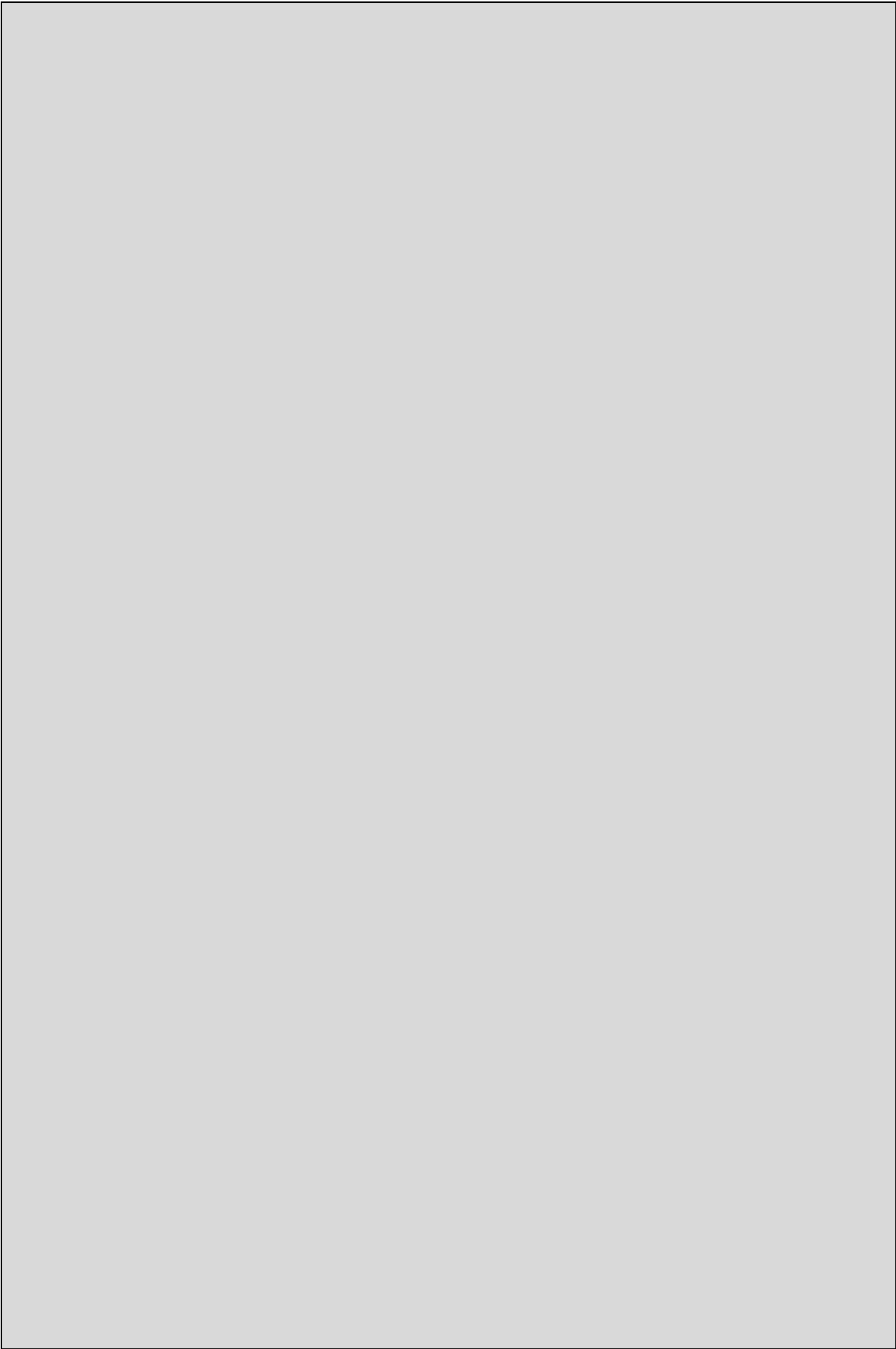
Page 18

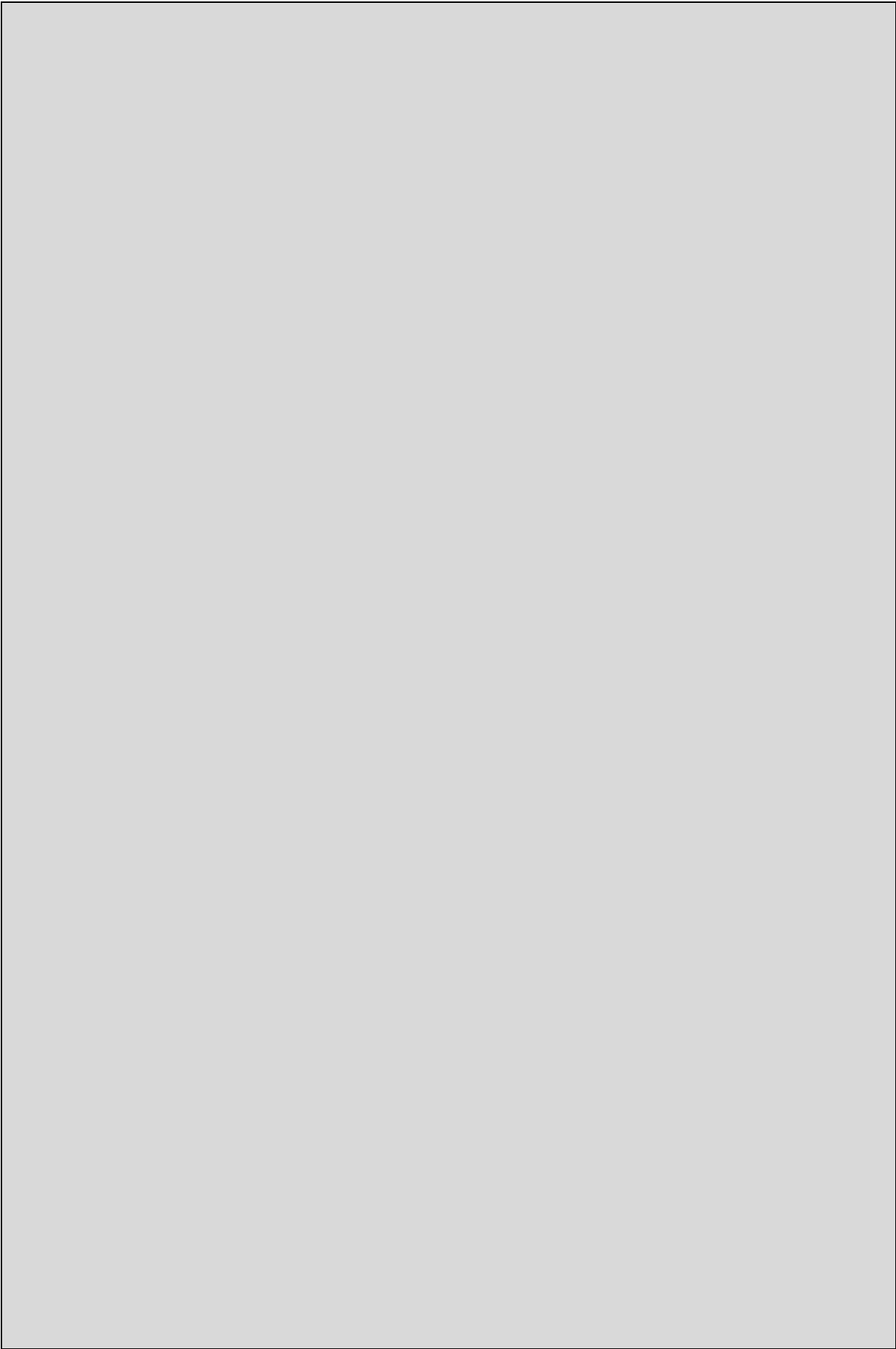
See section for detailed information and instruction on creating a care log.

**Care log**

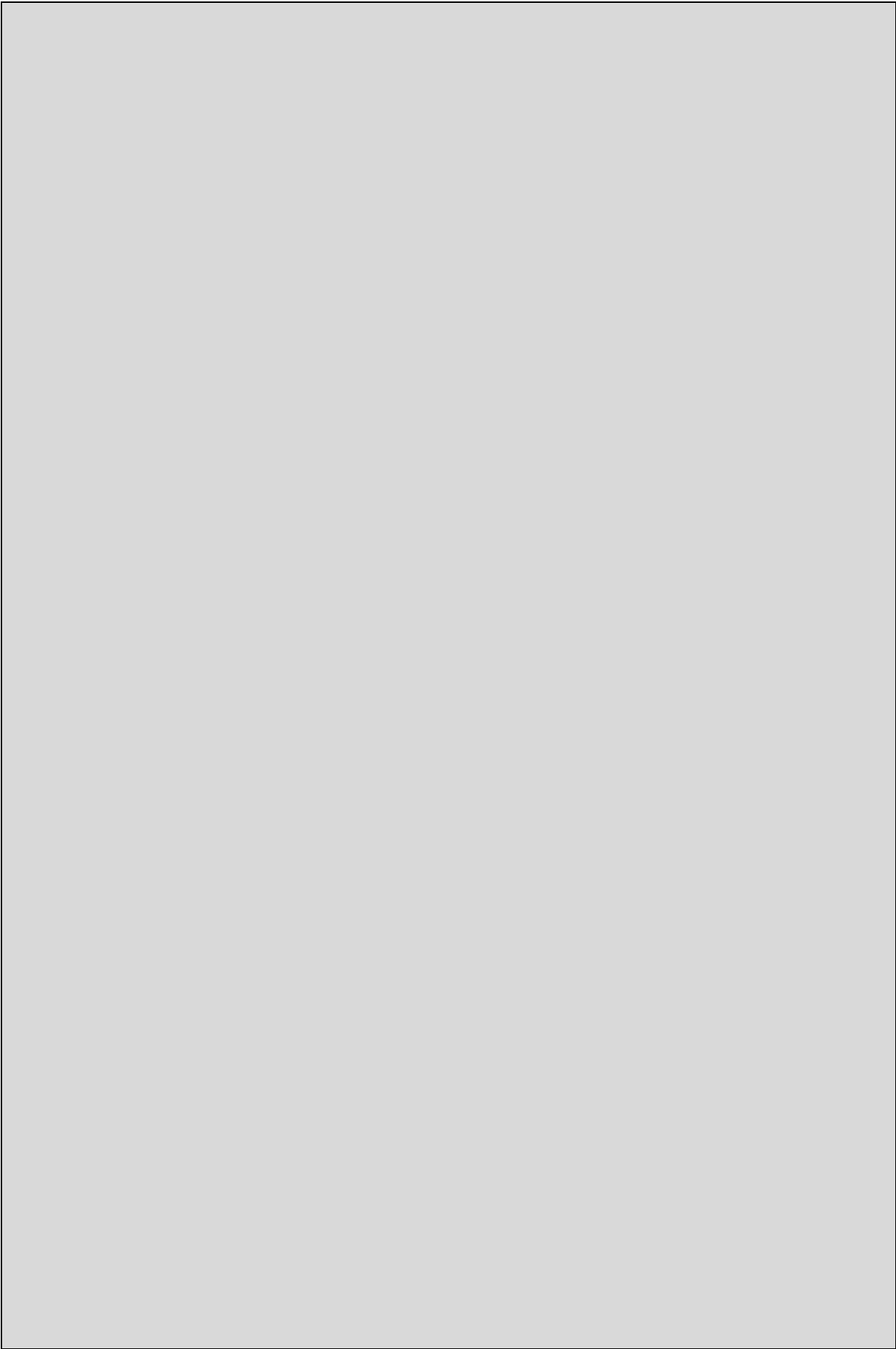
**Date**      **Medical information including provider that was seen**

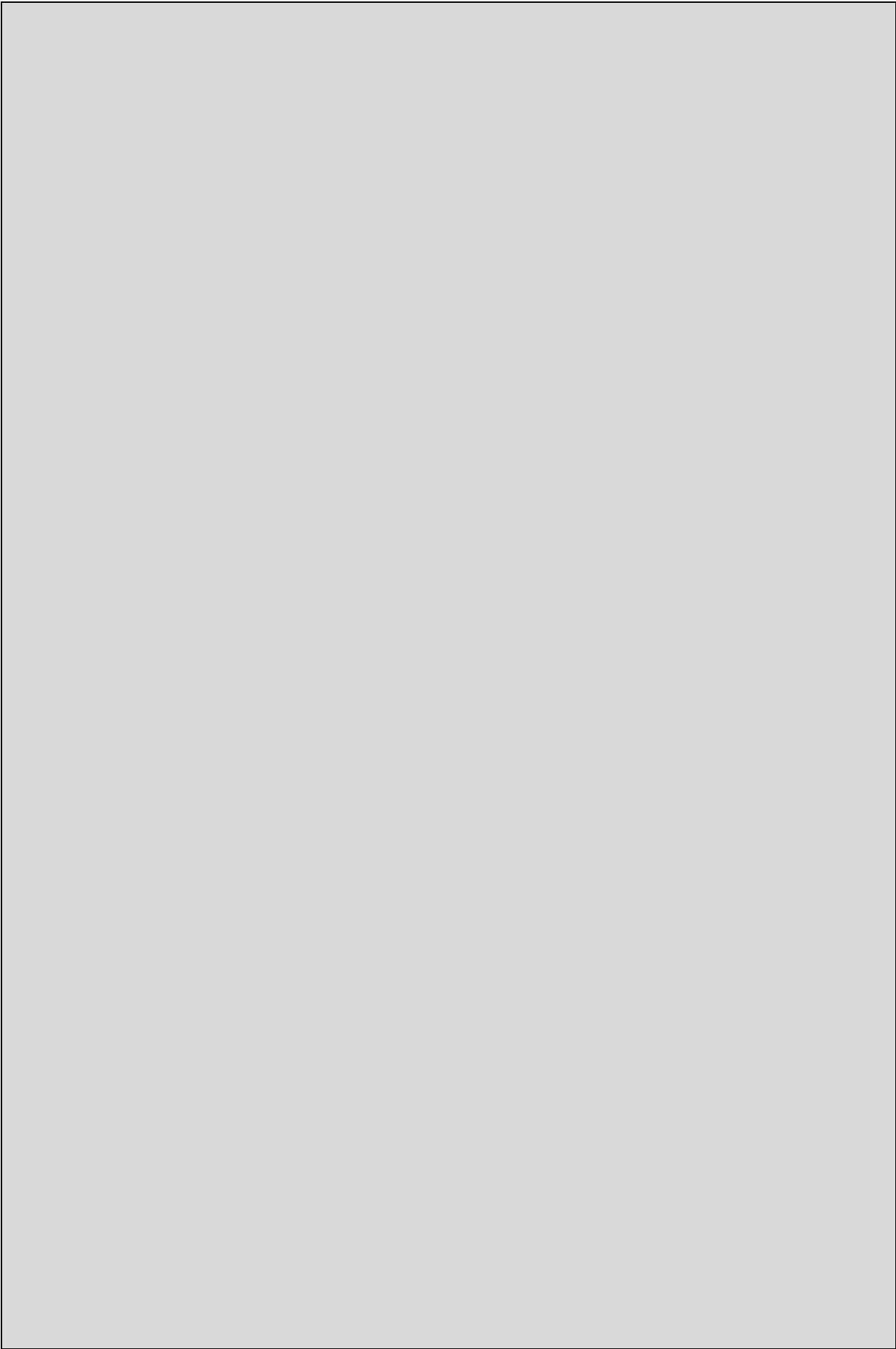
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## **Section one- All Your Data-Deeds, titles and upkeep**

Page 20

See section for detailed information and instruction on what to include in this section.

### **Deeded property**

What year did you buy your property, if applicable?

Is there a current mortgage on the property? If so list account number, name and contact information of mortgage company. Include online account information with login and password.

If there is no mortgage, list date of pay-off (Consider storing this document in back pocket.)

List home owner association or management company information if applicable. Include account number, name of company and contact information, monthly dues and how payments are made. If online include web address, login and password information.

