

My Bucket List

[Print your name]

[Remember: Your deadline is approaching...]

Put together your life to-do list (also known as a Bucket List). Everyone has some idea of what they would like to accomplish in their lifetime. Putting it into a list helps crystallize that idea and turns vague notions into a lifetime plan of action.

Why not start your list now?

Idea	Plan of Action/What it will take to get it done	✓ Done
• _____	_____	_____
_____	_____	_____
_____	_____	_____
• _____	_____	_____
_____	_____	_____
_____	_____	_____
• _____	_____	_____
_____	_____	_____
_____	_____	_____
• _____	_____	_____
_____	_____	_____
_____	_____	_____
• _____	_____	_____
_____	_____	_____
_____	_____	_____

- _____

- _____

- _____

- _____

- _____

- _____

Dated: _____

[Sign your name]

[Print your name]

Family Information Sheet

[Print your name as it appears on your Birth Certificate or Driver's License]

(To assist you in preparing an Obituary Notice for the Newspaper)

Birth Place: _____
City State Country

Date of Birth: _____ Date of Death: _____

Parents (full names) Date of Birth Date of Death

Siblings (full names) Addresses

Children (full names) Addresses

Education High School: _____ Military History Branch: _____

Date of Graduation: _____ Dates of Service: _____

College(s): _____ Medals/Honors: _____

Degree(s) _____ Wars Served in: _____

Religious Affiliation: _____

Other Organizations or Information: _____

Family, friends and others to notify

if I, _____ . [Print your name,] am seriously ill or when I die
please contact the following persons.

DATE: _____

(Name) (Phone)

(Address) (Relationship)

(Name) (Phone)

(Address) (Relationship)

(Name) (Phone)

(Address) (Relationship)

(Name) (Phone)

(Address) (Relationship)

The Remains Letter

I, _____ Print your name, the undersigned, declare this to be my "Remains Instruction Letter." I nominate and appoint the following people in the following order of priority, until one such person accepts in writing, to make decisions for the handling of my remains after my death.

1. _____
2. _____
3. _____

I request that my remains be

- Buried at _____
- Cremated and the ashes disposed of by (method, place)

- Handled as my above named nominee determines in his or her absolute discretion.
- Other _____

I request that, if possible

- no autopsy be performed.
- an autopsy be performed.
- Other _____

Other requests:

Date: _____

Signature: _____
_____ Print your name

STATE OF IDAHO)
 : ss.
County of Ada)

On _____, 20____, before me, a notary public in and for said State, personally appeared _____ Print your name, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

Notary Public in and for Idaho
Residing at _____, Idaho.
My commission expires: _____

Professional Advisors

DATE: _____

ATTORNEY

(Address)

ACCOUNTANT/
TAX PREPARER

(Name) _____
(Phone)

(Address)

PHYSICIAN

(Name) _____
(Phone)

(Address)

DENTIST

(Name) _____
(Phone)

(Address)

BROKER

(Name) _____
(Phone)

(Address)

INVESTMENT
ADVISOR

(Name) _____
(Phone)

(Address)

CLERGY

_____	_____
(Name)	(Phone)

(Address)	

INSURANCE AGENTS

(Life)

_____	_____
(Name)	(Phone)

(Address)	

(Health)

_____	_____
(Name)	(Phone)

(Address)	

(Auto)

_____	_____
(Name)	(Phone)

(Address)	

(Home)

_____	_____
(Name)	(Phone)

(Address)	

Important Records

Social Security Number for _____ [Print your name]

Location of Birth Certificates

Location of divorce decree

Location of military records

Location of tax records

Location of bank records

Location of Certificates of Deposits

Location of stocks and bonds

Location of naturalization papers

Location of all Life Insurance Policies

Family & Other Pictures

Location of photographs and videos

How do you want them to be handled or distributed after your death?

Items to Be Destroyed

(1) Agents:

I direct and authorize the following individuals to serve as my agents to destroy specific items I possess or may possess in the future:

- My Successor Trustee;
- My court appointed personal representative; or
- other _____

(2) Items to be destroyed:

My identified agent(s) is/are to destroy the items, listed below, from my residence or other identified locations. These items may include old correspondence, photographs, prescriptions or drugs that I have been covertly taking or other identified items.

- all photographs
- all personal correspondence
- all prescription drugs
- other _____
- other _____
- other _____
- other _____

(3) Location of Items

- my primary residence
- other _____
- other _____

(4) Circumstances

- any time
- only when I am terminally ill, as certified in writing by a doctor
- only upon my death as proved by an obituary or death certificate
- other _____

Please Sign: _____ Date: _____

[Sign your name]

_____ [Print your name]



Agreement With My Family About Driving

To my family:

I have discussed with my family my desire to drive as long as it is safe for me to do so. The time may come, however, when I can no longer make the best decisions for the safety of myself and others. Therefore, in order to help my family make necessary decisions, this statement is an expression of my wishes and directions while I am still able to make these decisions.

When it is not reasonable for me to drive, I would like _____ (person's name) or _____ (person's name) to tell me that I can no longer drive. I wish for the persons named to assist by consulting with my physician or a driving rehabilitation specialist about my ability to drive safely. If I am unwilling or unable to surrender my driver's license after a professional concurs that I am unable to drive safely, I agree that the following steps may be initiated by the persons named above:

- _____ He/she may contact my physician so that he/she may alert the Idaho Department of Motor Vehicles, or he/she may do so directly.
- _____ He/she may take possession of my car keys.
- _____ He/she may take possession of my car.
- _____ He/she may sell my car and use the proceeds to pay for alternative transportation.

I trust my family will take the necessary steps to prohibit my driving in order to ensure my safety and the safety of others while protecting my dignity.

Signed: _____ Date: _____
_____ [Print your name]

Copies of this request have been shared with:



Agreement With My Family About Removing My Guns

To my family:

I have discussed with my family my desire to own one or more guns as long as it is safe for me to do so. The time may come, however, when I can no longer make the best decisions for the safety of myself and others regarding any guns I own. Therefore, in order to help my family make necessary decisions concerning my guns, this statement is an expression of my wishes and directions while I am still able to make these decisions.

When it is not reasonable for me to own a gun, I would like _____ (person's name) or _____ (person's name) to tell me that it is no longer safe for me to own a gun. I wish for the persons named to assist by consulting with my physician or one or more family members about my ability to safely own a gun. If I am unwilling or unable to surrender my gun or guns after my physician or family member concurs that I am unable to safely own a gun, I agree that the following steps may be initiated by the persons named above:

- _____ He/she may take possession of my gun or guns and turn them over to my named Trustee or Personal Representative.
- _____ He/she may sell my gun or guns and give me the money.
- _____ He/she may gift my gun or guns to _____.

I trust my family will take the necessary steps to ensure my safety and the safety of others concerning my gun or guns.

Signed: _____ Date: _____
_____ [Print your name]

Copies of this request have been shared with:
