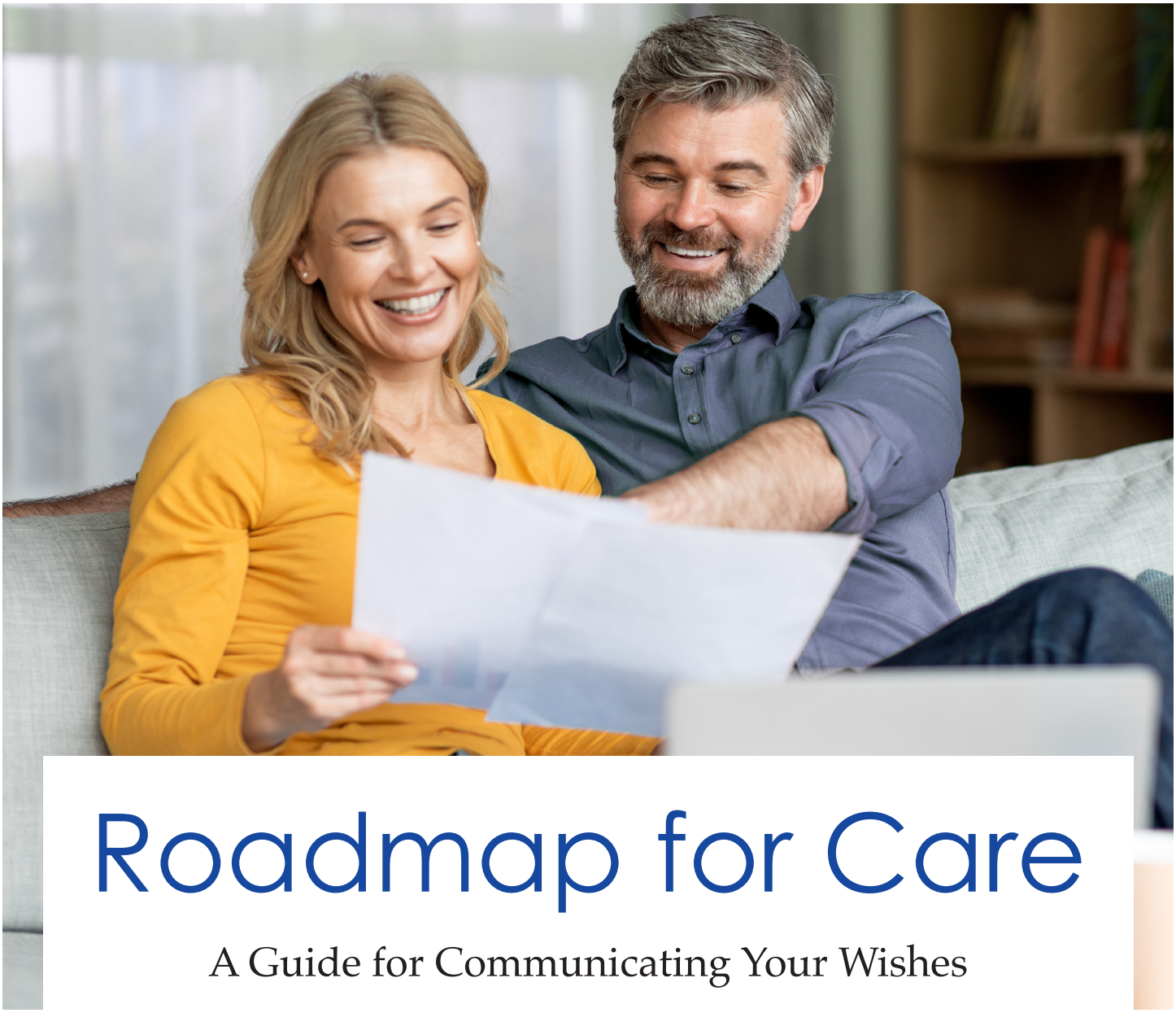


# Roadmap for Care

## A Guide for Communicating Your Wishes

Name: _____ Date: _____

*While it may be difficult to consider a day when you're not in charge of your choices, it's extremely important for those you love. Take the time to fill out this packet of information to help your loved ones at a time when they truly need it most.*

**Questions? Contact your advisor!**

## Personal Information

Name: _____ Date of Birth: _____

Email: _____ Phone: _____

Spouse's Name: _____ Spouse's Date of Birth: _____

Spouse's Email: _____ Spouse's Phone: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

## Children

Name: _____ Date of Birth: _____

Email: _____ Phone: _____

Name: _____ Date of Birth: _____

Email: _____ Phone: _____

Name: _____ Date of Birth: _____

Email: _____ Phone: _____

Name: _____ Date of Birth: _____

Email: _____ Phone: _____

Name: _____ Date of Birth: _____

Email: _____ Phone: _____

## In case of emergency, notify these additional people:

Name: _____ Relationship: _____

Address: _____ Phone: _____

_____

Name: _____ Relationship: _____

Address: _____ Phone: _____

_____

Name: _____ Relationship: _____

Address: _____ Phone: _____

_____

# Care Choices

If something should happen to you (or your spouse) and you need care, what do you want that care to look like?