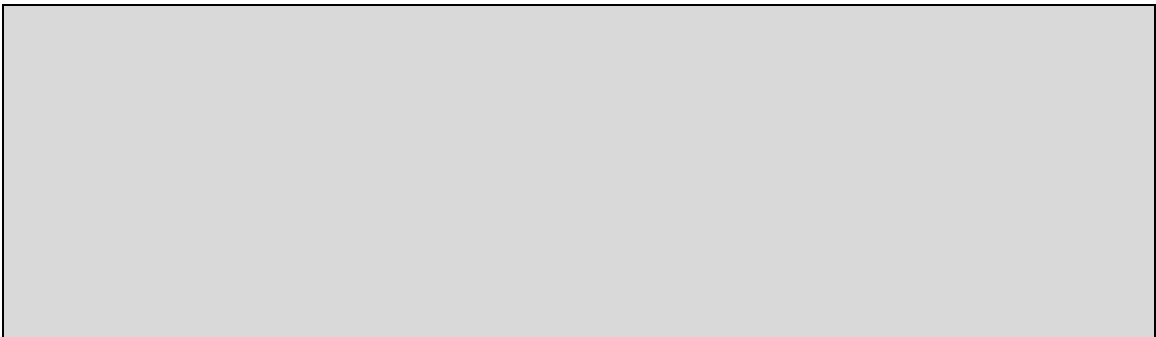


Page 21

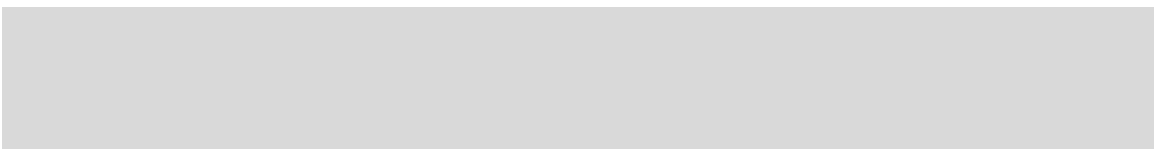
Personal property taxes: Name state/county and when taxes are due? How are you notified of tax obligation? Is this through the mail or online? If it is online list the website address, login and password information.

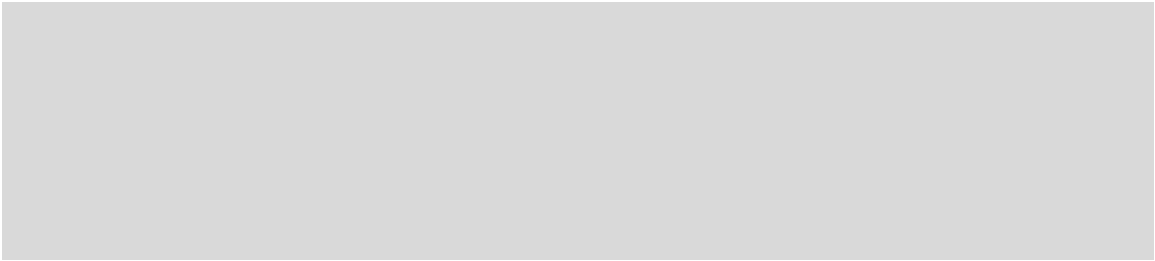


What company is your property insured with? List name of company, account number, contact information and if online list web address, login and password.



Are there additional insurances such as umbrella insurance or warranty insurance? List type of insurance, name of insurance company, account number, contact information and include online web address, login and password if applicable.





Page 22

Have there been major property repairs? If applicable list the repair, year(s) when repair occurred, warranties that came with repairs, company that did the service. Include account numbers and name and phone number of repair company.

Are there major repairs that need to be done to the property? Describe in detail and list who you would suggest hiring for the repairs (also identify if there is someone you do not want to be hired for repairs if applicable).

Miscellaneous information

Is there a code to garage door?

Is there an alarm system and if so what is the code and who is the service provider?  
Include name of company, account number, and phone number.

Page 23

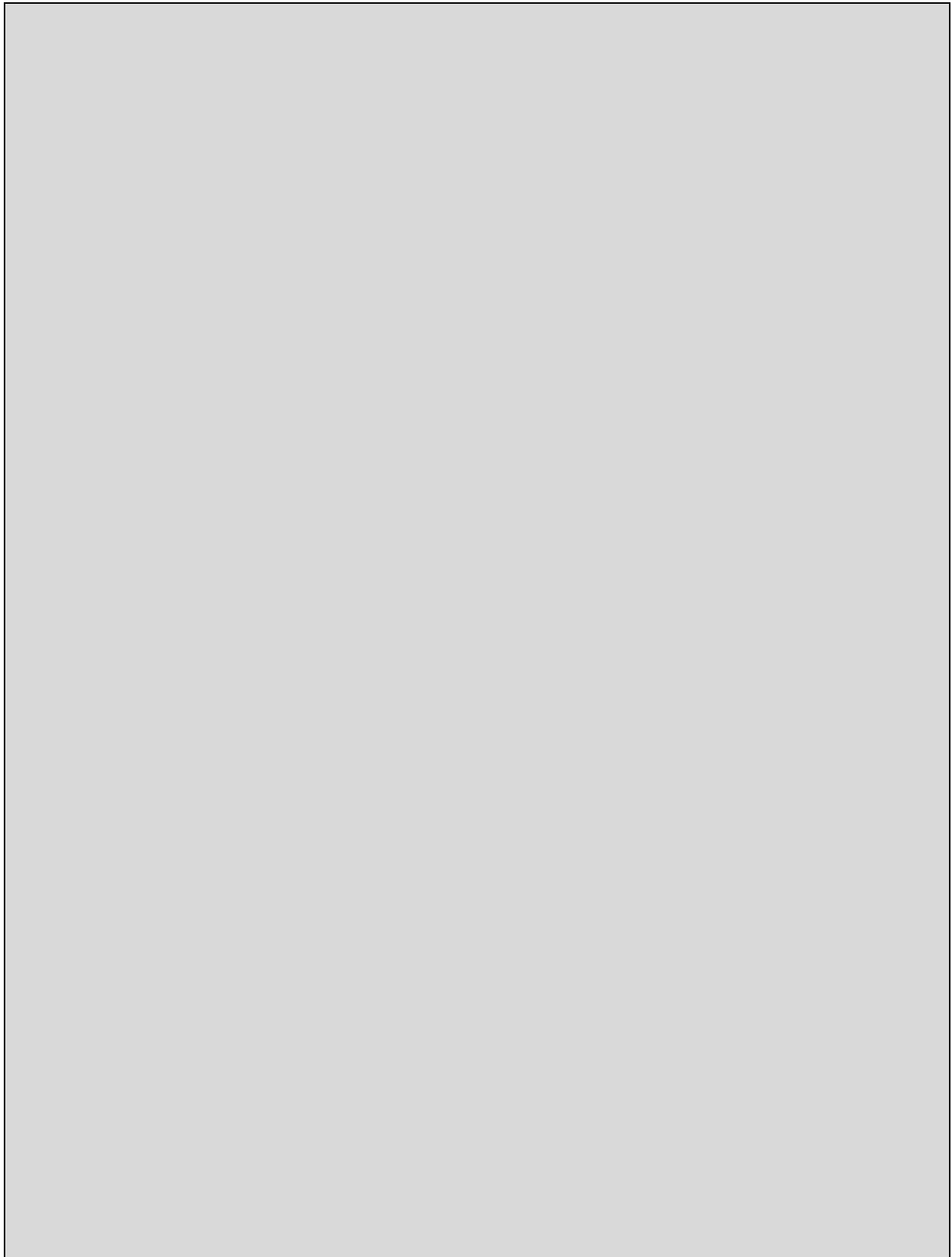
Is there a filing cabinet and if so where is key or what is code? Also summarize what is in the filing cabinet (Consider storing the key in the back pocket.)

Is there a gun safe and if so where is key or what is code?

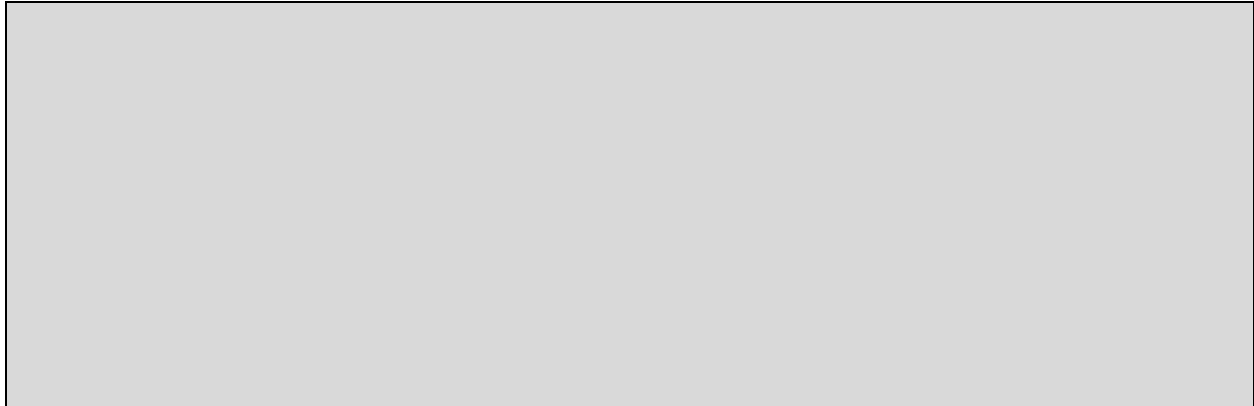
List service providers

Page 23

See section for detailed information and instruction on what to include in this section.

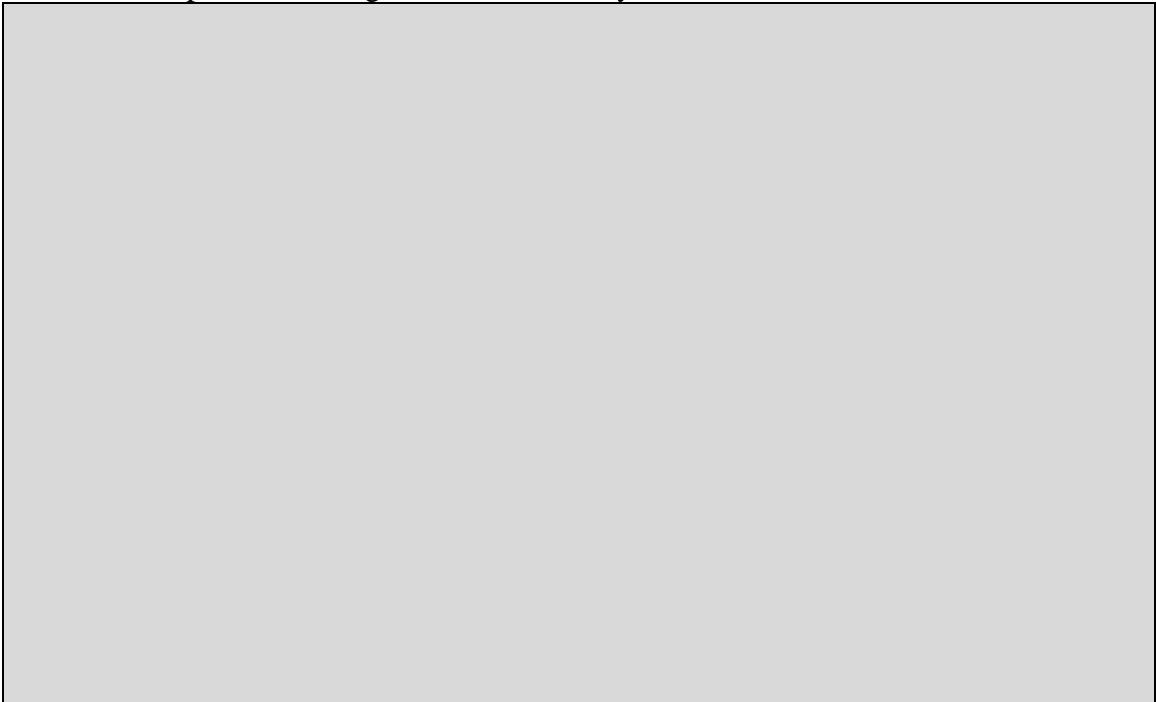
A large, empty rectangular box with a black border, intended for listing service providers. The box is currently blank, indicating that the user should enter their information here.

Do you rent a property such as a home or an apartment in an assisted living community? If so then list address, landlord/organization and their contact information and information about lease terms, including amount of security deposit, if any. (Consider storing these documents in the back pocket of this book.)



## **Titled property**

Vehicle description including make, model and year.



Has the vehicle been paid off or is there a loan? If there is a loan then list name of loan company including account number, address and phone number. Indicate when pay-off is expected. (Consider storing this document in the back pocket.)





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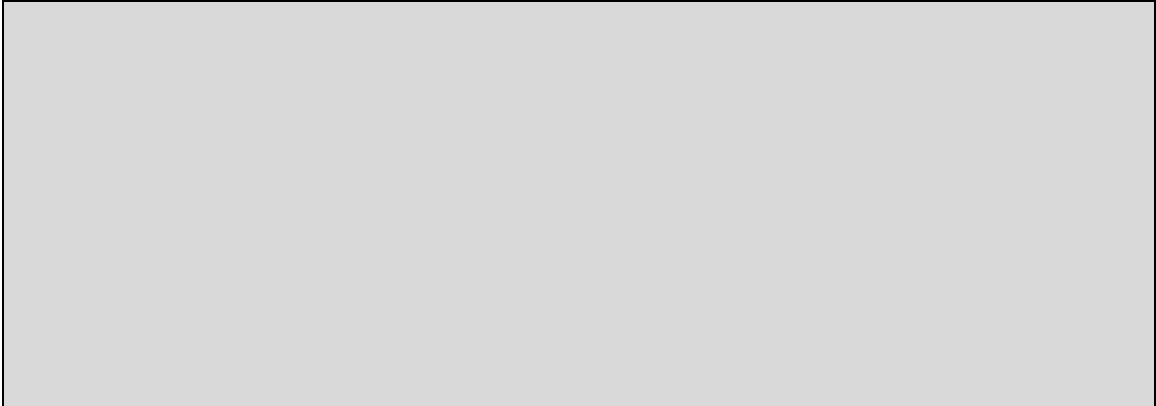
What state is vehicle registered in and when are taxes due? How are you notified that taxes are due? Is it by mail or online? If it is online what is the web site, account number, login and password?

A large, empty rectangular box with a thin black border, intended for the user to write their response to the second question.

Where is the title and registration to this vehicle? (Consider storing it in the back pocket of this book.)

A large, empty rectangular box with a thin black border, intended for the user to write their response to the third question.

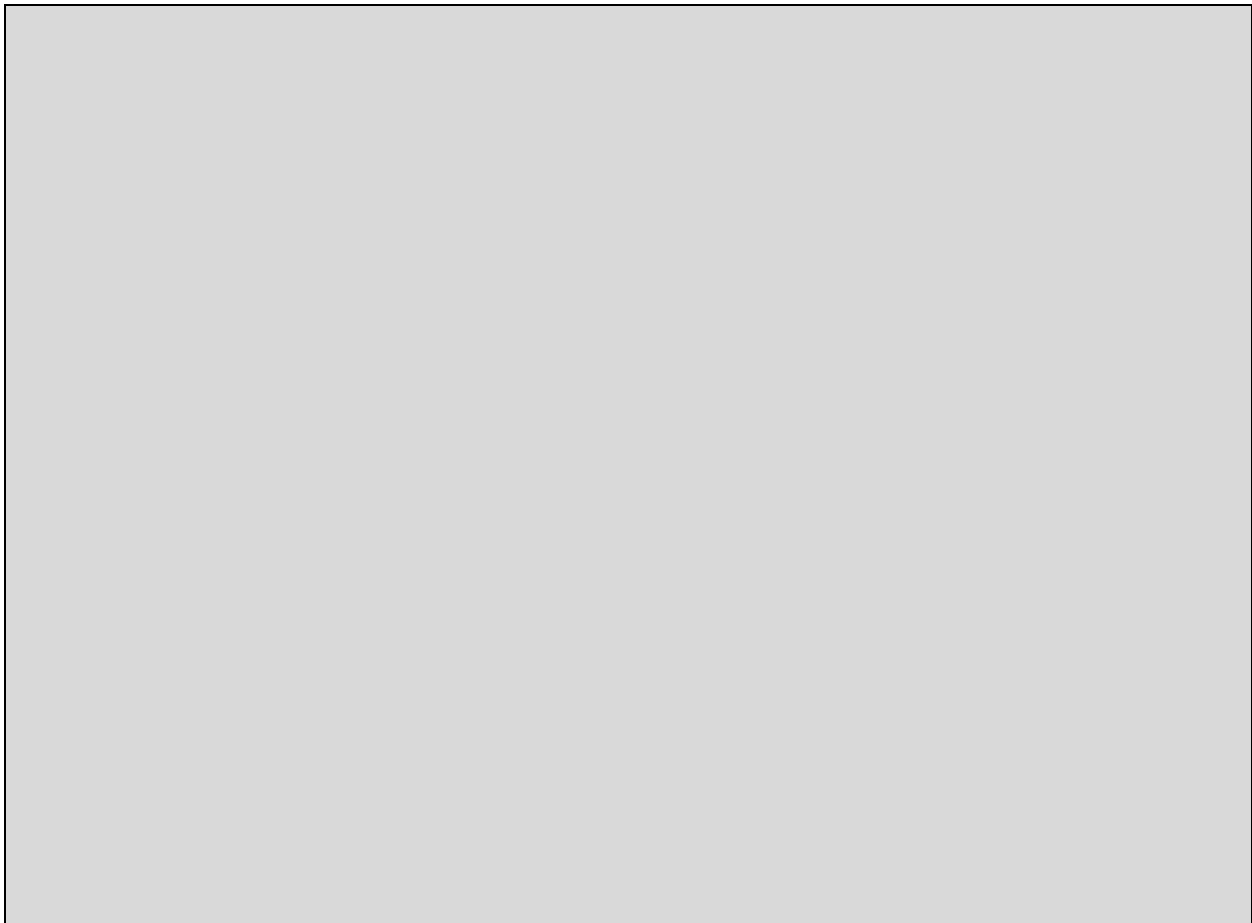
Is there a vehicle mechanic or shop that services your vehicle? List name and contact information.



### **Section one- All Your Data - Follow the money**

See section for detailed information and instruction on what to include in this section.

### **The money in: List your source(s) of income**



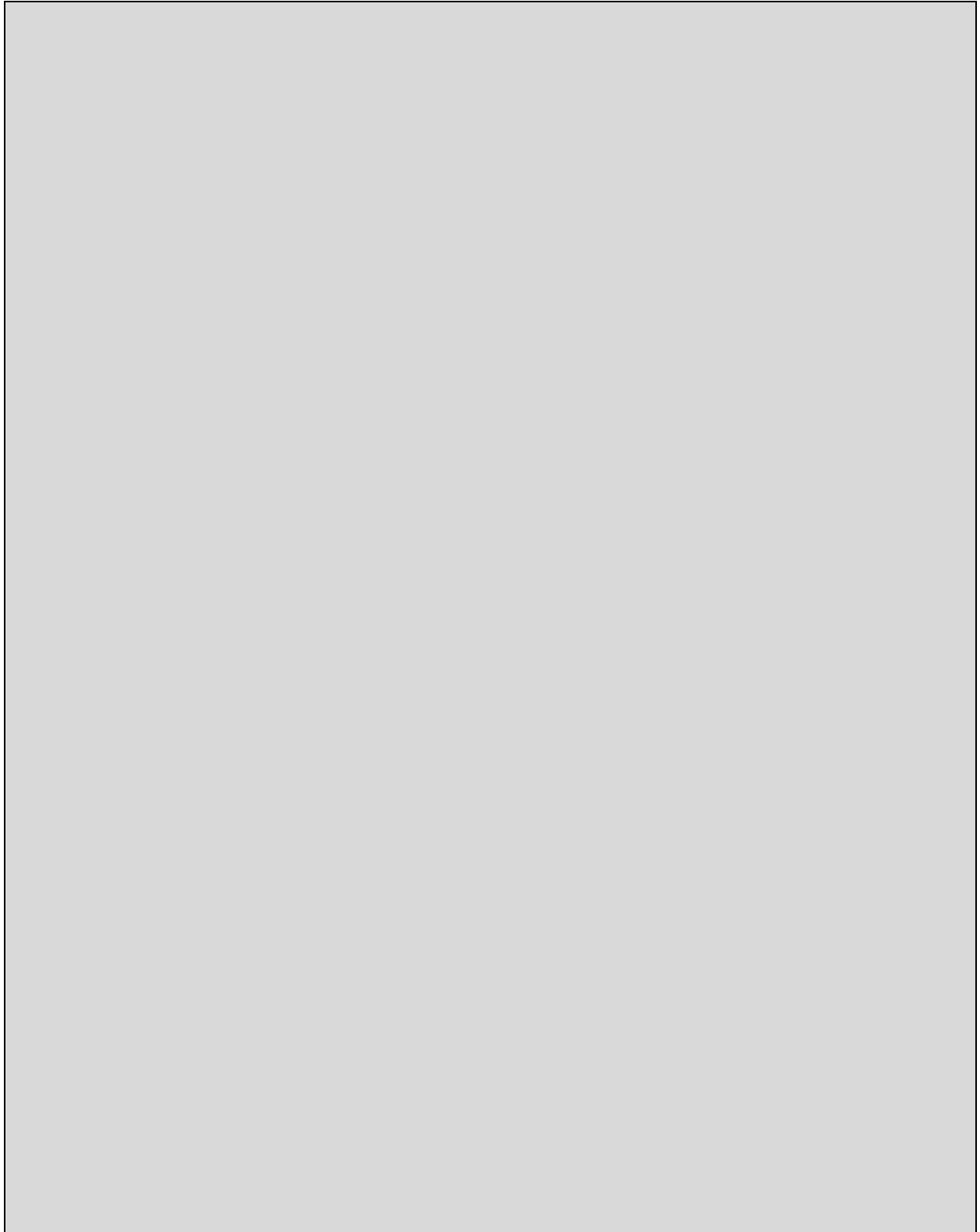
Page 28

Does anyone owe you money? List name, amount and contact information

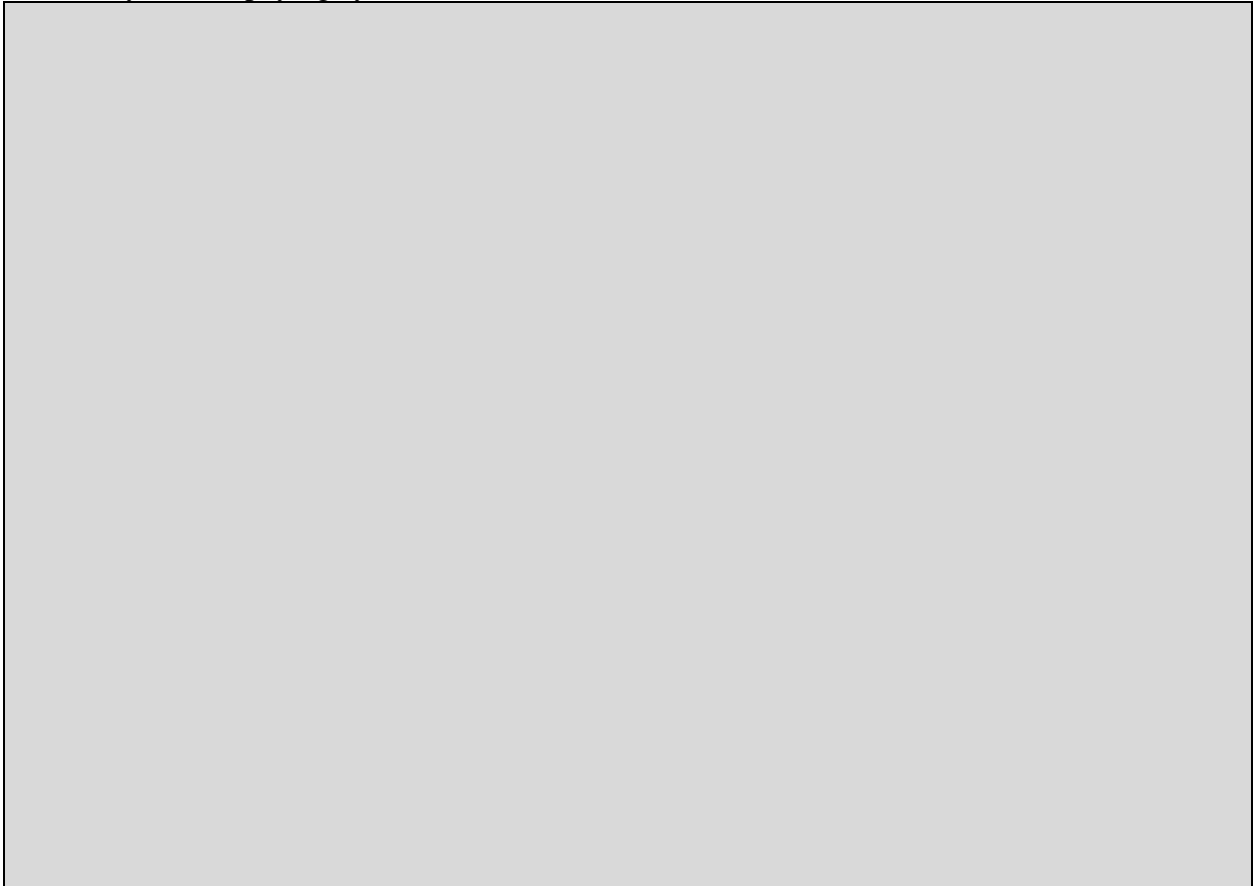
Is there a signed agreement/note and where is it?

## **The money out: List your financial obligations, debts and payments**

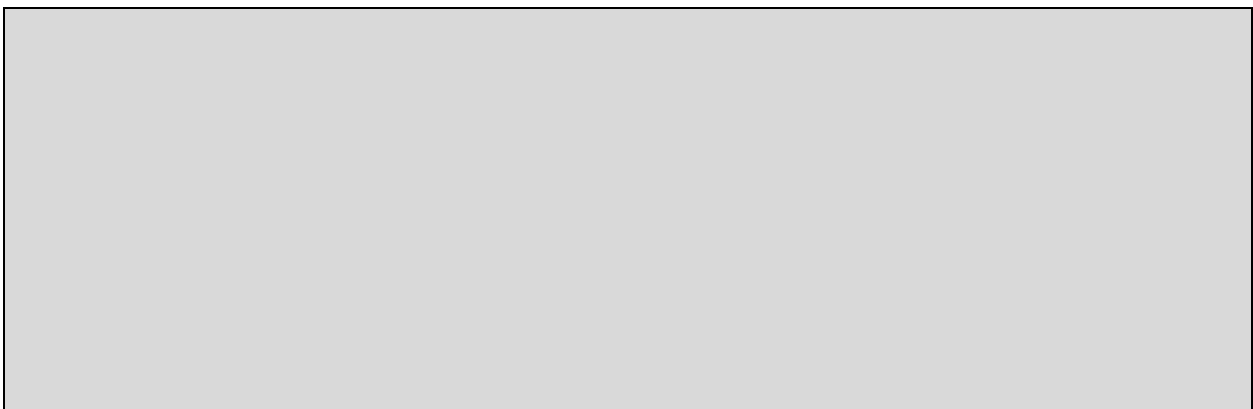
See section for detailed information and instruction on what to include in this section.



Describe your bill-paying system

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Where do you do your banking? List name of bank, account number(s), contact information, and exact name on account. Is there a TOD or POD on these accounts? List login and password to online account(s).

A large, empty rectangular box with a thin black border, intended for the user to provide banking details.

Do you have a financial advisor(s)? List their name(s), company and contact information

Where is your most current tax return? (Consider storing it in back pocket of this book.)

Do you keep previous years of tax returns? If so where are they kept?

Who prepares your taxes? Name and phone number of accountant or company who prepares your taxes

Do you have an accountant that does additional financial work for you? What is their name and contact information?

Do you have any collections? How would someone value your collection? Are there experts to consult with who are knowledgeable about your collections? List location of your collection(s), with description, and name and phone contact of appraiser or expert to contact.

What you would like done with your collection(s) when your death occurs?

Do you own items of value: jewelry, art, antiques, memorabilia, coins, etc.?

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What are these items and where are they kept?

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Who is to inherit them? Identify any special care they may need.

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What is the best way to value them? Are there appraisals and if so where are they?

**Section one- All Your Data - Employment (if still working)**

Page 34

Name, address, phone number of company

Name of supervisor(s)

Name of colleague(s) that you would want notified of your situation

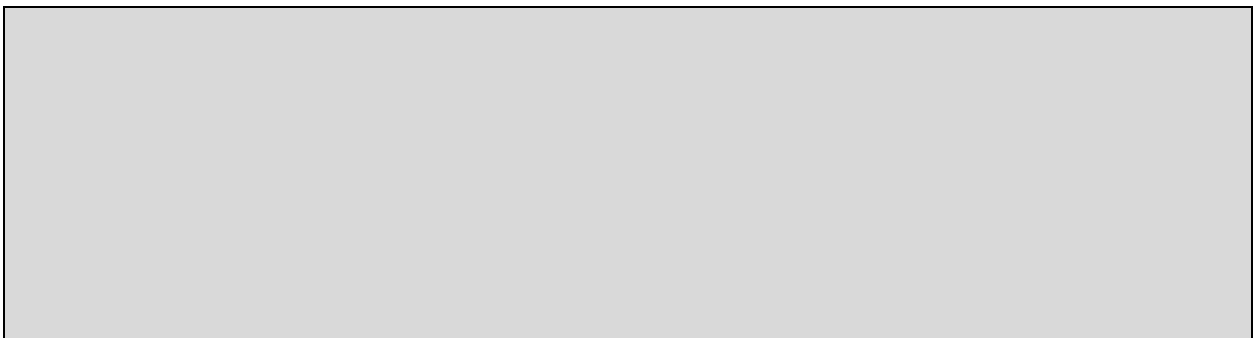


Are there disability benefits through your employer? If so who should be contacted to discuss this?

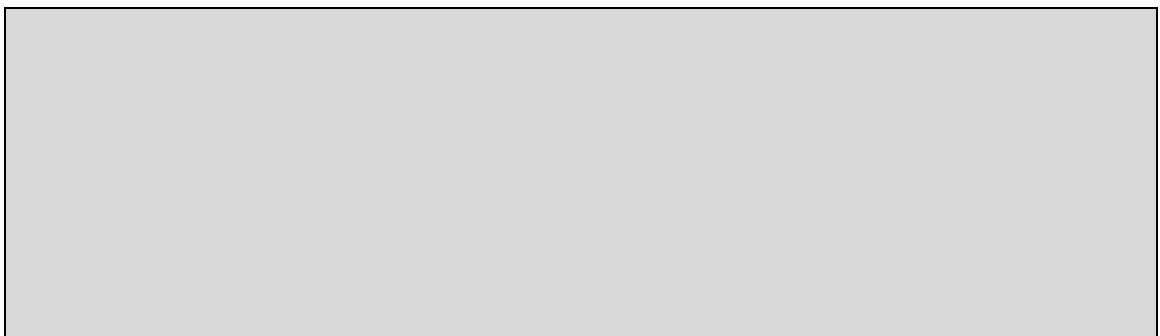


Page 35

Are there death benefits through your employer?



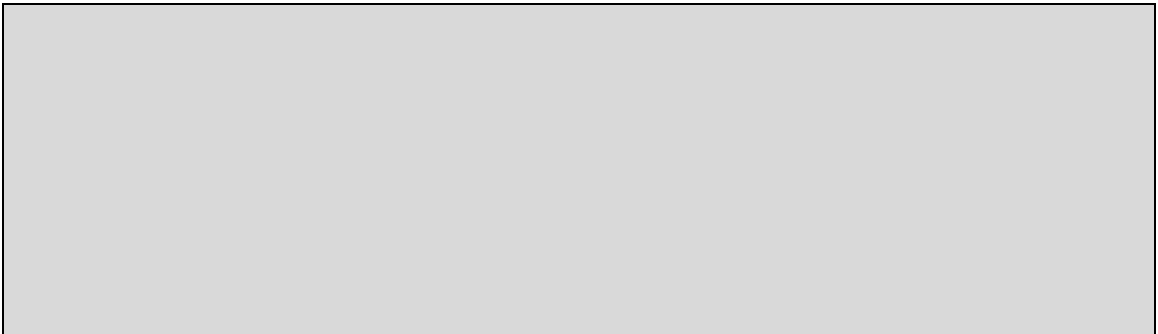
List beneficiary(ies)



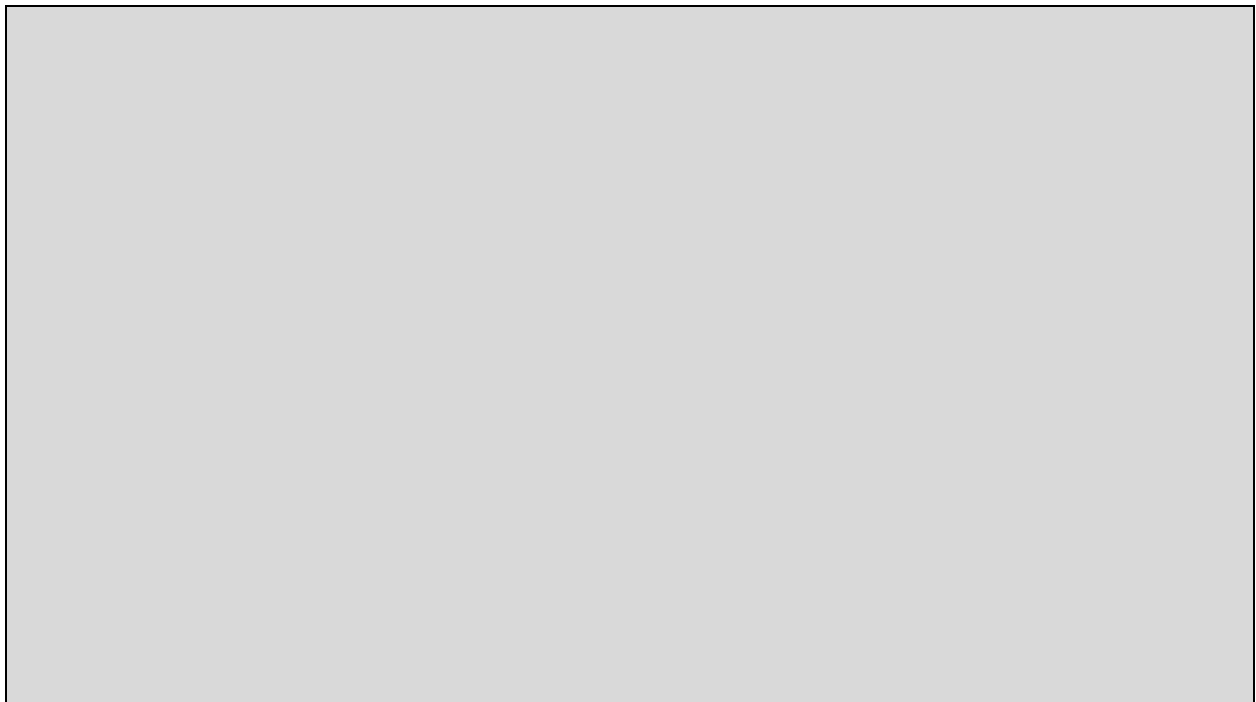
If there are (or may be) benefits available who should be contacted to discuss this?



