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# Immediate Help

## 1. Do I Have the Personal Information of the Person who Passed?

Record applicable information about the person who passed for easy reference when filling out any necessary forms:

### PERSONAL INFORMATION

Name of Person Filling Out Form: \_\_\_\_\_

Date and Time of Drafting Form: \_\_\_\_\_

Name of Person who Died: \_\_\_\_\_

Date and Time of Death: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Service in the US Armed Forces, if applicable: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Spouse's Name / Maiden Name: \_\_\_\_\_

Occupation and Type of Business: \_\_\_\_\_

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

How Long He/She Resided in this County: \_\_\_\_\_

Names of Parents: Father's Name and Mother's Maiden Name: \_\_\_\_\_  
\_\_\_\_\_

Birth State and County of Father and Mother: \_\_\_\_\_  
\_\_\_\_\_

Level of Education: \_\_\_\_\_

Preferred Form of Disposition (if known): \_\_\_\_\_

## Immediate Help (continued)

Place of Burial or Disposition: \_\_\_\_\_

Name, Address, and Phone Number of Certifying Physician: \_\_\_\_\_

Name, Address, and Phone Number of Person with Right to Control Disposition: \_\_\_\_\_

*Note: Not all of the above information may be applicable to someone who has just passed; some will only be necessary if you are taking care of the death certificate yourself. However, you may find it useful to have all of the person's information in one place for reference throughout the process of after-death arrangements.*

## 2. Who Will Make the Decisions?

Is there a Power of Attorney for Health Care?  Yes  No

**Name of Power of Attorney for Health Care:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

If there is not, list the Surviving Spouse and/or Legal Next of Kin:

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_

*Note: If same-sex partners have not set up Power of Attorney for Health Care for each other, or are not state-registered domestic partners, then the next of kin of the person who died will have the legal right to make decisions, not the partner.*

Immediate Help (continued)

### 3. What Important Documents Do I Need?

Check off the following documents as you locate them:

- Last Will and Testament
- Prepaid Disposition Plan
- Organ/Body Donor Registration Info

Check off the following documents as you or someone else completes them:

- Death Certificate
- Prepaid Disposition Plan
- Burial Transit Permit

Is there a prepaid disposition plan (a contract for a burial plot, cremation, disposition products, or services of a funeral provider)?  Yes  No

Is there a chosen services provider or funeral director?  Yes  No

**Name of Services Provider or Funeral Director:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

Have any of these disposition products been prepaid for:

- Burial Site
- Casket
- Urn
- Other (list): \_\_\_\_\_

Is there a Payable on Death Account or Totten Trust?  Yes  No

Is there a funeral or burial insurance policy?  Yes  No

Name of insurance policy provider : \_\_\_\_\_

Policy Number: \_\_\_\_\_

## Immediate Help (continued)

List any additional disposition instructions that the person left behind: \_\_\_\_\_

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### COMPLETING THE DEATH CERTIFICATE

A funeral service provider will typically fill out the death certificate. Refer to the Personal Information portion of the checklist for help in filling it out if you have taken on this responsibility.

## 4. Which Family and Friends Do I Need to Contact?

Who needs to be notified immediately? If there is somebody who can help you in making some or all of the phone calls or after-death arrangements and preparations, put a note by their name.

Family to Notify (Spouse, Children, Parents, Siblings, Grandparents, etc.):

- 1) Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Can Assist?: \_\_\_\_
- 2) Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Can Assist?: \_\_\_\_
- 3) Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Can Assist?: \_\_\_\_
- 4) Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Can Assist?: \_\_\_\_
- 5) Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Can Assist?: \_\_\_\_

Friends and/or Co-Workers to Notify:

- 1) Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Can Assist?: \_\_\_\_
- 2) Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Can Assist?: \_\_\_\_
- 3) Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Can Assist?: \_\_\_\_
- 4) Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Can Assist?: \_\_\_\_
- 5) Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Can Assist?: \_\_\_\_

## Immediate Help (continued)

Others to Notify or to Ask for Assistance:

- 1) Caregiver: \_\_\_\_\_ Contact: \_\_\_\_\_ Can Assist?: \_\_\_\_
- 2) Hospice Worker: \_\_\_\_\_ Contact: \_\_\_\_\_ Can Assist?: \_\_\_\_
- 3) Other(s): \_\_\_\_\_ Contact: \_\_\_\_\_ Can Assist?: \_\_\_\_

### **5. Are There Dependents That Need Immediate Consideration?**

Is there somebody who can help you attend to those who need immediate assistance?

