This Planner Belongs To:

_____

Date:

_____

PERSONAL INFORMATION

LAKE COUNTY
HOUSING AUTHORITY

Personal Information

Full Name	
Nicknames	
Address	

City		State		Zip	

Birthday	
Place Of Birth	
Phone	
Work Phone	

Social Security #	License #

Passport	
Father's Name	
Mother's Name	
Offsprings	

Identification Information

Height		Weight		Eye Color	
Hair Color		Skin Tone			

Identifying Features

Personal Information

Marital Information

Marriage Date	
Marriage Place	

Marital Status

Single	Married	Widowed	Divorced	Separated

Spouse Names	
Agreements (If Applicable)	

Notes

Employment Information

Employer			
Position			
Start Date		End Date	
Address			
Phone			

Notes

Child Information

Name		Date Of Birth	

Address:

Social Security:

License:

Place Of Birth:

Height		Gender	
Weight		Blood Type	
Eye Color		Hair Color	

School Name:

Address:

School Phone:

Main Doctor Name:

Hospital: Contact

Address:

Medical Conditions:

Allergies:

Other Crucial Information:

Insurance Details:

Home Information

Date Moved Into Property:

Address	People Who Live Here

Mortgage Details

Mortgage With:

Type Of Mortgage:

Mortgage Start Date: Mortgage End Date:

Terms:

Type Of Property:

Date House Built:

Age Of Property:

Home Improvement Plans

Property Information

Property name:	
Owner:	
address:	
Sate zip	
Property Manager:	
Phone:	email:

Owner:	Value
Phone:	Sales Price
id#	Units
Year Build:	Rent
Building Size:	Lot Size:

Property Details:

Type of RENTAL	House	Room	Apartment
City Villa	Condo	Loft	Commercial

Providers	Contact Information	Monthly Average
Electricity		
Water		
Waste management		
Insurance		
Gas		

Home Insurance Information

Insurance Covers

Rates/Cost

Home Insurance Company:

Policy Number:

Contact Number:

Date Of Claim	Description Of Claim	Date Paid	Completed

Notes:

Pet Information

Name			
Breed		Color	
Gender		Weight	
Date Of Birth		Age Adopted	

Microchip Number

Collar Tag Number

Special Markings

Eye Color

Blood Type

Spayed Neutered

Profile Picture

Breeder/Seller Information

Name:

Address:

City State Zip Code:

Email:

Notes:

MEDICAL INFORMATION

LAKE COUNTY
HOUSING AUTHORITY

Personal Medical Information

Name:	
Date Of Birth:	Place Of Birth:
Home Address:	
Mobile No:	Home Contact No:
Email:	
Height:	Current Weight:
Medical Conditions:	
Assistive Devices:	

Allergies	Medications	Reactions

Blood Type:	Genotype:
Social Security Number:	

Personal Medical History

Name:

Alcoholism		Heart Attack		Thyroid Problems	
Blood Pressure		Heart Disease		Tetanus	
Alzheimer's		Hepatitis		UTI	
Arthritis		HIV		Ulcer	
Anxiety		Kidney Diseases		Vertigo	
Asthma		Liver Disease		Vitamin Deficiency	
Anemia		Lupus		Visual Impairment	
Anaphylaxis		Migraine			
Amblyopia		Mental Illness			
Breast Cancer		Obesity			
Bowel Disease		Osteoporosis			
Blood Clots		OCD			
Bipolar Disorder		Prostate Cancer			
Bronchitis		PTSD			
Cardiovascular Disease		Parkinson's			
Cervical Cancer		Seizures			
COPD		Stroke			
Crohn's Disease		STDS			
Cholesterol		Sleep apnea			
Diabetes		Schizophrenia			
Drug Addiction		Skin Cancer			
Depression		Sickle Cell Anemia			
Hearing Impairment		Tuberculosis			

Notes

Surgical History

Date Of Surgery: Procedure:

Surgeon's Name:

Facility:

Preoperative Diagnosis:

Length Of Hospital Stay:

Post-operative Diagnosis:

Medications:

Follow-up Appointments:

Notes:

Hospitalization & ER

Name: Date:

Reason:

Doctor Seen:

Admission Rates: Discharge Dates:

Length Of Stay:

Diagnosis:

Treatment:

Complications/Notes:

Name: Date:

Reason:

Doctor Seen:

Admission Rates: Discharge Dates:

Length Of Stay:

Diagnosis:

Treatment:

Complications/Notes:

Vitamins And Supplements Tracker

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Dates:

Item	Dose	Time	M	T	W	T	F	S	S

Dates:

Item	Dose	Time	M	T	W	T	F	S	S

Dates:

Item	Dose	Time	M	T	W	T	F	S	S

Injuries Tracker

Date	Description	Notes	Medications

Radiology Tests

Date and Time:	Test Type:
Address:	
Contact Details:	
Radiologist:	
Reason For Test:	
Allergies & Previous Test Results:	
Pre-test instructions:	
Results Of The Test:	
Follow-Up Recommendations:	

Lab Results Tracker

Test Name:	Test Name:
Date:	Date:
Results:	Results:

Test Name:	Test Name:
Date:	Date:
Results:	Results:

Test Name:	Test Name:
Date:	Date:
Results:	Results:

Hospital / Urgent Care / Imaging Center

Name:

Patient Portal Website: Phone:

Username: Password:

Location:

Name:

Patient Portal Website: Phone:

Username: Password:

Location:

Name:

Patient Portal Website: Phone:

Username: Password:

Location:

Name:

Patient Portal Website: Phone:

Username: Password:

Location:

Name:

Patient Portal Website: Phone:

Username: Password:

Location:

Family Medical History

Mother	M	Father	F	GrandParents	GP	Siblings	S

	M	F	GP	S		M	F	GP	S
Alcoholism					Heart Attack				
Blood Pressure					Heart Disease				
Alzheimer's					Hepatitis				
Arthritis					Cholesterol				
Anxiety					HIV				
Asthma					Kidney Diseases				
Anemia					Migraine				
Anaphylaxis					Liver Disease				
Amblyopia					Mental Illness				
Breast Cancer					Breast Cancer				
Bowel Disease					Obesity				
Blood Clots					Osteoporosis				
Bipolar Disorder					OCD				
Bowel Disease					Prostate Cancer				
Bronchitis					PTSD				
Cardiovascular					Seizures				
Cervical Cancer					Stroke				
COPD					STDS				
Crohn's Disease					Sleep apnea				
Depression					Schizophrenia				
Diabetes					Skin Cancer				
Drug Addiction					Tuberculosis				
Hearing Impairment					Thyroid Problems				

Family Medical History

	M	F	GP	S
UTI				
Ulcer				
Vertigo				
Vitamin Deficiency				
Visual Impairment				
Kidney Diseases				
Parkinson's				
Lupus				

Siblings Name
Date Of Birth:

Mother Name
Date Of Birth:
Father Name
Date Of Birth:
GrandFather Name
Date Of Birth:
GrandMother Name
Date Of Birth:
Siblings Name
Date Of Birth:
Maternal Grandmother
Date Of Birth:
Maternal GrandMother
Date Of Birth:

Medical Contact Information

Specialty:

Name:

Phone: Email:

Location:

Specialty:

Name:

Phone: Email:

Location:

Specialty:

Name:

Phone: Email:

Location:

Specialty:

Name:

Phone: Email:

Location:

Specialty:

Name:

Phone: Email:

Location:

Specialty:

Name:

Phone: Email:

Location:

Pharmacy Information

Name:

Phone:

Website: Fax:

Username: Password:

Location:

Name:

Phone:

Website: Fax:

Username: Password:

Location:

Name:

Phone:

Website: Fax:

Username: Password:

Location:

Name:

Phone:

Website: Fax:

Username: Password:

Location:

Name:

Phone:

Website: Fax:

Username: Password:

Location:

Emergency Contacts

Name:	
Address:	City:
State/Zip:	Home Ph #:
Work Ph #:	Cell Ph #:
Relationship:	
Name:	
Address:	City:
State/Zip:	Home Ph #:
Work Ph #:	Cell Ph #:
Relationship:	
Name:	
Address:	City:
State/Zip:	Home Ph #:
Work Ph #:	Cell Ph #:
Relationship:	
Name:	
Address:	City:
State/Zip:	Home Ph #:
Work Ph #:	Cell Ph #:
Relationship:	

Vaccination Record

Vaccination	Type	Batch #	Dates Given

Hospital Bag Checklist

Toiletries

Items	✓
Slippers	
Toothbrush	
Toothpaste	
Shampoo	
Lotion	
Lip Balm	
Eyeglasses/Contacts	
Hair Brush	
Hair Band	
Conditioner	
Mouthwash	
Tampons & Pads	

Items	✓

Crucial Things

Items	✓
Medication	
Insurance Information	
Phone And Charger	
Cloths	
ID/Wallet	
Lip Balm	
Medical Documents	

Items	✓

Monthly Medication Tracker

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1			1			1			1		
2			2			2			2		
3			3			3			3		
4			4			4			4		
5			5			5			5		
6			6			6			6		
7			7			7			7		
8			8			8			8		
9			9			9			9		
10			10			10			10		
11			11			11			11		
12			12			12			12		
13			13			13			13		
14			14			14			14		
15			15			15			15		
16			16			16			16		
17			17			17			17		
18			18			18			18		
19			19			19			19		
20			20			20			20		
21			21			21			21		
22			22			22			22		
23			23			23			23		
24			24			24			24		
25			25			25			25		
26			26			26			26		
27			27			27			27		
28			28			28			28		
29			29			29			29		
30			30			30			30		
31			31			31			31		

Medication, Vitamins, & Supplements

Name:	
Dosage:	Frequency:
Date Started:	Date Ended:
Side Effects:	

Name:	
Dosage:	Frequency:
Date Started:	Date Ended:
Side Effects:	

Name:	
Dosage:	Frequency:
Date Started:	Date Ended:
Side Effects:	

Name:	
Dosage:	Frequency:
Date Started:	Date Ended:
Side Effects:	

Medication Tracker

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Dates:

Medication	Dose	Time	M	T	W	T	F	S	S

Dates:

Medication	Dose	Time	M	T	W	T	F	S	S

Dates:

Medication	Dose	Time	M	T	W	T	F	S	S

Vitamins And Supplements Tracker

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Dates:

Item	Dose	Time	M	T	W	T	F	S	S

Dates:

Item	Dose	Time	M	T	W	T	F	S	S

Dates:

Item	Dose	Time	M	T	W	T	F	S	S

Insurance Information

Insurance Company:	
Plan Type:	Policyholder:
Group:	ID #:
Phone #:	Website:
Username:	Password:

Insurance Company:	
Plan Type:	Policyholder:
Group:	ID #:
Phone #:	Website:
Username:	Password:

Insurance Company:	
Plan Type:	Policyholder:
Group:	ID #:
Phone #:	Website:
Username:	Password:

Insurance Company:	
Plan Type:	Policyholder:
Group:	ID #:
Phone #:	Website:
Username:	Password:

Doctor Visits Tracker

Name:	
Date:	Time:
Doctor:	Contact Info:
Location:	
Reasons For Visit:	
Diagnosis:	

Prescriptions	Prescription Instructions

Notes And Questions:

Doctor's Comments / Notes:

Completed	Canceled
Rescheduled To:	Follow Up Date:

Medical Appointment Planner

Date And Time: Doctor:

Address:

Reason For Visit:

Questions	Answers

Plan Ahead:

Date And Time: Doctor:

Address:

Reason For Visit:

Questions	Answers

Plan Ahead:

Medical Appointments Tracker

Date	Description	Doctor	Notes

Food Sensitivity Tracker

Date:

Day: S M T W T F S

Sleep Quality: So So - Good - Great

BREAKFAST

Food/Drink	Time	Reaction

Symptoms:

NOTES:

MEDICATION:

LUNCH

Food/Drink	Time	Reaction

Symptoms:

NOTES:

MEDICATION:

SNACKS

Food/Drink	time	Reaction

Symptoms:

NOTES:

MEDICATION:

DINNER

Food/Drink	time	Reaction

Symptoms:

NOTES:

Daily bowel movements:

Water intake:

Activity Level:

FINANCIAL MATTERS

LAKE COUNTY
HOUSING AUTHORITY

Accounts Tracker

Account - 1

Name On Account:	Financial Institution:
Account #:	Account TYpe:
Card Number:	Routing/Transit #:
Other:	
Notes:	

Account - 2

Name On Account:	Financial Institution:
Account #:	Account TYpe:
Card Number:	Routing/Transit #:
Other:	
Notes:	

Account - 3

Name On Account:	Financial Institution:
Account #:	Account TYpe:
Card Number:	Routing/Transit #:
Other:	
Notes:	

Credit Card Information

Credit Card Account No.			
Card Issuer		Card Type	
Card Holder			
Expiration Date		Due Date	
Billing Cycle Start Date		End Date	
Website		Contact	
Username		Security Code	
Password		Credit Limit	

Notes

Credit Card Account No.			
Card Issuer		Card Type	
Card Holder			
Expiration Date		Due Date	
Billing Cycle Start Date		End Date	
Website		Contact	
Username		Security Code	
Password		Credit Limit	

Notes

Credit Card Information

Credit Card Account No.			
Card Issuer		Card Type	
Card Holder			
Expiration Date		Due Date	
Billing Cycle Start Date		End Date	
Website		Contact	
Username		Security Code	
Password		Credit Limit	

Notes

Credit Card Account No.			
Card Issuer		Card Type	
Card Holder			
Expiration Date		Due Date	
Billing Cycle Start Date		End Date	
Website		Contact	
Username		Security Code	
Password		Credit Limit	

Notes

Investment Tracker

Investment Name

Investment Type | Investment Date:

Initial Amount	Current Value	ROI %

Notes

Investment Name

Investment Type | Investment Date:

Initial Amount	Current Value	ROI %

Notes

Jewelry And Collectibles

Description	Year	Serial #	Value	Recipient

Net Worth Tracker

Assets	
Total Assets	

Liabilities	
Total Liabilities	

Net Worth = Total Assets - Total Liabilities

Total Assets		Total Liabilities	
Net Worth:			

Notes

Retirement Funds

Opening Balance:

Account Number:

Date	Contribution	Balance	Notes

Valuables In Storage

Safety Deposit Box

Bank Name		Box #	
Address			
City		State		Zip	
Access Details			

Contents Description

Bank Name		Box #	
Address			
City		State		Zip	
Access Details			

Contents Description

Valuables In Storage

Storage Units

Storage		Box #	
Address			
City		State		Zip	
Access Details			

Contents Description

Storage		Box #	
Address			
City		State		Zip	
Access Details			

Contents Description

IMPORTANT DOCUMENTS

LAKE COUNTY
HOUSING AUTHORITY

Important Documents

Life Is Not Just About The Years We Spend Living; It's Also About How We Plan For The Inevitable. End-of-life Planning May Seem Daunting, But It's A Practical And Essential Step To Ensure A Smooth Transition For Our Loved Ones.

Let's Dive Into The Key Documents You Need And Practical Tips To Make It Happen:

- **Living Trust**: Allows You To Manage Your Estate And Assets While You're Alive And After You Pass Away.

- **Living Will**: Ensures Your Medical Decisions And Preferences Are Followed If You Become Incapacitated And Cannot Express Them.

- **Last Will And Testament**: Details How Your Assets Should Be Handled And Who Will Care For Any Dependents After You Pass.

- **Power Of Attorney (POA)** Documents: Designate Someone To Make Legal, Financial, Medical, Or Business Decisions On Your Behalf If You Can't Do So.

Important Documents

- **Healthcare POA/Durable Medical POA**: Designates A Person To Make Medical Decisions.

- **Durable POA For Finances**: Authorizes Someone To Handle Your Financial Affairs.

- **Organ/Tissue Donor Designation**: Documents Your Decision To Donate Organs Or Tissues Upon Your Death.

- **Domestic Partnership Agreement** (If Applicable): Establishes Legal Rights And Responsibilities For Long-term Partnerships.

- **A Do Not Resuscitate (DNR)**: DNR Order Is An Important Document To Include In Your End-of-life Planning. Also Known As An "Allow Natural Death" Or "No-code" Order, A DNR Communicates Your Preference To Medical Professionals That You Do Not Wish To Receive Life-sustaining Treatment In The Event Of Cardiac Or Respiratory Arrest. It Ensures That Your Wishes Are Respected And Followed By Healthcare Providers.

Important Documents

- **Revocable Living Trust**: A Legal Entity To Manage And Distribute Your Property After Your Death, Avoiding Probate.
- **Beneficiary Designations For Non-Probate Assets**: Designate Beneficiaries For Assets That Transfer Directly To Them, Bypassing Probate.
- **Pet Trust**: Establishes A Trust To Ensure The Care And Well-being Of Your Pets After Your Death.
- **Life Insurance**: Provides Financial Protection For Your Loved Ones After Your Death.
- **End-of-life Housing Arrangements:** Consider Where You'd Prefer To Live During Your Final Days And Communicate Your Wishes To Your Loved Ones.
- **Instructions For Digital Assets**: Keep Track Of Your Digital Accounts, Passwords, And Designate Someone To Manage Them After Your Death.

Master Document List

Documents	Category	Notes	✓

Living Will Worksheet

A Living Will Is A Legal Document That Allows Individuals To Express Their Healthcare Wishes In Advance, Ensuring Their Preferences For Medical Treatment Are Honored Even If They Are Unable To Communicate Them Later.

Declaration Of Intent

Principal I, _____ Residing At

_____,

Declare That I Am Of Sound Mind And Not Under Any Duress, Fraud,

Or Undue Influence. I Voluntarily Make This Living Will.

Instructions For Medical Personnel

I Direct My Attending Physician And Other Medical Personnel To Follow The Instructions Below:

If Two Or More Physicians Who Have Personally Examined Me Determine That I Am In An Incurable Or Irreversible Mental Or Physical Condition With No Reasonable Chance Of Recovery, Please Withhold Or Withdraw Any Treatment That Only Serves To Prolong The Process Of My Dying.

If Two Or More Physicians Who Have Personally Examined Me Determine That I Am In A Curable Or Reversible Mental Or Physical Condition With A Reasonable Chance Of Recovery, Even If It Is Slight, Please Do Not Withhold Or Withdraw Any Treatment That Prolongs The Process Of My Dying.