Have you earmarked what assets/accounts you will liquidate if you need care?

Are you planning to continue living in your state of residence? Full-time or part-time?

Would you like to stay in your current home? ☐ Yes ☐ No

If yes, would your home need modifications (e.g., move bedroom to main floor, larger bathroom, move laundry)?

If no, have you thought about where you would like to go?

Do you have children? ☐ Yes ☐ No Do they live nearby? ☐ Yes ☐ No

If no, where do they live?

How would you want them involved in your care?

Are they aware of your wishes? ☐ Yes ☐ No

**If no, be sure to plan a time to discuss this packet with them.**

Are there any assets or inheritances you will receive? _____

_____

Do you own any other properties (in part or fully) other than your residence? ☐ Yes ☐ No

If yes, are you prepared to liquidate them if care is needed? ☐ Yes ☐ No

Would an extra expense of $6,000-$10,000 per month affect your current lifestyle? ☐ Yes ☐ No

Would it affect the performance of your investments? How? _____

_____

_____

## Important Business & Personal Contacts to Be Notified

Supervisor: _____

Company: _____ Phone: _____

Physician: _____

Company: _____

Email: _____ Phone: _____

Estate Planning Attorney: _____

Company: _____

Email: _____ Phone: _____

Business Attorney: _____

Company: _____

Email: _____ Phone: _____

Wealth Advisor: _____

Company: _____

Email: _____ Phone: _____

Accountant: _____

Company: _____

Email: _____ Phone: _____

# Personal Financial Information

| Banking Institution | Type of Account | Value | Account Number | Is Account Joint? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Investment Institution | Type of Account | Value | Account Number | Is Account Joint? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Retirement Account Institution | Type of Account | Value | Account Number |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Credit Card Number | Account Number | Balance |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| OTHER ASSETS | | |
|---|---|---|
| **Description** | **Value** | **Loan Amount** |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| OTHER LIABILITIES | | |
|---|---|---|
| **Description** | **Bank/Institution** | **Balance** |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Do you have a safety deposit box? ☐ Yes ☐ No

If yes, where is it located? _____

Do you have a safe? ☐ Yes ☐ No

If yes, where is it located? _____ Code? _____

## Final Wishes

Church: _____ Religion: _____

Funeral Home: _____ Clergy: _____

Do you have a pre-paid burial plan? ☐ Yes ☐ No Value? _____

Select your desired preparation: ☐ Internment ☐ Entombment ☐ Cremation

Funeral Services Location: _____

Cemetery: _____ Lot Purchased: _____

I would like the following persons to act as pallbearers:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Do you want an obituary published? ☐ Yes ☐ No

If yes, what would you like it to say? _____

_____

_____

_____

If cremated, what would you like done with your ashes? _____

_____

_____

Music Selections: _____

_____

Special Requests For Service: _____

_____

_____

## Will Information

Last Will Date: _____ Executor: _____

Do you have a living will? ☐ Yes ☐ No If yes, location? _____

Do you have an irrevocable trust? ☐ Yes ☐ No

Trustee: _____ Location: _____

Do you have a revocable trust? ☐ Yes ☐ No

Trustee: _____ Location: _____

Do you have a healthcare directive? ☐ Yes ☐ No Durable Power of Attorney? ☐ Yes ☐ No

Name: _____

**Organ Donation**

- ☐ Organ donation is noted on my driver's license.
- ☐ I DO NOT want any of my organs donated.
- ☐ I would like to donate any organs needed for transplant.
- ☐ I would like to donate my body for research.
- ☐ I would like to donate only the following organs for transplant/research (list below):

_____

_____

Is there a certain cause to which you wish your heirs will donate throughout their lifetimes? _____

_____

_____

Are there any particular assets you hope to keep in the family for future generations? _____

_____

_____

What qualities of yours do you hope become family values? _____

_____

_____

What is your idea of "legacy" and what do you want yours to be? _____

_____

_____

_____

_____

_____

_____

The Krause Agency has generated these materials for informational purposes only. The Krause Agency does not provide legal advice. The Krause Agency does not endorse or adopt any representations made by agents in conjunction with their use of these materials or any changes, modifications, or customizations such agents may make to these materials.