



FAMILY
LEGACY
THROUGH
PREPARATION



THE GAVREL FAMILY PLANNING KIT

*Organize What Matters Most.
Protect What Matters Always.*



PROTECT



PREPARE



PRESERVE



ORGANIZE

THIS KIT BELONGS TO:



Honor Your Past. Protect Your Present. Prepare Your Future.



DEDICATED TO MY FATHER
TIM GAVREL



For my father, whose life taught me that
taking care of the people we love means
thinking beyond today.

This book was created to help families organize
what matters, prepare for what may come, and
leave those they love with something invaluable:
clarity when they need it most.

Your influence is woven into the purpose
behind these pages and the work I continue to do.

With love,

Chris

GAVREL®
FAMILY PLANNING KIT



Honor Your Past. Protect Your Present. Prepare Your Future.

WELCOME

A Note From Chris

*A calm place to organize what matters,
before someone you love needs it.*

Most families know the people they would call in an emergency. Fewer have one clear place that shows what exists, where it can be found, and who can help.

This kit was created to bring that information together. It is not about expecting the worst. It is about giving the people you love clarity, reducing uncertainty, and making thoughtful decisions easier when time and attention may be limited.

Complete the pages that apply to you. Skip what does not. Return whenever something changes. You do not need to finish everything at once; a few carefully completed pages can already make a meaningful difference.

Keep this book somewhere secure but accessible to the person you trust. Let that person know where it is. The most useful plan is one that can be found when it is needed.

Thank you for taking the time to invest in your family and in the people who matter most.

With care,



CHRIS GAVREL

GAVREL FAMILY PLANNING KIT



*“A little
preparation today
can bring peace
tomorrow.”*

HONOR
YOUR PAST.
PROTECT
YOUR PRESENT.
PREPARE
YOUR FUTURE.



GETTING STARTED

How to Use This Kit

Use the kit at your own pace. Clear and current information matters more than completing every page at once.



1 BEGIN WITH THE ESSENTIALS

Start with personal information, emergency contacts, healthcare details, and the location of important documents. These pages provide a strong foundation.



2 RECORD WHAT EXISTS

Identify the document, account, policy, or contact. In most cases, record where details are kept rather than copying sensitive credentials here.



3 NAME A TRUSTED PERSON

Tell at least one trusted person where this kit is stored and how they can access it when appropriate. Make sure they know your wishes.



4 KEEP SUPPORTING RECORDS TOGETHER

Use a secure folder, safe, or other organized location for originals and copies. This kit should point the way to those records, not replace them.



5 REVIEW IT EACH YEAR

Update contacts, policies, locations, wishes, and other information after major life changes or during an annual review. A few minutes each year can keep this kit accurate and valuable.



“A little organization today can make a difficult tomorrow a little easier for the people you love.”



Progress, not perfection, is the goal.

Even a few completed pages can make a meaningful difference when it matters most.



IMPORTANT INFORMATION

Privacy & Security Notice

*This kit may contain private information.
Store it thoughtfully and share access only with people you trust.*

Your privacy and security are important. This kit is designed to help you organize key information, not to store sensitive credentials. Please follow the guidelines below to help protect your personal information.



*“Peace of mind
is not just about
what you plan,
but how well
you protect it.”*



USE THIS BOOK AS A GUIDE

Do not record passwords, PINs, security codes, full Social Security numbers, or complete financial account credentials in this kit.



STORE IT SECURELY

Keep this kit in a protected location that is reasonably accessible to the person you trust.



LIMIT ACCESS

Share the location of this kit only with trusted family members, representatives, or professionals as appropriate.



RECORD WHAT EXISTS

In most cases, note what you have, who holds it, and where supporting records are located, rather than writing sensitive details here.



PROTECT DIGITAL COPIES

If you scan or store a digital copy of this kit, use secure storage and appropriate device or file protection (such as a password and encryption).



REVIEW OLD COPIES

Shred or securely destroy outdated pages that contain private information.



*Your information matters.
A little care today helps protect you and the people you love tomorrow.*



IMPORTANT INFORMATION

Disclaimer

This kit is an educational resource designed to help you and your family get organized.

The information, worksheets, and general guidance provided in the Gavrel Family Planning Kit are for educational and informational purposes only. This kit is not intended to provide, and should not be construed as, legal, tax, financial, investment, or healthcare advice.

Every family's situation is unique. Laws, regulations, and personal circumstances can change over time. You should consult with qualified professionals—such as an attorney, tax advisor, financial advisor, or healthcare provider—regarding your specific situation before making any decisions or taking any action based on the information in this kit.

The forms, checklists, and resources included are general tools to help you organize your information. They are not a substitute for official legal documents or professional guidance. Using this kit does not create an attorney-client, advisor-client, or other professional relationship.

While every effort has been made to ensure the information in this kit is accurate and helpful, Chris Gavrel makes no warranties, express or implied, regarding the completeness, accuracy, or reliability of the content. Chris Gavrel is not responsible for any errors or omissions or for any decisions made based on the use of this kit.

By using this kit, you acknowledge and agree that Chris Gavrel, an independent licensed insurance agent, is not liable for any losses, damages, or consequences that may result, directly or indirectly, from the use of this information.



“Good planning does not guarantee the future, but it can bring peace of mind today.”

PREPARE
WITH CARE.
SEEK EXPERT
GUIDANCE.
PROTECT
WHAT MATTERS.

*This kit is a tool to help you start the important conversations and keep key information in one place.
The decisions ahead are too important to navigate alone.
Please work with the right professionals for your needs.*

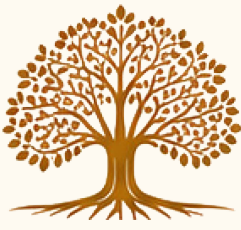
GAVREL
FAMILY PLANNING KIT

Organize What Matters Most.