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

List any dependents including children, a spouse, or elderly or disabled dependents.

- 1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact Information: \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact Information: \_\_\_\_\_
- 3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact Information: \_\_\_\_\_
- 4) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact Information: \_\_\_\_\_
- 5) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact Information: \_\_\_\_\_

Do any of the dependents need temporary care or day care until permanent arrangements are made?  Yes  No

List needs: \_\_\_\_\_  
\_\_\_\_\_

## Immediate Help (continued)

List any pets that need care:

- 1) Name: \_\_\_\_\_ Type: \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Type: \_\_\_\_\_
- 3) Name: \_\_\_\_\_ Type: \_\_\_\_\_
- 4) Name: \_\_\_\_\_ Type: \_\_\_\_\_
- 5) Name: \_\_\_\_\_ Type: \_\_\_\_\_

List any special considerations: \_\_\_\_\_  
\_\_\_\_\_

## 6. Which Authorities Do I Need to Contact?

### IF THE PERSON PASSED IN AN ASSISTED LIVING HOME, STATE FACILITY, OR HOSPICE

You will likely have to make arrangements to move the person who passed from the facilities within a day, as most assisted living communities do not have a morgue or storage facility.

- Call a local funeral service provider

### IF THE PERSON PASSED AT HOME, WITH OR WITHOUT HOSPICE

- Call a local funeral service provider
- If you would like natural death care, call a home funeral consultant

## 7. What About DNA Sampling?

Did the person want a DNA sample recorded?  Yes  No  Don't Know

If unknown, do you wish to have a DNA sample recorded?  Yes  No

- Select DNA sampling provider



## Immediate Help (continued)

- Receive instructions on how to obtain and preserve a DNA sample (record below):

**Name of DNA sampling company:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

Record special instructions for obtaining and preserving a DNA sample: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 8. What About Organ Donation?

Did the person leave wishes for organ donation?  Yes  No  Don't Know

Did the person prearrange to donate specific organs for research or to a chosen organization?

Yes  No

**Name of Organization:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

Notify organization/facility

If the person's wishes are unknown, check all of the following places for donor information:

- Driver's License
- Family Member
- Physician
- Organ Donor Consultant at Hospital
- Living Will
- Advance Directives

If the person did not specify wishes regarding donation, do I wish to make the decision to donate?  Yes  No

## Immediate Help (continued)

**Name of Donor Organization or Facility:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

Did the person specify what he or she wanted to donate; or, if not, do you have a preference as to what to donate? (Check all that apply.)

Whole body to science

### **ORGANS**

Heart

Kidneys

Liver

Lungs

Pancreas

Pancreas for islet cells

Small intestine

### **OTHER**

Bones

Eyes / Corneas

Heart valves

Pericardium

Soft tissue (such as ligaments, tendons, blood vessels)

Skin grafts

Vertebral bodies

## **9. How Do I Transport the Person's Body or Cremated Ashes?**

I am transporting:

## Immediate Help (continued)

Body

Cremated Ashes

I am transporting:

Between states

From outside the U.S.

### **TRANSPORTING CREMATED ASHES BETWEEN STATES**

Do you want to mail through the U.S. Postal Service?  Yes  No

Do you want to ship through an airline cargo service?  Yes  No

**Name of Airline:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

Do you want to carry the ashes with you on a flight?  Yes  No

Container I Will Use : \_\_\_\_\_

Do you want to transport via car or van?  Yes  No

Check state and local laws

Obtain Burial Transit Permit (if applicable)

### **TRANSPORTING BODY BETWEEN STATES**

Do you want to work through your funeral director or service provider?  Yes  No

Do you want to ship through an airline cargo service?  Yes  No

**Name of Airline:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

Do you want to transport via car or van?  Yes  No

Check state and local laws

Arrange embalming in state of origin (if applicable)

