

# The Gift

*Because your life matters.*



*Thank you* for allowing Community Hospice of Texas to be a part of your life. We value the relationships we have made and hope we can continue to provide a service to those who need our care.

Collectively, we have become the largest provider of not-for-profit hospice services in Texas. As such, we pride ourselves on giving the highest quality end-of-life care possible. Having served thousands of patients and families during the past 15 years, we recognize the confidence you have placed in us and we pledge to uphold that trust.

Our organization provides a wide array of benefits for both patients and families. While most hospice care is home-based, Community Hospice of Texas provides increased flexibility to meet the needs of patients in nursing home facilities and hospitals devoted exclusively to end-of-life care.

Community Hospice of Texas was established in 1995. Our Mexia office opened in 2002 and Whitney office opened in 2012. Through sustained growth, visionary leadership and valued community partners, Community Hospice of Texas now serves 25 counties. We pride ourselves on providing expert medical care for patients plus emotional and spiritual support for the entire family.

As a leader in end of life care, we recognize the need to be prepared long before an illness begins. To assist our community members in accomplishing that important task, we have developed this document. None of the information is new or unusual but all of the information will be helpful to you and your family at a time you need the most help and support.

Please use this instrument as a tool to help outline your personal information and wishes. It is designed to provide basic information to your family about your assets, liabilities and personal desires when you cannot convey that information.

Please keep this document in a safe place; you may want to give a copy to a respected family member.

Completed by \_\_\_\_\_ Completed date \_\_\_\_\_

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*Important numbers*

**Family/Friends phone tree:**

Name	Relation	Number	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	Name	Phone / Email
Community Hospice of Texas	_____	_____
Doctor	_____	_____
Church	_____	_____
Religious Advisor	_____	_____
Attorney	_____	_____
Financial Advisor	_____	_____
CPA / Tax Advisor	_____	_____
Stockbroker	_____	_____
Pension Benefits	_____	_____
Employer	_____	_____
Other	_____	_____

# My financial information

Financial Assets and Loans	Account Numbers	Company & Contact Information (name, phone, e-mail)
Bank Account(s)  Checking  Savings  Other		
Credit Union account(s)		
Investment (stocks, bonds) account(s)		
Mutual fund account(s)		
Trusts		

*My financial information*

Financial Assets and Loans	Account Numbers	Company & Contact Information (name, phone, e-mail)
Retirement account(s), such as 401(k), 403(b), IRA or Annuity		
Pension		
<b>Loans &amp; Mortgages</b>  Residential  Business  Vacation property  Vehicles  Personal  Other		

*My financial information*

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Financial Assets and Loans	Account Numbers	Company & Contact Information (name, phone, e-mail)
Partnerships  Participants  LLC		
Credit Cards		

*My financial information*

Passwords		
ATM		
Computer		
Accounts		
Insurance		
Medical		
Life		
Auto		
Home		
Other		

# *My personal property*

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List important personal property you own and the names of the loved ones you would like to receive this property. Include belongings like furniture, jewelry, artwork, family heirlooms, photographs, etc. You may consider having these types of items appraised.

Property Description	Property Location	Photo Included	Name of Person to Receive	Phone Number	Email Address



*Documents executed*

	Date Signed	Location	Check if Applicable
Living Will			
Medical Power of Attorney			
Medical Directive			
General Power of Attorney			
Living Trust			
Insurance Trust			
Charitable Trust			
Minor's Trust			
Custodial Account			
Organ Donation			
Child Adoption Papers			
Section 529 Education Plan			
Pre-Nuptial Agreement			
Post-Nuptial Agreement			
Marriage License			
Divorce Decree or Settlement			
Birth Certificates			
Automobile Title Papers			
Citizenship Papers / Passport			
Burial Agreements			
Retirement Plan Beneficiary Designation			
Insurance Beneficiary Designation			
Military Discharge Papers			
Employment or Independent Contractor Contract			
Domestic Partnership			
Cohabitation Agreement			
Personal property distribution list			
Other:			

**My important records can generally be found:**

- home filing cabinet
- safety deposit box
- home safe
- attorney's office
- accountant's office
- financial planner's office
- other \_\_\_\_\_

Note: Be sure all important documents are sealed in plastic to protect them in case of flooding.

# Advanced directives

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## In the event of my incapacity

I have appointed the following persons to act on my behalf if I become disabled

### Power of Attorney over my assets

Name

Contact #

1st \_\_\_\_\_

2nd \_\_\_\_\_

### Power of Attorney for medical decisions

Name

Contact #

1st \_\_\_\_\_

2nd \_\_\_\_\_

### Guardian over my property

Name

Contact #

1st \_\_\_\_\_

2nd \_\_\_\_\_

### Guardian over my person

Name

Contact #

1st \_\_\_\_\_

2nd \_\_\_\_\_

It is my desire that the persons have the above powers of attorney act on my behalf rather than a guardian being appointed, unless my family believes guardianship is necessary.

In the event of my incapacity, I do \_\_\_\_ I do not \_\_\_\_ want to be kept home as long as possible, taking into account the cost.

I have DNR orders \_\_\_\_\_yes \_\_\_\_\_no

In the event of my incapacity, the following is additional information which I think is important for my family and advisors to know

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*Medical history*

Medical Problems

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Past Surgeries or Hospitalizations

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Allergies

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Current Medications

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Significant Medical Problems of Family Members

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*At the time of my death*

I have the following final wishes

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Funeral Home\_\_\_\_\_

Cemetery\_\_\_\_\_

Plot / Drawer No.\_\_\_\_\_

Crematorium\_\_\_\_\_

# Final wishes

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I have paid for funeral arrangements \_\_\_\_\_ burial cost, \_\_\_\_\_ burial plot, \_\_\_\_\_ casket

\_\_\_\_\_ cremation and \_\_\_\_\_ a service.

Information can be found \_\_\_\_\_

Minister / Chaplin / Rabbi to perform service \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_

Pallbearers

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## Special Requests

Obituary reading

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Tombstone engraving

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Organ donation

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*Final wishes*

In Lieu of Flowers, please ask for a donation to

Community Hospice of Texas (We hope you remember us for your loved ones memorials.)

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I would like the following person to read my eulogy at my service \_\_\_\_\_

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I would like the following songs, music, poetry, scripture, etc. at my funeral

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I would like the following people contacted upon my death

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Other Notes

## *My ethical will*

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When I am gone, I hope my family will learn from my experiences

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I believe that the most important things in life are

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The most important thing I have done in my life is

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It is my hope that my family will use its inheritance from me to accomplish the following goals in their lives

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How I would like to be remembered

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I have attached to this my favorite \_\_\_\_\_ quote, \_\_\_\_\_ poem, \_\_\_\_\_ story or \_\_\_\_\_ scripture.

I have attached love letters to my family members \_\_\_\_\_

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I have signed this Gift this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

This document is not intended to replace or supersede my will or any other documents signed by me. However, it is my express desire that each family member, Power of Attorney, Executor, Trustee and Guardian will use this Gift Letter and other documents signed by me in making any discretionary decisions for me and my family. Please keep all copies this document and other important papers locked in a safe place which is only accessible by people you trust.

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Signature

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Print Name

# After-Death Checklist for Survivors

The time immediately following the death of a loved one can be overwhelming, with grief and bereavement with a seemingly endless number of tasks. The immediate days following the death will be focused on the funeral or memorial service arrangements. Soon after, however, various financial and legal issues must be addressed. Many people find that having a checklist of decisions to be made and tasks to be done when a death occurs helps them to be better organized and, thus, reduces some of the anxiety associated with an emotional time. We hope you find this checklist helpful.

- ◆ Decide who will do what tasks
- ◆ Contact those who will take on responsibilities
- ◆ Have someone write down every decision made and every action taken

## Deceased's Basic Personal Information

Full legal name  
Legal residence  
Length of time at current address  
Date of birth  
Place of birth  
Citizenship  
Health insurance information  
Social Security Number  
Occupation  
Employment or business history  
Marital history  
Spouse's full name  
Father's name  
Father's birthplace  
Mother's name  
Mother's birthplace  
Next of kin, addresses, and relationship  
Executor's name and contact information  
Attorney's name and contact information  
Doctor's name and contact information

## Deceased's obituary information

High school attended  
University attended  
Military record  
Family history  
Work or professional history  
Religious activities and affiliations  
Civic activities  
Special awards and accomplishments  
Hobbies, activities and interests  
Charities and other special requests

## Contacts before disposition

Relatives and friends  
Religious groups  
Organizations in which deceased was a member:  
Professional groups  
Unions  
Civic groups

## Funeral/memorial period:

- \_\_\_\_\_ Follow directives if body or organ donation was planned.
- \_\_\_\_\_ Select a funeral home, if not already arranged for.
- \_\_\_\_\_ Discuss costs with funeral director with the assistance of a family member or friend. Select what is within your budget. Order pre-printed "thank you" cards.
- \_\_\_\_\_ Decide on cremation or burial, if not already determined.

- \_\_\_\_\_ Make arrangements for the service, in consultation with your minister, priest, or rabbi.
- \_\_\_\_\_ Write an obituary and send this to local newspapers. Include information about memorial gifts if appropriate. A family member or friend can help you follow guidelines supplied by your local newspapers. The funeral home will also assist if requested.
- \_\_\_\_\_ Notify friends, relatives and others.
- \_\_\_\_\_ Order at least 15 copies of the death certificate from the funeral director or health department.
- \_\_\_\_\_ Set up a system to record and later acknowledge cards, letters, phone calls, food, and other gifts.

*Begin to organize information:*

- \_\_\_\_\_ Start a filing system for quick and easy retrieval. For example, use colored manila folders. Here are some possible file headings: bank correspondence, bills, business related, credit card statements, employer correspondence, estate documents, household, income tax related, investments, life insurance, other assets, personal documents, etc.
- \_\_\_\_\_ Create a calendar with important “due dates.”
- \_\_\_\_\_ Keep a log of actions taken, including the date and contact person if someone else was involved and pertinent notes. (If you don’t create a list, you’re likely to forget the dozens of contacts you’ll make and things done.)

*Work with an attorney and tax preparer:*

- \_\_\_\_\_ Gather significant documents, including your spouse’s will and trust if applicable.
- \_\_\_\_\_ If you have not previously worked with a tax preparation professional, inquire about which documents to keep and your pertinent tax issues for the current year.
- \_\_\_\_\_ Ask friends or professional advisor for names of a lawyer who does estate work, if you don’t have an attorney already. This individual will guide you during the probate process.
- \_\_\_\_\_ If you’re the executor, process and manage the estate settlement process with the guidance of your professional advisors. (Also see section on the next page — estate settlement.)



