



# Hospice of the East Bay

3470 Buskirk Avenue  
Pleasant Hill, CA 94523  
(925) 887-5678  
(925) 887-5679 fax

Dear Friend of Hospice of the East Bay,

This is the Hospice of the East Bay's Estate Planning Kit, and represents information that should be compiled by all adults. You will feel a great sense of satisfaction and relief when the details you believe are important are compiled for loved ones and your legal representative. During such a stressful time having proper plan allows for others to have a easier time of coping with their loss. By completing this information you take the first steps toward that goal, and it includes:

- \*An Asset Inventory Form to help you get a clearer notion on the worth of your estate.
- \*A Beneficiary Information Form.
- \*Information on How to Remember Hospice of the East Bay in Your Estate Plan.
- \*A comprehensive list of important personal details.
- \*A Successor Trustee/ Executor checklist.
- \*A Funeral Planning Guide.
- \*Closure of Business Affairs suggestions.
- \*Contact information for the California Bar Association.

Effective estate planning takes time, effort and a good attorney. Your plan will allow your family and/or beneficiaries to avoid the delay and needless expense that often occurs when a loved one dies without an estate plan. Once you have taken care of your family's needs, please consider a thoughtful bequest to Hospice of the East Bay. Bequests enable the agency to continue its work in your name.

If you have any questions about the kit, please contact Daniel Jordan, Director of Fund Development, Hospice of the East Bay (925) 887-5678 x1088 or [danielj@hospiceeastbay.org](mailto:danielj@hospiceeastbay.org).

Sincerely,

Daniel Jordan  
Director of Fund Development

**ESTATE INVENTORY FORM**

Date this form was completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Place and Date of Birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Single?  Married?  Widowed?  Separated?  Divorced?

Date of marriage \_\_\_\_/\_\_\_\_/\_\_\_\_

There is  is not  a prenuptial agreement.

Location of Agreement \_\_\_\_\_

Spouse Name \_\_\_\_\_

Spouse Place and Date of Birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Spouse Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Person to notify in case of emergency:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

<b>Children</b>	<b>Age</b>	<b>SS#</b>	<b>Address</b>
(A) _____	_____	____/____/____	_____ _____
(B) _____	_____	____/____/____	_____ _____
(C) _____	_____	____/____/____	_____ _____
(D) _____	_____	____/____/____	_____ _____
(E) _____	_____	____/____/____	_____ _____
(F) _____	_____	____/____/____	_____ _____

<b>GRANDCHILDREN</b>	<b>Age</b>	<b>SS#</b>	<b>PARENT</b>
(1) _____	_____	____/____/____	_____
(2) _____	_____	____/____/____	_____
(3) _____	_____	____/____/____	_____
(4) _____	_____	____/____/____	_____
(5) _____	_____	____/____/____	_____
(6) _____	_____	____/____/____	_____
(7) _____	_____	____/____/____	_____
(8) _____	_____	____/____/____	_____

**LIST OF ADVISORS**

	Address	Phone #
Attorney		
Accountant		
Financial Advisor		
Insurance Agent		
Life Insurance Agent		
Home Insurance Agent		
Long-term Care Agent		
Successor-Trustee		

**1. Bank and Savings, Credit Unions & Money Market Funds**

*Some banks will only honor power of attorney on their own forms. Please ensure that your power of attorney is honored by your bank.*

**Accounts**

Institution/Entity	Account #	Title on Account	Amount

Total \_\_\_\_\_

*Attach Statements.*

**2. Life Insurance & Annuities**

Company	Type of Policy	Beneficiary	Amount

Total \_\_\_\_\_



**6. Real Estate Information**

Description and location	Market Value	Debt
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
		Total _____

*(Total value of real estate = market value less debt)*

**7. Business Interests** (proprietorship, partnership, corporation):

Description	Share of Ownership	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total Estimated Value _____

**8. IRA's, Pensions, Deferred Compensation, or 401Ks**

*Attach Statements - provide verification from custodian or trustee.*

Fund Name & Company	Account #	Telephone #	Beneficiary	Amount

Total \_\_\_\_\_



**ESTIMATED VALUE OF ESTATE**

*Add totals from items 1-11.*

#	Description	Estimated Value
1.	Bank and Savings, Credit Unions & Money Market Funds	
2.	Life Insurance & Annuities	
3.	Stocks, Bonds, other Securities	
4.	Personal Property	
5.	Life Insurance	
6.	Real Estate Information	
7.	Business Interests	
8.	IRA's Pensions, Deferred Compensation, or 401Ks	
9.	Personal Property	
10.	Safe Deposit Boxes	
11.	<b>(Subtract )</b> What you Owe	
	<b>Total Estimate Value of Estate</b>	

**BENEFICIARY INFORMATION**

<u>Names of Persons or Charitable Organizations</u>	Bequest Dollars Amount or % of Estate
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

**HOW TO REMEMBER  
HOSPICE OF THE EAST BAY IN YOUR WILL**

One advantage of giving from your estate is the flexibility it offers. Three of the most popular forms planned gifts are:

**A fixed amount of money or a designated property:**

“I give to Hospice of the East Bay, located in Pleasant Hill, California,  
\$ \_\_\_\_\_ (or describe the real or personal property, including exact location.)”

**A percentage of the estate:**

“I give to Hospice of the East Bay, located in Pleasant Hill, California, \_\_\_\_\_%  
of my estate.”

**A residual bequest:**

“I give all the residue of my estate, including real and personal property, to Hospice of  
the East Bay, located in Pleasant Hill, California.”

**NOTE: Always consult an attorney when preparing legal documents.**

Please let us know you have made a provision for Hospice of the East Bay in your estate plan. We would like to honor you in our Legacy Society. Contact Daniel Jordan at the Foundation office at (925) 887-5678 x1088 ([danielj@hospiceeastbay.org](mailto:danielj@hospiceeastbay.org)) for more information.

**Hospice Foundation of the East Bay Tax ID #: 68-0418041**

*Legacy Society Listing*

We Want to Thank You

We are pleased to recognize those who have left charitable bequests, established charitable trusts, or have utilized some other form of estate planning to remember Hospice of the East Bay. To be enrolled in the Hospice of the East Bay Legacy Society, which honors those who have made this commitment, fill out the form on the next page and mail it to me at the address below. You will be contacted when we receive this form.



Daniel Jordan  
Director of Fund Development

Daniel Jordan  
Director of Fund Development  
3470 Buskirk Avenue  
Pleasant Hill, CA 94523

Dear Mr. Jordan,

(check one):

- I have remembered Hospice of the East Bay through a bequest in my will or trust or through some other form of estate gift. Please enroll me in the Hospice of the East Bay's Legacy Society. You may publish my name on the Legacy Society Honor Roll.
  
- I have remembered Hospice of the East Bay through a bequest in my will or trust or through some other form of estate gift. Please enroll me in the Hospice of the East Bay's Legacy Society. **Do not, however, publish my name.**

Name(s) (Please Print) \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## LIST OF IMPORTANT PERSONAL DETAILS

1. Do you have a will or trust?  Yes  No

If not you need to:

- a. contact an attorney or
- b. go online and search under “wills”, or
- c. get a copy of the Nolo Press book “How to make a will,”  
or go to [www.hospiceeastbay.org](http://www.hospiceeastbay.org)

2. When was the will or trust amendment written? \_\_\_\_\_

3. Who wrote the will? \_\_\_\_\_

4. Do you have a copy of your will?  Yes  No

5. Where do you keep it? \_\_\_\_\_

6. Does your attorney have a copy of your trust and will?  Yes  No

7. Does anyone have Durable Power of Attorney?  Yes  No  
If yes, name \_\_\_\_\_

8. Do you have a Medical Power of Attorney?  Yes  No

9. Do you have an Advance Healthcare Directive?  Yes  No

10. Where is it? \_\_\_\_\_

11. Do both your doctor and attorney have copies of the aforementioned?  Yes  No

12. Who is your Medical Doctor?

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

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

Phone: \_\_\_\_\_

13. Do you receive medical insurance?  Yes  No

14. Where is your Medicare card and what is the number?

\_\_\_\_\_

Medicare Card # \_\_\_\_\_

15. Do you receive Medicaid?  Yes  No

16. Where is your Medicaid card and what is the number?

\_\_\_\_\_

Medicaid Card # \_\_\_\_\_

17. Do you wish a “lump sum” distribution or you life Insurance?  Yes  No

18. Are the beneficiaries assigned as you wish?  Yes  No

19. If you have a safe deposit box, where is the key kept? \_\_\_\_\_

20. Where do you keep important papers? \_\_\_\_\_

21. Is there a key?  Yes  No

22. Do you have any hidden assets?  Yes  No (e.g., in the ground or under a mattress.)

If so, where? \_\_\_\_\_

23. Are you entitled to Veteran’s Benefits?  Yes  No

24. Do you have non-Financial Assets, items that you would like distributed to others?  Yes  No

Please attach a list:

25. Do you have a guardian for any minor children?  Yes  No

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

Phone: \_\_\_\_\_

26. If you were a member of the armed forces, if entitled, would you prefer a military funeral?  Yes  No

Branch? \_\_\_\_\_

27. Do you wish to be an organ donor?  Yes  No  
(for information contact [www.ctdn.org](http://www.ctdn.org) or (800) 55.DONOR).

28. Where is your marriage certificate? \_\_\_\_\_

29. List any outstanding loans and the company associated with them. *(best to make a copy of the loan numbers and company phone numbers and attach that to this kit)*

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30. Do you have any pets?  Yes  No

31. Have you designated anyone to care for them after you are gone?  Yes  No

32. What is the name and phone number of that person?

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

Phone #: \_\_\_\_\_

## ADVANCE HEALTH CARE DIRECTIVE

**INSTRUCTIONS:** This form lets you give specific instructions about any aspect of your health care. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. Space is provided for you to add to the choices you have made or for you to write out any additional wishes. This form also lets you express an intention to donate your bodily organs and tissues following your death. Lastly, this form lets you designate a physician to have primary responsibility for your health care.

After completing this form, sign and date the form at the end. The form must be signed by two qualified witnesses or acknowledged before a notary public. Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health-care agents you have named.

I, \_\_\_\_\_, being of sound mind and at least 18 years of age, declare that:

(1) **END-OF-LIFE DECISIONS:** I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below: (Initial only one box)

[\_\_\_] (a) Choice NOT To Prolong Life. I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits, OR

[\_\_\_] (b) Choice To Prolong Life. I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

(2) **RELIEF FROM PAIN:** Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort should be provided at all times even if it hastens my death: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3) **OTHER WISHES:** (If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here.) I direct that: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(4) **PRIMARY PHYSICIAN** -(OPTIONAL).

I designate the following physician as my primary physician:  
(name of physician) \_\_\_\_\_

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(state)

\_\_\_\_\_  
(zip code)

- \_\_\_\_\_(phone)OPTIONAL: If the physician I have designated above is not willing, able, or reasonably available to act as my primary physician, I designate the following physician as my primary physician:

(name of physician)\_\_\_\_\_

\_\_\_\_\_  
(address) (city) (state) (zip code)

(5) DONATION OF ORGANS AT DEATH - (OPTIONAL).

Upon my death: (mark applicable box)

- [\_\_\_] (a) I give any needed organs, tissues, or parts, OR
- [\_\_\_] (b) I give the following organs, tissues, or parts only.
- [\_\_\_] (c) My gift is for the following purposes: (strike any of the following you do not want)
- o (1) Transplant
  - o (2) Therapy
  - o (3) Research
  - o (4) Education

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment, and I accept the consequences from such refusal.

