

# Estate Assurance Kit



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## Is your estate organized and ready in case of an Emergency?

*We live in unprecedented times. When an emergency hits, the last thing you want to do is make things harder for your family. Completing this Kit simplifies decisions for your family so you can show them you love them when they need it most.*

### Estate Assurance Kit

How can this Assurance Kit help you? When an emergency hits, the last thing you want is to make things harder for your family. Completing this Estate Assurance Kit simplifies decisions for your family so you can show them you love them when they need it most.

When you fill out this toolkit, you'll be able to quickly:

- Identify legal decision makers and legal documents that need to be completed or updated.
- Identify your healthcare providers and important information such as prescriptions, medical conditions, and insurance providers.
- Identify who will serve as emergency guardians for minor or disabled children or pets.
- Provide information for a trusted person to be able to access your usernames and password

### About Bedlam Law Offices

At Bedlam Law we know that you want an estate plan that makes sure your assets are taken care of, managed, and distributed the way you want. The problem is, it's uncomfortable thinking about what will happen if you are incapacitated or after you die. makes you feel like you just want to avoid it altogether. We believe you deserve to be in control of everything you've worked so hard for. We know this can be an uncomfortable topic and it's tempting to just not do anything. For over 30 years, we have simplified the estate planning process for over 15,000 clients, giving them the freedom to move on with their lives, knowing they've done it right. If you need assistance with your estate plan, here is our process:

1. Fill out the Estate Assurance Kit to avoid worrying about leaving things unsettled and unorganized for your family.
2. Gather supporting documents.
3. To ensure that everything was filled out correctly and all needed documents are in order, schedule an appointment with Bedlam Law for your complimentary Estate Evaluation.

Have peace of mind knowing you will show your family you love them when they need it the most.

# About You

In an emergency situation, it is often helpful to have some personal and family demographics available. Write down your information below.

<b>For the Estate Of</b>	
Your Name: _____	DOB: _____
Address: _____	
Spouse: _____	

## Children

It can be useful to have the information for your children and close contacts available when you need them. This information can help the people handling your affairs keep your family reasonably informed as you wish. Write down their information below.

Name: _____	Name: _____
Phone: _____	Phone: _____
Address: _____	Address: _____
_____	_____
Name: _____	Name: _____
Phone: _____	Phone: _____
Address: _____	Address: _____
_____	_____
Name: _____	Name: _____
Phone: _____	Phone: _____
Address: _____	Address: _____
_____	_____

# LEGAL DOCUMENTS

## ***Why do you need legal documents?***

Even if you have been married for years, have responsible adult children or another close family member, there may come a time when you need someone to act on your behalf. Making sure that you have legal documents which appoint a person to act on your behalf, gives that person the authority to handle your affairs without filing a legal action to get custody.

## **Powers of Attorney**

A Durable Power of Attorney is a document that allows you to appoint a person to manage your financial or medical affairs if you become unable to do so. The document must specify what powers you are granting to your agent.

## **Financial Agents**

If you are incapacitated, who is legally appointed to make financial decisions for you? Decide on a primary person, but also choose alternates in case they are not available

### **Primary**

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

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

### **Alternate #1**

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

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

### **Alternate #2**

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

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

### **Document Review Checklist:**

Do you have a Durable Power of Attorney for Finances?  Yes  No

Does the document say if it is effective immediately,  
or only upon incapacity?  Yes  No

Is the document dated within the last 2 years?  Yes  No

Is the document signed and notarized?  Yes  No

Document location: \_\_\_\_\_

## Living Will (Advance Healthcare Directive)

If you are no longer able to communicate and the provision of medical treatment will only prolong the moment of your death (i.e. no hope for recovery), what kind of medical treatment do you want?

### Document Review Checklist:

- Do you have a Living Will?  Yes  No
- Is the document signed and notarized / witnessed?  Yes  No
- Do you want artificial nutrition (tube feeding)?  Yes  No
- Do you want artificial intravenous hydration?  Yes  No
- Document location: \_\_\_\_\_

## Last Will and Testament / Living Trust

Life changes all the time. It's important to know where these documents are and to make sure they reflect your current wishes.

### Document Review Checklist:

- Do you have a Last Will and Testament?  Yes  No
- Do you have a Living Trust?  Yes  No
- Do you have a Community Property Agreement?  Yes  No
- Are the Executor / Trustee designations up to date?  Yes  No
- Are the beneficiary designations up to date?  Yes  No
- Have you made provisions for minors or disabled people that might inherit?  Yes  No
- Have you made provision for pets?  Yes  No
- Have you created a separate writing for the disposition of tangible personal property?  Yes  No
- Do you have separate accounts that will pass according to a beneficiary designation (e.g. IRAs or Life Insurance)?  Yes  No
- What is your preference regarding the disposition of your body
- Funeral / Burial       Cremation       Other \_\_\_\_\_

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

Document(s) location(s): \_\_\_\_\_

\_\_\_\_\_

# HEALTHCARE

In the event of an emergency, it is critical that a loved one is able to easily access information about your physician, prescriptions, insurance, and medical conditions / sensitivities.

Healthcare information can change regularly. Be sure to set a yearly reminder for yourself to update this section.

## Medical Care Provider Information

Include any kind of medical care providers you see regularly (primary care physician, mental health practitioners, specialists, etc.)

### Primary Care Provider

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

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

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

### Other Provider / Specialist

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

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

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

### Other Provider / Specialist

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

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

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

### Other Provider / Specialist

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

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

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

### Other Provider / Specialist

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

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

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

### Other Provider / Specialist

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

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

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

# Prescriptions

In addition to listing any prescription medications you take, include the reason you take them in the notes section. Having this information on hand can prevent harmful drug interactions and make sure you get the medication you need if you are not able to communicate.

Pharmacy Name: _____
Phone: _____
Address: _____
Notes: _____

Prescription Name: _____	Prescription Name: _____
Notes: _____	Notes: _____
_____	_____
_____	_____
Prescription Name: _____	Prescription Name: _____
Notes: _____	Notes: _____
_____	_____
_____	_____
Prescription Name: _____	Prescription Name: _____
Notes: _____	Notes: _____
_____	_____
_____	_____
Prescription Name: _____	Prescription Name: _____
Notes: _____	Notes: _____
_____	_____
_____	_____
Prescription Name: _____	Prescription Name: _____
Notes: _____	Notes: _____
_____	_____
_____	_____

## Health Insurance

Having insurance provider information handy can save time and ensure faster check-ins and provision of care services.

Medicare Identification Number: _____	Part D Provider: _____ ID Number: _____
Insurance Provider: _____ ID Number: _____ Plan / Group: _____	Insurance Provider: _____ ID Number: _____ Plan/Group: _____

## Allergies / Important Medical Information

Knowing about allergies or potential complications due to known medical conditions can help your health care providers keep you safe.

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# Financial

Make it easier for your loved one when the time comes.

<b>Accountant</b> Name: _____ Phone: _____ Notes: _____ _____	<b>Financial Advisor</b> Name: _____ Phone: _____ Notes: _____ _____
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## Financial Institutions

Name: \_\_\_\_\_  
Account Type: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Account Type: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Account Type: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Account Type: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Account Type: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Account Type: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Account Type: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Personal

If an emergency happens, you don't want to have to think in that moment about who will take care of your kids or your pets. This is something to decide in advance. This is not the same thing as formal guardianship in the event of your death. This is just about having an emergency plan in place.

Name: _____	Name: _____
Phone: _____	Phone: _____
Special Instructions: _____	Special Instructions: _____
_____	_____
_____	_____
_____	_____

## Emergency Guardian for Pets

Name: _____	Name: _____
Phone: _____	Phone: _____
Special Instructions: _____	Special Instructions: _____
_____	_____
_____	_____
_____	_____

## Username and Passwords

In the event of an emergency, who will you trust with your username and password logins to access online information? Be sure that whoever you give this information to keeps it in a secure location.

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

Instructions for accessing location of stored usernames and passwords:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Congratulations on completing your Estate Assurance Kit!  
This is such an important way to show your loved ones how much you love them when they need it the most.

Look, we know it is uncomfortable thinking about what will happen if you are incapacitated or after you die. But you have taken a huge step here toward having an estate plan that makes sure your assets are taken care of, managed, and distributed the way you want.

If you have realized you need some help completing this and getting everything legally drafted and executed, we are here to simplify the process for you so you can move on with your life, knowing you've done it right.

**No matter what happens in life,  
you deserve to be in control of everything  
you've worked so hard for. Make the decisions now, while you still  
can instead of letting the court make it for you when you are gone.**