GETTING STARTED

Start Here



“Begin with one page. That is enough for today.”

You don’t have to finish it all at once.

There is no deadline and no right order. Take your time. Fill in what you know, leave a blank for what you don’t, and come back whenever you feel ready. Every page you complete is a quiet gift to the people you love.

START WITH THESE KEY PAGES FIRST

Click a page number to go straight there.

- 1

EMERGENCY CONTACTS page 10

Who to call first, and how to reach them.
- 2

MEDICAL INFORMATION pages 15–18

Doctors, medications, allergies, and insurance.
- 3

FINAL WISHES pages 39–45

Your preferences, gently written in your own words.
- 4

ACCOUNTS pages 24–26

Where your banking, retirement, and investment accounts are held.
- 5

IMPORTANT DOCUMENTS pages 13 & 37

What you have, and where the originals are kept.

COME BACK OVER TIME

The rest can wait. Add a page or two whenever you have a quiet moment, and revisit it once a year with the Annual Review Checklist (page 55).

SHARE WHERE IT’S KEPT

Tell someone you trust where this kit is kept and how to reach it, so it can help when it is needed most.

DIGITAL OR PRINTED

Type into the fillable fields and save a copy, or print it and write by hand. Either way is just right.

MAKE IT YOURS

This kit is meant to carry your family’s name. Click the name on the cover and type your family’s last name, and it will update throughout.
Works when filling in the PDF on a computer or tablet. Printing it? Simply write your name in.

Start small. One page today is a meaningful beginning.

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Click any section or page title to jump directly to that page.*

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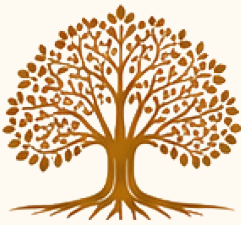


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PERSONAL INFORMATION

Personal Information



“When life is organized, your family is stronger.”

A clear record today brings peace of mind tomorrow.

BASIC INFORMATION

Full Legal Name:

Date of Birth:

Also Known As (Nicknames):

Address:

City:

State:

ZIP Code:

Phone (Primary):

Phone (Secondary):

Email Address:

Social Security Number:

Driver’s License Number:

Place of Birth:

Citizenship:

Marital Status:

☐ Single

☐ Married

☐ Divorced

☐ Widowed

☐ Other:

PHYSICAL INFORMATION

Height:

Weight:

Eye Color:

Hair Color:

Blood Type:

Organ Donor:

☐ Yes

☐ No

☐ Unknown

Distinguishing Features (scars, tattoos, etc.):

ADDITIONAL INFORMATION

Primary Language:

Other Languages:

Preferred Method of Contact:

☐ Phone

☐ Text

☐ Email

☐ Mail

Preferred Name (if different):

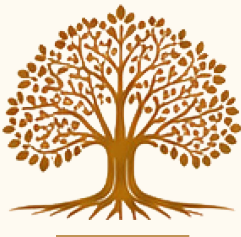
Religion/Faith (optional):

Notes:

The details you record today can save time, reduce stress, and bring peace of mind to the people you love.

EMERGENCY CONTACTS

Emergency Contacts



“In times of need,
people matter most.”

PRIMARY EMERGENCY CONTACTS

People to contact immediately in an emergency.

Name	Relationship	Phone Number(s)	Email	Address

BACKUP EMERGENCY CONTACTS

Call these people if the contacts above cannot be reached.

Name	Relationship	Phone Number(s)	Email	Address

CLOSE FRIENDS / NEIGHBORS

Trusted individuals who may be able to help.

Name	Relationship	Phone Number(s)	Email	Address

PROFESSIONAL CONTACTS

Doctors and healthcare providers: see page 15. Attorney, accountant, financial advisor, insurance agent, funeral home and other professionals: see page 53 (Professional Contacts). Other family members: see page 11.

OTHER IMPORTANT CONTACTS

Anyone else you want to include.

Name	Relationship	Phone Number(s)	Email	Address



— — — — —
Being prepared today
brings peace of mind tomorrow.



FAMILY MEMBERS / DEPENDENTS

Family Members / Dependents

The people who matter most, all in one place.

“Family is not an important thing, it’s everything.”

HOUSEHOLD MEMBERS				People who live in your household.
Full Name	Relationship	Date of Birth	Phone Number	Email Address

DEPENDENTS				Children or others who depend on you for support.
Full Name	Relationship	Date of Birth	School (if applicable)	Notes

OTHER IMPORTANT FAMILY INFORMATION

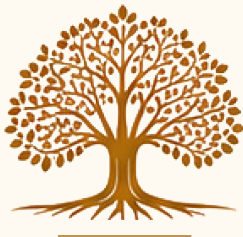
Any additional details you want to keep on record.

“The love of a family is life’s greatest blessing.”



IMPORTANT PERSONAL INFORMATION

Important
Personal Information



“A little information
today can prevent
a lot of stress
tomorrow.”

Key details that help keep life running smoothly.

RESIDENCE INFORMATION

Home address, city, state and ZIP: see page 9.

How Long at This Address: _____

Mailing Address (if different): _____

Type of Residence: ☐ Own ☐ Rent ☐ Other: _____

Notes: _____

PREFERRED CONTACT INFORMATION

Phones, email and preferred contact method:
see page 9 (Personal Information).