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

I execute this declaration, as my free and voluntary act, on this \_\_\_\_ day of \_\_\_\_\_, 2009, in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_.

(INSTRUCTIONS: This advance health care directive will not be valid for making health care decisions unless it is either: (1) signed by two (2) qualified adult witnesses who are personally known to you and who are present when you sign or acknowledge your signature; or (2) acknowledged before a notary public.)

I declare under penalty of perjury under the laws of the state of (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence, (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advance directive, and (5) that I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community health care facility, the operator of a community health care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly.

I further declare under the laws of penalty of perjury of the state of that I am neither related to the patient by blood, marriage, or adoption, and, to the best of my knowledge, I am not entitled



## **FUNERAL PLANNING**

This section contains all the necessary information regarding our personal preferences for funeral arrangements, as well as the location of any important documents you will need. It is our hope that you will find comfort and confidence in knowing our wishes and desires as you plan for the funeral.

The death of a loved one can be one of the most distressing and emotional occurrences that a person can experience. When a loved one passes on, there are many important decisions that must be made, documents that must be quickly located and numerous persons that must be notified. Often, these decisions are made without guidance and under extreme duress from grief and confusion. Hospice of the East Bay has created this book to provide focus and guidance, as well as to provide a central location for family member to record personal information, convey personal desires and wishes, and identify the location of any important documents that will be needed when the family circle is broken.

Just as you have given thought to selection of cemetery property or mausoleum space, you should also think about what occurs prior to the final disposition.

### **In Advance of Need**

Talking about death is often difficult, but discussion and pre-planning can eliminate stress and confusion when the time comes to make funeral arrangements for a loved one. Funeral and burial arrangements should be discussed openly and frankly. Some people choose to pre-arrange their own funeral. This is especially helpful if there are no relatives or friend who will assume the responsibility for arranging the funeral, the final disposition and the completion of the required forms.

### **Obituaries & Memoriams**

An obituary notice is a paid listing, often provided for you by the attending mortuary. You can have one placed yourself directly with the publication. The cost for obituary varies by publication, but may typically cost approximately \$15 per line.

Obituaries should be submitted in paragraph form. Begin with the name of the deceased, followed by (optional) date of birth and death, and the city of residence. Information might be provided on employment, social or religious affiliations, and military service. You should list any loved ones who predeceased the individual, then list those who are survivors (last names and city/state of residence of survivors may be included as well). List the time, date and location of both the visitation and the funeral service. Photos may also be added.

In order to remember to request a memorial donation, urge gifts to the deceased's favourite charity, or a preference for a gift in lieu of flowers, you should list the name of the charity and address (ex: contributions in may be made to Hospice of the East Bay, 3470 Buskirk Avenue, Pleasant Hill, CA 94523).

Writing guidelines, obituary planners and information on publishing an obituary are provided by key publications. For example, to publish in the Contra Costa Times, you may call (925) 943-8020, fax (925) 943-8359, or email [obituaries@bayareanewsgroup.com](mailto:obituaries@bayareanewsgroup.com).

### **Needs, Concerns, and Decisions**

When a death occurs, there are needs to be met, concerns to be faced and decisions to be made. It is important that personal wishes be made clear now so that unnecessary confusion and stress can be avoided later. Most people are sad and will go through a trying time because ordinarily there is no more difficult period than that encountered immediately after a death occurs.

The funeral is a ceremony of worth and value for those who mourn. It has existed since the beginning of mankind. It provides an opportunity for the survivors and others who share in the loss to express their love, respect and grief. It permits facing openly, realistically and with dignity the crisis that death presents. Through the funeral, the bereaved take that firm, first step toward adjustment to their loss.

### **Choosing a Funeral Director**

Many families choose a funeral director who has served them previously. Others will have various reasons for preference, such as reputation, religious affiliation, personal acquaintance, referral or location.

The funeral director counsels the family, providing information and offering advice with which they can make meaningful decisions. The funeral director then implements these decisions using his professional knowledge and experience.

### **Local Funeral Directors, mortuaries, and crematoriums**

<b>NAME</b>	<b>ADDRESS</b>	<b>CITY</b>	<b>PHONE</b>
Bryant & Moore Chapel	1385 Galindo Street	Concord	925 682-1100
Connolly & Taylor	4000 Alhambra Avenue	Martinez	925 228-4700
Graham-Hitch Mortuary	4167 1st Street	Pleasanton	925 846-5624
Hull's Walnut Creek Chapel	1139 Saranap Avenue	Walnut Creek	925 934-5400
Neptune Society of Northern California	1176 Boulevard Way	Walnut Creek	925 944-5100
Oak Park Hills Chapel	3111 N. Main Street	Walnut Creek	925 934-6500
Ouimet Bros. Concord Funeral Chapel	4125 Clayton Road	Concord	925 682-4242
Sinai Memorial Chapel	3415 Mt. Diablo Blvd.	Lafayette	925 962-3636
Tradition Care Funeral Services	2246 Morello Avenue	Pleasant Hill	925 827-2911
Wilson & Kratzer Mortuaries	825 Hartz Way	Danville	925 820-2999

## The Funeral

A funeral gives the community a chance to offer its support and share the sorrow of the immediate family of the deceased. A religious service meets the spiritual needs of most. It may be conducted in a church or synagogue or a funeral home with a member of the clergy officiating. The rite can be adapted to the lifestyles of the deceased and those who survive.

Deciding whether or not to have an open casket viewing is another important decision. Viewing serves several helpful purposes: realization, recall and expression. This is done during the visitation or vigil and aids in the management of grief.

## Pre-Financing

Some people will want to pre-arrange and pre-pay for funeral and cemetery needs. You will find your local cemetery and funeral director most willing to counsel you on the best arrangements to suit your particular desires and financial needs.

## Funeral-related Questions

1. Do you have a cemetery plot?  Yes  No

Location? \_\_\_\_\_

If not, where would you like to be buried? \_\_\_\_\_

2. Do you wish cremation?  Yes  No

3. Have you allocated any funds for your burial?  Yes  No

4. Do you have individuals designated as pallbearers?  Yes  No

Who? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Have you made arrangements with a funeral home?  Yes  No

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

6. Do you wish a religious service?  Yes  No

Your affiliation: \_\_\_\_\_

7. Are there any readings, music, or special events that you would like to have at your funeral?  Yes  No

Please list:

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8. Do you wish to have any particular information in your obituary?  Yes  No

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9. Do you wish to be buried in any particular clothing or jewelry?  Yes  No

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10. Would you like something special placed in the casket with you?  Yes  No

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## CHECKLIST OF THINGS TO DO

### Notify:

- The Doctor or Coroner
- The Funeral Director
- Religious Official & Congregation
- All the Relatives
- All the Friends
- Musician/Singer
- Pallbearers
- Insurance Agents
- Unions & Fraternal Organizations
- Newspapers

### Decide on:

- Choice of Disposition
- Place of Internment
- Location within Cemetery
- Casket
- Vault or Outer Case
- Clothing
- Personal Items
- Flowers
- Music
- Transportation
- Cards of Thanks
- Gathering Place/Reception
- Food
- Furniture
- Time

### In Addition to:

- Providing vital statistics about the deceased
- Preparing and signing necessary papers
- Providing addresses for all interested people who must be notified
- Answering innumerable sympathetic phone calls, messages and letters
- Meeting and talking with everyone about all details
- Greeting all friends and relatives who call
- Providing lodging for out-of-town guests
- Cleaning home
- Planning funeral car list

**You Must Pay for Some or All of the Following:**

1. Doctor
2. Nurse
3. Hospital
4. Funeral
5. Casket
6. Vault
7. Cemetery Lot
8. Internment Service
9. Clergy
10. Musician
11. Florist
12. Clothing
13. Transportation
14. Telephone
15. Food
16. Memorial Tablets or Monument

**Additional resources; pamphlets such as:**

*Do I Need a Will?*

*Do I Need an Estate Plan?*

*Do I Need a Living Trust?*

are available from:

State Bar of California  
Office of Media and Information Services  
180 Howard St.  
San Francisco, CA  
(415) 538-2280  
(415) 538-2280 (for pamphlets)  
[www.calbar.ca.gov](http://www.calbar.ca.gov)

## **CLOSURE OF BUSINESS AFFAIRS**

Hospice of the East Bay has compiled this information to assist patients and loved ones. The information for this list may not cover every necessary task to complete, nor is every suggestion applicable to every individual.

### DEATH CERTIFICATE

Request the mortuary to give you at least ten (10) death certificates in order to fulfill the many requests for them you will receive.

### UTILITIES

Notify the following utility companies of

- Gas & Electric
- Water
- Phone Company(ies)
- Garbage
- Cable TV

### MAGAZINES

Cancel or let the subscription run out.

### FAMILY & FRIENDS TO NOTIFY

Notify family, close friends and employer or business colleagues:

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_
  
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_
  
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_
  
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_

5. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_
6. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_
7. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_
8. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

**SOCIAL SECURITY**

Notify Social Security Office 800-772-1213, and ask if there is a Death Benefit for burial. If so, have it sent to you. The mortuary may do this for you, or they may not. Ask which monthly checks can be kept and which checks must be returned. Ask if you will receive a portion of the social security allowance and determine how they will send all future social security checks (by electronic mail to your account, or by mail).

**CREDIT CARDS**

Cancel individual accounts. Change name on joint accounts.

**BANKS**

Notify the bank(s) of death, and provide them with a death certificate. Tell them to put the account in your name. You will be writing checks for doctor bills, medicines purchased, other medical supplies, etc. Order new checks with your name.

**ORGANIZATIONS**

Notify them.

**HEALTH PLAN AND DOCTORS**

Notify them. A death certificate is required. Request final bills.

**INSURANCE PLANS**

This will require a death certificate, maybe two. Ask them to send all unpaid portion of the policy(s) to you along with any death benefit. Life Insurance will pay off at death, ask them to include all dividends to which the policy(s) are entitled.

### DMV

Notify them of death. They may request the driver's license number and car registration number. Ask about the cars to see if they can be transferred to your name. This may cost \$15 more or less but will make it easier to sell, or just keep the cars.

### CALIFORNIA STATE AUTOMOBILE ASSOCIATION

Cancel membership and cancel insurance, or keep insurance until you sell the car.

### IRS

Ask the bank or your tax service if you should notify them.

### COUNTY ASSESSORS OFFICE

Put all property in your name. Go to the assessor's office as soon as possible.

### VETERANS ADMINISTRATION

Notify the VA if applicable. There is a death benefit for burial in some cases. It may be small but you may be legally entitled to the benefit. This will require a death certificate.

### HOUSE AND CONTENTS INSURANCE

Notify the insurance company of death. Ask that all insurance be put in your name. You may want to change insurance company. If you change insurance company request a refund of unused insurance premiums.

### MORTGAGE COMPANY

Notify them of death. Change name on policy to your name or find another insurer.

### DEBTS OR MORTGAGES

Check promptly on all mortgages and installment payments. Some deceased may carry life insurance clauses that will cancel the debt. If there is to be a delay in meeting payments, consult with creditors and ask for more time before the payments are due.

### IF DECEASED LIVED ALONE

Notify utilities and landlord and tell the post office where to send mail. Take precautions against thieves.