Living Will Worksheet 2

These Instructions Apply If I Am Unable To Make Decisions And Have Any Of The Following Conditions:

Terminal Condition	End-stage Condition
Persistent Vegetative State	Slight Possibility Of Recovery
Others:	

Additional Instructions

After Discussing With My Physician, I May Provide Specific Instructions Regarding Certain Treatments In The Space Below. I Will Indicate Whether I Want Or Do Not Want Each Treatment In Specific Circumstances.

I Sign This Living Will On The _____ Day Of _____ year_____

Last Will And Testament

A Last Will And Testament Is A Legal Document That Allows Individuals To Specify Their Wishes Regarding The Distribution Of Their Property, Assets, And Belongings After Their Death.

Introduction And Declaration

I, _____, Being Of Sound Mind And Mental Capacity, Declare This Document As My Legal Last Will And Testament. I Hereby Revoke Any Previous Wills, Testaments, And Codicils That Are Not Included Herein. I Appoint The Following Individuals As Executors To Manage My Finances, Properties, Assets, Debts, And Payments, And To Distribute My Items And Assets To My Heirs As Instructed Below:

Appointment Of Executors

Executor	
Relation	
Address	
Phone	

Alternate Executor - If The Executor Listed Above Is Unable Or Unwilling To Serve, Please Contact The Following Individual:

Executor	
Relation	
Address	
Phone	

Executor's Authority And Compensation

The Executor Is Authorized To Distribute My Property And Assets To My Heirs According To This Last Will And Testament. They Have The Authority To Sell, Lease, Mortgage, Donate, Or Dispose Of Any Properties I Own At The Time Of My Death. The Executor Shall Settle All My Debts, Both Personal And Business, Pay All Fees, Fines, And Expenses Related To The Distribution Of My Estate, And Cover Funeral, Administration, Legal, And Medical Fees, As Well As Final Taxes.

The Executor Shall Receive _____% Of My Estate As Their Compensation, To Be Paid From The Value Of My Estate.

Last Will And Testament

Bequests To Heirs

To [heir's Name], My [relationship], I Leave [specific Bequest].

Heir's Name	
Relation	

Bequest

Last Will And Testament

Bequests To Heirs

To [heir's Name], My [relationship], I Leave [specific Bequest].

Heir's Name	
Relation	

Bequest

Last Will And Testament

Bequests To Heirs

To [heir's Name], My [relationship], I Leave [specific Bequest].

Heir's Name	
Relation	

Bequest

Last Will And Testament

Contingency Plan For Unclaimed Remainder

In The Event That Any Of The Aforementioned Beneficiaries Are Deceased At The Time Of Distribution, Or If They Are Unwilling Or Unable To Accept Their Portion Of My Estate, The Unclaimed Remainder Shall Go To The Following Person Or Entity, With Any Special Instructions As Stated Below:

Name	
Relation	

Instructions

Detailed Contacts Info.

Name:	
Date Of Birth:	Place Of Birth:
Home Address:	
Zip Code:	State:
Mobile No:	Home Contact No:
Work Contact:	Email:
Job Title:	Company:
Work Address:	

Spouse Parents Children Siblings Friend

Spouse:	Anniversary:
Childrens:	
Birthdays:	

Notes

END OF LIFE ARRANGEMENTS

LAKE COUNTY
HOUSING AUTHORITY

Funeral Arrangements

Preferred Funeral Home

Funeral Home	
Address	
Contact	

Funeral Expenses

	I Have prepaid Funeral Expenses

Notes

Funeral Policy

Policy #			
Company		Contact	

Funeral Preferences

Religious Affiliation
Songs:
Flowers:
Readings:

End Of Life Worksheet

Full Legal Name	
Date Of Birth	
Preferred Hospital	
Attending Doctor	

Medical Power of Attorney (POA)

	I Would Like To Designate A Medical Power Of Attorney (POA) To Make Healthcare Decisions On My Behalf If I Become Unable To Communicate Or Make Decisions.
Power Of Attorney Name	
Relationship	
Contact	
Address	

Notes

End-of-Life Care Preferences

Preferred Location For End-Of-Life Care	
Individuals I Would Like To Have Present During End-of-life Care And Death	

Notes

Preferences For Life Support

Preferences	✓
In The Event Of No Pulse Or Breathing, I Would Like CPR (Resuscitation) To Be Attempted.	
I Do Not Wish To Have Resuscitation Attempts (DNR) If There Is No Pulse Or Breathing.	

Unless My Quality Of Life Meets The Following Parameters, I Would Like Medical Staff To Use Life-saving Measures, Including Medication, Surgery, Or Life Support	
Persistent Vegetative State Or Coma.	
Full Dependence On Others For Daily Care.	
Severe, Unimproving Pain.	
Inability To Communicate By Any Means.	
Lack Of Recognition Of Anyone.	

I Do Not Want The Following Life-Support Measures (Check All That Apply)	
Feeding Tube	
Intravenous (IV) Fluids	
Breathing Tube	
Antibiotics	
Painkillers	

End Of Life Directives

For Family Member	

Last Will And testament

Location Of Document:	
Executor:	Phone:
Prepared By:	Phone:
Address:	

Trust Agreement

Location Of Document:	
Trustee:	Phone:
Prepared By:	Phone:
Address:	

Health Care Power Of Attorney

Location Of Document:	
Person:	Phone:
Prepared By:	Phone:
Address:	

Financial Power Of Attorney

Location Of Document:	
Person:	Phone:
Prepared By:	Phone:
Address:	

Body Disposal Worksheet 1

Body Disposal Planning Ensures That Your Wishes Regarding Organ Donation, Cremation, Burial, Or Other Methods Of Body Disposition Are Honored. By Making These Decisions In Advance, You Can Alleviate The Burden On Your Loved Ones, And Ensure Your Final Wishes Are Respected.

Name		Date	

Organ Donation

	I Wish To Become An Organ And Tissue Donor
	I Wish To Become An Organ And Tissue Donor, Excluding:
	I Would Like To Donate My Entire Body For Medical Research

Research Facility	
Address	
Phone	

Body Disposal

	Cremation Is My Preferred Method Of Body Disposal
	I Do Not Want Any Alterations Made To My Body
	I Would Like To Be Embalmed
	I Prefer Aquamation (Water Cremation)

Notes

Body Disposal Worksheet 2

Final Resting Checklist

	I Would Like To Be Buried In Casket
	I Would Like To Be Buried In Urn
	I Would Like To Be Buried In Eco-Friendly Container
	I Would Like To Be Buried At Sea.

Cemetery	
Contact	
Address	

	I Would Like My Body Laid To Rest In Crypt
	I Would Like My Body Laid To Rest In Mausoleum

Ashes

	I Would Like My Ashes To Be Scattered.
	I Would Prefer My Loved Ones To Choose The Time And Place Of Scattering.

Specific Parameters For Scattering

	I Would Like My Ashes To Be Displayed.
	I Would Rather Have My Loved Ones Decide On The Container And The Ultimate Placement For The Ashes.

Specific Parameters For Display Of ashes

Final Wishes

Last Wishes	Notes	✓
Eternal Love: I Want My Loved Ones To Know That My Love For Them Is Everlasting.		
Finding Peace: I Desire My Family And Friends To Find Solace And Peace Knowing That I Have Found Tranquility.		
Embracing Joy: I Encourage My Family And Friends To Embrace The Happiness And Good Times We Had Together.		
Harmonious Relationships: I Hope For My Loved Ones To Reconcile With Each Other, Fostering Harmonious And Loving Relationships.		
Seeking Support: I Recommend Seeking Counseling Or Support To Help Cope With Any Lingering Grief Or Sorrow.		
Guilt-free Lives: I Want My Dear Ones To Live Their Lives Free From Any Guilt About My Absence, Embracing Personal Growth And Moving Forward.		
Fond Remembrance: I Want My Family And Friends To Remember Me With Fondness, Celebrating The Joyous Moments We Shared Instead Of Dwelling In Sadness.		
Positive Impact: I Want My Family And Friends To Utilize Any Inheritance Or Gifts I Have Provided Them To Enhance Their Own Lives, Care For Their Families, And Make Positive Contributions To Their Communities		

Final Wishes

Last Wishes	Notes	✓

Final Wishes

In The Following Ways, I Would Like To Be Remembered

Recalling My Presence

In The Following Ways, I Would Like To Be Memorialized

Commemorate Me

Headstone Worksheet

Planning Your Headstone Allows You To Have A Say In How You Will Be Remembered And Leaves A Lasting Mark And Personal Statement That Reflects Your Life, Values, And Legacy. It Is A Thoughtful And Considerate Act That Provides Your Loved Ones With Guidance During A Challenging Times.

Name		Date	

Epitaph

Headstone

Material			
Size		Shape	
Font Style			
Color			
Symbols & Emblems			
I Am Willing To Share My Headstone With -			
Maximum Headstone Cost			

Assets Worksheet

Real Estate

Description	Value	Location	Beneficiary(s)
Family Residence			
Total Real Estate			

Investments

Description	Value	Beneficiary(s)
Savings		
Checking		
Stocks		
Bonds		
Investment Acct.		
Bonds		
Cash		
Total Real Estate		

Assets Worksheet

Motor Vehicles

Vehicle	Year	Mileage	Value	Beneficiary(s)

Total Vehicle Vale	

Jewelry

Description	Value	Serial #	Beneficiary(s)

Total Real Estate	

Assets Worksheet

Others

Description	Value	Beneficiary(s)
.		