Obtain Burial Transit Permit (if applicable)

Immediate Help (continued)

**TRANSPORTING FROM OUTSIDE THE UNITED STATES**

Notify U.S. embassy or consular official in country of death

Special disposition considerations in country of death: \_\_\_\_\_  
\_\_\_\_\_

Would you like to have the person cremated in the country of death?  Yes  No

Cost: \_\_\_\_\_

Contact U.S. Department of State or U.S. consular officer for proper documentation

If possible, would you like to have the body shipped back to the U.S.?  Yes  No

Contact U.S. Department of State or U.S. consular officer for proper documentation

Arrange with funeral director or service provider in U.S. to pick up body at airport

**10. How Do I Place an Announcement or Obituary?**

Do you want to place an announcement?  Yes  No

Which type(s) of announcement?

Print Obituary

Online Obituary

Letter

Email

If online or print obituary, what service or publication do you want to use?: \_\_\_\_\_  
\_\_\_\_\_

Contact information: \_\_\_\_\_

Is there someone who can help you prepare an announcement or obituary?  Yes  No

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

## Immediate Help (continued)

### **ANNOUNCEMENT OR OBITUARY CHECKLIST**

- Select Photos or Images
- Purchase necessary cards or supplies
- Compile an email or address list

Write notes or draft your announcement or obituary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **11. Am I Taking Care of Myself?**

Are you feeling physically, emotionally, and/or mentally exhausted?  Yes  No

It is not uncommon for family or friends who act as caregivers to experience adverse health effects during or after a prolonged period of caring for a terminally ill patient.

Were you a caregiver for your loved one before he or she passed?  Yes  No

Is it possible you are suffering from caregiver burnout?  Yes  No

Are you taking the time to look after yourself?  Yes  No

Are you taking the time to grieve as a family?  Yes  No

*Note: See the Healing Process section of the checklist for more assistance with grief and healing.*

## 12. What Is Natural Death Care?

Do you want to keep the person at home for more time?  Yes  No

Do you want to have a home funeral?  Yes  No

Hire a home funeral consultant

**Name of Home Funeral Consultant:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

List any family and friends who can assist with natural death care:

1) Name: \_\_\_\_\_ Contact: \_\_\_\_\_

2) Name: \_\_\_\_\_ Contact: \_\_\_\_\_

3) Name: \_\_\_\_\_ Contact: \_\_\_\_\_

# Choosing Disposition

## 1. Protecting Your Consumer Rights

Here are a few things to keep in mind as you are shopping for disposition services. Check off those that apply:

### SECURING DISPOSITION

- Request a General Price List from your service provider. Remember, they cannot bundle items into “packages” without also listing their individual prices.
- You are only required to pay a basic services fee to your service provider in addition to any goods and services you have specifically requested.
- Contact the Funeral Consumers Alliance at (802) 865-8300 if you need assistance when purchasing disposition.

## 2. Choosing Cremation

- I would like Cremation
- I would like Direct Cremation

### PREFERRED SERVICE PROVIDERS

- Funeral Home \_\_\_\_\_
- Cremation Retailer \_\_\_\_\_
- Crematorium \_\_\_\_\_
- Funeral Home and Crematorium \_\_\_\_\_
- Funeral Home, Crematorium and Cemetery \_\_\_\_\_

### LIST POTENTIAL SERVICE PROVIDERS AND PRICING

- 1) Service Provider: \_\_\_\_\_ Item: \_\_\_\_\_ Price: \_\_\_\_\_
- 2) Service Provider: \_\_\_\_\_ Item: \_\_\_\_\_ Price: \_\_\_\_\_
- 3) Service Provider: \_\_\_\_\_ Item: \_\_\_\_\_ Price: \_\_\_\_\_
- 4) Service Provider: \_\_\_\_\_ Item: \_\_\_\_\_ Price: \_\_\_\_\_

## Choosing Disposition (continued)

5 ) Service Provider: \_\_\_\_\_ Item: \_\_\_\_\_ Price: \_\_\_\_\_

*Note: Items include any and all funeral and disposition services, including direct cremation, transporting remains, etc.*

