

Checklist: I'm About To Have Surgery

Getting Started

Whether it's a simple procedure, or something more invasive, it never hurts to get some planning done first. Here's what we cover in this checklist:

- **Important Contacts:** Keep the people you care about connected with the important players in your life.
- **Advance Directive:** This Living Will/Health Care Proxy combo is a must for anyone entering the operating room.
- **Will:** This isn't only for your money and assets, but is vital if you have underage kids or care for a special needs adult.
- **Power Of Attorney:** Taxes, contracts, and other financial dealings might not be able to wait for you to completely heal.
- **Passwords & Unlocking Electronics:** Make sure someone you trust has access to your phone, computer, and other gizmos just in case.
- **Important Documents/Paperwork:** Share your financial basics, location of official documents, and other things in case you're laid up for a while.

Remember

[Create an Everplan](#) to easily and securely update and share this vital info with the people you love and trust.

IMPORTANT CONTACTS

- Emergency Name/Info: _____
- Work Name/Info: _____
- Doctor Name/Info: _____
- Financial/Accountant Name/Info: _____
- Lawyer Name/Info: _____
- Insurance Agent Name/Info: _____
- Other Name/Info: _____

ADVANCE HEALTH CARE DIRECTIVE

I Need To Create An Advance Directive

I Have An Advance Directive

Location Of Official Document: _____

Health Care Proxy (Name/Contact Info): _____

Notes: _____

I Don't Have An Advance Directive And I Don't Want To Create One

Why? (The default for medical treatment is to keep you alive at all costs. If that's what you want, let your loved ones know so there isn't any confusion.)

Health Insurance

Company Or Provider: _____

Acct. #/Other Info: _____

Notes: _____

WILL

I Don't Have A Will But I Need To Create One

I Have A Completed, Updated Will

Location Of Will: _____

Executor (Name/Contact Info): _____

Guardian Name/Contact Info (if applicable): _____

Date Created/By Whom: _____

Notes: _____

I Don't Have Or Want A Will

Why? (We're not judging you. Promise! However, you might want to explain your decision so your family is aware of why you didn't want to create a Will.)

POWER OF ATTORNEY

I Need To Name A POA

I've Named A POA

Type (circle one): Durable | Non-Durable | Springing | Don't Know/Not Sure

Location Of Official Document: _____

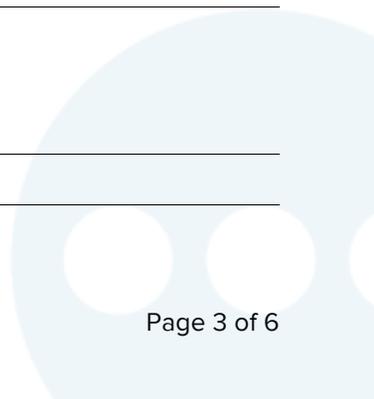
POA (Name/Contact Info): _____

Date Created/By Whom: _____

Notes: _____

I Don't Have Or Require A POA

Note: _____



UNLOCKING ELECTRONICS & DIGITAL ACCOUNTS

Make sure someone you trust knows how to access the following.

- Mobile Phone Computer Tablet Password Manager
 Other: _____

IMPORTANT DOCUMENTS/PAPERWORK

Have a recent account statement for each, location of related items (example: checkbooks, passbooks), and account/login and password for online management.

Financial Info

- Primary Bank: _____

(Circle all that apply) Savings | Checking | Investments | Mortgage | Loan | Safe Deposit Box | Trust | Other

Notes: _____

- Secondary Bank: _____

(Circle all that apply) Savings | Checking | Investments | Mortgage | Loan | Safe Deposit Box | Trust | Other

Notes: _____

- Credit Cards: (circle all that apply) AmEx | Discover | Mastercard | Visa

Other: _____

Notes: _____

- Investments (Company/Institution Name): _____

- Location Of Tax Returns: _____



Important Document & Identification Location

- | | |
|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Driver's License |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Armed Forces ID / Discharge Papers |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Citizenship Documentation |
| <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Divorce Decree / Settlement Info |
| <input type="checkbox"/> Other (Example: Club Memberships, State ID card): | |
-

Life Insurance Policy: _____

Policy Info (Company/Acct. #): _____

Property Deed/Lease Location: _____

More Info (Landlord/Plot #): _____

Auto Title/Lease Location: _____

Car Insurance (Company/Acct. #): _____

Other Vehicles/Property: _____

More Info: _____

Around The House

Include company providing the service and contact info if applicable.

Electricity/Gas: _____

Cable/Internet/Phone: _____

Home Security: _____

Cleaning/Garbage/Landscaping: _____

Exterminator/Plumber/Electrician: _____

Other: _____
