

LIVING...  
PLANNING...  
DYING...

*Well*

Getting Your Affairs in Order

# Planning Guide

**Bryn Mawr Presbyterian Church**  
625 Montgomery Avenue  
Bryn Mawr, PA 19010  
610-525-2821



# START HERE

Dear Friend,

Congratulations! By using this planning guide, you are taking a fundamental step in the journey of getting your affairs in order.

Often a barrier to end-of-life planning is the sheer magnitude of all the things you need to gather and do. This planning guide is designed to help you organize all of your information in one place. It takes the anxiety out of making sure you have all the necessary components organized.

In the pages that follow you may encounter questions or categories that are unfamiliar to you – don't panic! Not every category applies to every person. If you complete this entire booklet and there are several fields left blank, that is alright. Each person is different and will have different information.

Likewise, this planning guide is precisely what it describes itself to be, a “guide.” Thus, you may need to add fields to it, introducing information that pertains specifically to you and your particular situation.

By taking these first steps, you are ensuring that your family and loved ones will be well prepared for the future. Planning ahead is an act of love, and you are demonstrating that love by working on this planning guide.

This planning guide can be paired with the “Resource Book.” The two are designed to complement one another and we recommend you consult the Resource Book as a first source for any questions you may encounter.

As always, the team at Bryn Mawr Presbyterian Church is here to support and care for you all along the way. Please be in touch at any time if we can be of help.

Grace and Peace,  
The Caring Ministries Team:

The Rev. Brian K. Ballard, Associate Pastor for Pastoral Care and Senior Adults  
Carol Cherry, Parish Nurse  
Kiki McKendrick, Director, Middleton Counseling Center  
Renee Malnak, Parish Social Worker

# PERSONAL & FINANCIAL RECORDS

*Note: If additional space is needed, please use a separate sheet of paper.*

Date Completed: \_\_\_\_\_ Date Updated: \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_

## FAMILY INFORMATION:

### *Individual*

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

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

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

Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

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

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### *Spouse or Other Primary Personal Contact:*

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

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

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

Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### *If Spouse*

Date and Place of Birth: \_\_\_\_\_

Date and  
Place of Marriage: \_\_\_\_\_

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

*Deceased or Prior Spouses - (if applicable)*

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

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

Date and Place of Birth: \_\_\_\_\_

Marriage Dissolved Via: \_\_\_\_\_

Previous Spouse's Social Security Number: \_\_\_\_\_

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*Children or Significant Persons*

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

Relationship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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

Relationship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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

Relationship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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*Pets*

Instructions for Care and Placements of Pets: \_\_\_\_\_  
\_\_\_\_\_

# KNOWLEDGEABLE AND TRUSTED PEOPLE

## HEALTH CARE:

(examples: *Physician, Specialists, Pharmacist, Power of Attorney for Health Care, etc.*)

Person/Group Name: \_\_\_\_\_

Role/Expertise: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date Updated: \_\_\_\_\_

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Person/Group Name: \_\_\_\_\_

Role/Expertise: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date Updated: \_\_\_\_\_

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Person/Group Name: \_\_\_\_\_

Role/Expertise: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date Updated: \_\_\_\_\_

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Person/Group Name: \_\_\_\_\_

Role/Expertise: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date Updated: \_\_\_\_\_

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Person/Group Name: \_\_\_\_\_

Role/Expertise: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date Updated: \_\_\_\_\_

**LEGAL:**

*(examples: Lawyer, Executor of your Will, Trustees, etc.)*

Person/Group Name: \_\_\_\_\_

Role/Expertise: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date Updated: \_\_\_\_\_



Person/Group Name: \_\_\_\_\_

Role/Expertise: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date Updated: \_\_\_\_\_



Person/Group Name: \_\_\_\_\_

Role/Expertise: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date Updated: \_\_\_\_\_



Person/Group Name: \_\_\_\_\_

Role/Expertise: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date Updated: \_\_\_\_\_



Person/Group Name: \_\_\_\_\_

Role/Expertise: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date Updated: \_\_\_\_\_

# KNOWLEDGEABLE AND TRUSTED PEOPLE

**FINANCIAL:** (examples: Accountant/Tax Preparer, Insurance Agent, Investment Advisor, Financial Planner, Power of Attorney for Finances, Representative Payee)

Person/Group Name: \_\_\_\_\_

Role/Expertise: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date Updated: \_\_\_\_\_

Person/Group Name: \_\_\_\_\_

Role/Expertise: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date Updated: \_\_\_\_\_

Person/Group Name: \_\_\_\_\_

Role/Expertise: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date Updated: \_\_\_\_\_

Person/Group Name: \_\_\_\_\_

Role/Expertise: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date Updated: \_\_\_\_\_

Person/Group Name: \_\_\_\_\_

Role/Expertise: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date Updated: \_\_\_\_\_



**OTHER:**

*(examples: Former Employers, Pension Fund Payer, Others to Notify, etc.)*

Person/Group Name: \_\_\_\_\_

Role/Expertise: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date Updated: \_\_\_\_\_

Person/Group Name: \_\_\_\_\_

Role/Expertise: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date Updated: \_\_\_\_\_