Best Time to Reach You: _____

Notes: _____

EMPLOYMENT INFORMATION

Current Employer (if applicable): _____

Occupation / Job Title: _____

Work Phone: _____

Work Address: _____

City, State, ZIP: _____

Employment Status:

☐ Full-Time ☐ Part-Time ☐ Retired ☐ Not Employed

Notes: _____

VEHICLE INFORMATION

Vehicle #1

Make: _____ Model: _____ Year: _____

Color: _____ License Plate: _____

Location (if different): _____

Vehicle #2

Make: _____ Model: _____ Year: _____

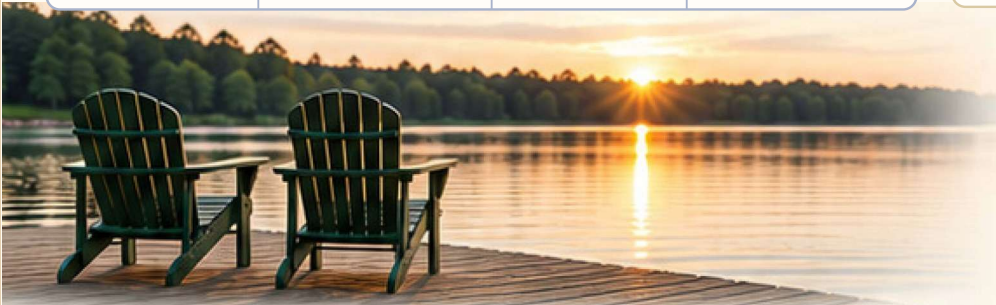
Color: _____ License Plate: _____

Location (if different): _____

PETS

Name	Type (Dog, Cat, etc.)	Breed	Notes

ADDITIONAL NOTES



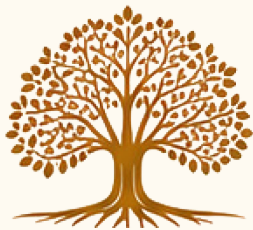
“A well-organized life
creates more time for what matters most.”



IMPORTANT DOCUMENTS

Important Documents

Know what you have, where it is, and who can access it.



“Preparation today gives your loved ones clarity tomorrow.”

LEGAL DOCUMENTS

Record the location of your important legal documents.

Document	Do You Have It?	Location (Safe, File, Attorney, etc.)	Last Updated	Notes
Will	☐ Yes ☐ No			
Trust (Revocable or Irrevocable)	☐ Yes ☐ No			
Durable Power of Attorney (Financial)	☐ Yes ☐ No			
Healthcare Power of Attorney	☐ Yes ☐ No			
Living Will / Advance Directive	☐ Yes ☐ No			
Guardianship Documents (If applicable)	☐ Yes ☐ No			
Other: _____	☐ Yes ☐ No			

FINANCIAL DOCUMENTS

Keep track of key financial records and where they are stored.

Document	Do You Have It?	Location (Safe, File, Institution, etc.)	Last Updated	Notes
Bank Account Information	☐ Yes ☐ No			
Investment Account Statements	☐ Yes ☐ No			
Retirement Account Information	☐ Yes ☐ No			
Life Insurance Policies	☐ Yes ☐ No			
Annuity Contracts	☐ Yes ☐ No			
Loan or Mortgage Documents	☐ Yes ☐ No			
Deed(s) / Property Records	☐ Yes ☐ No			
Business Ownership Documents	☐ Yes ☐ No			
Other: _____	☐ Yes ☐ No			

OTHER IMPORTANT RECORDS

Include any additional documents that may be important.

Document	Do You Have It?	Location (Safe, File, etc.)	Last Updated	Notes
Birth Certificate	☐ Yes ☐ No			
Social Security Card	☐ Yes ☐ No			
Marriage Certificate	☐ Yes ☐ No			
Divorce Decree (if applicable)	☐ Yes ☐ No			
Military Service Records	☐ Yes ☐ No			
Citizenship / Naturalization Papers	☐ Yes ☐ No			
Other: _____	☐ Yes ☐ No			



— — — — —
“A little organization today can make a difficult time much easier for the people you love.”



SECTION 2

Healthcare Information

Your health matters. Keep what's important in one place.



PROVIDERS



MEDICATIONS



ALLERGIES

INSURANCE
INFORMATIONPHARMACY
PREFERENCESMEDICAL
NOTES

"A healthier tomorrow gives you more time for what matters most."



HEALTHCARE PROVIDERS

Healthcare Providers



“Good care
today helps a
brighter tomorrow.”

Trusted care. Important information. All in one place.

PRIMARY CARE PROVIDER

Name	Practice / Clinic	Phone Number	Address	City, State, ZIP	Notes

SPECIALISTS

Specialty	Doctor’s Name	Practice / Clinic	Phone Number	Address	City, State, ZIP	Notes

DENTIST

Name	Practice / Clinic	Phone Number	Address	City, State, ZIP	Notes

VISION CARE PROVIDER

Name	Practice / Clinic	Phone Number	Address	City, State, ZIP	Notes

OTHER HEALTHCARE PROVIDERS

Type of Provider	Name	Practice / Clinic	Phone Number	Address	City, State, ZIP	Notes



— — — — —
“Keep the people and care
that support your health close
and up to date.”



MEDICATIONS

Medications



“Small details today can make a big difference tomorrow.”

CURRENT MEDICATIONS

Include all prescription medications, over-the-counter drugs, vitamins and supplements.

Medication Name	Dosage (mg, mcg, etc.)	How Often (Frequency)	Purpose / Condition	Prescribing Doctor	Start Date	Notes

OVER-THE-COUNTER MEDICATIONS

List any regular over-the-counter medications.

Medication Name	Dosage	How Often	Purpose / Notes

VITAMINS & SUPPLEMENTS

Name	Dosage	How Often	Notes

ALLERGIES & PHARMACY

Allergies (medication, food, environmental, insect): record them on page 17 — Allergies.
Pharmacy details (primary, secondary, mail-order): record them on page 19 — Preferred Pharmacy.

Medication Notes: _____



— — — — —
“Good health allows you to be there for what matters most.”



ALLERGIES

Allergies



Know your triggers. Share your information. Stay safe.

“A safer tomorrow starts with the information you share today.”

 MEDICATION ALLERGIES

List all medications you are allergic to and the type of reaction you experience.

Medication (Drug Name)	Type of Reaction	Severity (Mild / Moderate / Severe)	Date Noted	Notes

 FOOD ALLERGIES

List any food allergies and the type of reaction you experience.

Food Allergen	Type of Reaction	Severity (Mild / Moderate / Severe)	Date Noted	Notes

 ENVIRONMENTAL ALLERGIES

List any environmental or seasonal allergies.

Allergen (Pollen, Dust, etc.)	Type of Reaction	Severity (Mild / Moderate / Severe)	Date Noted	Notes

 INSECT / STING ALLERGIES

List any insect or sting allergies.

Insect (Bee, Wasp, etc.)	Type of Reaction	Severity (Mild / Moderate / Severe)	Notes

 OTHER ALLERGIES

List any other allergies.

Allergen	Type of Reaction	Severity (Mild / Moderate / Severe)	Notes





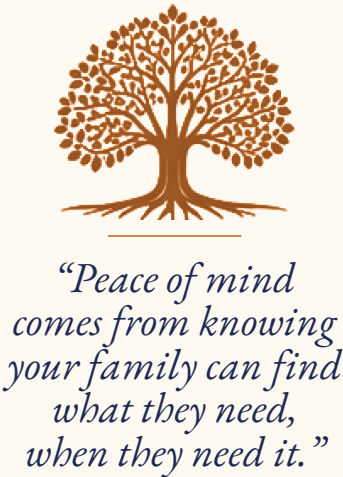
“Awareness today helps prevent problems tomorrow.”



HEALTH INSURANCE INFORMATION

Health Insurance Information

Be prepared. Keep your coverage details in one place.



PRIMARY HEALTH INSURANCE

Insurance Company:	Mailing Address:
Type of Plan: ☐ Employer ☐ Individual ☐ Marketplace ☐ Other:	City, State, ZIP:
Member Name:	Customer Service Phone:
Member ID Number:	Claims Address (if different):
Group Number:	Deductible:
Phone Number:	Out-of-Pocket Maximum:
Website / Member Portal:	Notes:

SECONDARY HEALTH INSURANCE

Use this section if you have an additional health plan.

Insurance Company:	Mailing Address:
Type of Plan: ☐ Employer ☐ Individual ☐ Marketplace ☐ Other:	City, State, ZIP:
Member Name:	Customer Service Phone:
Member ID Number:	Claims Address (if different):
Group Number:	Deductible:
Phone Number:	Out-of-Pocket Maximum:
Website / Member Portal:	Notes:

DENTAL INSURANCE

Insurance Company:	Type of Plan: ☐ PPO ☐ HMO ☐ Indemnity ☐ Other:
Member Name:	Mailing Address:
Member ID Number:	City, State, ZIP:
Group Number:	Deductible:
Phone Number:	Annual Maximum:
Website / Member Portal:	Notes:

VISION INSURANCE

Insurance Company:	Type of Plan: ☐ PPO ☐ HMO ☐ Discount Plan ☐ Other:
Member Name:	Mailing Address:
Member ID Number:	City, State, ZIP:
Group Number:	Benefits / Coverage Details:
Phone Number:	Annual Maximum:
Website / Member Portal:	Notes:



“Planning today helps ensure continued care for the ones you love.”

PREFERRED PHARMACY

Preferred Pharmacy

Important medications. Trusted care. Always within reach.



"The right care today helps build a healthier tomorrow."

 PRIMARY PHARMACY

Your main pharmacy for everyday medications.

Pharmacy Name: Address: City, State, ZIP: Phone Number: Pharmacy Hours: Website / Mobile App:

Pharmacist Name (if known): Prescription Number (Rx#) Format: Automatic Refills: Preferred Contact Method: Notes:

 SECONDARY PHARMACY

Use this section for an alternate or 24-hour pharmacy.

Pharmacy Name: Address: City, State, ZIP: Phone Number: Pharmacy Hours: Website / Mobile App:

Pharmacist Name (if known): Prescription Number (Rx#) Format: Automatic Refills: Preferred Contact Method: Notes:

 MAIL ORDER PHARMACY

Use this section if you use a mail-order pharmacy.

Pharmacy Name: Address: City, State, ZIP: Phone Number: Website / Mobile App:

Member ID Number: Prescription Number (Rx#) Format: Automatic Refills: Preferred Contact Method: Notes:

 ADDITIONAL NOTES

Use this space for additional pharmacy information, preferences, or reminders.

 QUICK REFERENCE

- Keep an updated list of all current medications.
- Check for lower-cost options or generic alternatives.
- Set up automatic refills if preferred.
- Make sure a family member knows which pharmacy you use.
- Keep a copy of your insurance information with the pharmacy.
- Update this information if you change pharmacies.

MEDICAL NOTES

Medical Notes

A clear record today helps ensure the best care tomorrow.

“Information brings peace of mind for you and the ones you love.”

GENERAL HEALTH INFORMATION

Primary Care Provider:

Phone Number:

Date of Last Annual Exam:

Overall Health Status: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Height: Weight: Blood Type:

Do you have any chronic conditions? ☐ Yes ☐ No

If yes, please list:

MEDICAL HISTORY

Check all that apply and add details.

