

MY PEACE OF MIND PLAN



*A guide for my family and friends
in the event of my incapacity or death*

**& GRIFFIN
& GRIFFIN**

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The Peace of Mind Plan

The Peace of Mind Plan is a very important part of the estate planning process we have begun together. This plan is a gift for your family or loved ones to show them you care enough about them to plan ahead for your disability or death. Taking the time to complete this document now will help your loved ones make difficult decisions later, when they might be emotional, confused, or weary from stress, loss of sleep and grief.

How the Peace of Mind Plan Works:

Use your plan to guide your family or other trusted person to your estate plan documents (your Last Will, Trust, Power Of Attorney, Health Care Directive and Living Will) and other important documents and information they may need in the event of your disability or death.

- Review the following pages covering common issues that arise when a person becomes critically ill or dies.
- Complete as much of the information as you feel comfortable sharing. Note however, the more complete this document, the easier it will be for your loved ones when you are no longer able to share this information with them.
- You may not need to use every section or every page. Complete the sections that apply to your situation.
- Do not limit the completeness of this document, use as many additional pages as you require to include all relevant information.
- You might want to encourage your spouse, children or parents to complete their own plan as well. If you need new, blank or additional copies of this document at any time, please do not hesitate to call Griffin & Griffin, 7077 S. Tamiami Trail, Sarasota, FL 34231; (941) 966-2700.

Preserving Your Peace of Mind Plan:

- Store your plan where it can be easily found. Perhaps in a fire proof box in your home or give it to a friend or other trusted person who does not live with you. You may decide to put it in a envelope marked "Open only in the event of my death or serious illness or injury."
- Consider providing a copy of your plan to Griffin & Griffin to keep in your file. If you choose to do this, we will be able to better assist your loved ones upon your incapacity or death.

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About Me

A. **My Information:**

Name: _____

Address: _____

Phone: (____) _____ - _____

B. **My personal Information:**

Date of Birth: _____

Social Security #: _____

C. **My Family (Spouse and Children): if any:**

1. Name: _____

Address: _____

Phone: (____) _____ - _____

2. Name: _____

Address: _____

Phone: (____) _____ - _____

3. Name: _____

Address: _____

Phone: (____) _____ - _____

4. Name: _____
Address: _____

Phone: (____) _____ - _____

5. Name: _____
Address: _____

Phone: (____) _____ - _____

6. Name: _____
Address: _____

Phone: (____) _____ - _____

7. Name: _____
Address: _____

Phone: (____) _____ - _____

8. Name: _____
Address: _____

Phone: (____) _____ - _____

9. Name: _____
Address: _____

Phone: (____) _____ - _____

Last Will and Testament

D. **Last Will:**

- I do not have a Last Will and Testament. (If no, skip to next page)
(NOTE: if you check this box, you have an important duty to perform now.)
- I have a Last Will and Testament dated _____.

E. **The original copy of my Last Will (and any codicils) is located at:** (Check one)

- Griffin & Griffin
7077 S. Tamiami Trail
Sarasota, Florida 34231
(941) 966-2700
- Other: _____

F. **Personal Representative [Executor] Information:**

Name: _____
Address: _____

Phone: (____) _____ - _____

G. **Tangible Personal Property:**

- I have made separate written provisions for gifts of personal effects (Tangible Personal Property List). For safe keeping this list is located at _____.
- I have not made separate written provisions for gifts of personal effects.

H. **Changes to My Will (Codicils):**

- I have executed a Codicil(s) amending my Last Will and Testament. The date of my codicil(s) is _____.
- I have not executed a Codicil to my Last Will.

Living Trust

A. **Living Trust:**

- I have not executed a Trust Agreement. (If no, skip to next page)
- I have executed a Trust Agreement.

B. **The original copy of my Trust (and any Amendments) is located at:** (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Griffin & Griffin
7077 S. Tamiami Trail
Sarasota, Florida 34231
(941) 966-2700 | <input type="checkbox"/> Other: _____

_____ |
|--|--|

C. **Trustee Information:**

Name: _____
Address: _____

Phone: (____) _____ - _____

D. **Funding:**

- My Trust has been funded.
- My Trust has not been funded.