Are you part of a union? List contact information of union representatives



Are you part of any work-related professional groups or organizations? List name and contact information



Professional expenses

See section for detailed information and instruction on what to include in this section.



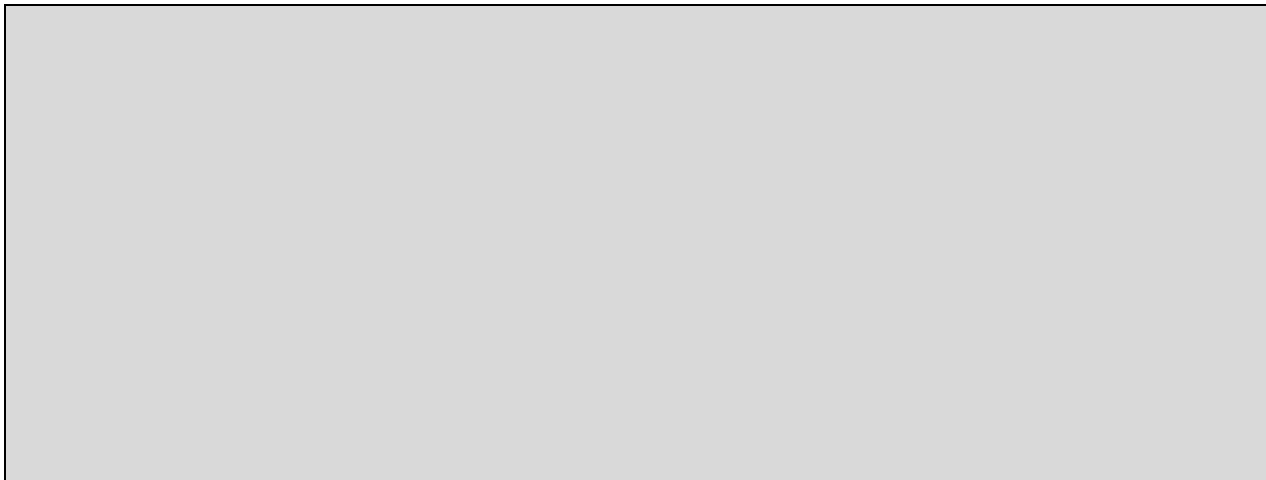
Do you have a company credit card and where is it usually kept?

Are there any company items that would need to be returned?

Do you have a locker at work? Where is the key or what is the combination?

Do you have a company laptop? Where is it usually kept?

Are there company badges or identification materials? Where are they usually kept?



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How do you want your clients/customers to be informed of your condition?

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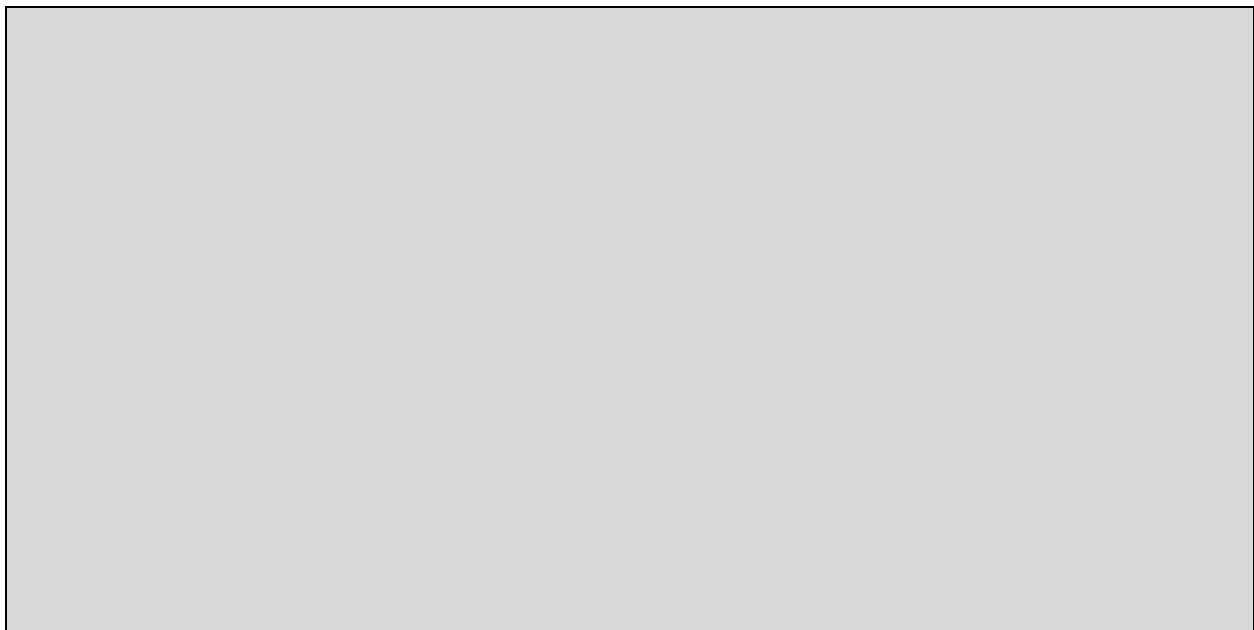
Are there work-related contacts, in addition to customers/clients, who you want to be notified if you are unable to return to work or your death has occurred? List their names and contact information.

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Are there medical records or professional files that need to be managed? How do you want this to be handled? List names and contact information for individuals who could assist with this.



List any additional information that someone would need to know to manage your current employment if you were abruptly unable to do so yourself.



## **Section one – All Your Data – Contacts**

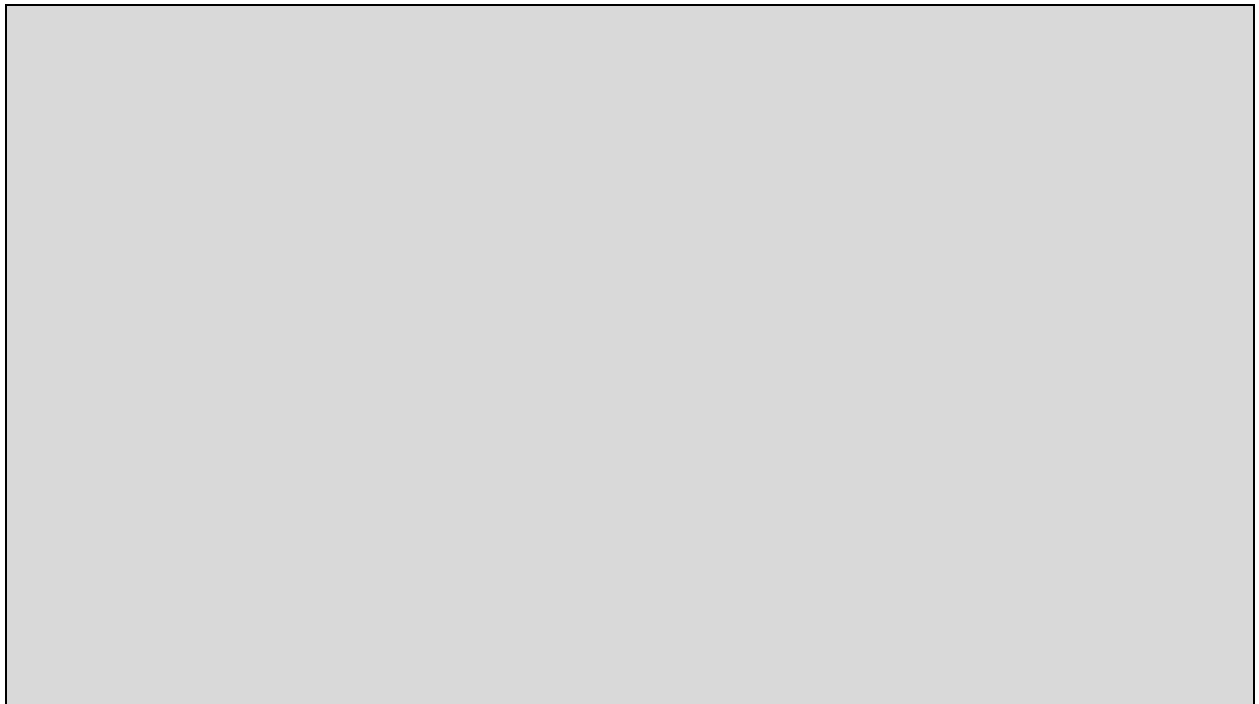
See section for detailed information and instruction on what to include in this section.

Contacts





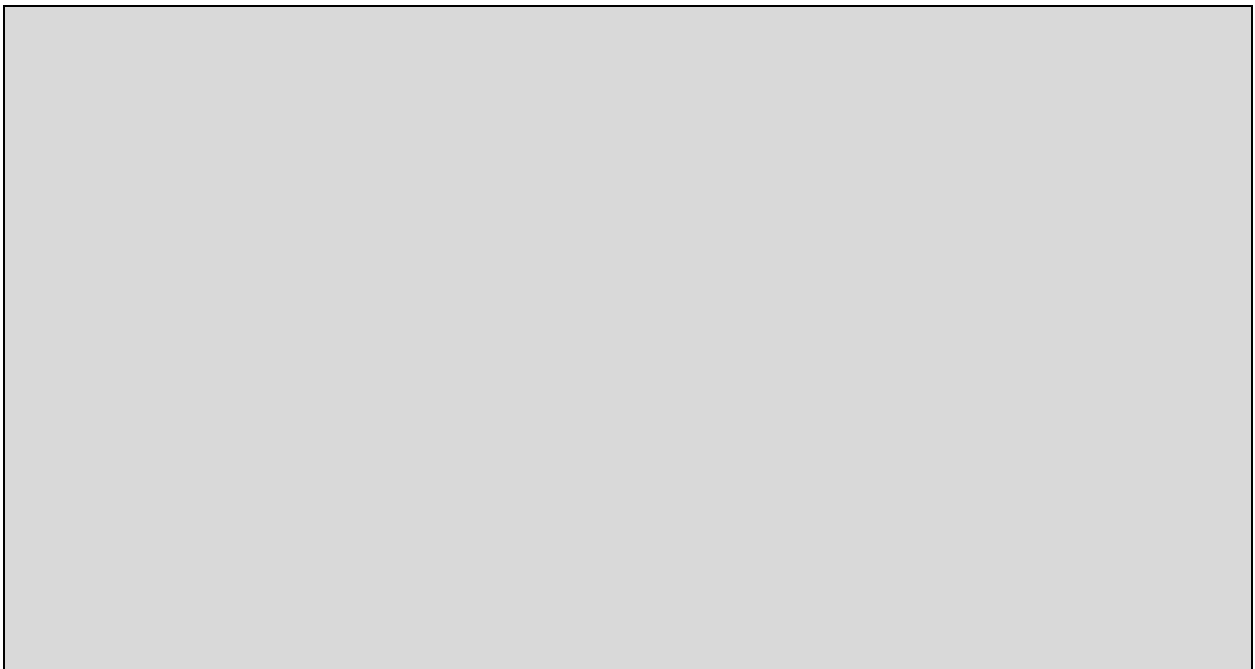
Closest friends and contact information



Neighbors



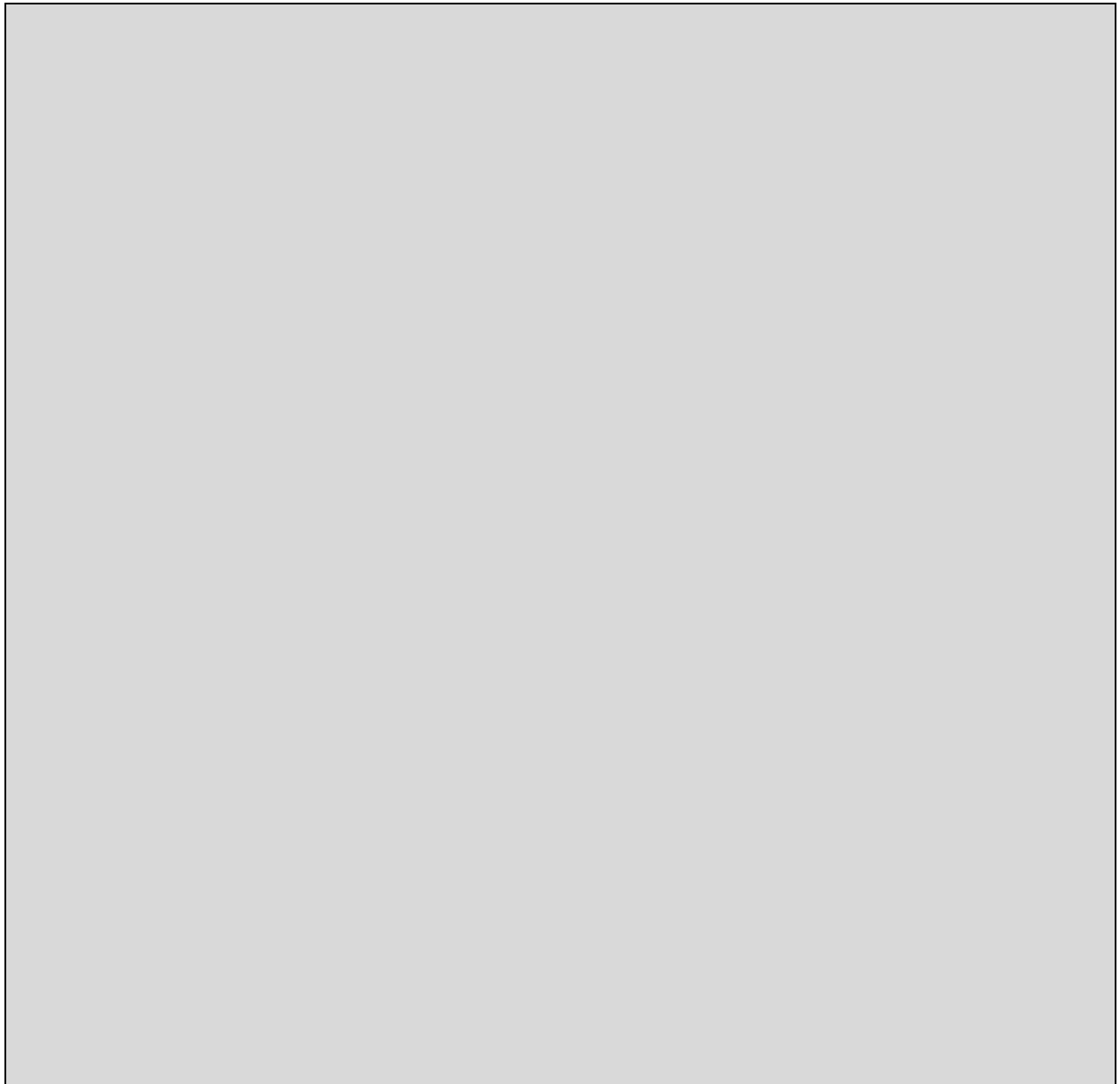
Groups and organizations







Providers you may have appointments with that need to be cancelled



## Section two- Advance Directives

Pages 42-53

Forms pages 1-11

This section covers an extensive discussion of many important areas of information, ideas and suggestions. See corresponding pages in your workbook to ensure that all relevant and necessary information is properly recorded.

Page 43

### Living wills – Defining what you want and don't want

Check the instances where you would **not want** continued medical care to prolong your life:

- a diagnosis of persistent/permanent vegetative state (PVS) which means permanently unconscious
- an advanced terminal condition where death is imminent with no hope of recovery
- end-stage of fatal illness in which you no longer want to pursue medical treatments
- substantial brain damage that cannot be reversed
- deterioration of mental state where prognosis is poor and there is little chance of ever regaining mental functioning such as with severe dementia
- constant, uncontrolled pain
- reliance on a ventilator to breathe
- reliance on a feeding tube for nutrition
- dependence on 24-hour care with no control over bowels and bladder

Page 44

Another area of documentation pertains to pain management. Most people want pain management for comfort. Would you want your pain to be managed through medication? If your pain is so intense that it cannot be managed would you want sedation even if you may not become wakeful again?

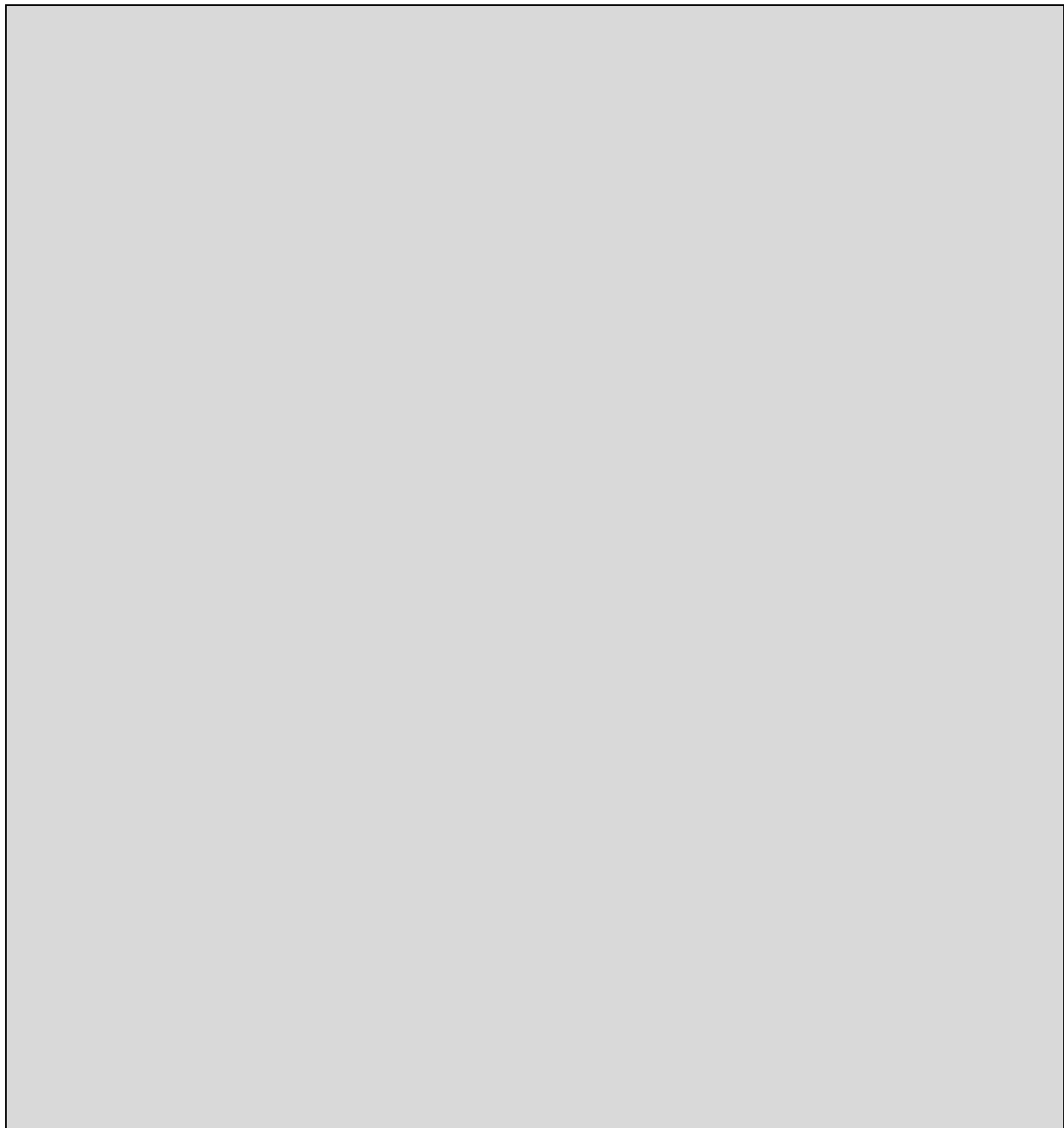


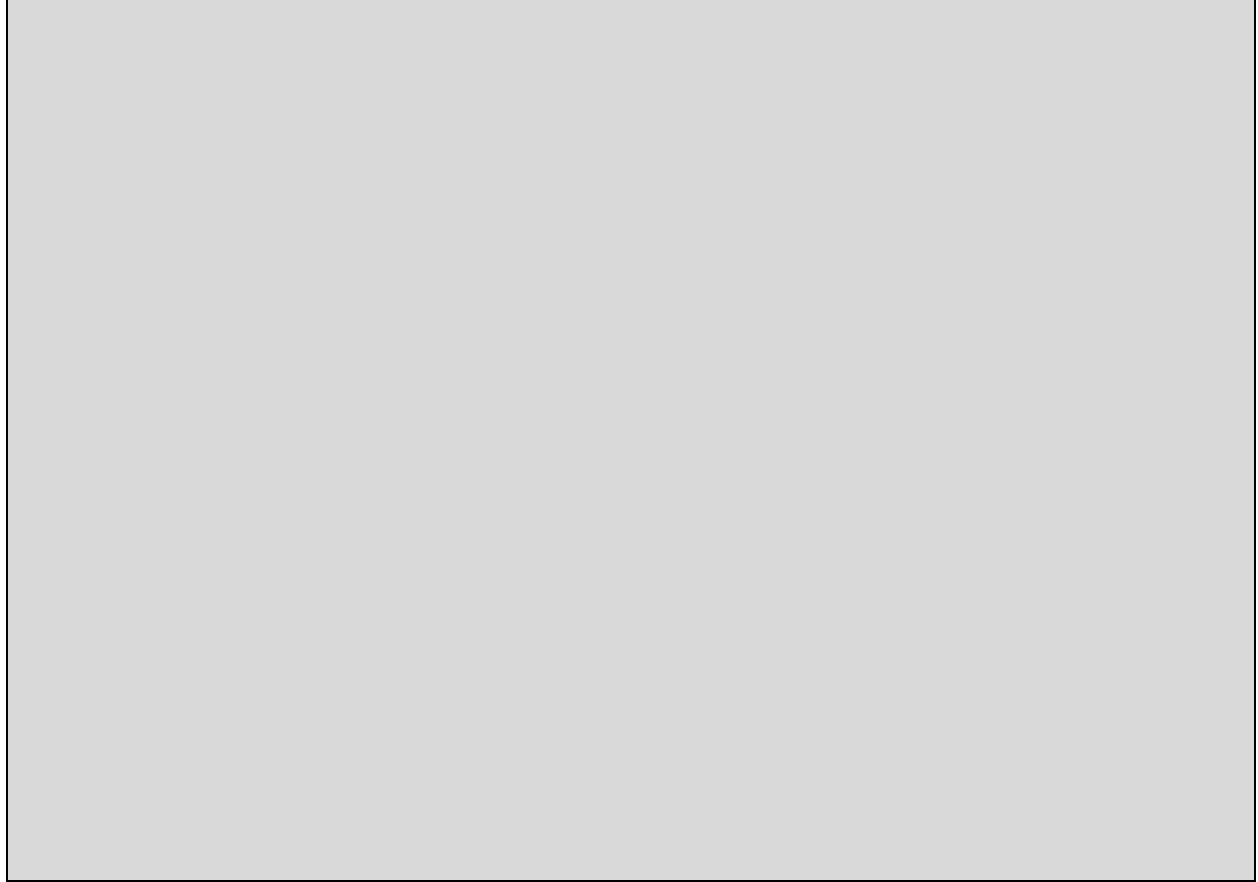
Page 45

You are encouraged to write a narrative or letter to your family. See your workbook for discussion and suggestions about this.

Page 46

Write your narrative here:



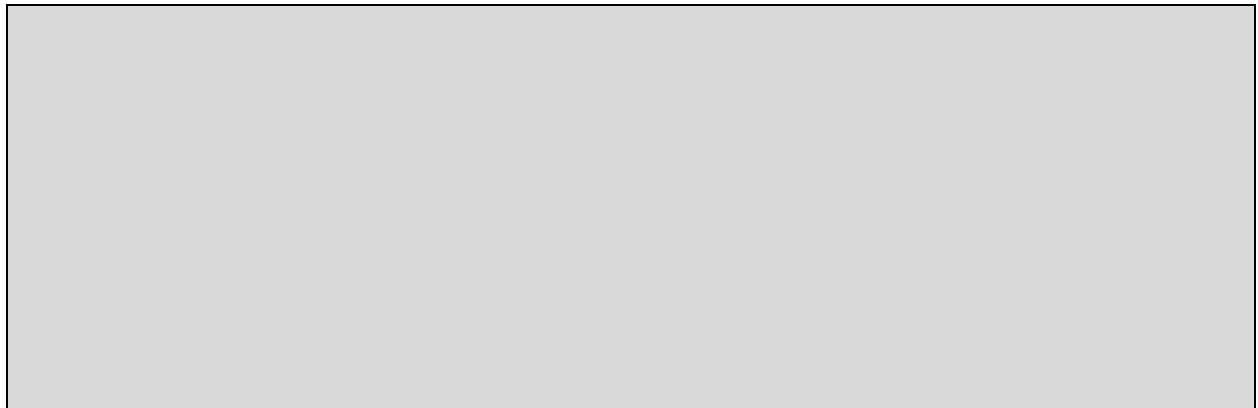


Page 47-49

What you may want to include in your living will is listed in your workbook. See list in workbook.

Page 50

Durable power of attorney for health care - DPOA for health  
Who have you named as your DPOA for Health Care?  
It may be helpful to explain why you have chosen this person.



If your initial person is unavailable who have you listed as an alternate?



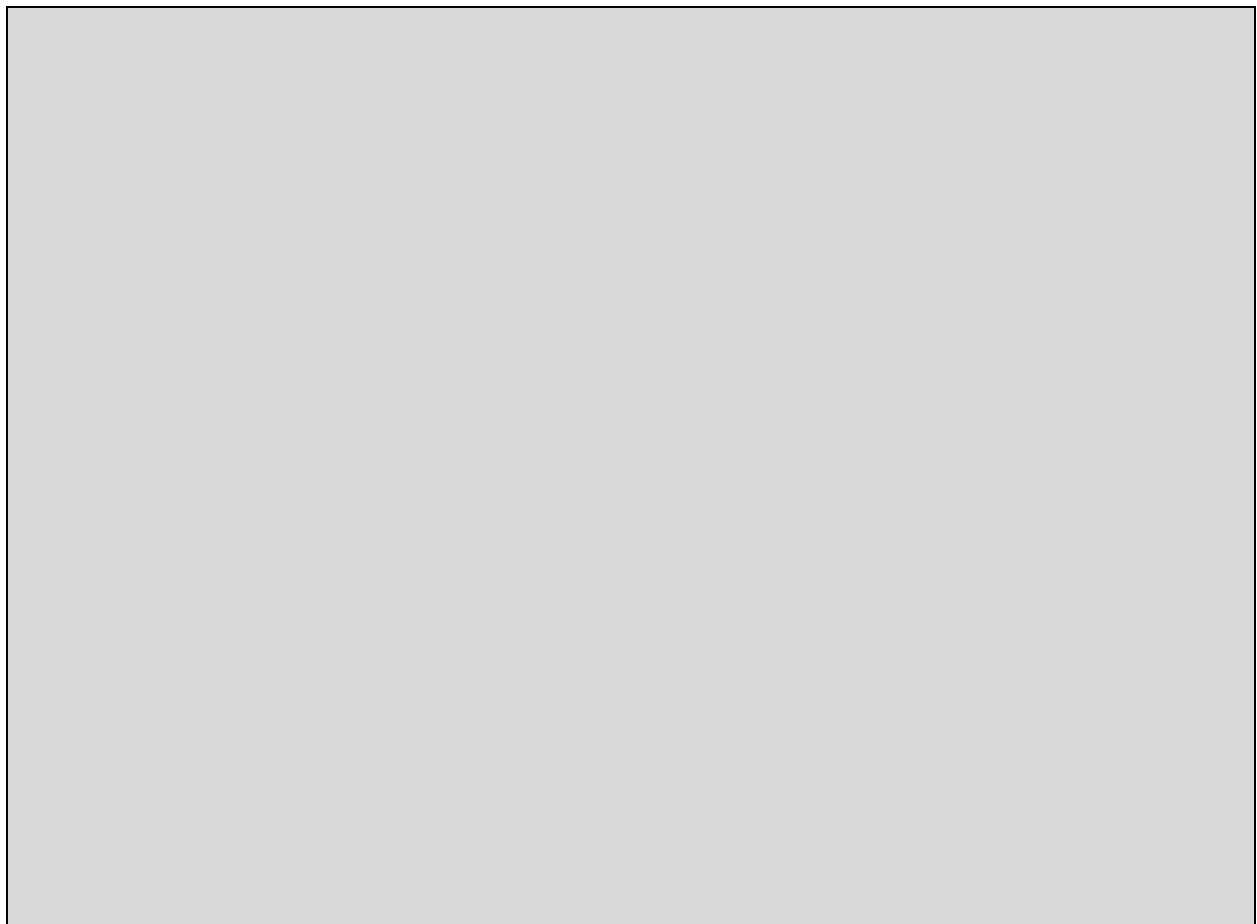
Page 51

Durable power of attorney for finances - DPOA for finances. See workbook for information.

Page 52

**VAIL**

List your online accounts with login information, passwords and security questions. Add additional sheets if needed.



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Who have you named as your DPOA for Finances?  
It may be helpful to explain why you have chosen this person.

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If your initial person is unavailable who have you listed as an alternate(s)?

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## Section three- As Death Approaches

Page 55

This section covers an extensive discussion of many important areas of information, ideas and suggestions. See corresponding pages in your workbook to ensure that all relevant and necessary information is properly recorded.

### Important life and/or spiritual beliefs

When facing the end of life and dying I want you to know this about my life/religious/spiritual beliefs:

### What measures may give you comfort at the end of your life?

minister/rabbi/priest to visit and pray with me

specific music to be played? What are some song titles, CD's, or play list?  
(Consider storing these documents in the back pocket.)

comforting readings read? If you have preferences then consider storing them in the back pocket.

are there rituals in your faith tradition that you would like? What are they?