☐ High Blood Pressure ☐ Arthritis

☐ High Cholesterol ☐ Osteoporosis

☐ Diabetes ☐ Mental Health Condition

☐ Heart Disease ☐ Sleep Apnea

☐ Stroke ☐ Autoimmune Disorder

☐ Cancer ☐ Neurological Condition

☐ Asthma ☐ Gastrointestinal Condition

☐ COPD ☐ Hearing Impairment

☐ Thyroid Condition ☐ Vision Impairment

☐ Kidney Disease ☐ Other:

☐ Liver Disease ☐ Other:

HOSPITAL PREFERENCES

Preferred Hospital:

Address:

City, State, ZIP:

Phone Number:

Secondary Hospital:

Address:

City, State, ZIP:

Phone Number:

RECENT TESTS & SCREENINGS

Include dates and results if available.

Test / Screening	Date	Results / Notes
Blood Work		
X-Ray		
MRI		
CT Scan		
Mammogram		
Colonoscopy		
Bone Density		
Other		

SURGERIES & PROCEDURES

List past surgeries, procedures, and approximate dates.

Procedure / Surgery	Date	Notes / Outcome

OTHER IMPORTANT INFORMATION

Use this space for any additional medical notes.

 QUICK REMINDERS

☐ Keep this information up to date.

☐ Share relevant information with your emergency contacts.

☐ Bring a copy to medical appointments when needed.

☐ Update after any major changes in your health.



SECTION 3

Financial Resources

Organize today for a stronger tomorrow.

This section helps you keep track of your financial resources, accounts, and valuable assets. Having this information in one place can make everyday management easier and provide peace of mind for you and your loved ones.

IN THIS SECTION

- 22 | Life Insurance
- 23 | Long-Term Care Insurance
- 24 | Banking Information
- 25 | Retirement Accounts
- 26 | Investment Accounts
- 27 | Monthly Expenses
- 28 | Safe Deposit Box
- 29 | Valuable Property

“Financial organization today creates freedom for tomorrow.”



“A solid plan today helps protect the people and possibilities tomorrow.”

“Clarity today builds a brighter tomorrow.”



LIFE INSURANCE

Life Insurance

Protection for the people who matter most.

“A small act of preparation today can make a world of difference tomorrow.”

PRIMARY LIFE INSURANCE POLICY

List your main life insurance policy details.

Insurance Company:

Type of Policy: ☐ Term ☐ Whole ☐ Universal ☐ Other:

Policy Number:

Owner (if different):

Insured:

Death Benefit Amount: \$

Issue Date: Term Length (if applicable):

Premium Amount: \$ ☐ Monthly ☐ Quarterly

☐ Semi-Annual ☐ Annual

Payment Method:

Beneficiary(ies):

Living Benefits (if any):

Notes:

ADDITIONAL LIFE INSURANCE POLICIES

List any additional policies (employer, individual, etc.).

Insurance Company	Type of Policy	Policy Number	Death Benefit	Premium (Amount & Frequency)	Beneficiary(ies)	Notes

EMPLOYER-PROVIDED LIFE INSURANCE

Employer Name:

Coverage Amount: \$

Type of Coverage: ☐ Basic ☐ Supplemental

Is Coverage Portable? ☐ Yes ☐ No ☐ Unknown

Notes:

BENEFICIARY REVIEW

Keep your beneficiaries up to date.

☐ Confirm your beneficiaries are current.

☐ Review after major life events (marriage, divorce, birth, etc.).

☐ Make sure contingent beneficiaries are listed.

☐ Keep a copy of beneficiary information with your important documents.

☐ Consider reviewing with a trusted advisor.

ADDITIONAL NOTES

Use this space for any additional information, questions, or reminders.



LONG-TERM CARE INSURANCE

Long-Term Care Insurance

Planning for today. More independence for tomorrow.

“Planning ahead today can help protect your independence tomorrow.”

PRIMARY LONG-TERM CARE INSURANCE POLICY

List your main long-term care insurance policy details.

Insurance Company:

Type of Policy: ☐ Traditional LTC ☐ Hybrid (Life/LTC) ☐ Linked Benefit ☐ Other:

Policy Number:

Owner (if different):

Insured:

Issue Date: Effective Date:

Monthly Premium: \$

Benefit Amount (Daily/Monthly): \$

Benefit Duration (How long):

Elimination Period (Waiting Period):

Inflation Protection: ☐ Yes ☐ No ☐ Unknown

Type of Care Covered: ☐ Home Care ☐ Assisted Living ☐ Nursing Home ☐ Adult Day Care ☐ Other:

Notes:

ADDITIONAL LONG-TERM CARE POLICIES

List any additional long-term care policies (if applicable).

Insurance Company	Type of Policy	Policy Number	Premium (Amount & Frequency)	Benefit Amount (Daily/Monthly)	Benefit Duration	Notes

CURRENT CARE ARRANGEMENTS

Use this section if you currently receive care or services.

Type of Care/Service:

Provider Name:

Address:

Phone Number:

Start Date: Frequency:

Notes:

CARE PREFERENCES

Share your preferences for future care.

Preferred Care Setting: ☐ At Home ☐ Assisted Living ☐ Nursing Home ☐ Adult Day Care ☐ Other:

Priority Considerations (check all that apply):

☐ Staying at home as long as possible ☐ Maintaining independence

☐ Proximity to family ☐ Faith-based care options

☐ Quality of care ☐ Cost ☐ Other:

Additional Notes:

IMPORTANT REMINDERS

☐ Review your policy periodically.

☐ Understand what services are covered.

☐ Keep a copy of your policy with important documents.

☐ Discuss your care wishes with family members.

☐ Consider reviewing your coverage with a trusted advisor.

