

LIVING LEDGER
A COMPILATION OF VITAL PERSONAL INFORMATION

For _____

Date Completed _____

The University of Wisconsin-Madison Retirement Association appointed a task force to create the Living Ledger document. The Ledger will assist in locating personal documents, particularly important when dealing with a person's estate or health and end-of-life issues. It is not a substitute for legal advice. The UW-Madison Retirement Association has made the Ledger available to anyone who wants to use it.

The University of the Pacific Emeriti Society edited the original version of the Living Ledger by converting the original pdf file to a Word document, which resulted in changes of much of the formatting. In addition references to Wisconsin law and the University of Wisconsin institutions and policies were deleted.

It is designed to work for people from diverse situations, and as such remains a dauntingly long document. However, for any one individual much of the document can be deleted.

LETTER FROM THE UWRA PRESIDENT

June 2007

Dear Members of the Retirement Association:

The Board of Directors of the Association and the compilers of LIVING LEDGER hope that it will be valuable in identifying and locating personal documents for financial planning purposes, a member's estate, or health and end-of-life issues. LIVING LEDGER is intended simply to be a reference document for gathering information; it should not be construed as giving legal advice or acting as a substitute for legal advice.

While LIVING LEDGER is copyrighted material, the Task Force (with the endorsement of the Board) hopes that LIVING LEDGER will be widely and freely available to anyone who wishes to have it for personal use. Therefore, it may be copied without seeking any permission, but may not be reproduced for commercial sale or sold at more than reproduction cost. If copies are made, LIVING LEDGER and the UW-Madison Retirement Association shall be identified as the source.

It will be exceedingly helpful in categorizing and organizing personal and financial information in an orderly way, thus of considerable value to family survivors, partners, and personal representatives.

Sincerely,

Phillip J. Hellmuth President 2006-07

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GETTING STARTED

Personal records are a source of comfort to some but a mystery to many. Wherever you find yourself on this continuum, you will have many friends and colleagues. The University of Wisconsin-Madison Retirement Association offers LIVING LEDGER to help you organize your critical personal and financial information in one place and in an efficient and accessible manner.

LIVING LEDGER provides a set of forms on which University faculty, academic staff, and classified staff (active and retired), as well as their spouses or partners and families, can record financial data, health status, health and personal advisers, and other essential information, as well as instructions to survivors in the event of death. We are confident that time spent in completing the forms of LIVING LEDGER will relieve anxieties and help build a more relaxed and enjoyable retirement.

When filling out the forms of LIVING LEDGER, we suggest the following:

- Use LIVING LEDGER as an educational tool as well as a record. You will want to review all the pages to become familiar with the organization of LIVING LEDGER. Carefully consider whether each item applies to you or your spouse or partner and your circumstances. Also, consider each item a prompt to your thought process. If you find items that are not yet part of your planning, you may want to give them further consideration or consult a professional adviser.
- We suggest that you make TWO copies of LIVING LEDGER before you fill out its forms. One is to use for your working copy, the other to serve as a blank master copy, available as a source for substitute or additional pages where necessary.
- Before completing an item, gather your relevant information, including any notes. If the information is up to date and applicable, complete the item. If not, move on to the next item.
- You can certainly complete the forms of LIVING LEDGER in whatever order suits you. We would suggest, however, that priority be given to the forms in the Health Care Documentation section since these could be required if an emergency health situation arises for you or your spouse or partner.
- If your circumstances and those of your spouse or partner are sufficiently different, you will want to fill out two separate copies of LIVING LEDGER. If most of the entries are identical, however, a single LIVING LEDGER can be prepared by a

couple. We suggest then that, for those areas of difference, appropriate pages be duplicated for the spouse or partner. In deciding between one or two copies of LIVING LEDGER, consideration should be given to the complexity of the revisions that will be needed on the death of either spouse or partner.

- In completing the forms of LIVING LEDGER you may want to seek advice from your attorney, accountant, financial adviser, or health care provider.
- LIVING LEDGER should be updated at least once a year. This may require replacement pages, which are best copied from the blank master. Interim notations and revisions should be dated in the upper right-hand corner under “Date Revised”. It is acceptable to cross out, rewrite, date, and initial items so long as they can be read clearly.
- Feel free to insert pages of explanation or addition as the need arises.
- Annual statements from pension plan administrators, financial institutions, brokerage firms, insurance companies, etc., may be inserted in LIVING LEDGER to replace or to supplement pages headed Financial Asset Documentation.
- A completed LIVING LEDGER will contain sensitive information that can compromise your identity, e.g., social security numbers and account numbers. Therefore this information must be secured. Passwords, PIN numbers, and other access codes should be recorded apart from LIVING LEDGER. Ideally, make THREE copies of your completed LIVING LEDGER and your list of passwords, codes, etc. Keep one copy in a safe place at home, such as a strongbox. Keep a second copy in a safe deposit box. Give the third copy of LIVING LEDGER and the list of passwords, codes, etc. to the person you have designated as your agent or emergency contact.
- The copy of LIVING LEDGER that you keep at home may be used for quick reference and interim updates. The copy in the safe deposit box is a backup copy in case the working copy is destroyed or lost. The copy you give to your designated agent or emergency contact is for use in case you are not able to act on your own behalf. All copies should be reconciled once a year, perhaps when you do your annual tax preparation.
- Each individual and family situation is unique. Not all the items included in LIVING LEDGER will apply to you.

- The Task Force has attempted to anticipate some questions that may arise as you go through this exercise. The answers to these Frequently Asked Questions (FAQ) are given in Appendix B.

CAUTIONARY STATEMENT

Please be aware of the following:

This set of materials is not legal advice. It is intended to help you, your appointed agents, and your survivors decide what and when professional advice is needed. It is also designed to provide help in understanding that advice, and it points out some available options, resources, and steps that may or must be taken. When seeking professional advice, it will be useful to bring this set of materials. It will save time and, possibly, money.

I. CONTACT INFORMATION

Date Revised _____

A. Personal Information

Name of Member _____

Date of Birth _____

Social Security Number _____

Address _____

State of Residence _____

Citizenship – USA, Other _____

Work Telephone Number _____

Home Telephone Number _____

Date of Current Marriage _____

Children’s Names, Birth Dates and Telephone Numbers _____

Other Dependents’ Names and Telephone Numbers

Academic Department or Unit Telephone Numbers _____

Emergency Contact Persons and Relationships, Telephone Numbers

CONTACT INFORMATION (continued) Date Revised _____

B. Spouse/Partner Information

Name _____

Date of Birth _____

Social Security Number _____

Address _____

State of Residence _____

Citizenship – USA, Other _____

Work Telephone Number _____

Home Telephone Number _____

Children's Names, Birth Dates and Telephone Numbers

Other Dependents' Names and Telephone Numbers

Emergency Contact Persons and Relationships, Telephone Numbers

Employer Telephone Numbers _____

I. CONTACT INFORMATION (continued)

Date Revised _____

C. Powers of Attorney

FINANCIAL POWER OF ATTORNEY (POA) INFORMATION

Agent Named in POA _____

Address _____

Work Telephone Number _____

Home Telephone Number _____

Where is File? _____

Alternate Agent Named in POA _____

Address _____

Work / Home Telephone Numbers _____

Where is File? _____

(Indicate file drawer and file label, safe deposit box, on-line, etc.)

POWER OF ATTORNEY FOR HEALTH CARE (POAHC) INFORMATION

Agent Named in POAHC _____

Address _____

Work Telephone Number _____

Home Telephone Number _____

Where is File? _____

Alternate Agent Named in POAHC _____

Address _____

Work / Home Telephone Numbers _____

Where is File? _____

(Indicate file drawer and file label, safe deposit box, on-line, etc.)

I. CONTACT INFORMATION (continued) Date Revised _____

D. Appointed and Legal Contacts

PERSONAL REPRESENTATIVE (PR)/EXECUTOR INFORMATION

PR as Named in Will _____

Address _____

Work (W)/Home (H) Telephone Number _____

Where is Will? (See Section II. B.) _____

Alternate PR as Named in Will _____

Address/Telephone Number _____

TRUSTEE/SUCCESSOR TRUSTEES INFORMATION

Trustee as Named In Trust _____

Address _____

Work (W)/Home (H) Telephone Number _____

Where is Trust Document? (See Section II. B.) _____

Successor Trustee as Named in Trust _____

Address/Telephone Number _____

ATTORNEY INFORMATION

Attorney's Name _____

Firm _____

Address _____

Telephone Number _____

Where is File? _____

I. CONTACT INFORMATION (continued) Date Revised _____

E. Bank, Credit Union and Other Financial Contacts

BANK AND CREDIT UNION INFORMATION

Name of Institution/Address _____

Name of Financial Specialist _____

Telephone Number _____

Where is File? _____

Name of Institution/Address _____

Name of Financial Specialist _____

Telephone Number _____

Where is File? _____

(Attach duplicate pages, if necessary)