E. **Amendments to My Trust:**

- I have executed an amendment(s) to my Trust. The date(s) of my amendment is _____.
- I have not executed an amendment to my Trust.

Durable Power of Attorney

A. **Durable Power of Attorney:**

- I do not have a Durable Power of Attorney. (If no, skip to next page)
- I have a Durable Power of Attorney.

B. **The original copy of my Durable Power of Attorney is located at:** (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Griffin & Griffin
7077 S. Tamiami Trail
Sarasota, Florida 34231
(941) 966-2700 | <input type="checkbox"/> Other: _____

_____ |
|--|--|

C. **Agent Information:**

1. Name: _____
Address: _____

Phone: (____) ____-_____

2. Name: _____
Address: _____

Phone: (____) ____-_____

3. Name: _____
Address: _____

Phone: (____) ____-_____

Advance Directive for Health Care/Living Will

A. **Advance Directive for Health Care/Living Will:**

- I do not have an Advanced Directive / Living Will. (If no, skip to next page)
- I have executed an Advanced Directive for Health Care/Living Will.

B. **The original copy of my Advance Directive is located at:** (Check one)

- Griffin & Griffin
7077 S. Tamiami Trail
Sarasota, Florida 34231
(941) 966-2700
- Other: _____

C. **Surrogate Information:**

1. Name: _____
Address: _____

Phone: (____) _____ - _____

2. Name: _____
Address: _____

Phone: (____) _____ - _____

3. Name: _____
Address: _____

Phone: (____) _____ - _____

Important Paperwork

Type of Paperwork	Location
Bank Book/Check Book	
Birth Certificates	
Credit Cards	
Death Certificates	
Divorce Decree	
Drivers License	
Income Tax Returns	
Safe Combinations	
Marriage Certificates	
Medical Records	
Military Service Record	
Passports	
Real Estate Deeds	
Social Security Cards	
Health Insurance Cards	
Mail Box Key	
Computer Passwords	
Email Passwords	
W-2/Earning Statements	

Safe Deposit Boxes

A. **Safe Deposit Box(es):**

- I do not have a Safe Deposit Box. (If no, skip to next page)
- I have the following Safe Deposit Box(es):

Safe Deposit Box Information:

1. Bank Name: _____
Bank Address: _____
Box Number: _____
Location of Key(s): _____
 - It is held in my name only; or
 - It is held jointly with _____.

2. Bank Name: _____
Bank Address: _____
Box Number: _____
Location of Key(s): _____
 - It is held in my name only; or
 - It is held jointly with _____.

3. Bank Name: _____
Bank Address: _____
Box Number: _____
Location of Key(s): _____
 - It is held in my name only; or
 - It is held jointly with _____.

Bank Account Information

A. **Bank Information:**

1. Choose One: Checking; Savings; CD; Other (Annuity, etc.)

Bank Name: _____

Bank Address: _____

Acct. Number: _____

Ownership of Account:

- It is held in my name only; or
 It is held jointly with _____.

2. Choose One: Checking; Savings; CD; Other (Annuity, etc.)

Bank Name: _____

Bank Address: _____

Acct. Number: _____

Ownership of Account:

- It is held in my name only; or
 It is held jointly with _____.

3. Choose One: Checking; Savings; CD; Other (Annuity, etc.)

Bank Name: _____

Bank Address: _____

Acct. Number: _____

Ownership of Account:

- It is held in my name only; or
 It is held jointly with _____.

Bank Account Information, cont'd.

4. Choose One: Checking; Savings; CD; Other (Annuity, etc.)

Bank Name: _____

Bank Address: _____

Acct. Number: _____

Ownership of Account:

- It is held in my name only; or
 It is held jointly with _____.

5. Choose One: Checking; Savings; CD; Other (Annuity, etc.)

Bank Name: _____

Bank Address: _____

Acct. Number: _____

Ownership of Account:

- It is held in my name only; or
 It is held jointly with _____.

6. Choose One: Checking; Savings; CD; Other (Annuity, etc.)

Bank Name: _____

Bank Address: _____

Acct. Number: _____

Ownership of Account:

- It is held in my name only; or
 It is held jointly with _____.

- I have attached additional sheets containing more account information.**

Additional Financial Information

A. Stocks

- I do not have any individual stock certificates. (If no, skip to Part B)
- I have the following individual stock certificates not held in an account listed above.

Stock Name	No. Of Shares	Certificate Location

B. Bonds

- I do not have any individual bonds. (If no, skip to Part C)
- I have the following individual bonds not held in an account listed above.

Bond Type	Serial No.	Denominations	Bond Location

C. Individual Retirement Account (IRA)

- I do not have an individual retirement account. (If no, skip to Part D)
- I have an individual retirement account.

Bank Name: _____

Bank Address: _____

Acct. Number: _____

Advisor's Name: _____

Advisor's Phone No.: (____) _____ - _____

D. Other Benefit Entitlements

- I am not the beneficiary of any Pension, Profit Sharing, ESOP, Stock option/purchase or similar retirement plan. (If No, skip to Part E.)
- I am the beneficiary of a Pension, Profit Sharing, ESOP, Stock option/purchase or similar retirement plan.

Company Name: _____

Type of Entitlement: _____

Contact Person: _____

Contact's Phone No.: (____) _____ - _____

E. Motor Vehicles

The bill of sale, title and registration for any vehicles I own can be found at:

F. Creditors and Debtors

The following people owe me money:

Name(s): _____

Address: _____

Phone: (____) _____ - _____

Amount owed: _____

Location of Notes and evidence of payments can be found at:

See attached for additional Debtors.

I owe the following people money:

Name(s): _____

Address: _____

Phone: (____) _____ - _____

Amount owed: _____

Location of Notes and evidence of payments can be found at:

See attached for additional Creditors.

G. Tax Preparer

Name: _____

Address: _____

Phone: (____) _____ - _____

H. Financial Advisor

Name: _____

Address: _____

Phone: (____) _____ - _____

Online Information

In this increasingly digital age, it is important for your family to access you online life.

Please provide login information below. Remember to keep this page secure.

Company	Website	Username	Password/Security Questions
Example: Pension Company	www.Pensionco.com	client@email.com	Puppydog1
Email:			
Bank:			
Utilities:			
Pension Co.:			
Social Security:			
Utilities:			

The Code or Password to unlock my computer is: _____.

Insurance

A. Life Insurance

- I do not have any life insurance policies. (If no, skip to Part B)
- I have life insurance policies. My Agent is _____.

Company Name	Policy Number	Policy Value*	Policy Location

*Last known value, value may be more or less depending on growth or outstanding Loans.

B. Medical, Dental & Disability Insurance Policies

- I do not have any medical, dental or disability policies. (If no, skip to Part C)
- I have medical, dental or disability policies:

Company Name	Policy Number	Policy Location

C. Long-term Care Insurance Policies

- I do not have a long-term care policy. (If no, skip to Part D)
- I have a long-term care policy:

Company Name	Policy Number	Policy Location

D. **Homeowner's/Renter's Insurance Policies**

- I do not have any homeowner's/renter's policies. (If no, skip to Part E)
- I have a homeowner's/renter's policy:

Company Name	Policy Number	Policy Location

E. **Auto Insurance Policies**

- I do not have any auto insurance policies. (If no, skip to Part F)
- I have auto insurance policies:

Company Name	Policy Number	Policy Location

F. **Personal Liability and Umbrella Insurance Policies**

- I do not have a personal liability or umbrella policy. (If no, skip to next page)
- I have personal liability and umbrella policies.

Company Name	Policy Number	Policy Location

Real Estate

A. Primary Residence

Home Address: _____

- It is held in my name only; or
- It is held jointly with _____.
- It is held in the _____ Trust.

The mortgage on the property is _____.

The holder of the mortgage is _____.

B. Other Real Estate

Address: _____

- It is held in my name only; or
- It is held jointly with _____.
- It is held in the _____ Trust.

The mortgage on the property is _____.

The holder of the mortgage is _____.

C. Other Real Estate

Address: _____

- It is held in my name only; or
- It is held jointly with _____.
- It is held in the _____ Trust.

The mortgage on the property is _____.

The holder of the mortgage is _____.

Medical Information

A. **Primary Care Doctor**

Name: _____
Address: _____

Phone: (____) _____ - _____
Specialty: _____

B. **Other Medical Staff**

Name: _____
Address: _____

Phone: (____) _____ - _____
Specialty: _____

C. **Other Medical Staff**

Name: _____
Address: _____

Phone: (____) _____ - _____
Specialty: _____

D. **Pharmacy**

Name: _____
Address: _____

Phone: (____) _____ - _____

E. **Known Allergies**

I have known allergies to the following: _____

Funeral and Burial Preferences

A. **Funeral Arrangements:**

- I have not pre-arranged my burial/cremation with a funeral parlor. (Skip to Part C)
- I have pre-arranged my burial/cremation with a funeral parlor.

B. **Pre-Arranged Funeral Contract:**

Funeral Parlor Name: _____
Funeral Parlor Address: _____

Funeral Parlor Phone: (____) _____ - _____
Pre-Paid: Yes No
Contract #: _____

C. **The Person to be in Charge of Final Arrangements:**

1st Name: _____
Phone: (____) _____ - _____

2nd Name: _____
Phone: (____) _____ - _____

D. **The Place of Service:**

Church/Parlor Name: _____
Church/Parlor Address: _____

Religious Affiliation: _____
Service conducted by:
Name: _____
Phone: (____) _____ - _____

E. Burial Preferences:

1. I Prefer:

- Earth Burial (Answer Question 2 Below)
- Mausoleum (Answer Question 2 Below)
- Cremation (Answer Question 3 Below)
- Other: _____

2. Burial/Mausoleum Information:

Name of Cemetery: _____

City/State of Cemetery: _____

- I have reserved facilities (attach deed and/or other paperwork).
- I have not reserved facilities.

3. Disposition of Ashes:

I request that my loved ones dispose of my ashes in the following manner:

F. Memorial Preferences:

- 1. Viewing: Yes No
- Church Service: Yes No
- Memorial Service: Yes No
- Graveside Committal Service: Yes No
- Military Honors (if available): Yes No

www.militaryfuneralhonors.osd.mil

- 2. I prefer contributions be made to charity in lieu of flowers. Yes No

My preferred charity is _____.

- 3. My preferred hairstylist is:

Name: _____

Phone: (____) _____ - _____

4. I would prefer to be buried in the following outfit, if such request is feasible at the time of my death (including the following jewelry): _____

5. I prefer the following pallbearers, if they are able and willing to serve:

6. The following are some of my favorite music, hymns, psalms and readings:

7. Other comments or concerns regarding my funeral arrangements:

Obituary/Death Notice Information

In most cases, death notices are fairly factual in nature and do not include a lot of editorial language or reflection. Obituaries tend to be more editorial in nature and are traditionally written by newspaper editorial staff members, although you may certainly write an obituary and present it to the editorial staff for publication. The following information will assist your family in writing a death notice. If you or your family are uncomfortable writing the death notice, ask your funeral director for help. He or she deals daily with writing and placing death notices.

1. Name (Maiden Name included): _____
2. Date of Birth: _____
3. Address: _____
4. When you came to town: _____
5. Place of birth: _____
6. Previous Residence: _____
7. Schools Attended: _____
8. Military Service: _____
9. Career/Company info: _____
10. Church/Temple: _____
11. Civic Activities: _____
12. Memorial Donations: _____
13. Spouse (living or deceased): _____
14. Organizations: _____
15. Other: _____

My obituary/death notice should be sent to the following newspapers: _____

People to Contact About My Death

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

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Relationship: _____

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Address: _____
Telephone: _____

Name: _____
Relationship: _____
Address: _____
Telephone: _____

Name: _____
Relationship: _____
Address: _____
Telephone: _____

Social Security Information

My Social Security Number is _____ - _____ - _____.

