

LARFPA[®]

LOS ANGELES RETIRED FIRE & POLICE ASSOCIATION

LIFE AFTER ME

A FAMILY READINESS & SURVIVOR GUIDE

CONFIDENTIAL - FOR MEMBER & FAMILY USE

Preparing for the Unexpected

A Personal Planning Guide

Unexpected situations can arise despite careful planning. Organizing important information in advance can make a difficult time more manageable for you and those who may need to assist you. This guide offers a suggested format for organizing emergency, medical, and personal planning information. You may adapt it to fit your circumstances. The objective is clarity, accessibility, and appropriate privacy.

Section A

First Steps

This section provides guidance on immediate actions to take in the event of an emergency or passing, including key contacts and essential documents.

Section B

Location of Important Papers

This section lists the location of important legal, financial, and personal documents to ensure they can be accessed quickly when needed.

Section C

Financial Asset Information

This section summarizes financial accounts, investments, and asset information to support proper management and facilitate a smooth transition when necessary.

Section D

For Owners of a Business, Farm, or Other Enterprise

This section documents ownership details, key contacts, and essential records for members with business or enterprise interests.

Section E

Description of Personal Effects

This section allows you to outline the distribution of personal belongings and share any specific requests regarding items of sentimental or personal value.

Today's date: _____

Section A

First steps

1. About the family

My name: _____

Place and date of birth: _____

Spouse's name, place and date of birth: _____

Children's name, place and date of birth: _____

Other family member's name, place and date of birth: _____

2. Wills, living trusts and safe deposit boxes

I have a will.

I have a living trust.

Original and copies of my will are located at: _____

Name of estate planning attorney, address and telephone number: _____

I do not have a safety deposit box.

I have a safety deposit box that is held in my name only.

I have a safety deposit box that is held jointly with:

Box number: _____

Name and location of bank: _____

3. Funeral and burial information

I have expressed my desire to donate my body or organs by the following means:

- Health care power of attorney, health care directive, or living will.
- On my driver's license or through my local Department of Motor Vehicles (DMV).
- Through a national or state registry (specify): _____

Other: _____

Preferred mortuary/funeral home: _____

City: _____ State: _____

Place of service: _____

Religious affiliation: _____

I have named the following person to be in charge of final arrangements (see my health care power of attorney or health care directive):

Relationship: _____

Telephone: _____

Description of services desired: _____

Special readings or music: _____

Services to be conducted by: _____

Relationship: _____

Telephone: _____

Interment requests

I prefer:

Earth burial

Other

Cremation

Name of cemetery:

City: _____ State: _____

I have reserved facilities (include cemetery deed and other paperwork).

I have not reserved facilities.

4. Obituary information

This biographical information will be helpful in preparing an obituary:

My obituary should be sent to the following newspapers:

5. Pet information

Pets

Please list any pets you have and who will be their caregiver.

Name	Type/Breed	Age	Caregiver
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. People to contact upon my passing

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Section B

Location of important papers

1. Location of important papers

Checkbook

Bank monthly statements

Birth certificates

Business agreements/contracts

Certificate of Discharge (DD-214) for veterans

Credit cards

Death certificates of other family members

Divorce documentation

Driver's license

Federal and state income tax returns

Household financial records

Insurance policies (life, health, home, auto, long-term care, etc.)

List of people to whom you owe money, and terms

List of people who owe money to you, with notes

Location of safes and combinations

Marriage certificates

Medical records

Notes payable/receivable

Other investment statements

Passports

Pension, profit sharing, or other retirement, or death benefits

Real estate deeds, copy of mortgages

Social security cards

Software passwords and codes

Stocks, bonds and securities certificates

Vehicle registrations and title

2. Insurance and annuities

Life insurance

I have the following life insurance policies:

Insurance company	Policy number	Owner	Face value	Beneficiary(ies)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name and telephone number of insurance agent: _____

Life insurance for other family members

Insurance company	Policy number	Owner	Face value	Beneficiary(ies)

Government life insurance

I served in the (branch of service: _____ from _____ to _____

and received the following type of discharge: _____

My serial/service number was: _____

The status of my government life insurance is as follows (expired or still in force; face amount: _____

