Senior Edge Legal Packet of Forms to Complete

Go to senioredgelegal.com/Resources (click on "Resources" not the drop-down menu)/Forms and Information/Packet of Forms to Complete

Pet Care Instructions

Bucket List

Family Information Sheet

People to Notify

Remains Letter

Professional Advisors

Important Records / Family and Other Pictures

Items to be Destroyed

Credit Cards and Charge Accounts / Utility and Other Monthly Bills

Instructions to Find Password Information

List of Medications

Driving Agreement Form

Agreement about Removing my Guns

My True Wealth and Wisdom Statement

Organizing Your Valuable Records

Planning Your Charitable Legacy

Digital Legacy Planning. Your To-Do List

"Go Bag" – Prepare your own

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Pet Care Instructions

I desire to provide for the care of any pet or pets I own at the time of my death, or when I am no longer able to care for the animals.

I request the following:

☐ ______________________________ to select a person to decide the care and placement of my pet or pets for the rest of their natural lives.

OR

☐ Place the pet or pets with the following persons in order of priority.

1. ____
2. ____
3. ____

☐ Other: as described below

____
____
____
____
____
____
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____
____
____
____
____
____
____

Date:__________________ Signature:____

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My Bucket List

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

- ____ __________
____
____
____

- ____ __________
____
____
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- ____ __________
____
____
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- ____ __________
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- ____ __________
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____
____

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Dated:

Signature:

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Family Information Sheet

Name: ______________________________

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

Birthplace: ____
City State Country

Date of Birth: ________________

Parents (full names) Date of Birth Date of Death

____

____

Siblings (full names) Addresses

____

____

Children (full names) Addresses

____

____

____

Education

High School: ________________

Date of Graduation: ____________

College(s): ________________

Degree(s) ________________

Religious Affiliation: ____________

Military History

Branch: ________________

Dates of Service: ____________

Medals/Honors: ____________

Wars Served in: ____________

____

Other Organizations or Information: ____________________________

____

____

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Family, friends and others to notify

if I, ______________________________, am seriously ill or when I die

DATE: ________________

(Name)	(Phone)
	(Email)
(Address)	(Relationship)

(Name)	(Phone)
	(Email)
(Address)	(Relationship)

(Name)	(Phone)
	(Email)
(Address)	(Relationship)

(Name)	(Phone)
	(Email)
(Address)	(Relationship)

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The Remains Letter

Name: ________________________________

I, ________________________________, 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. I understand this letter is not effective if my signature is not notarized.

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________________________________

________________________________.

VETERAN? Contact the Idaho Division of Veterans Services - 208-780-1300

Other requests:

____

____

____

Date: ________________________________

Signature: ________________________________

STATE OF ______________________)
: ss.
County of ______________________)

On ____________________, 20____, before me, a notary public in and for said State, personally appeared ____________________________________, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that ______________________________ executed the same.

____
Notary Public in and for ______________________
Residing at _____________________________
My commission expires: _________________

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Professional Advisors

DATE: ____________________

ATTORNEY	______________________________ (Name)	____________________ (Phone)
	______________________________ ______________________________ (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)

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Important Records

Name: ______________________________

Social Security Number ____________________

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?

____

____

____

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Items to Be Destroyed

Name: ______________________________

(1) Agents:

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

- ☐ ______________________________
- ☐ ______________________________
- ☐ ______________________________

(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 ______________________________

Signature: ______________________________ Date: ______________

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Credit Cards & Charge Accounts

Name: ______________________________

Name on Card/Account	Account Number	Where to contact if lost or to cancel

Utility and other Monthly Bills

Name of Company	Account Number	Where to contact to cancel

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Instructions to find my Password information

Name: ______________________________ Date: ____________

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LIST OF MEDICATIONS

Name: ______________________________ Date: ________________

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Agreement With My Family About Driving

Name: ______________________________

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.

Signature: ______________________________ Date: ________________

Copies of this request have been shared with:

____

____

____

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Agreement With My Family About Removing My Guns

Name: ______________________________

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 ______________________________________.
- ______ 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.

Signature: ________________________________ Date: __________________

Copies of this request have been shared with:

____

____

____

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My True Wealth and Wisdom

My life story
My values
My family relationships
Other personal relationships
My heritage
My ties to the community
My money and property

I, ______________________________, want to share my life philosophy with you.

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Date: ____________________ Signature: ________________________________

Organizing Your Valuable Records

Some papers should be kept where they are both safe and readily accessible. Others require the security of a safe deposit box. Your important documents can be grouped into four areas:

1. Some you should carry with you.
2. Some you should put in a current file in your home for easy reference.
3. Some "retired records" can be stored in a permanent file at home.
4. Some require the protection and security of a safety deposit box.

<u>Carry with you</u>:

Papers you should carry in your wallet or billfold include identification, health records, insurance cards, and organization memberships.