FINANCIAL ADVISER INFORMATION

Accountant's Name _____

Firm _____

Address _____

Telephone Number _____

Where is File? _____

Name of Financial Planning Firm/Address _____

Name/Telephone Number of Financial Planner _____

Where is File? _____

Name of Brokerage Firm/Address _____

Name/Telephone Number of Broker _____

Where is File? _____

I. CONTACT INFORMATION (continued) Date Revised _____

F. Medical Contacts

PERSONAL PHYSICIAN INFORMATION

Physician's Name _____

Clinic Name/Address _____

Telephone Number _____

Where is File? _____

Physician's Name _____

Clinic Name/Address _____

Telephone Number _____

Where is File? _____

HEALTH INSURANCE INFORMATION

Name of Health Insurer or HMO _____

Address/Telephone Number _____

Policy Holder/Policy Number _____

Expiration Date, if any _____

Where is File? _____

Note: To record Long Term Care Insurance, Disability Insurance, Accidental Death Insurance, Dental Insurance, and Life Insurance information, complete Section I. I., Other Organizations to Contact.

G. Faith Contacts

Clergy Name _____

House of Worship _____

Address/Telephone Number _____

Where is File? _____

I. CONTACT INFORMATION (continued)

Date Revised _____

H. Organizations to Contact Promptly Upon Incapacity, Disability, or Death

To terminate payments, receive spousal benefit, etc.

Social Security Administration web site: www.ssa.gov

Medicare web site: www.medicare.gov

I. Other Organizations to Contact

Note: Attach duplicate pages, if necessary.

Company or Agency _____

Address/Telephone Number _____

Website _____

Policy or Account Number _____

Where is file? _____

Company or Agency _____

Address/Telephone Number _____

Website _____

Policy or Account Number _____

Where is file? _____

Company or Agency _____

Address/Telephone Number _____

Website _____

Policy or Account Number _____

Where is file? _____

II. LOCATION OF DOCUMENTS

Date Revised _____

A. Where are your personal documents kept?

(Indicate file drawer and file label, safe deposit box, on-line, etc.)

Birth/Adoption Certificates _____

Marriage Certificate _____

Military Records _____

Citizenship Papers _____

Passport _____

B. Where are your legal documents kept?

(Indicate file drawer and file label, safe deposit box, on-line, etc.)

Will (Original and Copies) (Also see Section I. D.) _____

Revocable Trust (also see Section III. R.) _____

Marital Property Agreement _____

Irrevocable Trust (also see Section III. S.) _____

Financial Power of Attorney (also see Section I. C.) _____

Power of Attorney for Health Care (also see Section I. C.) _____

Other _____

II. LOCATION OF DOCUMENTS (continued) Date Revised _____

C. Where are your bank/credit union documents kept?

(Indicate file drawer and file label, safe deposit box, on-line, etc.)

Checkbooks _____

Bank or Credit Union Statements _____

D. Where is your safe deposit box?

Name of Financial Institution _____

Address and Telephone Number _____

Box Number _____

Number and Location of Keys _____

Person(s) Authorized to Access Box _____

E. Where are your investment documents kept?

(Indicate file drawer and file label, safe deposit box, on-line, etc.)

Bonds (original certificates) _____

Stock Certificates (original certificates) _____

Mutual Funds _____

CDs (original certificates) _____

IRAs _____

403(b), 401(k) or Similar Accounts _____

Managed Investment Accounts _____

Outstanding Loans to Others _____

II. LOCATION OF DOCUMENTS (continued) Date Revised _____

F. Where are your real estate and automobile documents kept?

(Indicate file drawer and file label, safe deposit box, on-line, etc.)

Primary Residence _____

Real Estate Owned (Investments) _____

Vacation Property _____

Timeshares _____

Records of Capital Improvements _____

Property Tax Information _____

Property Deeds/Title _____

Mortgage or Satisfaction Information _____

Automobile Title/Registration _____

Automobile Title/Registration _____

Automobile Lease Information _____

G. Where are your insurance documents kept?

(Indicate file drawer and file label, safe deposit box, on-line, etc.)

Automobile (also see Sections II. F., III. O.) _____

Homeowners/Renters (see also Sections II. F., III. H.) _____

Life (see also Sections I. H., I. I., II. H., III. J.) _____

Long-Term Care (see Sections I. I., III. K.) _____

Health (see also Sections I. F., I. H., I. I., II. H.) _____

Disability or Income Continuation (see also Section I. I.) _____

Other (Indicate type) _____

II. LOCATION OF DOCUMENTS (continued) Date Revised _____

H. Where are your income tax documents kept?

(Indicate file drawer and file label, safe deposit box, on-line, etc.)