GAVREL FAMILY PLANNING KIT



PAGE 23

BANKING INFORMATION

Banking Information

Keep track today for a smoother tomorrow.

“Organization today brings peace of mind tomorrow.”

CHECKING ACCOUNTS

List all checking accounts you have.

Financial Institution	Account Name (Checking)	Account Number (last 4 digits)	Account Type (Personal / Joint)	Online Access (Yes / No)	Phone Number	Notes

SAVINGS ACCOUNTS

List all savings accounts you have.

Financial Institution	Account Name (Savings)	Account Number (last 4 digits)	Account Type (Personal / Joint)	Online Access (Yes / No)	Phone Number	Notes

MONEY MARKET & CERTIFICATES OF DEPOSIT (CDS)

List all money market accounts and CDs.

Financial Institution	Account Type (Money Market / CD)	Account Number (last 4 digits)	Current Balance (approximate)	Maturity Date (if applicable)	Interest Rate (if known)	Notes

SAFE DEPOSIT BOX

Safe deposit box details (bank, box number, key location, authorized access) are recorded on page 28 — Safe Deposit Box.

ONLINE ACCESS INFORMATION

Keep track of your online banking details.

Financial Institution:
Website / App:
Username:
Password Hint (do not write password):
Two-Factor Authentication: ☐ Yes ☐ No
Recovery Email:
Recovery Phone Number:
Notes:

ADDITIONAL NOTES

Use this space for any additional banking information or reminders.



RETIREMENT ACCOUNTS

Retirement
Accounts

Building today for a more secure tomorrow.

“A brighter tomorrow is built on the choices you make today.”

EMPLOYER RETIREMENT PLANS

List any retirement plans through current or former employers.

Employer Name	Plan Type (401(k), 403(b), Pension, etc.)	Account Number (last 4 digits)	Current Balance (approximate)	Vesting Status (Vested / Not Vested)	Contact Information (Phone / Website)	Notes

INDIVIDUAL RETIREMENT ACCOUNTS (IRAs)

List any personal retirement accounts.

Financial Institution	Account Type (Traditional, Roth, SEP, SIMPLE, etc.)	Account Number (last 4 digits)	Current Balance (approximate)	Contact Information (Phone / Website)	Notes

HSA, 529 & OTHER TAX-ADVANTAGED ACCOUNTS

Taxable brokerage accounts: see page 26.

Financial Institution	Account Type (HSA, 529, ABLE, etc.)	Account Number (last 4 digits)	Current Balance (approximate)	Contact Information (Phone / Website)	Notes

ANNUITIES

List any annuities you own.

Insurance Company	Type of Annuity (Fixed, Indexed, Variable, etc.)	Contract Number (last 4 digits)	Current Value (approximate)	Notes

PENSIONS & OTHER INCOME

List any pensions, deferred compensation, or other retirement income sources.

Source / Company	Type (Pension, Deferred Comp, etc.)	Estimated Monthly Income	Contact Information	Notes

ADDITIONAL NOTES

Use this space for any additional information, questions, or reminders.



INVESTMENT ACCOUNTS

Investment Accounts

Today’s decisions can help create tomorrow’s opportunities.

“Discipline today builds the freedom you may enjoy tomorrow.”



BROKERAGE ACCOUNTS

List all taxable investment accounts (stocks, bonds, mutual funds, ETFs, etc.).

Financial Institution	Account Name	Account Number (last 4 digits)	Account Type	Current Value (approximate)	Contact Information (Phone / Website)	Notes



MUTUAL FUNDS

List any mutual fund accounts.

Financial Institution	Fund Name(s)	Account Number (last 4 digits)	Current Value (approximate)	Contact Information (Phone / Website)	Notes



STOCKS & BONDS

List any individual stocks, bonds, or other securities.

Company / Issuer	Type (Stock / Bond / Other)	Account Number (last 4 digits)	Current Value (approximate)	Location (Brokerage / Custodian)	Notes



OTHER INVESTMENTS

List any other investments (real estate, private investments, cryptocurrency, etc.).

Investment Type	Description	Current Value (approximate)	Location / Custodian	Contact Information	Notes



ADDITIONAL NOTES

Use this space for any additional information, questions, or reminders.



MONTHLY EXPENSES

Monthly Expenses

A clear picture today helps create a more secure tomorrow.



“Understanding where your money goes today gives you more options tomorrow.”

HOUSING EXPENSES			
Expense	Monthly Amount	Frequency	Notes
Mortgage / Rent			
Property Taxes			
Homeowners / Renters Insurance			
HOA Fees			
Utilities (Electric)			
Utilities (Water / Sewer / Trash)			
Utilities (Gas)			
Internet			
Phone (Cell / Landline)			
Home Maintenance			
Other			

TRANSPORTATION EXPENSES			
Expense	Monthly Amount	Frequency	Notes
Car Payment(s)			
Auto Insurance			
Fuel			
Maintenance / Repairs			
Registration / Inspection			
Tolls / Parking			
Public Transportation			
Other			

FOOD & HOUSEHOLD EXPENSES			
Expense	Monthly Amount	Frequency	Notes
Groceries			
Dining Out			
Household Supplies			
Other			

HEALTH & PERSONAL EXPENSES			
Expense	Monthly Amount	Frequency	Notes
Health Insurance			
Medical / Dental / Vision			
Prescription Medications			
Health Savings Account (HSA)			
Gym / Fitness			
Personal Care (Hair, etc.)			
Other			

FAMILY & LIFESTYLE EXPENSES			
Expense	Monthly Amount	Frequency	Notes
Childcare / School Expenses			
Activities / Sports			
Clothing			
Entertainment / Subscriptions			
Vacations / Travel			
Gifts / Charitable Giving			
Other			

DEBT PAYMENTS			
Expense	Monthly Amount	Frequency	Notes
Credit Card Payments			
Student Loans			
Personal Loans			
Home Equity Loan / HELOC			
Other			

ADDITIONAL NOTES

Bill due dates and automatic payments: see page 51.



“Financial clarity today brings freedom tomorrow.”

SAFE DEPOSIT BOX

Safe Deposit Box

Important items. Peace of mind for tomorrow.

“Taking care of the important things today helps protect what matters tomorrow.”

ACCOUNT INFORMATION

Financial Institution:
Branch Address:
City, State, ZIP:
Phone Number:
Box Number:
Date Accessed:
Annual Fee:
Renewal Date:
Authorized Individuals:
Notes:

ACCESS INFORMATION

Primary Contact:
Relationship:
Phone Number:
Alternate Contact:
Relationship:
Phone Number:
Key Location: ☐ With me ☐ At home ☐ With trusted family member
☐ Other:
Combination / Access Details:
.....
.....

ITEMS STORED IN SAFE DEPOSIT BOX

List the items you keep in your safe deposit box.

Item Description	Category (Legal, Financial, Personal, etc.)	Date Placed	Notes

IMPORTANT REMINDERS

☐ Review the contents of your safe deposit box periodically.
☐ Keep an updated list of items stored (separate from the box).
☐ Ensure a trusted family member knows how to access it.
☐ Consider adding or removing items as your situation changes.
☐ Keep your key or access information in a safe and accessible place.
☐ Notify your executor or trusted representative.



“Security today helps safeguard tomorrow.”

VALUABLE PROPERTY

Valuable Property

A record of what matters today, for tomorrow.

“The things we care for today can become a lasting legacy tomorrow.”

 REAL ESTATE

List any real estate properties you own.

Property Address (or Description)	Type (Home, Land, Rental, etc.)	Ownership Details (Sole, Joint, Trust, etc.)	Estimated Value	Notes

 VEHICLES

List all vehicles you own.

Year / Make / Model	VIN (last 6 digits)	Title Location	Loan Lender (if applicable)	Estimated Value	Notes

 JEWELRY, ART & COLLECTIBLES

List valuable personal items such as jewelry, artwork, collectibles, or heirlooms.

Item Description	Type (Jewelry, Art, Collectible, etc.)	Location	Estimated Value	Appraisal Date (if available)	Notes

 OTHER VALUABLE PROPERTY

List any other valuable items not listed above.

Item Description	Type (electronics, firearms, valuables, etc.)	Location	Estimated Value	Serial Number (if applicable)	Notes

 ADDITIONAL NOTES

Use this space for any additional information, insurance coverage, or important reminders.



SECTION 4

ESTATE AND LEGAL

YOUR PLANS. YOUR WISHES. THEIR GUIDANCE.

Keep your important legal documents and information organized in one place. Having these details readily available helps ensure your wishes are honored and gives your loved ones peace of mind.



LOCATION OF
ORIGINAL DOCUMENTS

Know where important documents are kept.



ATTORNEY
INFORMATION

Contact details for your legal representative.



ADVANCE DIRECTIVE
/ LIVING WILL

Document location and related information.



MEDICAL POWER
OF ATTORNEY

Document location and related information.



FINANCIAL POWER
OF ATTORNEY

Document location and related information.



LAST WILL AND
TESTAMENT

Document location and related information.



TRUST
INFORMATION

Document location and related information.

“Good planning today provides security for the people you love tomorrow.”



LAST WILL AND TESTAMENT

Last Will and Testament

Your wishes today can bring clarity and peace tomorrow.



“A plan today helps ensure your wishes are honored tomorrow.”

BASIC INFORMATION

Full Legal Name:

Date of Birth:

Address:

City, State, ZIP:

Phone Number:

Email Address:

Date Will Was Signed:

Location of Original Will:

Attorney Name:

Law Firm:

Phone Number:

Address:

City, State, ZIP:

Notes:

EXECUTOR INFORMATION

The person responsible for carrying out your wishes.

Full Name:

Relationship:

Phone Number:

Email Address:

Address:

City, State, ZIP:

Alternate Executor (optional):

Phone Number:

Notes:

KEY PROVISIONS

This section is a summary for reference (see your will for full details).

☐ Distribution of Assets

☐ Charitable Gifts

☐ Specific Bequests (personal items)

☐ Debts and Final Expenses

☐ Guardianship for Minor Children

☐ Trust Arrangement (if applicable)

☐ Pet Care Instructions

☐ Other:

☐ Funeral / Memorial Wishes

☐ Other:

IMPORTANT DOCUMENTS

Note where related documents are located.

Document	Location	Notes
Last Will and Testament		
Codicil (if any)		
Trust Documents (if applicable)		
Letter of Intent		
Personal Property List		
Other Related Documents		

IMPORTANT REMINDERS

☐ Review your will regularly (every 3–5 years or after major life changes).

☐ Keep the original will in a safe and accessible location.

☐ Ensure your executor and loved ones know where to find it.

☐ Consider updating your will after marriage, divorce, birth of a child, or significant changes in assets.

☐ Consult with a qualified estate planning attorney.

GUARDIAN INFORMATION

For minor children or dependents.

Full Name:

Relationship:

Phone Number:

Email Address:

Address:

City, State, ZIP:

Alternate Guardian (optional):

Phone Number:

Notes:

ADDITIONAL NOTES



“Peace of mind today creates a stronger tomorrow.”

TRUST INFORMATION

Trust Information

Thoughtful planning today can provide peace of mind tomorrow.