<u>Identification</u>: Driver's license.

<u>Health Records</u>: Information about any special diseases (diabetes, glaucoma, epilepsy) and allergies to medications. Heart patients should have instructions from their physician on how to be treated if they are involved in an accident or if they are unconscious. Blood type and eyeglass prescription.

<u>Insurance Cards</u>: Health (Supplemental) Insurance Card and Auto Insurance Card, and if you are over 65, your Medicare and Medicare Part D cards.

<u>Membership and Charge Cards</u>: Be sure this information is in your files at home also.

<u>Keep in Current File at Home</u>:

There are several papers and records that should be filed for easy reference. These include household inventories, instruction manuals, bank passbooks, financial records, bank statements, deposit slips, check stubs, cancelled checks and receipts.

Renters should keep cancelled rent checks until 12 months after they move.

Checks used to pay taxes or buy securities should be permanently retained.

Household Inventories: Make a room-by-room listing of your possessions, including the costs and date of purchase. The time you invest now will be worth countless dollars in event of fire, theft, or a natural disaster. Keep one list in a current file at home and one in a safe deposit box or in a location that cannot burn. Some people use their freezers to store documents. Update the list annually.

Retention of Tax Records:

Keep tax returns for the I.R.S. and the state indefinitely and the supporting records for six (6) years.

Records relating to Property:

Records relating to property such as real estate should be saved indefinitely. Stock and other securities such as mutual funds should be saved for six (6) years after the sale of the security.

Keep in a Safety Deposit Box or with your important papers (preferably in a fireproof box):

Birth Certificates: Always have an official copy for every member of the family.
Church Records: Baptism and confirmation records.
Military Records Discharge papers (Form DD214).
Marriage Certificate and Divorce Decree
Employment Information
Mortgages, contracts and debt notes: Installment contracts should be kept for 6 years after full payment.
Government Bonds, Corporate Bonds and Stock Certificates
Last Will and Testament
Deeds
Insurance Policies
Proof of Citizenship
Social Security Card. Also keep the Social Security numbers of all family members.

Planning Your Charitable Legacy[1]

A Guide to Thoughtful Philanthropic Planning

As you consider your estate plan, charitable giving offers meaningful opportunities to support causes you care about while potentially providing tax benefits. This guide will help you think through key decisions about your philanthropic legacy.

Key Considerations for Your Charitable Plan:

Identify Your Values. What are your personal values (e.g., honesty, kindness, courage)? What are your cultural values (e.g., equality, respect, community)? What are your family values (e.g., health, education, creativity)?

Legacy. What do you want your legacy to be? How big (or small) do you want your impact to be?

Involve Your Family. Charitable planning can unite generations around shared values. Consider establishing a family foundation or involving heirs in philanthropic decisions.
How can your charitable legacy reflect and strengthen your family's values?

Vet Organizations. Research charities' financial health, governance, and impact. Ensure organizations align with your intentions and will use funds effectively. Key Questions: What are the organization's goals? What progress is the organizations making toward them? How is the organization improving?
Have you reviewed the organizations' annual reports and IRS Form 990s?

Consider Asset Types. Highly appreciated securities, real estate, retirement accounts, and life insurance can be tax-efficient charitable gifts, often more beneficial than cash.
Which assets in your estate might provide the greatest tax advantages for charitable giving?

Timing Matters. Decide between lifetime giving and testamentary gifts. Lifetime giving allows you to see impact and may offer immediate tax benefits. Bequests preserve assets during your lifetime.
Do you want to witness the impact of your philanthropy, or maximize assets available to you?

Choose Your Giving Vehicle. Options include direct bequests, donor-advised funds, private foundations, or charitable gift annuities. Each offers different levels of control and tax benefits.
Do you want immediate tax deductions or prefer control over future distributions?

Document Your Intent. Clearly articulate your charitable wishes in your estate documents. Consider writing a letter of intent explaining your motivations to help executors and heirs understand your goals.
Have you communicated your charitable intentions with your attorney and family? **Your charitable legacy is a reflection of what matters most to you.** We can help create a plan that honors your values, benefits causes you care about, and creates lasting impact for generations to come.

Questions to Discuss with Your Estate Attorney:

- What percentage of my estate should go to charity?
- How can I maximize tax benefits while supporting my philanthropic goals?
- What are the implications of naming charities as IRA beneficiaries?
- How do I structure gifts to ensure my charitable intent is honored?
- How often should I review and update my charitable giving plans?
- Should charitable gifts be made outright or held in trust?