Income Tax Records

Federal _____

State _____

I. Where are your other financial documents kept?

(Indicate file drawer and file label, safe deposit box, on-line, etc.)

Health Savings Accounts _____

Other Documents _____

III. FINANCIAL ASSET DOCUMENTATION

In completing the Financial Asset Documentation section of LIVING LEDGER, please consider the following suggestions.

Insert recent financial statements and other documents.

Duplicate pages before entering data, if more than one page is needed.

III. FINANCIAL ASSET DOCUMENTATION (continued)

A. Bank and Credit Union Accounts BANK AND CREDIT UNION INFORMATION

Financial Institution, Specialist & Telephone Number _____

1. Checking Account and Number _____

Name(s) on Account _____

Beneficiary (Payments on Death [PODs]) _____

Where is File? _____

2. Savings Account and Number _____

Name(s) on Account _____

Beneficiary (i.e., PODs) _____

Where is File? _____

3. Money Market Account and Number _____

Name(s) on Account _____

Beneficiary (i.e., PODs) _____

Where is File? _____

4 CD Account and
Number _____

Name(s) on Account

Beneficiary (i.e., PODs) _____

Where is File?

Attach duplicate pages for an additional financial institution.)

III. FINANCIAL ASSET DOCUMENTATION (continued)

B. Retirement Plans

RETIREMENT PLAN INFORMATION

Plan Name and Type: _____

Employee's Name _____

Financial Institution: _____

Account Number _____

Contact Name & Telephone Number _____

Where is File? _____

Plan Name and Type: _____

Financial Institution _____

Account Number _____

Beneficiaries _____

Contact Name & Telephone Number _____

Where is File? _____

Plan Name and Type _____

Employee's Name _____

Financial Institution _____

Account Number _____

Beneficiaries _____

Contact Name & Telephone Number _____

Where is File? _____

Date Revised _____

III. FINANCIAL ASSET DOCUMENTATION (continued)

C. Other Retirement Plans RETIREMENT PLAN INFORMATION

Plan Name _____

Type of Plan*: _____

Name on Plan _____

Financial Institution _____

Account Number _____

Beneficiaries _____

Contact Name & Telephone Number _____

Where is File? _____

Plan Name _____

Type of Plan* _____

Name on Plan _____

Financial Institution _____

Account Number _____

Beneficiaries _____

Contact Name & Telephone Number _____

Where is File? _____

*Plan Types --401(k), 403(b), Pension, Profit Sharing, IRA, Roth IRA, SIMPLE, SEP, 529 College Plan, Deferred Compensation, etc. Note: For annuities other than retirement plans see Section III. L.

III. FINANCIAL ASSET DOCUMENTATION (continued)

D. Managed Accounts

If you have a “managed investment account”, fill out the following contact information for each account. You may have a managed account for each spouse or partner and one held jointly. Accounts of this kind are usually managed by a brokerage firm, a bank, a financial services corporation or another financial institution. For those assets included in your managed account you may substitute your annual statement sent to you by your account manager for the individual documentation outlined in LIVING LEDGER. It is recommended that you update this section each year, and with the new annual statement, if preferred.

Note: Please duplicate this page, if necessary.

MANAGED INVESTMENT ACCOUNT INFORMATION

Financial Institution _____

Manager & Telephone Number _____

Custodial Firm _____

Name(s) on Account _____

Account Type* & Number _____

Disposition at Death per Terms of Agreement _____

Where is File? _____

Financial Institution _____

Manager & Telephone Number _____

Custodial Firm _____

Name(s) on Account _____

Account Type* & Number _____

Disposition at Death per Terms of Agreement _____

Where is File? _____

*Plan Types: Brokerage, IRA, Roth IRA, etc.

Date Revised _____

III. FINANCIAL ASSET DOCUMENTATION (continued)

E. Equity Investments

An annual statement may be substituted for some of the items below and may be attached. Note: Please duplicate this page, if necessary.

STOCK PORTFOLIO INFORMATION

Brokerage Firm _____

Name of Broker & Telephone Number _____

List of Equities _____

Name(s) on Account _____

Transfer on Death to _____

Where is File? _____

Equity Description _____

Name(s) on Stock Certificate _____

Number of Shares _____

Transfer on Death to _____

Where is File? _____

Equity Description _____

Name(s) on Stock Certificate _____

Number of Shares _____

Transfer on Death to _____

Where is File? _____

III. FINANCIAL ASSET DOCUMENTATION (continued)

F. Bond Investments

An annual statement may be substituted for some of the items below and may be attached. Note: Please duplicate this page, if necessary.

BOND PORTFOLIO INFORMATION

Brokerage Firm _____

Name of Broker & Telephone Number _____

Description of Bonds _____

Face Value and Maturity Date _____

Names on Account _____

Transfer on Death to _____

Where is File? _____

Bond Description _____

Face Value and Maturity Date _____

Name(s) on Bond _____

Transfer on Death to _____

Where is File? _____

Bond Description _____

Face Value and Maturity Date _____

Name(s) on Bond _____

Transfer on Death to _____

Where is File? _____

III. FINANCIAL ASSET DOCUMENTATION (continued)

G. Mutual Fund Investments

An annual statement may be substituted for some of the items below and may be attached. Note: Please duplicate this page, if necessary.

MUTUAL FUND INFORMATION

Financial Institution or Brokerage Firm _____

Information Telephone Number _____

Fund Name and Account Number _____

Name(s) on Fund Account _____

Transfer on Death to _____

Where is File? _____

Financial Institution _____

Information Telephone Number _____

Fund Name and Account Number _____

Name(s) on Fund Account _____

Transfer on Death to _____

Where is File? _____

Financial Institution _____

Information Telephone Number _____

Fund Name and Account Number _____

Name(s) on Fund Account _____

Transfer on Death to _____

Where is File? _____

Date Revised _____

III. FINANCIAL ASSET DOCUMENTATION (continued)

H. Real Estate

HOMESTEAD and OTHER REAL ESTATE INFORMATION

Type (Homestead, Vacation Investment, etc.) _____

Location _____

Name(s) on Title Document _____

Purchase Price & Date _____

Asset Value & Date _____

Mortgage Holder/Account Number _____

Home Equity Loans _____

Other* _____

Where is File? _____

Type (Homestead, Vacation Investment, etc.) _____

Location _____

Name(s) on Title Document _____

Purchase Price & Date _____

Asset Value & Date _____

Mortgage Holder/Account Number _____

Home Equity Loans _____

Other* _____

Where is File? _____

*Renter information, loan payment protection, etc.

Date Revised _____

III. FINANCIAL ASSET DOCUMENTATION (continued)

I. Note(s) and Loan(s) INFORMATION ON NOTE(S) AND LOAN(S) PAYABLE

Type of Loan _____

Lender _____

Borrower _____

Amount Outstanding/Date _____

Terms _____

Where is File? _____

Type of Loan _____

Lender _____

Borrower _____

Amount Outstanding/Date _____

Terms _____

Where is File? _____

INFORMATION ON NOTE(S) AND LOAN(S) RECEIVABLE

Type of Loan _____

Borrower _____

Lender _____

Amount Outstanding/Date _____

Terms _____

Where is File? _____

Date Revised _____

III. FINANCIAL ASSET DOCUMENTATION (continued)

J. Life Insurance

LIFE INSURANCE INFORMATION

Life Insurance Carrier _____

Policy Number _____

Name of Insured _____

Owner (if Different from Insured) _____

Beneficiaries/Address _____

Type* _____

Face Amount/Cash Value & Date _____

Agent Contact Information _____

Where is File? _____

Life Insurance Carrier _____

Policy Number _____

Name of Insured _____

Owner (if Different from Insured) _____

Beneficiaries/Address _____

Type* _____

Face Amount/Cash Value & Date _____

Agent Contact Information _____

Where is File? _____

*Type: Permanent, Term, Group Term, Survivorship, First to Die, etc.

Date Revised _____

III. FINANCIAL ASSET DOCUMENTATION (continued)

K. Long-Term Care Insurance LONG-TERM CARE INSURANCE INFORMATION

Insurance Carrier _____

Type _____

Policy Number _____

Insured _____

Owner(s) _____

Agent Contact Information _____

Where is File? _____

L. Annuities

ANNUITY INFORMATION

Annuity Carrier _____

Type _____

Policy Number _____

Annuitant _____

Beneficiaries _____

Face Value _____

Agent Contact Information _____

Where is File? _____

Date Revised _____

III. FINANCIAL ASSET DOCUMENTATION (continued)

M. Businesses

BUSINESS INFORMATION

Name of Business _____

Name(s) of Owners _____

Location/Telephone Number _____

Type (S Corp./C Corp./LLC) _____

Where is File? _____

Name of Business _____

Name(s) of Owners _____

Location/Telephone Number _____

Type (S Corp./C Corp./LLC) _____

Where is File? _____

N. Partnerships

PARTNERSHIP INFORMATION

Name of Partnership _____

Name(s) of Owners _____

Location/Telephone Number _____

Type (S Corp./C Corp./LLC) _____

Where is File? _____

Note: For each business or partnership, append relevant information (e.g., appraisals, cash flow statements, tax documents, description of assets, list of officers, copies of stock certificates).

Date Revised _____

III. FINANCIAL ASSET DOCUMENTATION (continued)

O. Tangible Assets

INFORMATION ON AUTOMOBILES / BOATS / PLANES / ETC.

Type _____

Description/VIN Number _____

Name(s) on Title Document _____

Market Value/Date Valued _____

Where is File? _____

Type _____

Description/VIN Number _____

Name(s) on Title Document _____

Market Value/Date Valued _____

Where is File? _____

INFORMATION ON JEWELRY / ART / RARE BOOKS / COLLECTIBLES

Description _____

Owners _____

Purchase Price/Date _____

Market Value/Date Valued _____

Last Appraised by/Date Appraised _____

Where is File? _____

Note: Please duplicate this page, if necessary.

III. FINANCIAL ASSET DOCUMENTATION (continued)

P. Credit and Debit Cards

Note: For security reasons, PINs and passwords should not appear in this document. Warning: Many credit cards charge large late fees.

CREDIT AND DEBIT CARD INFORMATION

Type* _____

Name of Provider** _____

Customer Service Contact _____

Name(s) on Card(s) _____

Account Number _____

Telephone Numbers: (1) for balance or (2) to cancel _____

Payment Method*** _____

Where is File? _____

Type* _____

Name of Provider** _____

Customer Service Contact _____

Name(s) on Card(s) _____

Account Number _____

Telephone Numbers: (1) for balance or (2) to cancel _____

Payment Method*** _____

Where is File? _____

*VISA, Master Card, etc.

**Bank, Credit Union, etc.

***Check, Electronic Transfer from, etc.

III. FINANCIAL ASSET DOCUMENTATION (continued)

Q. Other Property

PROPERTY INFORMATION

Type _____

Description _____

Name(s) on Title Document _____

Market Value/Date _____

Where is File? _____

Type _____

Description _____

Name(s) on Title Document _____

Market Value/Date _____

Where is File? _____

Type _____

Description _____

Name(s) on Title Document _____

Market Value/Date _____

Where is File? _____

Type _____

Description _____

Name(s) on Title Document _____

Market Value/Date _____

Where is file? _____

*Attach list or refer to file

Date Revised _____

III. FINANCIAL ASSET DOCUMENTATION (continued)

R. Revocable Trusts

REVOCABLE TRUST INFORMATION

Title _____

Date Signed _____

Location of Original _____

Amendments _____

Grantor(s) _____

Trustee(s)/Telephone Number _____

Financial Institution Managing Assets _____

Account Administrator/Telephone Number _____

Account Number _____

Value of Assets Under Management/Date _____

Current Beneficiaries _____

Remainder Beneficiaries _____

List of Assets in Trust* _____

Where is File? _____

*Attach list or refer to file.

Date Revised _____

III. FINANCIAL ASSET DOCUMENTATION (continued)

S. Irrevocable Trusts

IRREVOCABLE TRUST INFORMATION

Title _____

Date Signed _____

Location of Original _____

Amendments _____

Grantor(s) _____

Trustee(s)/Telephone Number _____

Financial Institution Managing Assets _____

Account Administrator/Telephone Number _____

Account Number _____

Value of Assets Under Management/Date _____

Current Beneficiaries _____

Remainder Beneficiaries _____

List of Assets in Trust* _____

Is Beneficiary Given a Power of Appointment? _____

Has Power of Appointment Been Exercised Through Will or Trust? _____

Where is File? _____

*Attach list or refer to file.

IV. HEALTH CARE DOCUMENTATION

This section describes health care documents that empower your right to control decisions about your future medical care, including the right to accept or refuse treatment. Copies of your Advance Health Care Directive should be shared with your health care agents, your physicians, and the hospital you normally choose. To avoid misunderstandings, disputes, and delays, it is very important that you keep your health care agents, family members, partners and close friends informed about your health care wishes and update them promptly about any changes. The design and content of the documents themselves are upgraded periodically because of new legislation or historic experience. You are encouraged to monitor these developments and update your documents as necessary.

A. Advance Directives and Medical Authorizations

California recognizes three forms of health care documents: Durable Power of Attorney for Health Care (POAHC), Living Will, and Physician Orders for Life-Sustaining Treatment (POLST). The first two forms (POAHC and Living Will) are combined into a single document called an Advance Health Care Directive.

- 1. Power of Attorney for Health Care (POAHC) permits an individual to designate an agent who will make medical decisions that the individual desires when the individual is incapable of doing so.**
- 2. The Living Will describes the types of medical treatment you would want or not want in certain situations.**
- 3. Physician Orders for Life-Sustaining Treatment (POLST). The physician-signed POLST form is an order for all health care providers to follow. You need this form only if you are facing a life-threatening medical condition.**
- 4. Authorization for Release of Protected Medical Information**
Federal legislation, the Health Insurance Portability and Accountability Act (HIPAA), imposes many rules to protect the privacy of patient medical information. Patients who wish to have their medical information disclosed, e.g., to further their medical care, secure payment of insurance claims or provide information to family members, may be requested to sign a special consent form by a health care provider so that this information may be released as directed by the patient.

HEALTH CARE DOCUMENTATION (continued)

B. Health Care Information

ADVANCE DIRECTIVE AND MEDICAL AUTHORIZATION INFORMATION

1. Power of Attorney for Health Care (POAHC)

Names of POAHC Agents _____

Location of POAHC Copies (give name, address, telephone number)

Current Original _____

Hospital _____

Your POAHC Agents _____

Physicians _____

Family _____

Where is File? _____

2. Living Will (LW)

Location of LW Copies (give name, address, telephone number)

Current Original _____

Hospital _____

Your POAHC Agents _____

Physicians _____

Family _____

Where is File? _____

3. Physician Orders for Life-Sustaining Treatment (POLST)

Location of Current Original POLST _____

Where is File? _____

It is recommended that you consult an attorney when constructing any of these three forms.

IV. HEALTH CARE DOCUMENTATION (continued)

B. Health Care Information

ADVANCE DIRECTIVE AND MEDICAL AUTHORIZATION INFORMATION (continued)

4. Authorization for Release of Medical Information.

Part of the Health Insurance Portability and Accountability Act (HIPAA)

Location of Release Form (give name, address, telephone number)

Current Original _____

Hospital _____

Other _____

Where is File? _____

C. Medical Record Information

MEDICATION AND ALLERGY INFORMATION

List of Current Medications and Allergies

Location of List (give name, address, phone number or precise location)

Physicians _____

On Home Refrigerator (Yes or No) _____

In Whose Wallet? _____

In Which Car? _____

Elsewhere at Home _____

Other _____

Increasingly, health care providers are offering patients an internet connection to access a portion of their medical records. If you registered to use such a program, indicate the website:

(Your password and I.D. should be recorded separately from LIVING LEDGER with your other passwords, PIN numbers and access codes.)

Date Revised _____

V. ORGAN, TISSUE, AND BODY DONATIONS

ORGAN AND TISSUE DONATIONS

What anatomical gifts have you agreed to make? _____

Noted on driver's license? _____

Noted on ID card? _____

Noted on POAHC? _____

Discussed with family? _____

Where is File? _____

BODY DONATIONS

Have you made arrangements for a body donation? _____

Date donation form submitted _____

Telephone number to call at time of death _____

Person(s) responsible for carrying out donor's instructions and their telephone numbers _____

Where is file? _____

Other arrangements made _____

Date Revised _____

VI. FUNERAL AND MEMORIAL INSTRUCTIONS

A. Guidelines for Funeral or Memorial Services

Contact funeral home, church, synagogue, mosque, meeting house, etc. _____

Contact relatives, friends, academic department or unit, etc. * _____

Completed obituary notice and file location** _____

Memorial considerations:

Funeral service or memorial _____

Level of expense _____

Visitation and ceremony _____

Prepaid funeral/burial plans _____

Private (relatives and close friends) or conventional _____

Direct burial or cremation _____

Music preferences _____

Suggested pallbearers _____

Veteran honor guard or taps _____

Body: open or closed casket or body not present _____

Embalm body or not _____

Type of container for body or ashes _____

Where is file? _____

*Attach list or refer to file.

**See "Sample Obituary" in Appendix A

Date Revised _____

VI. FUNERAL AND MEMORIAL INSTRUCTIONS (continued)

B. Guidelines for Final Arrangements

Disposition of body: ground, mausoleum or medical school _____

Disposition of ashes: scattered, burial, storage or urn, where? _____

Disposition site: purchased, where? _____

Monument: granite, marble, bronze plaque or none _____

Inscription on monument _____

Death certificate

Funeral director and/or doctor submit death certificate to County Recorder's Office. Consider requesting at least 20 copies.

VII. OTHER INFORMATION TO BE RECORDED

This section is for important information that does not seem to fit into any prior category. Here are four specific examples.

Prior employment history in case there are employment benefits.

Relevant information about prior divorce(s), including name and address of divorced spouse(s).

Health care savings accounts.

Annual charitable or endowment contributions.

Individual circumstances vary greatly and will determine what should be recorded here.

APPENDIX A: Sample Obituary

City. A.B.C., age _____, died peacefully on day, month, date, year at hospital, home. S/he faced her/his illness with amazingly good spirits and was an inspiration to all who knew her/him. S/he was born to father's name and mother's maiden name on month, date, and year in city, state. S/he was united in marriage to name (maiden name), the love of her/his life (optional), on month, date, and year in city, state. S/he served honorably in the U.S. Army, Navy, Air Force, Marines, etc. during WW II from date to date (list rank and other distinguishing service), and received numerous medals including _____.

A.B.C. moved to city on date and raised X children (name them). S/he worked for name of organization for X years, as title. S/he graduated from high school and X university with a BA. S/he was a long-time member of X church or Y temple. S/he was a great supporter of XYZ athletic teams. A.B.C. enjoyed fishing, boating, tennis, etc. S/he did volunteer work for X charity for a number of years. S/he retired in year, spent summers in placeA and winters in placeB. S/he was preceded in death by her/his father, mother, sister, etc. Survivors include her/his sons' names of city, state, daughters' names of city, state, grandchildren's names, brothers' names of city, state and sisters' names of city, state, as well as X nieces and nephews.

A memorial service will be held on day, month, date and year at time at X location (provide address). Name will officiate at the service and/or the body will be cremated. Visitation will be held from time until time of service at the church, temple, etc. or there will be no funeral services. Graveside services with military honors will be held on day at time at X cemetery, address, city. The family suggests that, in lieu of flowers, memorial contributions be made to XYZ Society at address, city, state.

A photo available for the obituary notice may be found in _____.

***Caution should be used when deciding which items of personal information to include in an obituary. Identity thieves have been known to obtain information about the deceased from obituaries.**

APPENDIX B: Frequently Asked Questions

1. What is LIVING LEDGER?

LIVING LEDGER is a document created by a task force appointed by the University of Wisconsin Retirement Association. LIVING LEDGER will assist University faculty and staff (active and retired) and their spouses, partners and family members to compile and maintain an ongoing record of vital personal, financial and health information.

2. Why do I need it?

LIVING LEDGER will serve as a central source of information for managing critical personal, health, financial matters. This information will be especially useful in the event of identity fraud, health emergency, disability or death.

3. What should I do before starting to fill out LIVING LEDGER?

Before you begin creating your personal LIVING LEDGER, make two copies, one to use for your working copy and one to provide substitute or additional pages where necessary. The latter should be retained as a blank master copy.

4. Why should I fill it out?

LIVING LEDGER offers a unique opportunity for individuals to record important personal information in an organized fashion, including the location of original documents and related files. It also provides an opportunity to review the adequacy and accessibility of important personal information and health-related issues and to customize financial protections. It is a valuable means for individuals to organize their most important health and financial documents and duly record their location.

5. Who should fill it out besides me?

Spouses, partners or other family members have a choice between filling out a separate LIVING LEDGER or only those pages where their information is significantly different. All users are encouraged to customize LIVING LEDGER to meet their specific needs and circumstances.

6. What should I do with sections of LIVING LEDGER that do not concern me?

You may ignore them. Complete and date only the sections of LIVING LEDGER that are relevant to you, your spouse, your partner or other members of the family.

APPENDIX B (continued) Frequently Asked Questions

7. Does LIVING LEDGER replace the need for a will, trust, financial power of attorney, Power of Attorney for Health Care, or a Living Will?

No.

8. What are advance directives?

Advance directives are your wishes about your health care should you be unable to make decisions for yourself. It is desirable to fill out these documents before you become seriously ill. As long as you remain competent during a serious or terminal illness, however, you may fill out or change a power of attorney or a Living Will.

9. Why are advance directives important?

Advance directives give you control. They allow you to decide what type of care you wish to receive should you become unable to convey your wishes. They also make it easier for family members who may otherwise have to guess what type of health care you would want.

10. Who should get a completed copy of my completed LIVING LEDGER?

Give a copy to the person you have designated as your emergency contact and to any person you have designated in writing as your agent for health care or financial matters. You may want to consider giving a copy to your next of kin if different from your agent and also to your attorney.

11. What should I do to keep LIVING LEDGER up to date?

Sign and date all changes as they occur and review the whole document at least once a year. After a number of changes have been made, you may wish to fill out a new LIVING LEDGER.

12. Where should I keep the original copy of my completed LIVING LEDGER?

Keep one copy in a safe place at home and one copy in a safe deposit box.