

PEACE OF MIND PLANNER



As an expert in the industry, Ancora Hospice wants to prepare our patients with the resources and education to plan accordingly. Ensuring your plans are made in advance helps start the conversation with family, as well as offers peace of mind during stressful situations.

It's simply a way to help you think about and document the many things you want loved ones to know in the event you are unable to tell them. It's likely this information already exists in a variety of places, but this portfolio helps you consolidate your vital information and instruction in a single resource.

Medical crises can be chaotic and divisive for any family. In our experience, having this information readily available can be invaluable for reducing stress and easing decision making.

Please keep this document in a safe place and let your family know where to find it. You may want to share a copy with the person you assign as your healthcare representative in your advance directive.

Completed By	Completed Date



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ADVANCE DIRECTIVES

Decision makers during my incapacity:

In the event of my incapacity, I have appointed the following persons to act on my behalf (see separate legal documents stored in a safe location):

Power of Attorney over my assets:
1st
2nd
Healthcare representative listed on my advance directive:
1st
2nd
Conservator over my property:
1st
2nd
Guardian over my person:
1st
2nd
In the even of my incapacity, I do I do not want to be kept home as long as possible, taking into account possible costs.
I have a POLST (a signed Physician's Order for Life Sustaining Treatment): Yes No
In the event of my incapacity, the following is additional information I think is important for my family and advisors to know:
My original legal documents are located



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IMPORTANT NUMBERS

Name	Relationship 	Phone	Email
Doctor			
	FINAL W		
I have paid for:			
funeral arrar	ngements burial co	ost burial plot	
casket	cremation servi	ice	
Cemetery:			
Crematorium:			
Information can l	oe found:		
Minister/Chaplai	n/Rabbi to perform service:		
-		Phone:	
			
Pallbearers:			



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SPECIAL REQUESTS

At the time of my death, I have the following wishes:	
Eulogy/reading(s):	
Tombstone engraving:	
Organ donation:	
In lieu of flowers, please ask for a donation to:	
I would like the following person(s) to read my eulogy at my service:	
I would like the following songs, music, poetry, scripture, etc. at my service:	



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MY ETHICAL WILL

When I am gone, I hope my family will learn from my experiences:		
I believe that the most important	things in life are:	
The most significant thing I've do	one in my life is:	
following goals in their lives:	use any inheritance from me to accomplish the	
How I would like to be remember		
<u>—</u>	uote poem story scripture	
signed by me. However, it is my e	replace or supersede my will or any other documents express desire that each family member, Power of Guardian will use this and other documents signed by ecisions for me and my family.	
Signature	 Date	



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AFTER DEATH

The time immediately following the death of a loved one can be overwhelming with grief and a seemingly endless number of tasks. The days following the death will be focused on the funeral or memorial service arrangements. Soon after, 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 be better organized and reduces 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
Contact an attorney experienced in probate, estate, or trust matters
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
Spouse's Full Name
Father's Name
Father's Birthplace
Mother's Name
Mother's Birthplace
Next of kin, addresses and relationship



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AFTER DEATH

Executor's Name and Contact Information
Attorney's Name and Contact Information
Doctor's Name and Contact Information
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
Contact before making arrangements for memorial service:
Relatives and Friends
Religious Groups
Organizations in which deceased was a member
Professional Groups
Unions
Civic Groups



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FUNERAL AND MEMORIAL

Follow directives if body or organ donation was planned.
Select a funeral home.
Discuss cost with the 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,
Make arrangements for any memorial service, in consultation with your minister, priest, or rabbi.
Write an obituary and send it to local newspapers. Include information about memorial gifts, if appropriate. A family member or friend can help you follow appropriate guidelines supplied by your local newspapers. The funeral home will also assist if requested.
Notify friends, relatives and others.
Order several 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.



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