## "When I Pass" Folder

I'm calling the person who's setting this up the POEE for "Person of Eventual Exitation" since they're preparing to exit this life. 

This is not a comprehensive list; just a starting point – although it's a very good place to start. Consult with your own loved ones and professionals to determine your own preferences and priorities.

- ❖ "Contact When I Pass" Sign-up Sheet" This is on the next page of this printable. Include phone numbers, so-cial media names/handles, etc. on this page, which is where everyone signs up for who they want to call. The POEE should include identifying info about ones they're unsure of as not everyone making the calls will know who everyone is, like "our housekeeper," "my second cousin, great aunt, my hairdresser. Everything but the "Who will call" column should be filled in. WE filled in that column when Mom was in Hospice and we were gathered around her. One person, the PIC, should be in charge of this main form, and everyone reports to them once they have contacted the parties they signed up for. This way one person knows everyone has been contacted.
- \* "Who I Will Contact When \_\_\_\_\_ Passes." This form (see the third page of this handout) is for individuals to write down those they signed up to contact on the main form. So they will transfer all needed contact info to this, their own page. (If only one person is doing all the contacting, no need for this page.)
- ❖ Professionals/Utilities to contact when I pass landlord or nursing/retirement home, phone service, insurances, magazines, church, medical services (optometrist, doctors, dentist, etc.), prescription provider, newspaper, banking info, plus which bills are paid out of which accounts, and when.
- ❖ Burial Info Who will come and get the remains when they pass? Where they will be buried or interred? Or who will get the cremated remains to dispense of? Include documents that state what all has been paid for. Include any brochures that might be helpful.
- ❖ Directive to Physician / Physician's Orders / POLST (POLST stands for "Physician Order for Life-Sustaining Treatment) This contains very specific directives regarding the POEE's wishes for CPR, Medical Interventions, Antibiotics, Artificially Administered Nutrition, and Summary of Goals, and each of these has several options that the person will choose. Be sure to go over it with another person and follow all directions for completing it, or it will not hold. Again, include any brochures that might be helpful.
- ❖ Medication List Include dosages and time(s) of day/night administered. This is important if the POEE is on a lot of meds that profoundly affect them. Not knowing or ignoring meds they are on can cause immense suffering. You don't just stop all meds!
- ❖ Insurance Information Any and all types: life, medical, vehicle, long-term care, etc.
- ❖ Where to Find the Will Specify exactly where this is so it can be easily found, including key location.
- ❖ Durable Power of Attorney Have the original document, if possible; a copy may or may not be adequate.
- ❖ Personal Information POEE's Name, SS number, ID card, Date of Birth, Birth Place, Parents' names and birth-places, Siblings (born/died), Education, Occupation, Religion
- Passwords for everything on POEE's computer and phone, all programs, apps, banking accounts, etc.
- ❖ Notebooks or Lists Mom was an avid notebooker, so she had a notebook on each of these topics (and many more), but you may opt to just have a page/list of any of these: Our Family History, Holidays & Traditions, Recipes, Family Treasures, Ancestors (of both parents) including dates of birth and death, Vacations, Highlights of their Married Life, and Addresses of Where We Have Lived. These actual items do not go in this folder; just the list of them and where to find them at home.
- ❖ Obituary in process This will probably not be the final draft, but if one has been started, you might want a copy of it in here. Input from those present during the time at/with Hospice may (or may not?) be a good idea. You get to decide this ahead! ② And if you don't, well, come what may, for better or for worse! ③

## "Contact When I Pass" Sign-up Sheet

Person In Charge (PIC): \_\_\_\_\_\_ who everyone is to report back to

Who will call them	Name of Person or Party to call	Contact Info	Info about person	DONE
Leave this column blank for people to sign up in.	These three mid	ldle columns are for the POI	EE to fill in.	PIC fills in

"Who I Will Co	ntact When	Passes	s"
ort back to Person In Charge (PIC): _ contacting someone to fill in the na	when comes/info of the ones they signed	omplete. This is for each perso up (on the previous page) to c	on who'll be contact.
Name of Person or Party to call	Contact Info	Info about person	DONE
	ntact When		 )"
"Who I Will Cor		Passes	
"Who I Will Cor	ntact When	Passes	
"Who I Will Cor Report back to Person In Name of Person	Contact When	Passes when complete.	DONE
"Who I Will Cor Report back to Person In Name of Person	Contact When	Passes when complete.	
"Who I Will Cor Report back to Person In Name of Person	Contact When	Passes when complete.	
"Who I Will Cor Report back to Person In Name of Person	Contact When	Passes when complete.	
"Who I Will Cor Report back to Person In Name of Person	Contact When	Passes when complete.	
"Who I Will Cor Report back to Person In Name of Person	Contact When	Passes when complete.	
"Who I Will Cor Report back to Person In Name of Person	Contact When	Passes when complete.	