



PEOPLE'S
MEMORIAL
ASSOCIATION

“Dear Family Letter”

In the event I should require emergent medical attention, become disabled or die, I am providing this information to those who will be handling my affairs.

My Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

MEDICAL INFORMATION:

Primary Physician: _____ Phone: _____

Physician's Address: _____

Hospital Preference: _____

Medicare Number: _____ VA Health Care Number: _____

Health Insurance Co.: _____ Policy No.: _____

Major Health Conditions: _____

Allergies: _____

I ____ have/ ____ have not/ executed a **Durable Power of Attorney for Healthcare**.

I have named _____ (Ph: _____) to be my healthcare

decision-maker and selected _____ (Ph: _____)

as the alternate. The original document is located: _____

I ____ have/ ____ have not/ executed a **Directive to Physicians (Living Will)**.

The original document is located: _____

LEGAL INFORMATION:

I ___ have/ ___ have not/ executed a **General Durable Power of Attorney.**

I have named _____ (Ph: _____) to act on my behalf regarding my personal and financial affairs. The original document is located: _____

I ___ have/ ___ have not/ executed a **Last Will & Testament.**

The original Will is located: _____

A copy is located: _____

The person named as Personal Representative is: _____

Attorney's Name: _____

Address: _____

Phone: _____

PERSONAL INFORMATION:

AKA/Other names used: _____

SS #: _____ - _____ - _____

Place of birth: _____ Date of birth: _____

Citizenship: _____ Military Service: _____

Military discharge papers location: _____

Legal Name of Spouse/Partner: _____ SS# _____

Former spouses & years of marriage: _____

Location of paperwork regarding marriage, divorce or death of former spouse: _____

FINANCIAL INFORMATION:

Checking/Savings Accounts:

Bank Name: _____ Branch: _____

Account #: _____

Names on Account: _____

Bank Name: _____ Branch: _____

Account #: _____

Names on Account: _____

Bank Name: _____ Branch: _____

Account #: _____

Names on Account: _____

Safe deposit box? ___ yes/ ___ no. Located in Bank: _____

Individuals with named access: _____

Location of key: _____

Contents: _____

Retirement Accounts:

Location: _____ Account #: _____

Type of Account (Roth, 401(k) etc): _____

Location: _____ Account #: _____

Type of Account (Roth, 401(k) etc): _____

Location: _____ Account #: _____

Type of Account (Roth, 401(k) etc): _____

Investment Accounts:

Brokerage Company: _____ Account #: _____

Brokerage Company: _____ Account #: _____

Brokerage Company: _____ Account #: _____

Name of Investment Advisor: _____ Phone #: _____

Pension Information: _____

Life Insurance Company: _____ Policy no.: _____

Location of Original Policy: _____

Other Insurance: _____

Accountant Name: _____

Phone: _____

Location of Tax Returns & Records: _____

Location of Investment Records: _____

Real Estate Owned: _____

FINAL DISPOSITION:

I _____ am/ _____ am not/ a member of **People's Memorial Association PMA** (206-325-0489).

My PMA membership number is: _____.

In the event of death, contact _____ Funeral Home, Phone: _____
to pick up my body and handle arrangements. *For current list of PMA contracted funeral homes
check www.peoplesmemorial.org or call 206-325-0489*

If I should die outside of Western or Central Washington, membership in PMA may be honored by
other affiliates of the Funeral Consumer's Alliance around the USA. For a list of affiliates by state
check www.funerals.org or call 1-800-765-0107.

I have _____/have not _____ completed a **Disposition Authorization** regarding my final
arrangements. The original is located: _____

I have _____/have not _____ completed a **Putting My House in Order** form regarding my final
arrangements and vital statistics. The original is located: _____

In general, my wishes are for ____ cremation; ____ burial;

I have a designated a certain bank account or insurance policy to cover my funeral expenses: _____

I have pre-paid for funeral services with: _____ The original documents
regarding this prepayment are located: _____

I _____ am/ _____ am not/ an organ donor and would like appropriate arrangements made at my death.

Signed: _____ Date: _____