## Collect benefits:

- \_\_\_\_\_ Locate birth certificate, Social Security number, marriage license, military discharge papers, financial account statements and company benefits brochure you may need to collect certain benefits. Keep these papers readily available in your organizational folders.
- \_\_\_\_\_ File a benefits claim form through the nearest Social Security office or go online at [www.ssa.gov](http://www.ssa.gov) if you qualify for benefits. Call 1-800-772-1213 and ask for Publication No. 05-10084: *Social Security Survivor Benefits*. If your spouse paid into the Social Security system for at least 40 quarters (10 years) and was eligible to receive Social Security, you will receive a lump-sum death benefit of \$255. Unmarried children under age 18 (or older if attending high school or if disabled) are eligible for benefits, and if you are caring for these children you may qualify for survivor benefits. You can apply for Social Security retirement benefits as early as age 60 if you are a widow with limited employment income (or in some cases, even earlier).
- \_\_\_\_\_ Contact your life insurance agent to start collecting benefits. You may have various payment options. Be certain you understand your choices before selecting the payout method. Check the following sources for other life insurance: your spouse's employer or former employers; insurance through your mortgage company, credit cards or certain other loans; and professional association or unions.
- \_\_\_\_\_ Collect veteran's benefits if you qualify. Contact the Department of Veteran Affairs, if your spouse served in the military. You and children of active-duty or retired military may be eligible for certain benefits, such as medical care, commissary exchange, and veterans' mortgage life insurance. For more information on benefits and procedures, go to [www.va.gov](http://www.va.gov) or visit a local VA office. Defense Department Form 214, if your loved one was in the military. If you cannot find the original, you may request a copy by calling 800-318-5298 or by going to the National Archives website and following the link for veterans and their families.
- \_\_\_\_\_ Roll over your spouse's IRAs into your own. Or, if you are less than 59½ years old and need extra income, consider making his account a beneficiary IRA. This will minimize income tax you'll pay on early distributions. (Other exceptions may exist. Consult your tax professional or financial planner before making choices.)
- \_\_\_\_\_ Contact the Human Resources Department of your late spouse's employer, if he was employed at the time of death. Staff can assist you with unpaid salary, vacation pay, sick pay, medical-care flex or reimbursement account, bonuses and commissions, life insurance, pension benefits, access to qualified retirement accounts, stock options, and any other benefits due. If the death was because of an accident on the job, there may be accidental death benefits.
- \_\_\_\_\_ Take a pension from your spouse's qualified retirement plan or roll over money into your IRA, depending on your options. Review his employer's retirement plan document.
- \_\_\_\_\_ Contact the financial aid office, if you have a child in college. Your son or daughter may be eligible for special assistance or increased financial aid.

### *Review cash flow and liquidity needs:*

- \_\_\_\_\_ Be certain you have sufficient cash flow during this transition period. Prepare a statement listing where money will come from and where it needs to go in the coming months. Include a list of regular periodic bills.
- \_\_\_\_\_ Tap certain investments that may be available at face value without penalty, as they carry an “estate feature.” (For example, certificates of deposit with a “death put” or a variable annuity with a death benefit greater than its current market value.)

### *Adjust health insurance and other insurance coverage:*

- \_\_\_\_\_ Make sure you have your own medical insurance coverage. If you and your family were covered under your deceased spouse’s policy at work, inquire about continuing under the group plan through COBRA coverage. (You are eligible to enroll for up to 36 months after your spouse’s death — more than the standard 18-month period.) You will have to pay the premium. Another option may be to convert from existing group coverage to an individual plan. If you had your own policy previously, notify the agent of your spouse’s death so premiums may be reduced. Notify Medicare if covered.
- \_\_\_\_\_ Inform your auto, homeowner’s, liability, long-term care and other appropriate insurance agents. Premiums may be reduced for one less driver. If your spouse had long-term care insurance, you may be eligible for a return of part of his most recent premium payment.

### *Review assets and liabilities:*

- \_\_\_\_\_ Create a list of all you own and what you owe, in a financial net worth statement.

### *Complete the estate settlement:*

- \_\_\_\_\_ Identify the executor and begin taking inventory of the estate.
- \_\_\_\_\_ Consider getting the assistance of an attorney and financial planner.
- \_\_\_\_\_ Change the title and beneficiaries, at the appropriate time, on investments, vehicles, and your safe deposit box. It may not be necessary to change the title on your residence, depending on how it’s titled now. You may want to hold off temporarily on changing names on credit cards so you will continue to have use of the existing cards. (When you are ready to change ownership of a credit card, write a letter to this effect and send this to the company, along with a death certificate.)
- \_\_\_\_\_ Don’t change your joint checking account name for a year or so, as checks may still come payable to your spouse for some time. You’ll be able to deposit these into your joint account.
- \_\_\_\_\_ File an estate tax return if federal or state estate tax is owed (due 9 months after death).





Fort Worth: 817-870-2795 ✧ Toll Free: 800-226-0373

Dallas: 214-920-8450 ✧ Toll Free: 800-275-9393

Cleburne: 817-558-8302 ✧ Toll Free: 800-554-9899

[CHOT.org](http://CHOT.org)