The policy is located at: _____

Annuities

I have the following annuities:

Insurance company	Policy number	Annuitant	Beneficiary(ies)

Health insurance

I have the following health insurance policies (health, disability, accident, long-term care, etc.):

Insurance company	Policy number	Insured	Type of insurance

Property/casualty insurance

I have the following types of insurance (homeowners, automobile, personal liability, business coverage, fire, vehicle, disability, etc.):

Insurance company	Policy number	Type of insurance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name and telephone number of insurance agent: _____

3. Benefits available upon my death

Available death benefits, present employer

My employer is (name, address, telephone): _____

My family may be eligible for the following benefits from my employer upon my death. Check all that apply:

- Group life insurance
- Deferred compensation
- Group health insurance (death benefit)
- Credit union deposits
- Continuation of health coverage under Consolidated Omnibus Budget Reconciliation Act (COBRA)
- Pension (survivor's benefits)
- Profit-sharing plan (survivor's benefits)
- Unpaid salary
- Other

Past employer(s)

Because of my previous employment there, I have a vested interest in the pension plan or other benefits at:

4. Social security

My social security number: _____

Spouse's social security number: _____

Children's social security numbers:

5. Sources of immediate cash and care of dependent children

Sources of immediate cash

During the period immediately following my death, the best sources for my family to obtain cash for immediate needs are as follows:

Care of dependent children

In the event I die while my children are dependent on me, the following arrangements have been made on their behalf (give name, relationship, address, and telephone of guardian, and describe trust arrangements, if any):

Or: My will contains the following guardianship designation and trust arrangement:

Or: No official arrangements have been made to date, but I hope that the following arrangements can be made:

Section C

Financial asset information

1. Financial assets

Bank accounts

(Including savings and loan associations, credit unions)

Checking, savings, certificates of deposit	Account number	Type of ownership	Name and location

Names and telephone numbers of my personal bankers:

Name: _____

Telephone: _____

Name: _____

Telephone: _____

Name: _____

Telephone: _____

Stocks, bonds, and securities portfolio

Stocks, bonds, securities: _____

Records located: _____

Mutual fund companies: _____

Records located: _____

Money market accounts: _____

Records located: _____

Names and telephone numbers of my financial advisors

Name: _____

Telephone: _____

Name: _____

Telephone: _____

Name: _____

Telephone: _____

2. Limited liability company/limited partnership information

Name of entity	Percent of ownership and type of ownership	Location of operating agreement or buy/sell agreement	Person to contact about my death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Privately held companies

Name of entity	Percent of ownership and type of ownership	Location of operating agreement or buy/sell agreement	Person to contact about my death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Trust and real estate information

Trust(s) I have set up:

Revocable

Irrevocable

Name of trustee: _____

Telephone of trustee: _____

Description of assets held in trust: _____

Revocable

Irrevocable

Name of trustee: _____

Telephone of trustee: _____

Description of assets held in trust: _____

Revocable

Irrevocable

Name of trustee: _____

Telephone of trustee: _____

Description of assets held in trust: _____

Trust(s) my spouse has set up:

Revocable

Irrevocable

Name of trustee: _____

Telephone of trustee: _____

Description of assets held in trust: _____

Revocable

Irrevocable

Name of trustee: _____

Telephone of trustee: _____

Description of assets held in trust: _____

Real estate owned

Primary residence address:

It is owned:

Jointly by: _____

Singly by: _____

In a trust titled: _____

Location of mortgage or deed: _____

Second home address:

It is owned:

Jointly by: _____

Singly by: _____

In a trust titled: _____

Location of mortgage or deed: _____

Other real estate owned (excluding business, farm, or other enterprise):

Section D

For owners of a business, farm, or other enterprise

1. Business, farm, or other enterprise information

Name of business: _____

Type of business: _____

Location: _____

Percentage of ownership: _____

Form of business (sole proprietorship, partnership, corporation):

Other owners (if any): _____

Is the business subject to a buy/sell agreement? _____

Location of business books, records, and pertinent papers: _____

2. My personal wishes

Please list any wishes or requests you may have that you would want your loved ones to know below:

Wish #1:

Wish #2:

Wish #3:

Wish #4:

Wish #5:
