

LIVING...
PLANNING...
DYING...

Well

Getting Your Affairs in Order

Planning Guide

Bryn Mawr Presbyterian Church
625 Montgomery Avenue
Bryn Mawr, PA 19010
610-525-2821

START HERE

Dear Friend,

We commend you for taking this crucial step in organizing your affairs using this invaluable planning guide.

Often, a barrier to end-of-life planning is the sheer magnitude of everything you need to gather and do. This planning guide is designed to help you organize your information in one place, taking the anxiety out of making sure you have all the necessary components organized.

In the pages that follow, you may encounter questions or categories that are unfamiliar to you—don't panic! Not every category applies to every person. If you complete this entire booklet and several fields are left blank, that is alright. Each person is different and will have different information.

Likewise, this planning guide is precisely what it describes itself to be: a “guide.” Thus, you may need to add fields to it, introducing information that pertains specifically to you and your particular situation.

Taking these first steps ensures that your family and loved ones will be well-prepared for the future. Planning ahead is an act of love, and you are demonstrating that love by working on this planning guide.

This planning guide can be paired with the “Resource Book.” The two are designed to complement one another, and we recommend you consult the Resource Book as a first source for any questions you may encounter.

As always, the Caring Ministries Team at Bryn Mawr Presbyterian Church is here to support and care for you all along the way. Please be in touch at any time if we can be of help.

Grace and Peace,
The Caring Ministries Team

PERSONAL & FINANCIAL RECORDS

Note: If additional space is needed, please use a separate sheet of paper.

Date Completed: _____ Date Updated: _____

FAMILY INFORMATION:

Individual

Name: _____

Address: _____

Phone Number: _____

Cell Phone Number: _____

Email: _____

Date and Place of Birth: _____

Social Security Number: _____

Spouse or Other Primary Personal Contact:

Name: _____

Address: _____

Phone Number: _____

Cell Phone Number: _____

Email: _____

If Spouse

Date and Place of Birth: _____

Date and
Place of Marriage: _____

Social Security Number: _____

Deceased or Prior Spouses - (if applicable)

Name: _____

Address: _____

Date and Place of Birth: _____

Marriage Dissolved Via: _____

Previous Spouse's Social Security Number: _____

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*Children or Significant Persons*

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

Relationship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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Pets

Instructions for Care and Placements of Pets: _____

KNOWLEDGEABLE AND TRUSTED PEOPLE

HEALTH CARE:

(examples: Physician, Specialists, Pharmacist, Power of Attorney for Health Care, etc.)

Person/Group Name: _____

Role/Expertise: _____

Address: _____

Phone Number: _____ Date Updated: _____

Person/Group Name: _____

Role/Expertise: _____

Address: _____

Phone Number: _____ Date Updated: _____

Person/Group Name: _____

Role/Expertise: _____

Address: _____

Phone Number: _____ Date Updated: _____

Person/Group Name: _____

Role/Expertise: _____

Address: _____

Phone Number: _____ Date Updated: _____

Person/Group Name: _____

Role/Expertise: _____

Address: _____

Phone Number: _____ Date Updated: _____

LEGAL:

(examples: Lawyer, Executor of your Will, Trustees, etc.)

Person/Group Name: _____

Role/Expertise: _____

Address: _____

Phone Number: _____ Date Updated: _____



Person/Group Name: _____

Role/Expertise: _____

Address: _____

Phone Number: _____ Date Updated: _____



Person/Group Name: _____

Role/Expertise: _____

Address: _____

Phone Number: _____ Date Updated: _____



Person/Group Name: _____

Role/Expertise: _____

Address: _____

Phone Number: _____ Date Updated: _____



Person/Group Name: _____

Role/Expertise: _____

Address: _____

Phone Number: _____ Date Updated: _____

KNOWLEDGEABLE AND TRUSTED PEOPLE

FINANCIAL: (examples: Accountant/Tax Preparer, Insurance Agent, Investment Advisor, Financial Planner, Power of Attorney for Finances, Representative Payee)