The Social Security Administration (SSA) Web site, <http://www.ssa.gov>, has information on survivor benefits.

When I die:

- Promptly tell the SSA of my death toll-free: 1-800-772-1213.
- If monthly benefits were paid by direct deposit, notify the bank or other institution of my death. SSA will require that any funds deposited into my account in the month of my death be returned to them, even if they were deposited before my death.
- If benefits were paid by check, do not cash any checks for the month in which I died or thereafter. Return the check to the SSA using return receipt requested mail.

One-time Lump Sum Death Benefit:

SSA will pay a one-time payment of \$255 to my surviving spouse living with me at my death.

Benefits for Survivors:

Monthly survivors' benefits can be paid to certain family members, including my widow, dependent children and dependent parents.

Two booklets on the SSA website have information about filing for benefits and can be downloaded:

Survivors Benefits (Publication No. 05-10084)

www.ssa.gov/pubs/10084.html

Social Security: Understanding the Benefits (Publication No. 05-10024)

www.ssa.gov/pubs/10024.html

Veteran's Benefit Information

A. **Military Service:**

- I did not serve in the military. (If no, skip to next page)
- I served in the military.

B. **Military Service Information:**

I served in the military from _____ to _____.

I served in the _____ branch of the service.

I received an honorable discharge. Yes No

C. **My Discharge Papers and Separation Documentation can be found:**

_____.

1. Separation Documentation includes the DD-214 or similar document. (E.g Before January 1, 1950, several similar forms were used by the military services, including the WD AGO 53, WD AGO 55, WD AGO 53-55, NAVPERS 553, NAVMC 78PD, and the NAVCG 553.)
2. You may request a copy of your discharge papers by completing Standard Form 180 (SF-180), Request Pertaining to Military Records online at: <http://www.archives.gov/veterans/military-service-records/standard-form-180.html>

Information on Veteran's Benefits is available from the Department of Veteran's Affairs

Web site: www.va.gov

If I retired from the military, you may find information on getting a copy of my military records on DefenseLINK at www.defenselink.mil/faq/pis/PC03MLTR.html

Signature Page

Originally compiled this _____ day of _____, 20____.

X_____

Print Name:

Annual Reviews:

I recognize that much of this vitally important information changes from time to time. It should be reviewed and revised at least once a year. I have put it on my calendar to review this document annually.

This is a list of the dates I reviewed and revised this document:

1. Reviewed and Revised: _____, 20____. Initial here: _____
2. Reviewed and Revised: _____, 20____. Initial here: _____
3. Reviewed and Revised: _____, 20____. Initial here: _____
4. Reviewed and Revised: _____, 20____. Initial here: _____
5. Reviewed and Revised: _____, 20____. Initial here: _____

If you need a new, blank or additional copy of this document at any time, please do not hesitate to call:

Griffin & Griffin
7077 S. Tamiami Trail
Sarasota, Florida 34231
(941) 966-2700.

This Peace of Mind Plan provided courtesy of:

& GRIFFIN & GRIFFIN

Attorneys and Counselors at
Law

Our mission is to provide the highest quality legal representation in a compassionate, comfortable and patient way.

Dealing with the issues of aging, illness, dementia or death may be difficult. Finding a lawyer who knows how to assist you shouldn't be.

We focus our practice on:

Elder Law
Medicaid Qualification
Nursing Home Placement Issues
Wills, Trusts & Estate Planning
Healthcare Surrogacy & Power of Attorneys
Asset Preservation
Guardianship
Probate & Trust Administration
Veteran Benefits

(941) 966-2700

7077 S. Tamiami Trail, Sarasota, Florida 34231
www.griffinelderlaw.com

John T. Griffin, Esq.*
Carrie B. Griffin, Esq.

* Mr. Griffin is a Board Certified Elder Law Attorney and is recognized as an expert in Elder Law by the Florida Bar Assoc.

The hiring of a lawyer is an important decision that should not be based solely upon advertising. Before you decide, ask us to send you free information about our qualifications and experience.