Page 56

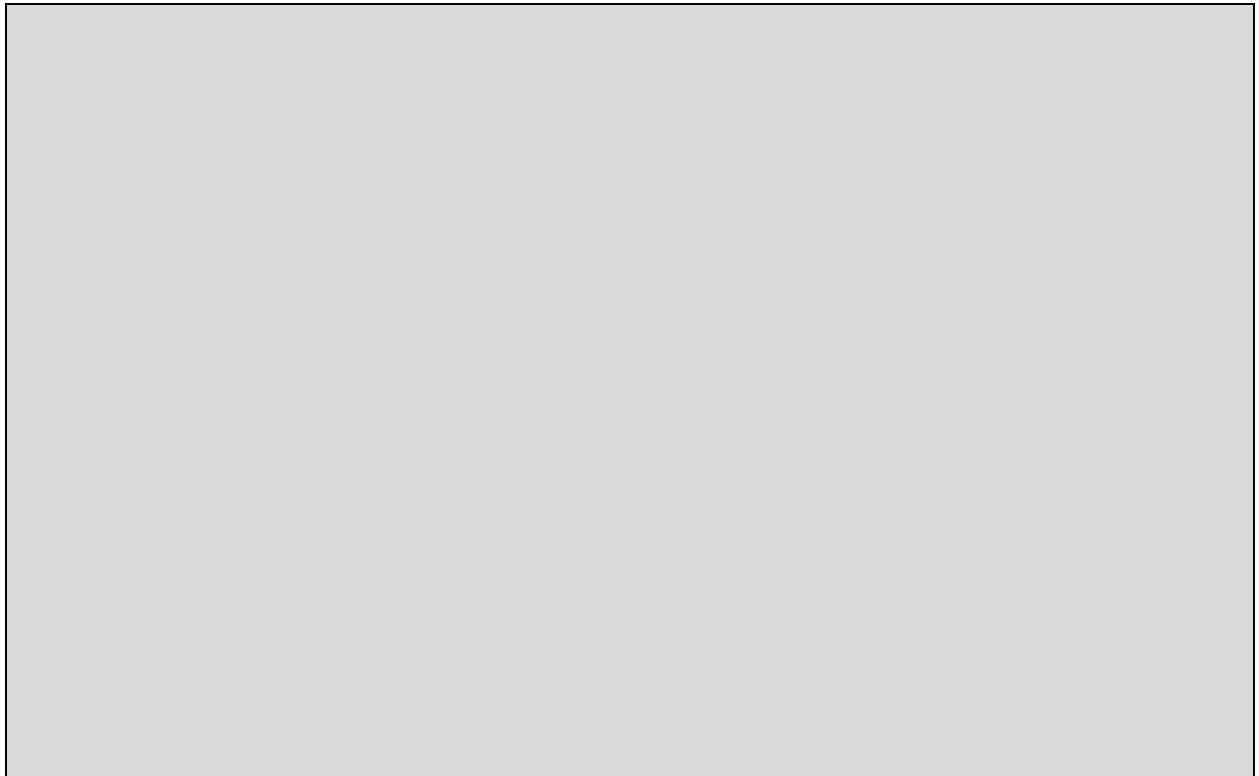
list any others measures





**How would you answer these? (if applicable)**

In my faith tradition, at the end of life, we



My family's customs at the end of life are

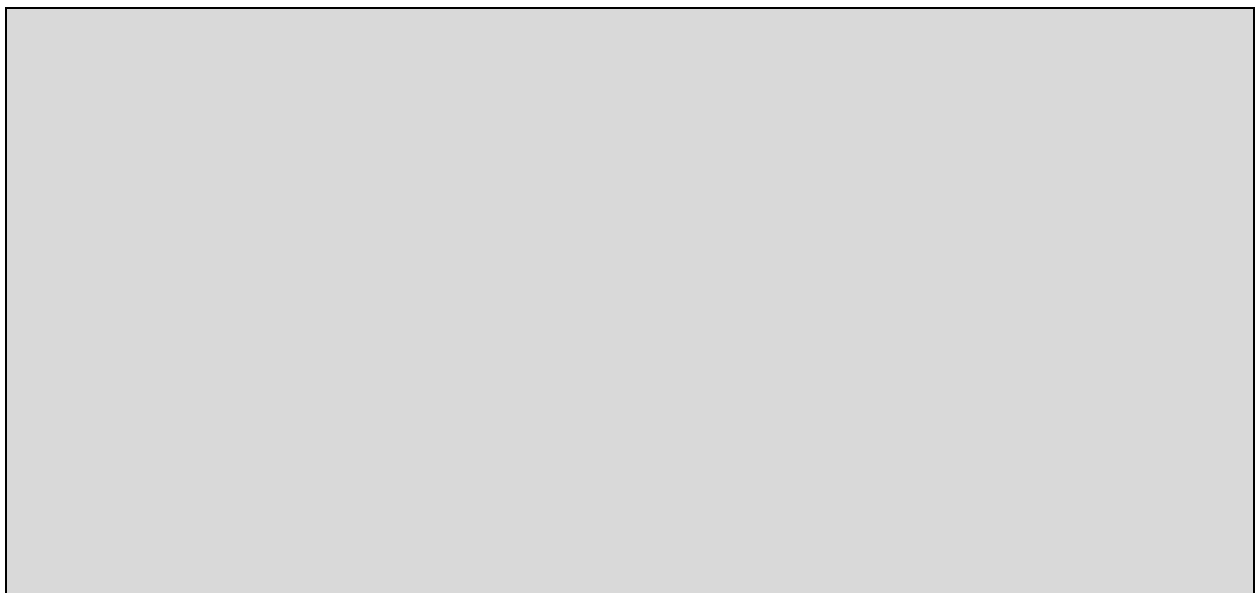


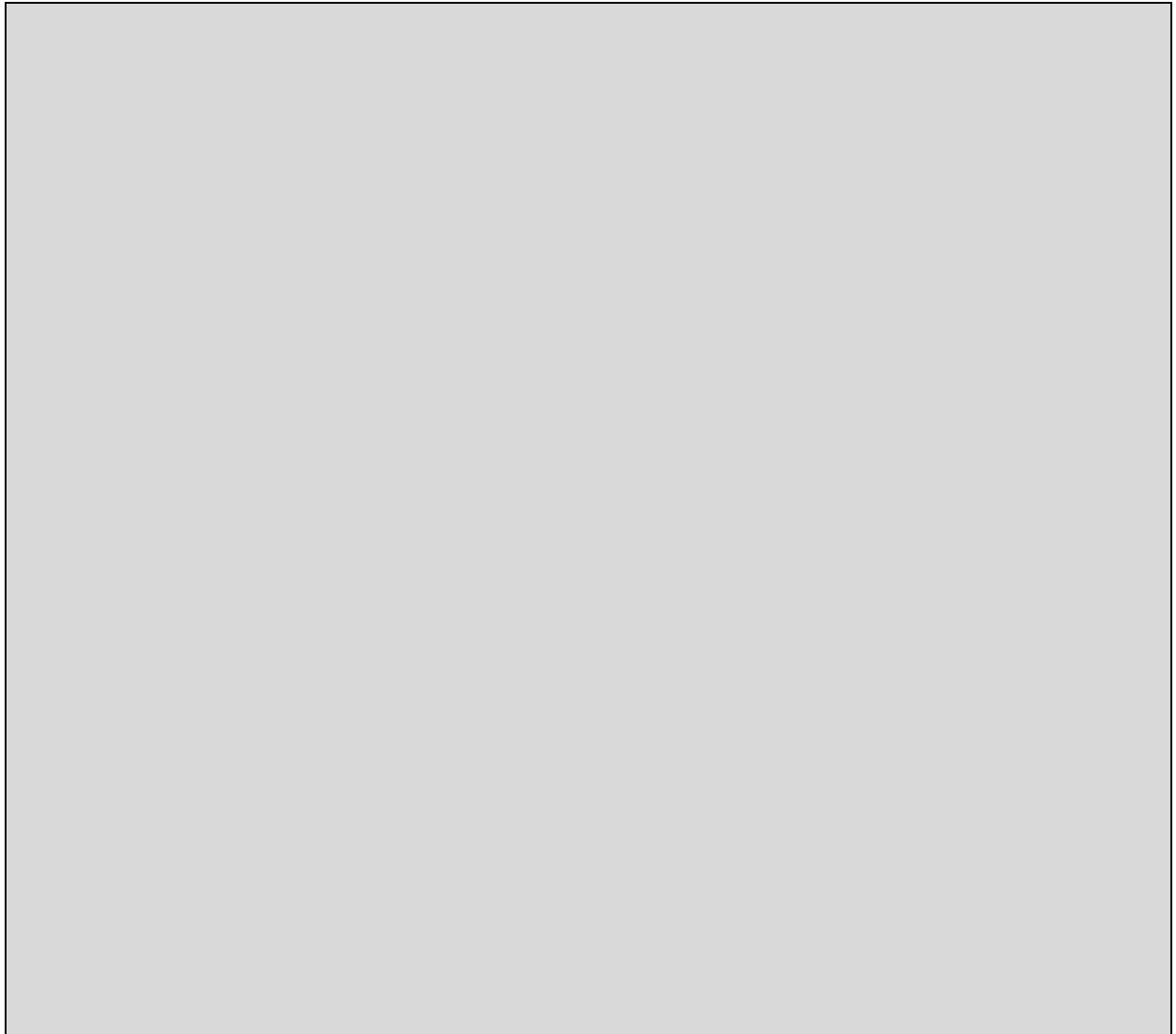
Page 57

Medical emergencies can arise and families can panic about what steps to take. It is recommended that you write a narrative or letter to your loved ones reminding them of what you want with your treatment. This is true for an acute as well as with chronic illness.

Examples of letters are included in your workbook.

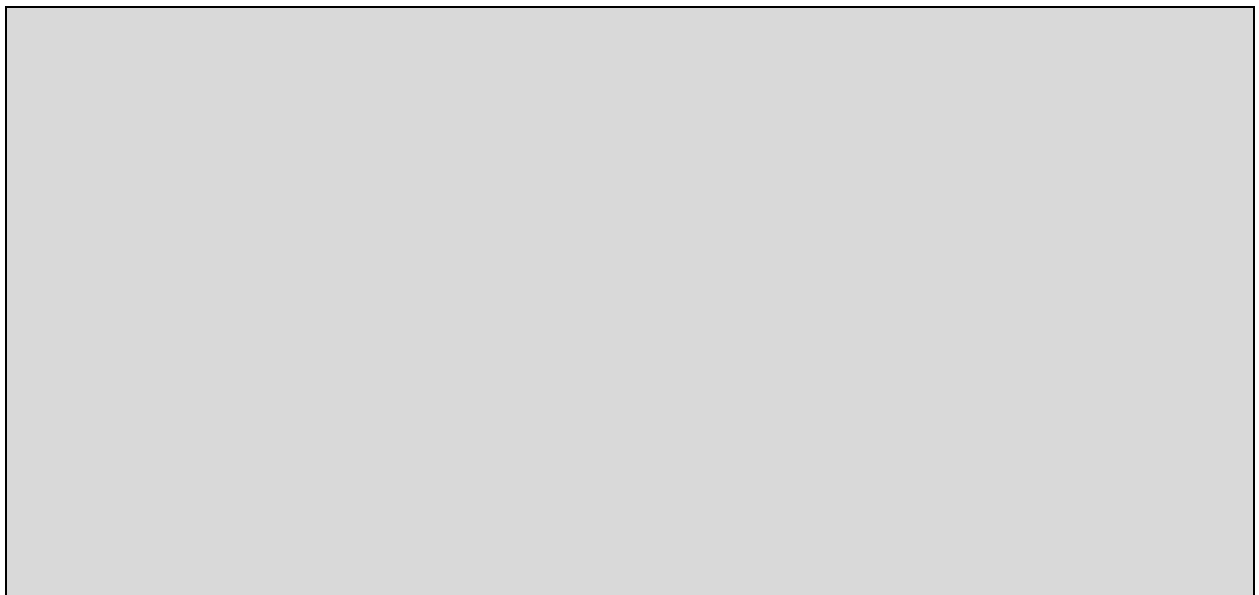
Write a short statement or narrative to your family in an **acute medical situation**





Page 58

Write a short statement or narrative to your family in a **chronic medical situation**

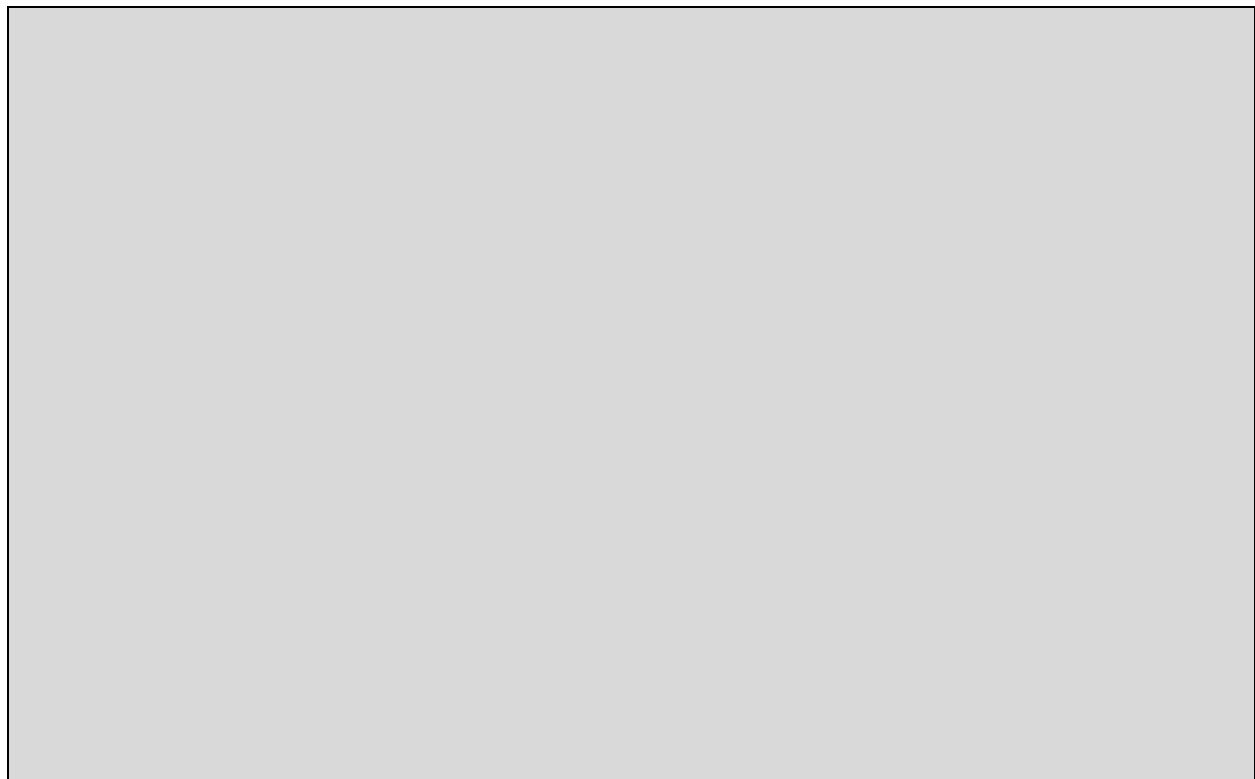




Page 59

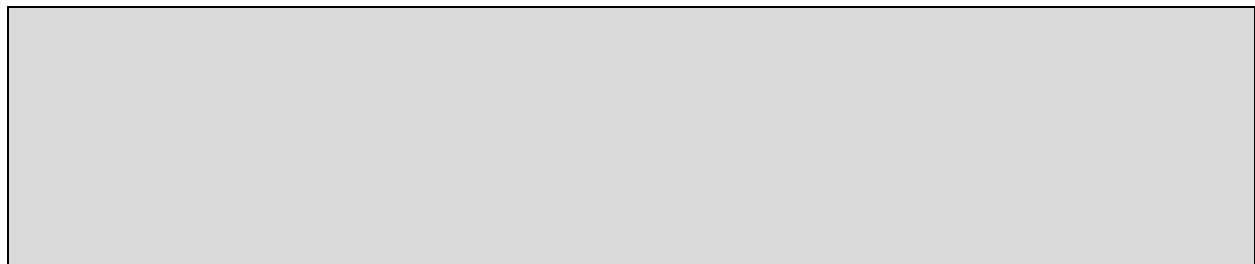
Discussion of hospice and palliative care are in your workbook.

Do you want to participate in hospice services if you are eligible to do so? Do you have a preference on which hospice to use?



Page 60

Some hospices have a hospice house facility where someone can go who is in “active dying”. Would you be okay being placed in a hospice house when your death was imminent if your caregivers felt it would be beneficial/helpful?



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If you have a chronic condition, would you want palliative care?

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Would it be okay with you to have palliative care if your caregivers felt it would be helpful or beneficial?

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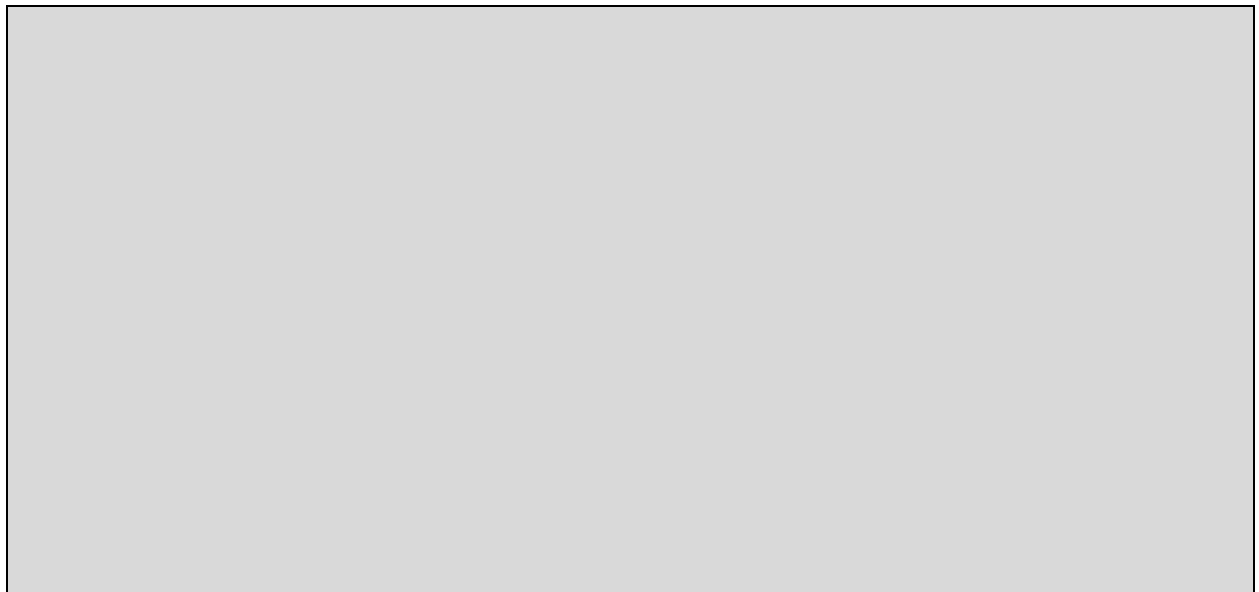
## **Section four- When death occurs**

Page 61

This section covers an extensive discussion of many important areas of information, ideas and suggestions. See corresponding pages in your workbook to ensure that all relevant and necessary information is properly recorded.

Page 62

Have you made pre-need arrangements with a funeral home? Have you bought services? If so list the agency/funeral home with contact information and identify what you have arranged or purchased. (Consider storing these documents in the back pocket.)



Page 63

If you have not made pre-arrangements is there a certain funeral home or funeral service that you would like your family to use? Or is there one you do not want to be used?



## Deciding and documenting the details

### **Cremation**

See workbook for detailed discussion

Do you want to be cremated?

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## Full body ground burial

Do you want a full-body ground burial?

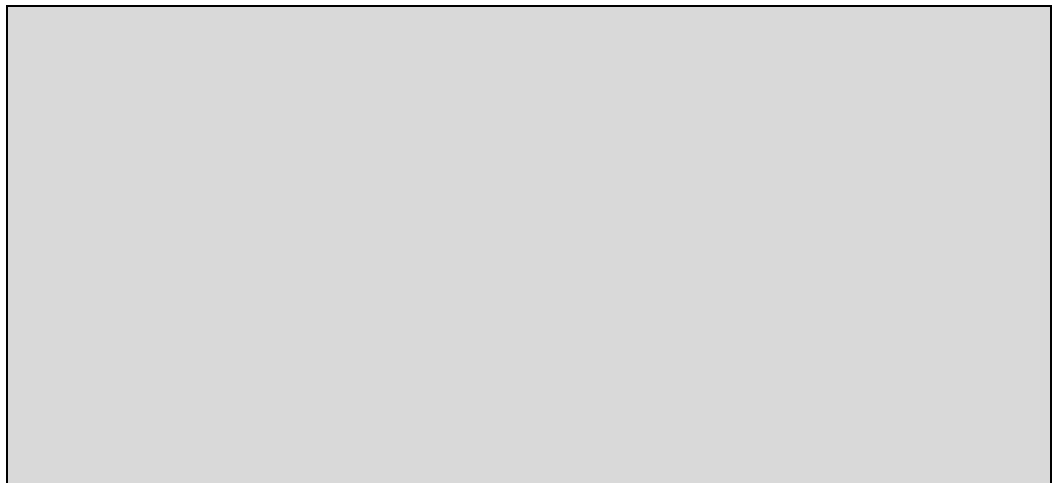


- If your family/friends want to prepare your body or help in some way, are you okay with that? This might include styling your hair, painting your nails, and/or dressing you.



Page 65

- Do you have an opinion about clothing you want to be buried in?





- Have you bought a service that includes a casket/vault? (Consider storing this document in the back pocket.)



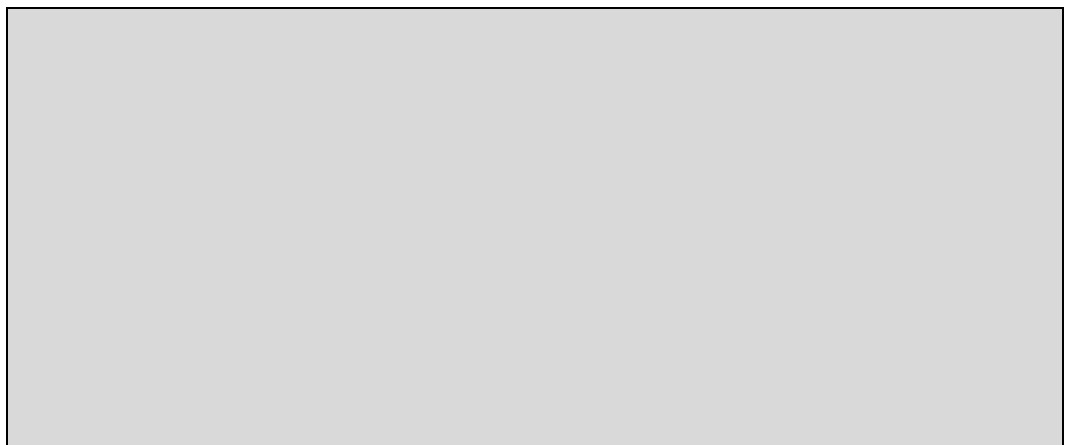
- What kind of casket/vault do you want if you have not pre-arranged for one?



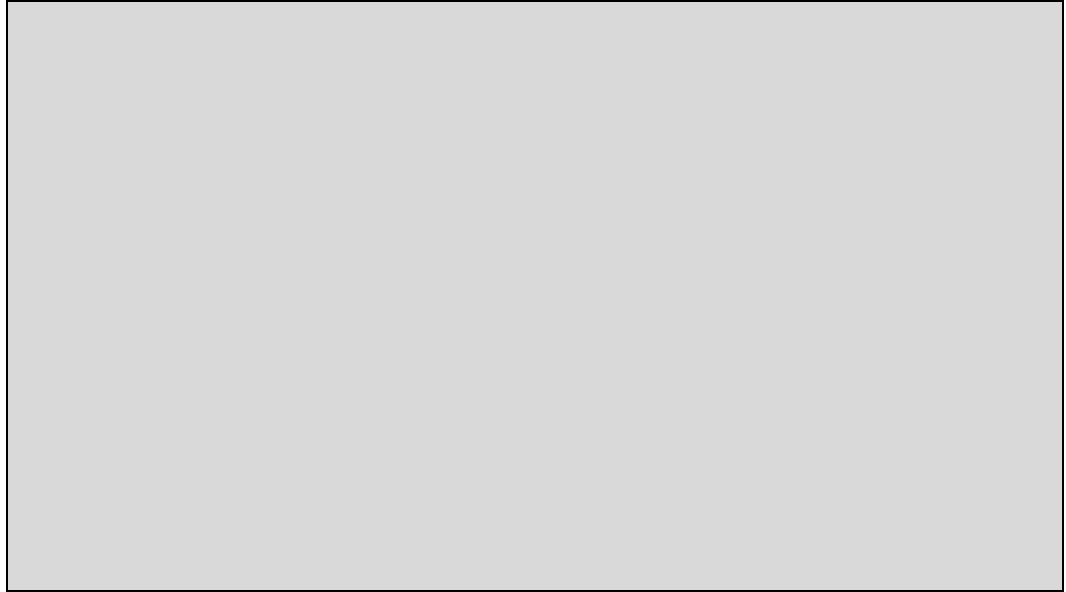
Page 66

### **Burial plot/site**

- Have you bought a cemetery burial plot? Where is it located and where is the paperwork? (Consider storing this document in the back pocket.)

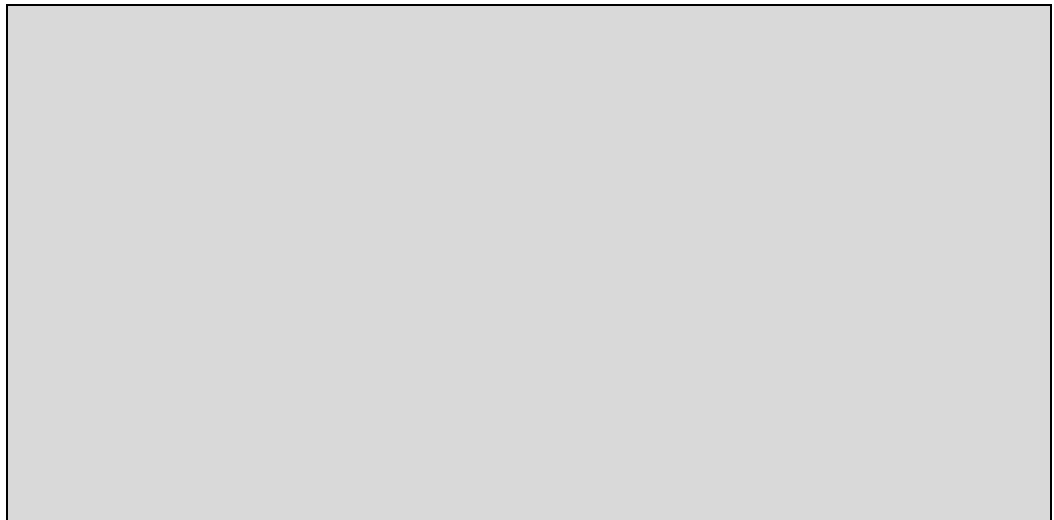


- If you have not purchased a cemetery burial plot do you have a cemetery you wish to be buried in?



### **Cemetery headstones or grave markers**

- Have you bought a headstone or grave marker for your grave? Where is the paperwork? (Consider storing this document in the back pocket.)



Page 67

- What do you want on your marker or headstone?





## Services

(check any that apply)

### *Type of service*

I want a traditional religious service

I want a secular service (non-religious)

I want a visitation or wake the day/night before

I want a visitation or wake the day of the service preceding the funeral service

Page 68

### *Location of service(s)*

I want my service to be in a church

I want my service to be in a funeral home

I want a graveside only service

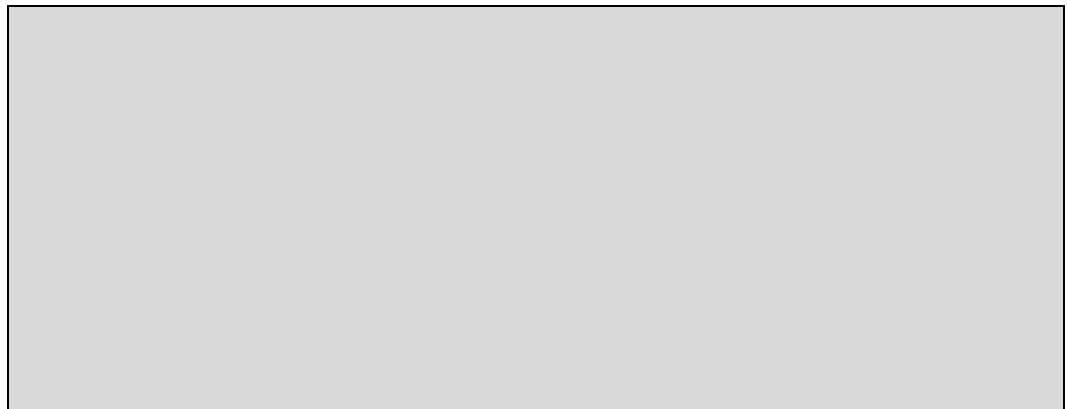
I want a service to be held in an alternative location. Alternative locations can be a park shelter, community room in an event space or restaurant, a favorite bar and grill, an arboretum, a lake, your home, or the home of a family member or friend.



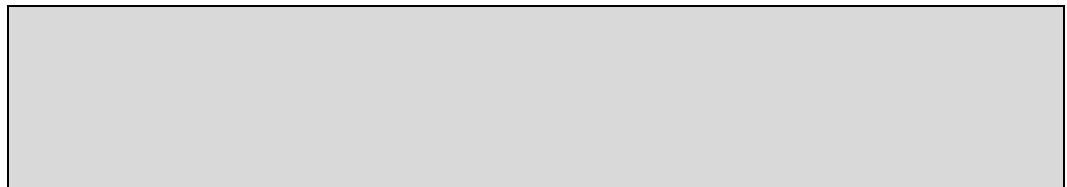
***Officiant***

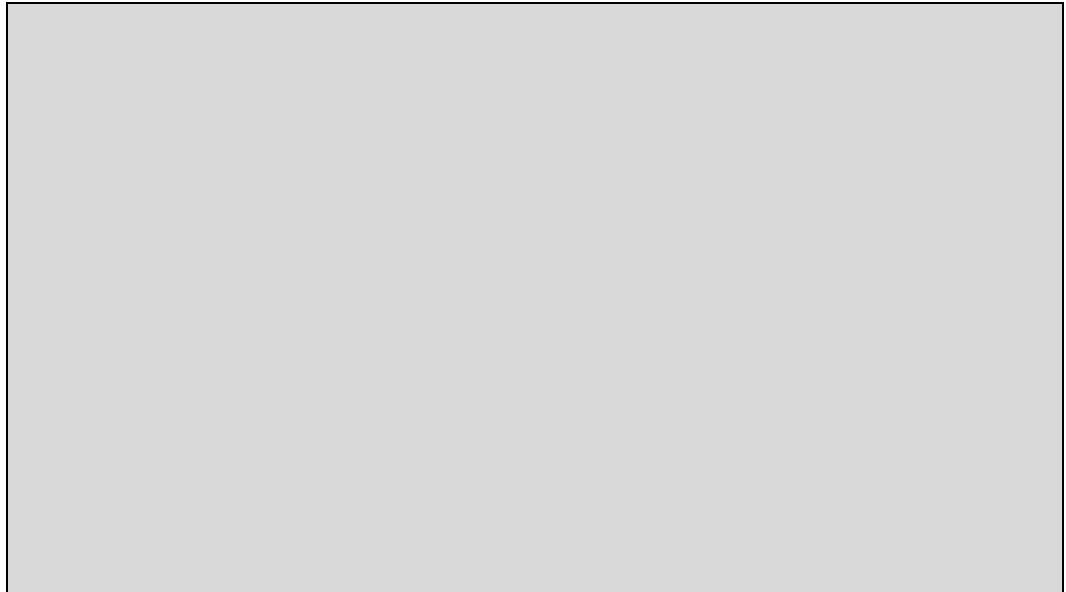
It can be helpful to explain why you have identified or requested the following people to conduct portions of your service.

I want a certain minister or clergy member to officiate. List their contact information.

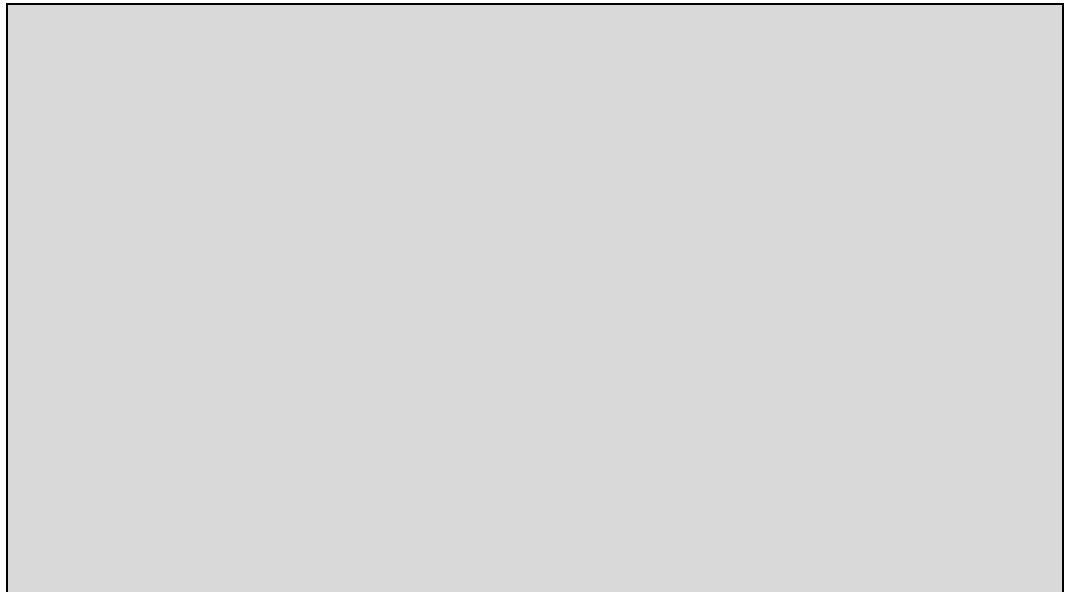


I want a family member or friend to lead the services. List name and contact information.



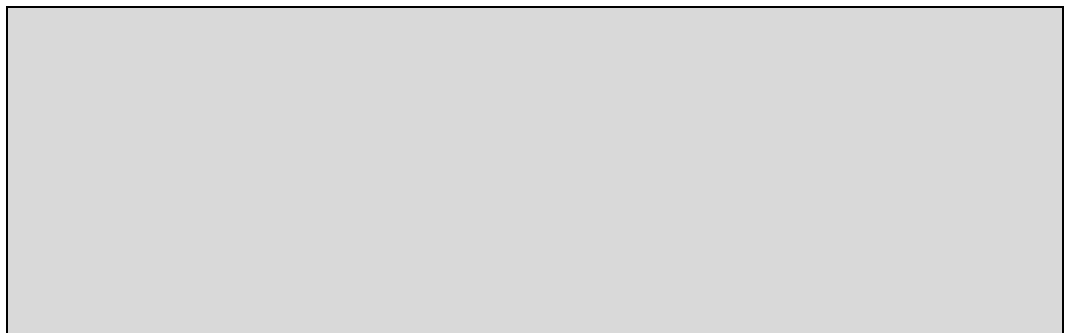


I want to use a celebrant for a secular service. (Do you have the name of specific person to request?)



Page 69

I would like the following person to do my eulogy



***Details***

Viewing of body

I want only family/friends to have a viewing

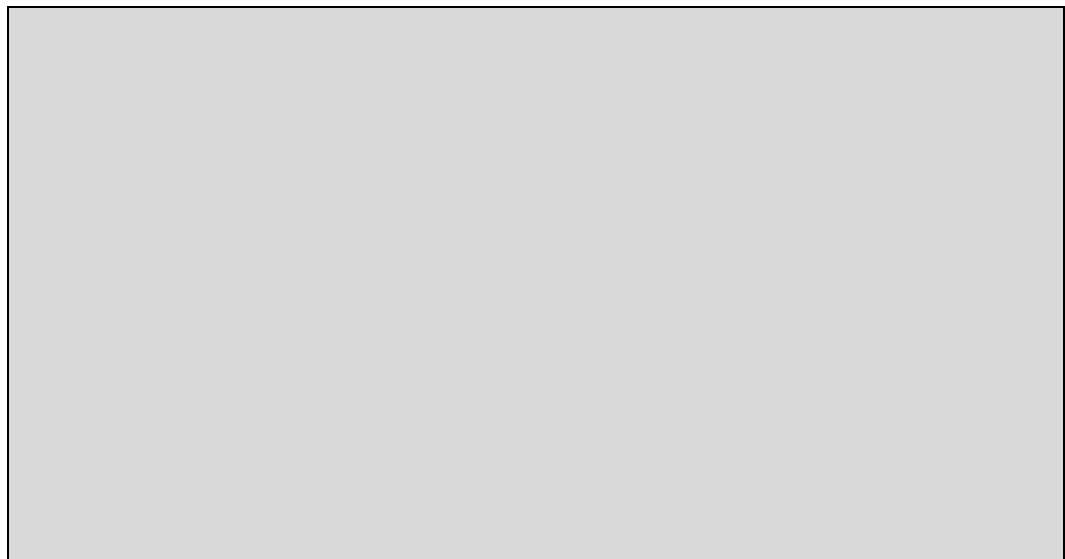
I want a public viewing

I want the following pallbearers or honorary pallbearers

Do you want military honors at your service?



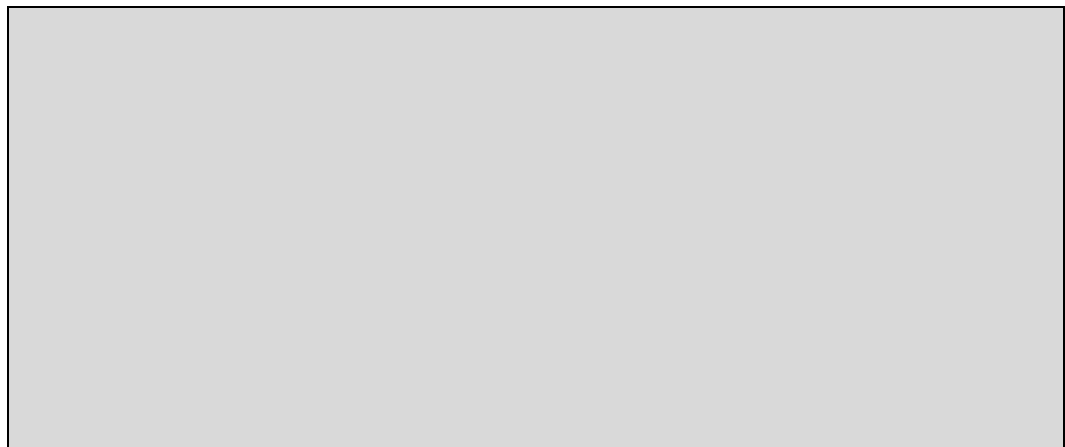
Do you want a luncheon or dinner after the service for friends and family?



Page 70

**Arrangements**

I would like a program made for my service that includes the order of the service. List any other details you wish to have included in the program.



I would like family and friends to put together a video of my life to be played

I would like a segment of my service dedicated to children such as reading of a children's story about death

I would like items on display at my memorial service that represent who I was/what is important to me. What are these items?

I would like to display posters at my service with pictures of me and my family and friends over the years

I would like the following scripture(s) read at my service



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I would like the following poetry to be read at my service

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Page 71

I have written a letter I would like read at my service. List its location below. (Consider storing this document in the back pocket.)

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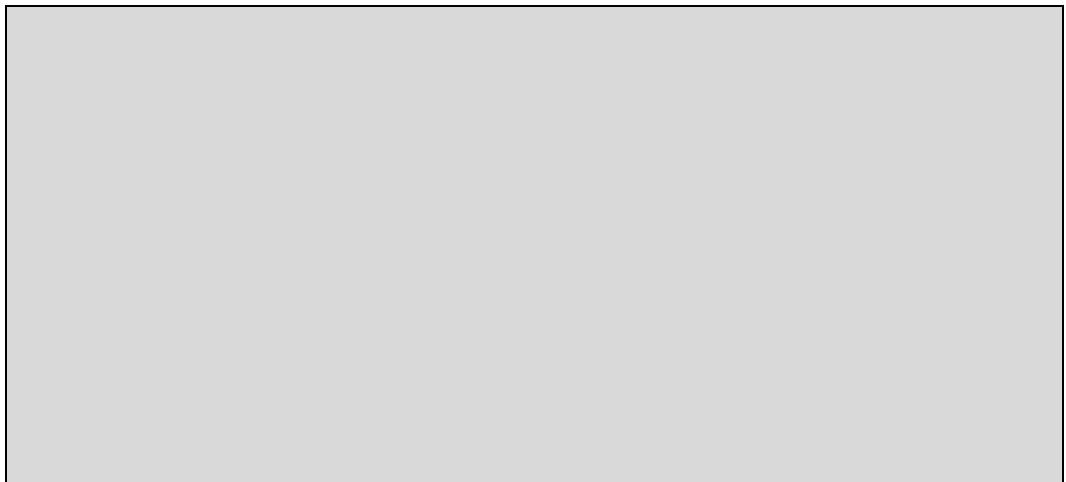
I would like the following songs included in my service



I would like the following people to sing or play music at my service if they are available



I would like the following people to participate in my service if they are available



I would like the following rituals included in my service

candle lighting

butterfly release

rosary

other

***Donations***

Do you want an “in lieu of flowers” recipient?

Do you want donations made in your name? If so, to what charities/organizations?

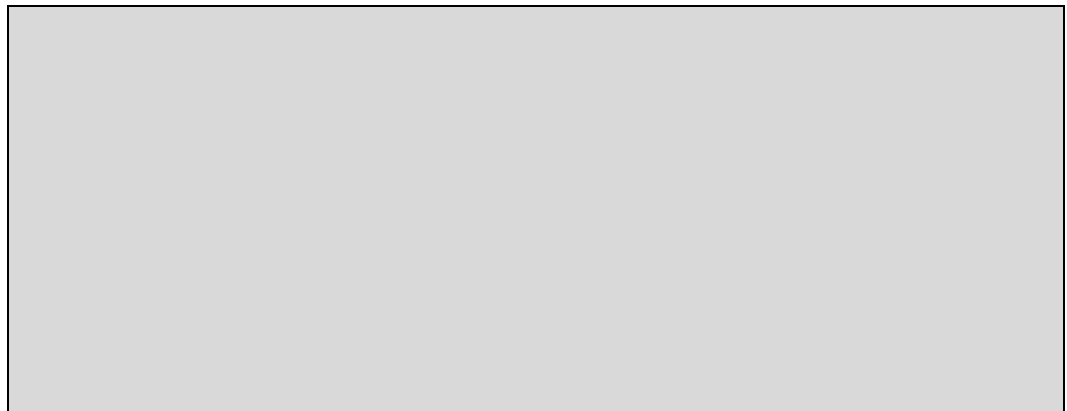
Do you want an educational fund set up for minor children if applicable?



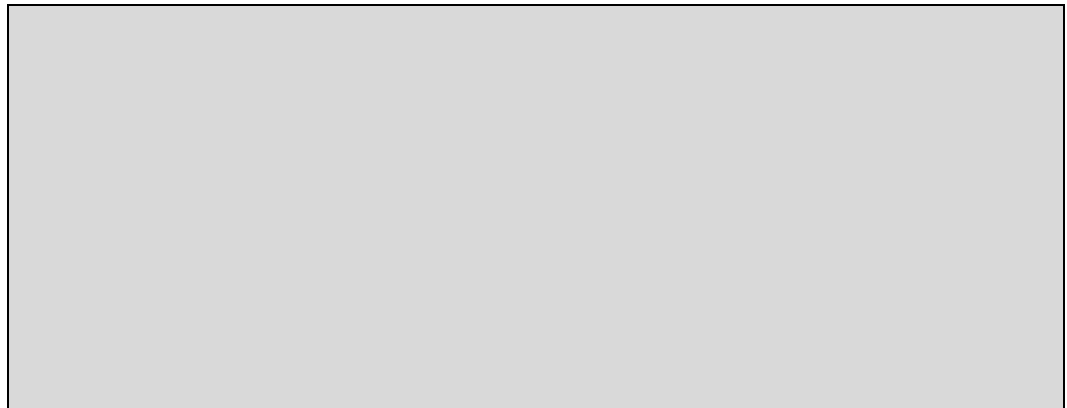
Page 73

***Notifications***

Is it okay with you if the family posts information on Caring Bridge (closed group) about your death and details of your service as a way to share information with family and friends?



Is it okay with you if family posts information on Facebook or other social media sites about your death and details of your service as a way to share information with family and friends?



Are there people important to you that you would like to be contacted when your death occurs? Is their contact information listed in the *All your data: Contacts* section of this book?



### Obituary

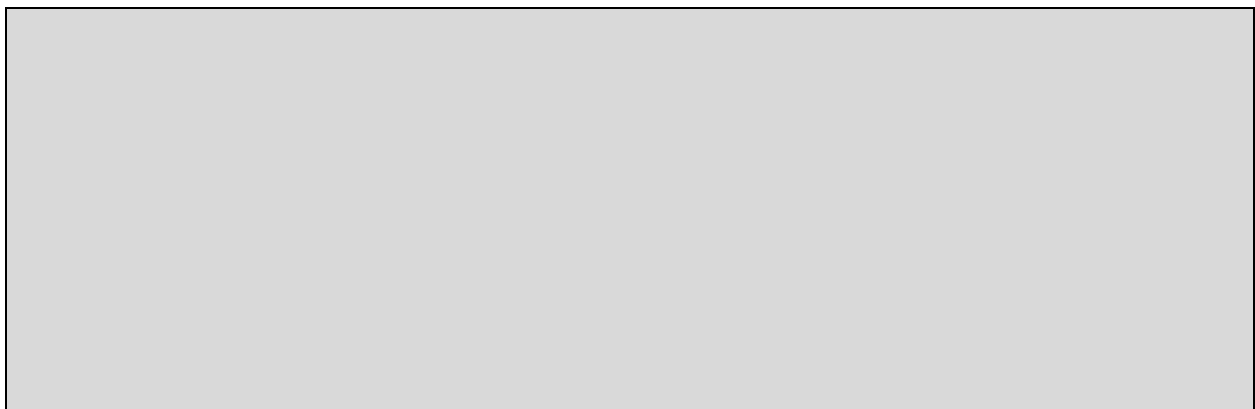
Do you want to write your own obituary? (attach it)

Do you want a picture included in your obituary and have you selected one? (attach it)

Do you want the cause of your death to be identified? Or do you not care?

Page 74

If you elect to have an obituary, where do you want your obituary posted? Local newspaper? Other newspapers such as hometown? Certain place online?



I plan to, or have already, written my own obituary. (Consider storing it in the back pocket of this notebook.)

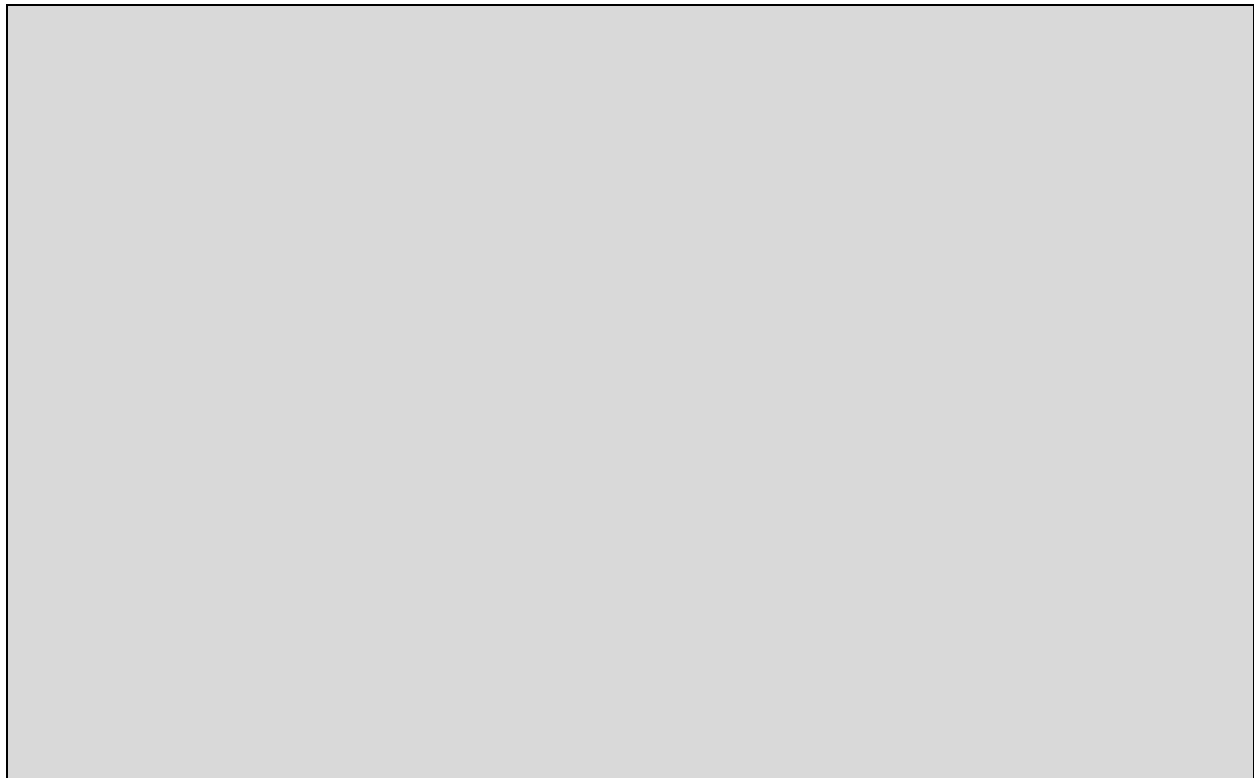




Page 75

If possible, I would like my obituary to be written by

List any detailed information you would like to see included in your obituary or write yours here



## **Legacy wishes**

Page 76

Ideas about how and why to leave legacy documents are discussed and explained in your workbook.

## **Section five- Closing the estate**

Page 77

This section covers an extensive discussion of many important areas of information, ideas and suggestions. See corresponding pages in your workbook to ensure that all relevant and necessary information is properly recorded.

## **Closing the estate**

Page 78

Is there a life insurance policy(ies) including an accidental death policy? If so, where are the policies? List all contact information. This information may have been listed in section one: all your data, medical, additional insurances. (Consider storing these documents in the back pocket.)



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Have you completed a will and if so, where is it? (Consider storing this document in the back pocket.)

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Do you have a trust and if so, where is the document? (Consider storing this document in the back pocket.)

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Page 79

Is there a prenuptial agreement? If so where is the document? (Consider storing this document in the back pocket.)

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A large, empty rectangular box with a thin black border, intended for the user to write their response to the question above.

Is there an attorney that has helped you create these documents? If so list contact information.

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Have you named an executor for your will or a trustee for your trust? If so list contact information.

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Have you named an alternate executor or trustee? If so list contact information.

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Page 80

Are there organizations or charities that you would like remaining items to be donated to? If so list them:



Page 81

Suggested instructions are in your workbook.

Consider writing a letter to beneficiaries about the spirit you want them to have in closing your estate.