Total Other Assets	

Total Assets

Obituary Information

Personal Information

Full Legal Name	
Maiden Name	
Date Of Birth	
Place Of Birth	

Survived By

Spouse:

Children:

Grandchildrens:

Pets:

Achievements

Obituary Content

Message For My Beneficiaries

Items To Donate

	✓

Items To Destroy

	✓

Letter Of Intent

Note To Family Members

Letter Of Gratitude

USERNAMES AND PASSWORDS

LAKE COUNTY
HOUSING AUTHORITY

Log-in For Electronic Devices

Device	
Username	
Password	

Notes

Device	
Username	
Password	

Notes

Device	
Username	
Password	

Notes

Device	
Username	
Password	

Notes

Website Login Information

Website	Username	Password

Retirement Accounts

Account Holder

Account #

Type

Company

Address

City

State

Zip

Phone

Website

Username

Password

Notes

Account Holder

Account #

Type

Company

Address

City

State

Zip

Phone

Website

Username

Password

Notes

Social Media Accounts

Platform	
Username	
Password	

Notes

Platform	
Username	
Password	

Notes

Platform	
Username	
Password	

Notes

Platform	
Username	
Password	

Notes

Security Questions & Answers

Website	Questions	Answers

Home Security Passwords

Device	
Username	
Password	

Notes

Device	
Username	
Password	

Notes

Device	
Username	
Password	

Notes

Device	
Username	
Password	

Notes

USERNAMES AND PASSWORDS

LAKE COUNTY
HOUSING AUTHORITY

Sunday

Schedule	Top Priorities
5:00AM	
6:00AM	
7:00AM	
8:00AM	
9:00AM	
10:00AM	
11:00AM	
12:00PM	
1:00PM	
2:00PM	
3:00PM	
4:00PM	
5:00PM	
6:00PM	
7:00PM	
8:00PM	
9:00PM	

To Do List

Notes:

Monday

Schedule	Top Priorities
5:00AM	
6:00AM	
7:00AM	
8:00AM	
9:00AM	
10:00AM	
11:00AM	
12:00PM	
1:00PM	
2:00PM	
3:00PM	
4:00PM	
5:00PM	
6:00PM	
7:00PM	
8:00PM	
9:00PM	

To Do List

Notes:

Tuesday

Schedule	Top Priorities
5:00AM	
6:00AM	
7:00AM	
8:00AM	
9:00AM	
10:00AM	
11:00AM	
12:00PM	
1:00PM	
2:00PM	
3:00PM	
4:00PM	
5:00PM	
6:00PM	
7:00PM	
8:00PM	
9:00PM	

To Do List

Notes:

Wednesday

Schedule	Top Priorities
5:00AM	
6:00AM	
7:00AM	
8:00AM	
9:00AM	
10:00AM	
11:00AM	
12:00PM	
1:00PM	
2:00PM	
3:00PM	
4:00PM	
5:00PM	
6:00PM	
7:00PM	
8:00PM	
9:00PM	

To Do List

Notes:

Thursday

Schedule	Top Priorities
5:00AM	
6:00AM	
7:00AM	
8:00AM	
9:00AM	
10:00AM	
11:00AM	
12:00PM	
1:00PM	
2:00PM	
3:00PM	
4:00PM	
5:00PM	
6:00PM	
7:00PM	
8:00PM	
9:00PM	

To Do List

Notes:

Friday

Schedule	Top Priorities
5:00AM	
6:00AM	
7:00AM	
8:00AM	
9:00AM	To Do List
10:00AM	
11:00AM	
12:00PM	
1:00PM	
2:00PM	
3:00PM	
4:00PM	Notes:
5:00PM	
6:00PM	
7:00PM	
8:00PM	
9:00PM	

Saturday

Schedule	Top Priorities
5:00AM	
6:00AM	
7:00AM	
8:00AM	
9:00AM	
10:00AM	
11:00AM	
12:00PM	
1:00PM	
2:00PM	
3:00PM	
4:00PM	
5:00PM	
6:00PM	
7:00PM	
8:00PM	
9:00PM	

To Do List

Notes:

Important Dates

Date	Description	Notes	✓

Other Things To Do

Description	Goal Date	✓

ESTATE PLANNING DOCUMENTS

FOR ASSETS

NON REVOCABLE TRUST

Takes effect immediately after it's signed

Skips Probate Court

Cannot be modified

The assets won't be part of the grantor's estate, give up full control.

Might be done to protect assets from creditors or to reduce estate taxes

Involves expensive fees

REVOCABLE (LIVING) TRUS

Becomest Irrevocable after death

Takes effect wile you are alive

Skips Pobate Court

Modifiable but harder to change that a Will

Does not involve guardianship

Assets transfer Inmediately

Stays private

Can involve espensive fees

WILL

Takes effect at death

Goes through probate court

Easier to change than a trust

Names guardianship of children

It might take time to transfer assets

Becomes public

Affordable

DURABLE POWER OF ATTORNEY (DPOA)

Stays in effect while alive and even if the individual is deemed incapacitated

If a Trust co-exists, the agent only controls the assets not included in the trust.

A DPOA needs to be very specific, and if stated, the agent can file taxes, legal claims, gift property on behalf of the individual and create additional trusts.

Affordable

OTHER POWERS OF ATTORNEY

All of these POAs are valid only if the principal is alive and in his full cognitive faculties.

LIMITED: Only for specific task.

GENERAL: Agent will represent the principal across all activities

SPRINGING: Is not effective immediately, but only spring into action when a stipulated event occurs

ILLINOIS LAW ALLOWS YOU TO MAKE FOUR TYPES OF HEALTH ADVANCE DIRECTIVES

01.

HEALTH CARE POWER OF ATTORNEY

A health care directive allows you to designate someone to make health care decisions on your behalf if you become unable to do so, clearly outlining your wishes.

02.

LIVING WILL

This applies only if the individual has a terminal condition. If the designated agent in the POA is unavailable, physicians follow the patient's refusal of treatment that merely prolongs the dying process.

03.

MENTAL HEALTH TREATMENT PREFERENCE DECLARATION

To document the individual's preferences for future mental health treatment, including which treatments he would want or not want to receive under certain circumstances as specific medication, electroconvulsive therapy, and hospitalization

04.

PRACTITIONER ORDER FOR LIFE-SUSTAINING TREATMENT (POLST)

It is a medical directive that records a patient's preferences regarding end-of-life care, including treatments such as CPR, DNI, AND, and DNR. To be valid, it requires the signature of the attending physician.

CPR

HIERARCHY OF SURROGATE

01

GUARDIAN OF THE PERSON

02

LEGAL SPOUCE

03

ANY ADULT CHILD(REN)

04

EITHER PARENT

05

ANY ADULT SIBLING

If you're unable to make healthcare decisions, and no healthcare directive is available, a health care surrogate can be appointed for you. In Illinois, two doctors must certify your inability to make those decisions before a surrogate is chosen.

Having a clear directive ensures that your care needs are met even when you cannot communicate on your own behalf. It also simplifies the process for your designated decision-maker, easing their responsibilities and providing everyone involved with peace of mind!

What to include in a HEALTHCARE ADVANCED DIRECTIVE

DNR
Do-Not-Resuscitate

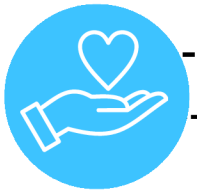
If the heart stops breathing, no CPR is performed

DNI
Do-Not-Intubate

No breathing tube will be inserted; CPR is permitted unless specified otherwise.

AND
Allow-Natural-Death

Not interfering with the natural dying process, only comfort measures to control pain.



Organ donation

Are you considering the option of donating your organs? If so, are there any exceptions you'd like to discuss?

Lengthy Life vs. Comfortable Life

Determine if you place more importance on living a long life or on enjoying a comfortable, high-quality life. Reflect on what your perfect balance between the two would be.

These conversations may be challenging, but it's crucial to be as specific as possible to ensure that your decision-maker makes choices that truly honor your wishes.

BENEFITS OF FUNERAL PLANNING

The typical funeral cost amounts to $9,000. By understanding your rights, you may be able to reduce expenses and ease the burden of difficult decisions for your loved ones during a challenging time.

PROVIDE COMFORT TO YOUR FAMILY

Without a plan, your family may struggle with tough decisions during grief. A clear plan ensures they can honor your wishes, providing reassurance.

MAKE DECISIONS WITH YOUR LOVE ONES

You can agree on important questions, such as whether you prefer a religious or secular service, ensuring your loved ones understand what matters to you.

COVER YOUR FAMILY FINANCIALLY

Make a plan to cover the cost of the funeral. Lock in lower rates by pre-paying for some or all the expenses. Consider a funeral trust or insurance

CHOOSE THE DETAILS

Assign roles to family members and plan meaningful aspects of your gathering, such as the location, music, and readings.

CONFIDENCE OF PROTECTING YOUR FAMILY

Take charge of your financial matters, allowing your family to concentrate on providing support for one another.