Person/Group Name: _____

Role/Expertise: _____

Address: _____

Phone Number: _____ Date Updated: _____

Person/Group Name: _____

Role/Expertise: _____

Address: _____

Phone Number: _____ Date Updated: _____

Person/Group Name: _____

Role/Expertise: _____

Address: _____

Phone Number: _____ Date Updated: _____

Person/Group Name: _____

Role/Expertise: _____

Address: _____

Phone Number: _____ Date Updated: _____

Person/Group Name: _____

Role/Expertise: _____

Address: _____

Phone Number: _____ Date Updated: _____

OTHER:

(examples: Former Employers, Pension Fund Payer, Others to Notify, etc.)

Person/Group Name: _____

Role/Expertise: _____

Address: _____

Phone Number: _____ Date Updated: _____



Person/Group Name: _____

Role/Expertise: _____

Address: _____

Phone Number: _____ Date Updated: _____



Person/Group Name: _____

Role/Expertise: _____

Address: _____

Phone Number: _____ Date Updated: _____



Person/Group Name: _____

Role/Expertise: _____

Address: _____

Phone Number: _____ Date Updated: _____



Person/Group Name: _____

Role/Expertise: _____

Address: _____

Phone Number: _____ Date Updated: _____

LOCATION OF IMPORTANT DOCUMENTS

DOCUMENT

LOCATION

Power of Attorney for Finances:

Power of Attorney for Health Care:

Will:

Advanced Health Care
Directive/Living Will:

Trust Agreements:

Birth Certificate:

Marriage Certificate:

Passports/Naturalization Papers:

Adoption Papers:

Military Discharge Papers:

Social Security Card:

Medicare Card:

Medicaid Card:

Title to Real Estate
Property/Mortgage Papers:

Titles to
Automobiles/Other Vehicles:

Contract for Long Term Care
Facility, and/or Other Contracts
& Legal Documents:

Other Storage Places for
Important Property/Documents:

DOCUMENT

LOCATION

Life Insurance:

Health Insurance:

Disability Insurance:

Automobile Insurance:

Homeowners Insurance:

Excess Liability Insurance:

Long Term Care Insurance:

Other Insurance:

Current Papers and Receipts
for Filing Tax Returns:

Income Tax Returns for Last
Five Years and Supporting Records:

Location for Safe Deposit Box:

Location of Keys to
Safe Deposit Box:

Other Essential Keys:

PROPERTY AND FINANCIAL HOLDINGS LOCATIONS

ASSETS	ACCOUNT NUMBER & LOCATION	ELECTRONIC <i>Circle One</i> <i>(See password manager)</i>
Checking Accounts	_____	Y/N
Saving Accounts	_____	Y/N
Money Markets & CD's	_____	Y/N
Stocks	_____	Y/N
Bonds	_____	Y/N
Brokerage Accounts	_____	Y/N
Mutual Funds	_____	Y/N
Trusts for Which You Pay a Beneficiary	_____	Y/N
Mortgages and Other Debts Owed to You	_____	Y/N
Pension, Other Retirement Plans (Including IRA's and Koegh's)	_____	Y/N
Autos, Boats, RV's, etc.	_____	Y/N
Primary Residence	_____	
Vacation Home	_____	
Other Real Estate Holdings	_____	
Other Investments	_____	

FINANCIAL OBLIGATIONS

LOCATION

Mortgage _____

Auto Loans _____

Bank Loans _____

Other _____

List of Credit Cards

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Persons Dependent on You For Support

NAME	DOB	TYPE OF SUPPORT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PASSWORD ORGANIZER

CATEGORY: _____

Website/ Business: _____ Email Address Used: _____
Username: _____ Password: _____
Notes: _____

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Username: _____ Password: _____
Notes: _____

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