[1] Source: Carla Ingrando, Ph.D., Cornell University, SC Johnson College of Business – Cornell Philanthropy Lab, December 2025

DIGITAL LEGACY PLANNING[1] YOUR TO-DO LIST

Protect your digital memories and important accounts by setting up legacy features. Follow these simple steps:

STEP 1: GOOGLE ACCOUNTS

Covers: Email, Photos, Drive, YouTube
Website: myaccount.google.com/inactive

- ☐ Log into your Google account
- ☐ Choose how long Google should wait before considering your account inactive (3-18 months)
- ☐ Add up to 10 trusted contacts who can access your account
- ☐ Select what each person can access (photos, emails, documents, etc.)
- ☐ Write a farewell message (optional)
- ☐ Save your settings

STEP 2: APPLE / iCLOUD

Covers: Photos, Documents, Notes, Health Data
Website: digital-legacy.apple.com

- ☐ Add up to 5 legacy contacts
- ☐ Each contact will receive a unique access key
- ☐ Save their contact information
- ☐ Inform your contacts about their role

***Note:** Purchased music, movies, books, and passwords are NOT included*

STEP 3: FACEBOOK

Website: facebook.com/help/1070665206293088

- ☐ Choose a legacy contact (must be a Facebook friend)
- ☐ Decide: Do you want your account memorialized or deleted after you pass?
- ☐ If memorialized, allow your contact to download your content (optional)
- ☐ Tell your legacy contact about their role

STEP 4: MICROSOFT ACCOUNTS

Covers: Outlook, OneDrive, Skype
***Note:** Microsoft doesn't have advance setup. Your family will need to request access after your passing.*

Your family will need:

- ☐ Death certificate
- ☐ Proof of relationship
- ☐ Government ID
- ☐ Make sure your executor knows this process exists

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[1] Digital Legacy Features: "Essential Tools for Modern Estate Planning Practice," Kathie Brown Roberts, Esq, Certified Elder Law Attorney, NELF Connector, Fall, 2025

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IMPORTANT REMINDERS

- ☐ Tell your legacy contacts they've been chosen and explain what that means
- ☐ Update your estate planning documents to mention these features
- ☐ Create a list of your accounts and which legacy features you've activated
- ☐ Review annually or after major life changes (marriage, divorce, etc.)
- ☐ Keep legacy contact information current

Prioritize These Accounts First:

- ☐ Email accounts
- ☐ Photo storage (Google Photos, iCloud)
- ☐ Cloud storage (Google Drive, OneDrive)
- ☐ Accounts with irreplaceable memories

Remember: These features work alongside your will and estate plan. They don't replace talking with your estate planning attorney about comprehensive digital asset planning.

What's a "GO BAG" - Do I Need ONE?

In the event of an emergency that requires you to leave your home everyone should have a "go bag" that is packed and ready to go. The purpose of a "go bag" is to provide a portable, pre-packed collection of essential supplies that allows you and your family to evacuate your home quickly and safely in an emergency, such as a health crisis, fire, flood, or other natural disaster. It acts as a lifeline, ensuring you have critical items like food, water, medications, and important documents ready to go so you can survive for at least the first 72 hours [3 days] after an event when resources may be scarce and immediate help may not be available.

Nearly a quarter of Emergency Room visits among older patients turn into hospital stays. For this reason, it may be wise to invest some time preparing a "Go Bag".

Below, you can find an examples of recommended items to have ready for you or a loved one, should the need arise:

SELECT YOUR BAG

Select a bag for your items. Most people use a backpack or a heavy, cloth bag with a zipper.

BAG CONTENTS

Documents

Medical Information Card: Diagnoses, contact information, medications, allergies, and any special dietary considerations (e.g. low sodium, diabetic, vegetarian, etc.)

Care Providers: Including your primary care physician and any specialists

Copies of:

Your state ID or Driver's License
Your cards for health insurance, Medicare, prescription plans
Your Living Will, Health Power of Attorney & Physician's Order for Scope of Treatment
Your Financial Power of Attorney

Emergency Contacts: beginning with who can make medical decisions on your behalf.

If you are a Caregiver for others: Contact information for someone who is a back up to you.

If you have pets or livestock: Contact information for someone who can care for them, any medications, food locations/feeding times, etc. If you have houseplants or gardens, information for watering schedules

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Personal Items [for at least 3 days]

___Undergarments
___Toothbrush/paste
___Denture adhesive
___Socks
___Pants and Top
___sleep wear
___jacket
___Razor/shaving cream
___Brush or comb
___Reading glasses/spectacles
___Hearing aid batteries
___Toiletries such as deodorant, moisturizer, lip balm, or eye drops
___Contacts and solution
___Spare glasses
___Spare phone charger
___Spare housekey for helpers
___A small amount of cash
___Reading materials
___Comfort items (slippers, photos, prayer book, etc)
___ Passwords for phone, computer, ipad,
___Bottled water
___Snack food

Once you have created your "Go Bag" put it in an easy spot to grab, let those you rely on know where it is and remind yourself to upgrade the contents at least every 6 months. You get a GOLD STAR for doing this and protecting you and your loved ones from the risk of needing this bag in the future.