Person/Group Name: \_\_\_\_\_

Role/Expertise: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date Updated: \_\_\_\_\_

Person/Group Name: \_\_\_\_\_

Role/Expertise: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date Updated: \_\_\_\_\_

Person/Group Name: \_\_\_\_\_

Role/Expertise: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date Updated: \_\_\_\_\_

# LOCATION OF IMPORTANT DOCUMENTS

## DOCUMENT

## LOCATION

Power of Attorney for Finances:

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Power of Attorney for Health Care:

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Will:

---

Advanced Health Care  
Directive/Living Will:

---

Trust Agreements:

---

Birth Certificate:

---

Marriage Certificate:

---

Passports/Naturalization Papers:

---

Adoption Papers:

---

Military Discharge Papers:

---

Social Security Card:

---

Medicare Card:

---

Medicaid Card:

---

Title to Real Estate  
Property/Mortgage Papers:

---

Titles to  
Automobiles/Other Vehicles:

---

Contract for Long Term Care  
Facility, and/or Other Contracts  
& Legal Documents:

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Other Storage Places for  
Important Property/Documents:

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## DOCUMENT

## LOCATION

Life Insurance:

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Health Insurance:

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Disability Insurance:

---

Automobile Insurance:

---

Homeowners Insurance:

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Excess Liability Insurance:

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Long Term Care Insurance:

---

Other Insurance:

---

Current Papers and Receipts  
for Filing Tax Returns:

---

Income Tax Returns for Last  
Five Years and Supporting Records:

---

Location for Safe Deposit Box:

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Location of Keys to  
Safe Deposit Box:

---

Other Essential Keys:

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# PROPERTY AND FINANCIAL HOLDINGS LOCATIONS

ASSETS	ACCOUNT NUMBER & LOCATION	ELECTRONIC <i>Circle One</i> <i>(See password manager)</i>
Checking Accounts	_____	Y/N
Saving Accounts	_____	Y/N
Money Markets & CD's	_____	Y/N
Stocks	_____	Y/N
Bonds	_____	Y/N
Brokerage Accounts	_____	Y/N
Mutual Funds	_____	Y/N
Trusts for Which You Pay a Beneficiary	_____	Y/N
Mortgages and Other Debts Owed to You	_____	Y/N
Pension, Other Retirement Plans (Including IRA's and Koegh's)	_____	Y/N
Autos, Boats, RV's, etc.	_____	Y/N
Primary Residence	_____	
Vacation Home	_____	
Other Real Estate Holdings	_____	
Other Investments	_____	

# FINANCIAL OBLIGATIONS

## LOCATION

Mortgage \_\_\_\_\_

Auto Loans \_\_\_\_\_

Bank Loans \_\_\_\_\_

Other \_\_\_\_\_

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### List of Credit Cards

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

---

### Persons Dependent on You For Support

NAME	DOB	TYPE OF SUPPORT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# PASSWORD ORGANIZER

CATEGORY: \_\_\_\_\_

Website/ Business: \_\_\_\_\_ Email Address Used: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Notes: \_\_\_\_\_

Website/ Business: \_\_\_\_\_ Email Address Used: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Notes: \_\_\_\_\_

Website/ Business: \_\_\_\_\_ Email Address Used: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Notes: \_\_\_\_\_

Website/ Business: \_\_\_\_\_ Email Address Used: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Notes: \_\_\_\_\_

Website/ Business: \_\_\_\_\_ Email Address Used: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Notes: \_\_\_\_\_

Website/ Business: \_\_\_\_\_ Email Address Used: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Notes: \_\_\_\_\_

**CATEGORY:** \_\_\_\_\_

Website/ Business: \_\_\_\_\_ Email Address Used: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Notes: \_\_\_\_\_

Website/ Business: \_\_\_\_\_ Email Address Used: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Notes: \_\_\_\_\_

Website/ Business: \_\_\_\_\_ Email Address Used: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Notes: \_\_\_\_\_

Website/ Business: \_\_\_\_\_ Email Address Used: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Notes: \_\_\_\_\_

Website/ Business: \_\_\_\_\_ Email Address Used: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Notes: \_\_\_\_\_

Website/ Business: \_\_\_\_\_ Email Address Used: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Notes: \_\_\_\_\_

# MY HOME INVENTORY SHEET

ROOM: \_\_\_\_\_

<u>Item</u>	<u>Description</u>	<u>Brand Name</u>	<u>Brand Name</u>	<u>Price Paid</u>	<u>Photo</u>	<u>Receipt</u>
TV	50" Flat Screen	Samsung		\$400	√	√



ROOM: \_\_\_\_\_

<u>Item</u>	<u>Description</u>	<u>Brand Name</u>	<u>Brand Name</u>	<u>Price Paid</u>	<u>Photo</u>	<u>Receipt</u>

ROOM: \_\_\_\_\_

<u>Item</u>	<u>Description</u>	<u>Brand Name</u>	<u>Brand Name</u>	<u>Price Paid</u>	<u>Photo</u>	<u>Receipt</u>

# NOTES

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