### I WOULD LIKE THE FOLLOWING CREMATION PRODUCTS

- Shroud             Cardboard Box             Casket  
 Urn                 Keepsake Urn(s) - Quantity: \_\_\_\_\_

### DOCUMENTATION

Do you have all the proper documentation? (check all that apply)

- Disposition Permit     Burial Transit Permit     Cremation Permit  
 Declaration for Disposition of Cremated Remains

### OPTIONS FOR CREMATION ASHES

- I would like to hire a scattering service  
Scattering service provider: \_\_\_\_\_  
 Internment at a columbarium  
Address: \_\_\_\_\_  
 Any additional options: \_\_\_\_\_

### WITNESSING THE CREMATION

- I would like to witness the cremation  
Number of family members or friends allowed to attend: \_\_\_\_\_  
 If allowed, I would like to witness the full duration of the cremation  
 If allowed, I would like to provide refreshments for guests  
 I would like to offer a keepsake urn to each guest

## 3. Choosing Natural Burial



## Choosing Disposition (continued)

I would like Natural Burial

1) Service Provider: \_\_\_\_\_ Item: \_\_\_\_\_ Price: \_\_\_\_\_

2) Service Provider: \_\_\_\_\_ Item: \_\_\_\_\_ Price: \_\_\_\_\_

3) Service Provider: \_\_\_\_\_ Item: \_\_\_\_\_ Price: \_\_\_\_\_

If legal, I would like a Natural Burial on private property.

Special Considerations: \_\_\_\_\_

*Note: Items include any and all funeral and disposition services, including opening and closing a grave, graveside services, etc.*

### **I WOULD LIKE THE FOLLOWING NATURAL BURIAL PRODUCTS**

Shroud       Cardboard Box

Green Casket    Type of material: \_\_\_\_\_

## **4. Other Forms of Disposition**

I would like a Burial at Sea

1) Service Provider: \_\_\_\_\_ Item: \_\_\_\_\_ Price: \_\_\_\_\_

2) Service Provider: \_\_\_\_\_ Item: \_\_\_\_\_ Price: \_\_\_\_\_

I would like Cryonics

1) Service Provider: \_\_\_\_\_ Item: \_\_\_\_\_ Price: \_\_\_\_\_

2) Service Provider: \_\_\_\_\_ Item: \_\_\_\_\_ Price: \_\_\_\_\_

I would like Alkaline Hydrolysis

Service Provider: \_\_\_\_\_ Item: \_\_\_\_\_ Price: \_\_\_\_\_

# Settling the Estate

## 1. Initial Tasks

Here are a few of the outstanding tasks to consider as you are settling the estate. Check off those that apply:

### TRUSTEE

Has the trustee or executor been determined?  Yes  No

If yes, list them here: \_\_\_\_\_

### TASKS TO CONSIDER

Collect the mail

Pay the bills

Secure tangible property

Lock residence

Do any locks need to be changed?  Yes  No

If yes, which ones?: \_\_\_\_\_

Lock vehicle(s)

Notify credit card companies

Notify credit reporting agencies

Notify employer

Arrange for final paychecks

Notify Social Security

Notify Veterans Affairs Administration

Are there any debts that need to be settled?  Yes  No

If yes, list them here: \_\_\_\_\_

Are there benefits that need to be collected?  Yes  No

If yes, list them here: \_\_\_\_\_

Settling the Estate (continued)

## 2. Administering and Distributing Assets

Do you want to hire an attorney to help in this process?  Yes  No

**Name of Attorney:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

Was there a revocable living trust?  Yes  No

If not, the property may be subject to probate.

Was there a will?  Yes  No

If not, who under state law will inherit the property? \_\_\_\_\_

Does your loved one's estate qualify as a small estate?  Yes  No

If yes, complete paperwork to transfer property to beneficiaries

Did you own joint property with the person who passed?  Yes  No

If yes, complete paperwork to remove person's name from property's title

Was there a pay-on-death account or Totten Trust?  Yes  No

If yes, notify banks where POD accounts are held and provide copies of death certificate

Was there a life insurance policy and/or retirement plan?  Yes  No

If yes, notify institutions holding policies and/or retirement plan of person's death

## 3. Minors and Dependent Adults

Did the person leave behind minor children?  Yes  No

Does the will nominate a guardian?  Yes  No

Has the Court approved of the nominated guardian?  Yes  No

Name of guardian: \_\_\_\_\_

Was property left to the minor children?  Yes  No

## Settling the Estate (continued)

If yes, name of trustee: \_\_\_\_\_

If no trustee, name Court-approved guardian of the estate: \_\_\_\_\_

Did the person leave behind dependent adults?  Yes  No

If yes, do the dependent adults have durable power of attorney?  Yes  No

Do the dependent adults have a living trust?  Yes  No

If yes, name of trustee: \_\_\_\_\_

If no, name of Court-approved conservator: \_\_\_\_\_

## 4. Tax Considerations

Do estate taxes need to be filed?  Yes  No

Appraise real estate property

Value of person's total estate: \_\_\_\_\_

Is it subject to a federal estate tax?  Yes  No

Is it subject to a state estate tax?  Yes  No

Pay federal estate tax

Pay state tax

File income tax

Obtain Tax ID number

If you are selling inherited property: is it subject to capital gains tax?  Yes  No

Pay capital gains tax

## 5. Insurance

### HOMEOWNERS AND RENTERS INSURANCE

## Settling the Estate (continued)

Does property in the Estate or Trust have homeowners or renters insurance?

Yes  No

Notify insurance company of death in writing

Request that Estate be added to the policy as "named insured"

### **AUTOMOBILE INSURANCE**

Do you want to maintain the automobile insurance?  Yes  No

Notify insurance company of death in writing

If the vehicle will be idle or sold, do you want to cancel the automobile insurance?

Yes  No

If yes, register the vehicle for "planned non-operation" with the DMV

### **HEALTH INSURANCE**

Are the surviving spouse and/or dependents eligible for continued coverage?

Yes  No

Contact insurance company

## **6. Assets of the Estate**

### **PERSONAL RESIDENCE**

Did the person rent his or her home?  Yes  No

Terminate lease

Vacate premises

Place tangible property in storage

Did the person own his or her home?  Yes  No

Person to whom the home was bequeathed: \_\_\_\_\_

## Settling the Estate (continued)

If the home has not been bequeathed, are there beneficiaries interested in taking ownership of the property?  Yes  No

Names of beneficiaries : \_\_\_\_\_

Do you want to sell the property?  Yes  No

If yes, title search completed

If the residence is underwater, you will need to pursue one of the following:

Foreclosure

Deed in lieu of foreclosure

Short sale

Do you want to hire an Attorney or Realtor?  Yes  No

**If yes, name of Realtor:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

Were surviving spouse, minor children or other family members residing with the person at time of death?  Yes  No

Based on your state law, are they allowed to remain in the residence?  Yes  No

If yes, for how long?: \_\_\_\_\_

### **OTHER REAL ESTATE**

Address(es) of other real estate:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Are there tenants on the person's properties?  Yes  No

Locate lease agreement(s)

Arrange for rent to be sent to Executor/Trustee

## Settling the Estate (continued)

Did the person hire a property management company?  Yes  No

Request property management agreement

Do you want to sell the property?  Yes  No

Arrange for removal of tenants, if applicable

### **BANK ACCOUNTS**

Retitle bank accounts to Estate

### **BUSINESS INTERESTS**

Did the person own a small business?  Yes  No

Will you arrange for its continued operation?  Yes  No

Locate instructions for business in Will or Trust

Contact co-owners or senior staff

Will you close, sell, or liquidate the business?  Yes  No

Have the business valued by appraiser

### **TANGIBLE PROPERTY**

Identify items specifically bequeathed

Secure bequeathed items prior to distribution

Appraise valuable items

Divide remaining tangible property

Do you want to have an estate sale?  Yes  No

Do you want to hire a company to hold the estate sale?  Yes  No

**Name of Estate Sale company:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

Divide net proceeds from estate sale to beneficiaries

Do you want to make donations of tangible property items?  Yes  No

## Settling the Estate (continued)

List places you can donate the following items, if applicable:

- 1) CDs and DVDs: \_\_\_\_\_
- 2) Computers and electronics: \_\_\_\_\_
- 3) CDs and DVDs: \_\_\_\_\_
- 4) Children's toys and books: \_\_\_\_\_
- 5) Art supplies: \_\_\_\_\_
- 6) Furniture: \_\_\_\_\_
- 7) Housewares: \_\_\_\_\_
- 8) Clothing: \_\_\_\_\_
- 9) Vehicles: \_\_\_\_\_
- 10) Other: \_\_\_\_\_

### **LEFTOVER MEDICATIONS**

Are there leftover medications you need to dispose of?  Yes  No

Take-back center near me: \_\_\_\_\_

Do you want to donate leftover medications?  Yes  No

**Name of organization to donate to:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

### **ASSET SEARCH SERVICES**

Do you believe that other unidentified property exists?  Yes  No

Hire asset search service

**Name of asset search service:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

Search state databases



Settling the Estate (continued)

## 7. Digital Death

Did the person make arrangements, either in their will or through an online service, for their online accounts?  Yes  No

Check for accounts using online service

**Name of online service:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

Contact email providers

Contact Facebook

## Remembrance Event

### 1. Seeking Assistance in Planning

List friends and family members who can assist in planning the remembrance event:

1) Name: \_\_\_\_\_ Contact: \_\_\_\_\_

How they will help: \_\_\_\_\_

2) Name: \_\_\_\_\_ Contact: \_\_\_\_\_

How they will help: \_\_\_\_\_

3) Name: \_\_\_\_\_ Contact: \_\_\_\_\_

How they will help: \_\_\_\_\_

4) Name: \_\_\_\_\_ Contact: \_\_\_\_\_

How they will help: \_\_\_\_\_

5) Name: \_\_\_\_\_ Contact: \_\_\_\_\_

How they will help: \_\_\_\_\_

6) Name: \_\_\_\_\_ Contact: \_\_\_\_\_

How they will help: \_\_\_\_\_

Do you want to hire an event planner? [ ] Yes [ ] No

**Name of event planner:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

### BUDGET

Do you have an event budget? [ ] Yes [ ] No

Fill out any cost estimates that apply:

Event Planner Cost: \_\_\_\_\_

Venue Cost: \_\_\_\_\_

Food Cost: \_\_\_\_\_

Activities Cost: \_\_\_\_\_

## Remembrance Event (continued)

Decorations Cost: \_\_\_\_\_

Invitations Cost: \_\_\_\_\_

Celebrant/Officiant Cost: \_\_\_\_\_

Home Funeral Consultant Cost: \_\_\_\_\_

Keepsakes or Memento Cost: \_\_\_\_\_

Scattering Cost: \_\_\_\_\_

Graveside Service Cost: \_\_\_\_\_

Transportation Cost: \_\_\_\_\_

Additional Costs: \_\_\_\_\_

**Total Event Costs:** \_\_\_\_\_

## 2. Types of Services and Remembrance Events

**TYPE OF EVENT(S) I WISH TO HAVE:** (check all that apply)

Memorial Service or Life Celebration

Describe what type of memorial service or life celebration you would like: \_\_\_\_\_

\_\_\_\_\_

Ash Scattering

Where do you want to scatter the ashes?: \_\_\_\_\_

What kind of vessel(s) do you want to scatter from?: \_\_\_\_\_

List who you would like to scatter the ashes:

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

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

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

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

## Remembrance Event (continued)

If you have opted for a scattering service: list the name of the company, where you wish them to scatter, and if you would like to hold a ceremony in tandem with the scattering: \_\_\_\_\_  
\_\_\_\_\_

### Home Funeral

Do you want to hire a home funeral consultant?  Yes  No

**Name of home funeral consultant:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

List the space where you would like to keep the person who passed: \_\_\_\_\_  
\_\_\_\_\_

List what clothes that you would like to dress them in: \_\_\_\_\_  
\_\_\_\_\_

List any personal items, fabrics, or accessories that you would like to lay with the person: \_\_\_\_\_  
\_\_\_\_\_

### Graveside Service

Where do you plan on burying the person?: \_\_\_\_\_

Have you purchased a shroud, casket, or simple container?  Yes  No

If not, what would you like to purchase?: \_\_\_\_\_

List the names of people who may act as pallbearers:

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

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

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

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

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

## Remembrance Event (continued)

Wake

Location of the wake: \_\_\_\_\_

Are there any special considerations?: \_\_\_\_\_

Other type of event (specify): \_\_\_\_\_

\_\_\_\_\_

### 3. Memorial Donations

Do you want to ask guests to make a memorial donation?  Yes  No

If yes, what cause(s) would you like to request they donate to?: \_\_\_\_\_

\_\_\_\_\_

### 4. Event Invitations

Create a list of guests to invite along with their email and/or mailing addresses

#### INFORMATION TO INCLUDE ON THE INVITATIONS

Name of person who passed: \_\_\_\_\_

Date, time, and place of death: \_\_\_\_\_

Date, time, and location of ceremony: \_\_\_\_\_

Type of ceremony: \_\_\_\_\_

Gift or item I wish for guests to bring: \_\_\_\_\_

Food and refreshments (if applicable): \_\_\_\_\_

Reasons for the ceremony (if applicable): \_\_\_\_\_

RSVP phone number or email address: \_\_\_\_\_

Request for flowers and/or charity donations: \_\_\_\_\_

Photo, illustration, poem, quote, lyric, etc.: \_\_\_\_\_

## Remembrance Event (continued)

### INVITATIONS CHECKLIST

Do you want to mail physical invitations?  Yes  No

Company to purchase from: \_\_\_\_\_

Invitations purchased / Quantity: \_\_\_\_\_

Postage stamps purchased / Quantity: \_\_\_\_\_

Do you want to email online invitations?  Yes  No

Company / Website to purchase from: \_\_\_\_\_

Invitations purchased / Quantity: \_\_\_\_\_

## 5. Location Options and Considerations

List the possible locations for your event: \_\_\_\_\_

\_\_\_\_\_

Does your desired location require a reservation?  Yes  No

Reservation made (if applicable)

How many people do you expect to attend?: \_\_\_\_\_

List any religion or spiritual themes that are important to you: \_\_\_\_\_

\_\_\_\_\_

Do you need to hire a car or transportation service?  Yes  No

**Name of transportation service:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

Is your chosen location or venue:

Easily accessible by car or public transit?  Yes  No

Equipped with adequate parking?  Yes  No

Handicap accessible?  Yes  No

## Remembrance Event (continued)

Do you want to serve alcohol at the event?  Yes  No

Will children need special caretaking?  Yes  No

Is all or part of your event going to be outdoors?  Yes  No

If yes, is there a contingency plan in the event of poor weather?: \_\_\_\_\_

\_\_\_\_\_

Are there any additional considerations?: \_\_\_\_\_

\_\_\_\_\_

## 6. Other Details to Consider

Do you want an officiant at the event?

**Name of officiant of celebrant:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

Do you want music at the event?  Yes  No

Type(s) of music and/or special songs: \_\_\_\_\_

\_\_\_\_\_

Do you want to hire musicians or a DJ?  Yes  No

**Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

Do you want friends or family to perform music at the ceremony?  Yes  No

Names of friends/family who can perform: \_\_\_\_\_

\_\_\_\_\_

Do you want to provide food at the event?  Yes  No

Do you want family and friends to bring food?  Yes  No

## Remembrance Event (continued)

Do you want to cater the event?  Yes  No

**Name of caterer:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

What kind of food do you want served at the event?: \_\_\_\_\_

\_\_\_\_\_

Are there any special health considerations for the food?: \_\_\_\_\_

\_\_\_\_\_

Do you want to hire a photographer or videographer?  Yes  No

**Name of photographer:** \_\_\_\_\_

**Contact information:** \_\_\_\_\_

Do you want to arrange a webcast of the event?  Yes  No

## 7. Personalizing the Event

List possible activities for your event: \_\_\_\_\_

\_\_\_\_\_

List any decorations you would like to include: \_\_\_\_\_

\_\_\_\_\_

Do you want to give out keepsakes or mementoes to guests?  Yes  No

List what you would like to give to guests: \_\_\_\_\_

\_\_\_\_\_



# Healing Process

Although there are certain things you can expect through the grieving process, individual emotions differ and everyone's journey is unique. Do not feel the need to complete any or all of the items listed. This is simply to remind you of the many options you have for healing, and to make sure you are taking care of yourself in this difficult time.

## 1. What is Grief?

Recognize that whatever emotion *you* are feeling is a part of your unique grieving process. There is no right or wrong way to feel.

## 2. Ways to Heal

First: Are you taking proper care of yourself? Are you:

- Getting enough sleep?
- Eating right?
- Staying active?

### PERSONAL HEALING ACTIVITIES

These are suggestions for you as you work through your grief. Check off any that you have tried or are interested in trying.

- Talk with trusted loved ones
- Accept assistance when it is offered
- Join a grief support group
- Meet with a grief counselor
- Spend time with your loved one's personal belongings
- Pray
- Meditate

## Healing Process (continued)

- Talk to clergy or a spiritual leader
- Write in a journal
- Keep a blog
- Create a memory book
- Sew a quilt out of the person's old clothing
- Get involved in the community
- Take a hike or nature walk
- Visit the library
- Work in a garden
- Participate in a book club
- Try a new physical activity such as cycling, running, or a group fitness class
- Walk a healing labyrinth
- Read a healing book
- Watch a healing film
- Read "Opening Our Hearts" stories on the SevenPonds blog
- Go to a day spa
- Go on a healing retreat
- Talk to a doctor

List other healing activities you want to try: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **3. Grieving as a Family**

We provide some suggestions for healing family activities to try after a loss. You may find

## Healing Process (continued)

that only some of these are relevant to you. Feel free to add your own suggestions at the bottom.

### **FAMILY HEALING ACTIVITIES**

- Recall fond memories together
- Mention your loved one's name in conversation
- Communicate your feelings with one another
- Go on an outing as a family
- Picnic in a favorite park
- Cook a favorite meal together
- Participate in a gift exchange
- Look at old family photos
- Plant a tree or garden
- Make a memory book
- Record favorite stories about your loved one

List other family traditions you have, or that you would like to begin: \_\_\_\_\_

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## **4. Talking to Children about Death**

Have you taken the time to sit down and talk to the children who are affected by this loss?

Yes  No

### **SUGGESTIONS FOR HELPING CHILDREN TO HEAL**

- Explain death in a straightforward manner
- Make sure the child understands he/she is not to blame

## Healing Process (continued)

- Encourage the child to ask questions
- Ask the child how he/she is feeling
- Have the child draw pictures
- Have the child write in a journal or write a poem
- Have the child play a musical instrument
- Ask the child to participate at a ceremony
- Have the child help plant a memorial tree

List other meaningful ways for the child to say goodbye: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 5. Holistic Healing

Are you interested in holistic healing?  Yes  No

### HOLISTIC HEALING METHODS I'M INTERESTED IN

- Acupuncture
- Aromatherapy
- Yoga
- Crystal bowl healing
- Healing retreats

## 6. Caregiver Burnout

Were you a primary caregiver of a friend or family member who recently passed away?

Yes  No

## Healing Process (continued)

If yes, check all that apply:

- I have been experiencing feelings of depression and helplessness.
- I have been experiencing feelings of anger, frustration, and/or hostility towards myself and the person I was caring for.
- I am constantly fatigued.
- I am less interested than I once was in my work or my hobbies.
- I am withdrawing from family, friends, and general social contact.
- There has been a change in my eating and/or sleeping habits.
- There has been a change in my appetite and/or weight.
- I have been turning to stimulants and/or alcohol more often.
- It seems like I catch every cold or flu that comes around.
- I have had trouble relaxing even when I have free time.

Some of these symptoms will overlap with symptoms of grief. However, if you checked multiple items on this list, and you feel you are having trouble completing everyday tasks, you may want to consult with a doctor. And always make absolutely sure that you are giving yourself the care and attention that you need.

We hope this checklist has been helpful in addressing your after-death planning and healing needs. For more information on any other topics, consult our After Death Planning Guide on our website, or call us at (415) 431-3717, from 9:00AM-5:00PM PST or email: [WeCare@SevenPonds.com](mailto:WeCare@SevenPonds.com).