

# My Life Book

*Where my important things are, who to call, and what I want*

This book belongs to:

Started: \_\_\_\_\_

Last updated: \_\_\_\_\_

Next review: \_\_\_\_\_

**THIS BOOK DOES NOT REPLACE YOUR WILL, TRUST, POWER OF ATTORNEY, OR HEALTH CARE DIRECTIVE.** Nothing written here changes your legal documents, beneficiary forms, or who owns your property. It tells your family where those papers are and what you want them to know.

## Before you start, please know:

- **One book per person.** Nobody shares a book. **You control who sees it.** Decide now who can get to it in an emergency.
- **It's a map, not a safe.** Write down *where* things are, not the things themselves.
- **Never write in it:** passwords, PINs, Social Security numbers, birth dates, bank or card numbers, security answers, or recovery codes.
- **Not only in a safe-deposit box.** A bank can seal or slow access to a box when someone passes away or can't act.
- **Fill in what you can.** Blank spaces are fine. You can add more anytime.
- **Want help?** Anyone in the family can sit with you, and your own attorney is welcome to look it over.

## Where I keep this book:

☐ Fireproof safe at home   ☐ With my attorney   ☐ Other: \_\_\_\_\_

The one person who knows where it is: \_\_\_\_\_

Their phone: \_\_\_\_\_

## 1. Who to Call

*The people who should hear first, and the helpers who know my business.*

| Who                       | Name | Phone | Notes |
|---------------------------|------|-------|-------|
| My trusted person         |      |       |       |
| Backup trusted person     |      |       |       |
| Doctor                    |      |       |       |
| Attorney                  |      |       |       |
| Accountant / tax preparer |      |       |       |
| Insurance agent           |      |       |       |
| Bank contact              |      |       |       |
| Pastor / faith leader     |      |       |       |
| Neighbor with a key       |      |       |       |
| Other                     |      |       |       |
| Other                     |      |       |       |

## 2. My Health

*So a doctor or family member can help me fast.*

| Item                                                       | Details |
|------------------------------------------------------------|---------|
| My doctors and their phone numbers                         |         |
| Medicines I take (name and dose)                           |         |
| Allergies                                                  |         |
| Health insurance / Medicare /<br>Medi-Cal (plan name only) |         |
| Pharmacy                                                   |         |
| Hospital I prefer                                          |         |
| Where my insurance cards are                               |         |

### 3. Where My Papers Are

*Check if you have it and write where it's kept. You don't need to show anyone the papers.*

| Paper                                     | Have it?                                                 | Where it's kept |
|-------------------------------------------|----------------------------------------------------------|-----------------|
| Will                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Trust                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Power of attorney for money               | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Health care directive (who speaks for me) | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Deeds to property                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Car titles                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Life insurance policies                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Birth and marriage certificates           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Death certificate of my spouse (if any)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Military / DD-214 (if any)                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Social Security card and Medicare card    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Tax returns (last 3 years)                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Funeral or burial plot papers             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |

*If something is missing, like a will or a health care directive, your own attorney can help you make one.*

## 4. Money and Property

*Names of banks and companies only. No account numbers.*

| What                     | Bank or company | Who else is on it? | Contact |
|--------------------------|-----------------|--------------------|---------|
| Checking                 |                 |                    |         |
| Savings                  |                 |                    |         |
| Retirement / pension     |                 |                    |         |
| Social Security deposit  |                 |                    |         |
| Bills paid automatically |                 |                    |         |
| Money owed to me         |                 |                    |         |
| Money I owe              |                 |                    |         |

| Property | Address or description | Who helps manage it |
|----------|------------------------|---------------------|
|          |                        |                     |
|          |                        |                     |
|          |                        |                     |
|          |                        |                     |

## 5. My Phone and Online Accounts

*Write **where** the passwords are kept (a sealed envelope in the safe, or a password app), never the passwords.*

My phone and computer passcodes are kept:

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Online accounts I use (email, bank apps, social media):

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What should happen to my social media accounts?

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## 6. My Wishes

*In my own words, so my family never has to guess.*

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If I needed help every day, I would want:

☐ Family   ☐ A hired caregiver   ☐ Both

Where I want to be cared for:

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When my time comes, I want:

☐ Burial   ☐ Cremation   ☐ Not sure yet

My service (church, music, readings, who speaks):

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Special things I want to go to special people:

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*To make this binding, it also needs to be in your will or trust.*

Letters I have written, and where they are:

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What I want my family to remember:

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## Professional Review Needed

*Questions this book can't answer. Write them down and take them to the right professional.*

| Who to ask                                       | My question | Asked on |
|--------------------------------------------------|-------------|----------|
| Estate attorney (will, trust, power of attorney) |             |          |
| Accountant / tax professional                    |             |          |
| Financial advisor                                |             |          |
| Insurance agent                                  |             |          |
| Real estate or property attorney                 |             |          |
| Doctor / care manager                            |             |          |
| Other                                            |             |          |

## 7. My Yearly Check-Up

*Once a year, in your birthday month, look it over and update anything that changed.*

| Date | What I changed | Initials |
|------|----------------|----------|
|      |                |          |
|      |                |          |
|      |                |          |
|      |                |          |
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|      |                |          |

**Keep it safe.** Put this book back in its safe place when you finish. Tell your trusted person if you move it.

**Only one current copy.** After each review, replace any copies you gave out (for example, to your attorney) and mark or shred the old ones. Write the review date on the cover.

*Your book, your say. We just want to make sure no one is ever left guessing.*