BASIC TRUST INFORMATION

Name of Trust:

Trust Date (Established):

Type of Trust: ☐ Revocable Living Trust ☐ Irrevocable Trust
☐ Testamentary Trust ☐ Special Needs Trust
☐ Other:

Trustee(s):

Successor Trustee(s):

Trust Attorney / Law Firm:

Phone Number:

Address:

City, State, ZIP:

Notes:

TRUSTEE INFORMATION

Name	Relationship	Phone Number	Email Address

IMPORTANT DOCUMENTS

Note where trust documents are located.

Document	Location	Notes
Trust Agreement		
Amendments		
Restatement		
Certification of Trust		
Schedule of Assets		
Letters of Acceptance (Trustee)		
Other Documents		

TRUST ASSETS

List the main assets held in the trust (see detailed accounts in other sections).

Asset Type	Description	Estimated Value	Notes
Real Estate			
Bank Accounts			
Investment Accounts			
Life Insurance			
Business Interests			
Personal Property			
Other			

ADDITIONAL INFORMATION

Purpose of Trust:

Key Provisions / Instructions:

Special Considerations:

Next Review Date:

Notes:

IMPORTANT REMINDERS

☐ Review trust information regularly with your attorney.

☐ Ensure successor trustees are aware of their responsibilities.

☐ Keep trust documents in a safe and accessible location.

☐ Coordinate beneficiary designations with your trust.

☐ Update information as your situation or wishes change.

☐ Inform trusted family members about the existence of the trust.

☐ Consider a professional review every few years.



FINANCIAL POWER OF ATTORNEY

Financial Power of Attorney

Trusted support today. Continued security tomorrow.

“Choosing someone you trust today helps protect your future and the ones you love.”

 PRINCIPAL (PERSON GRANTING AUTHORITY)

Full Legal Name:

Date of Birth:

Address:

City, State, ZIP:

Phone Number:

Email Address:

 AGENT (PRIMARY) *The person you trust to manage your finances.*

Full Legal Name:

Relationship:

Address:

City, State, ZIP:

Phone Number:

Email Address:

 AGENT (ALTERNATE, IF APPLICABLE)

Full Legal Name:

Relationship:

Address:

City, State, ZIP:

Phone Number:

Email Address:

 AUTHORITY & LIMITATIONS

This authority typically includes (unless limited in your document):

☐ Manage bank accounts

☐ Manage retirement accounts

☐ Pay bills and expenses

☐ Buy or sell personal property

☐ Manage investments

☐ Conduct business transactions

☐ Handle real estate transactions

☐ Make insurance decisions

☐ File tax returns

☐ Handle digital/online accounts

☐ Apply for benefits

☐ Other:

Special Instructions or Limitations:

 EFFECTIVE DATES

☐ Effective immediately upon signing.

☐ Effective only if I become incapacitated.

Date Signed:

Location Signed (City, State):

 IMPORTANT DOCUMENT INFORMATION

Document Location:

Attorney Name:

Law Firm:

Phone Number:

Address:

City, State, ZIP:

Notes:

 IMPORTANT REMINDERS

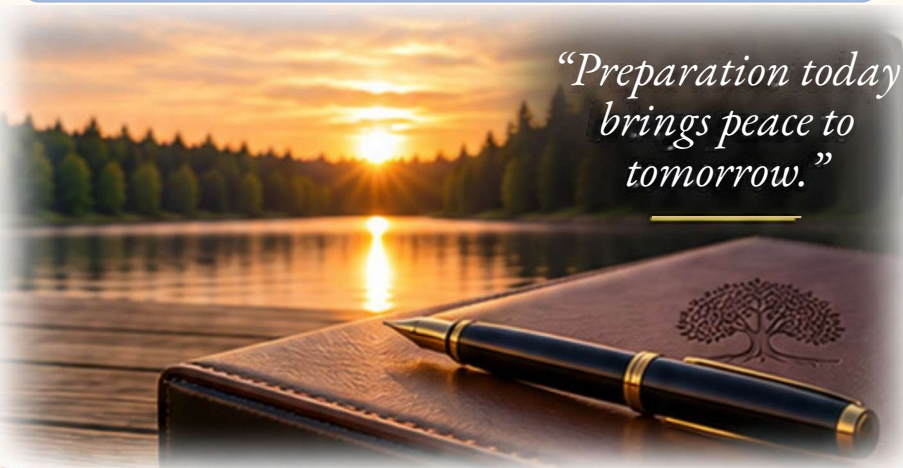
☐ Keep the original document in a safe and accessible location.

☐ Provide copies to your agent(s) and trusted family members.

☐ Review periodically, especially after major life changes.

☐ Ensure your agent understands your wishes and responsibilities.

☐ Consult with an attorney to ensure this document meets your state’s laws.



MEDICAL POWER OF ATTORNEY

Medical Power of Attorney

Trusted decisions today. Care aligned with your wishes tomorrow.

“The people we trust today help ensure our wishes are honored tomorrow.”

 PRINCIPAL (PERSON GRANTING AUTHORITY)

Full Legal Name:

Date of Birth:

Address:

City, State, ZIP:

Phone Number:

Email Address:

 AGENT (PRIMARY)

The person you trust to make healthcare decisions on your behalf.

Full Legal Name:

Relationship:

Address:

City, State, ZIP:

Phone Number:

Email Address:

 AGENT (ALTERNATE, IF APPLICABLE)

Full Legal Name:

Relationship:

Address:

City, State, ZIP:

Phone Number:

Email Address:

 AUTHORITY & PREFERENCES

This authority typically allows your agent to:

☐ Make healthcare decisions when I am unable to do so

☐ Communicate with my healthcare providers

☐ Access my medical records (as permitted by law)

☐ Approve or decline medical treatments and procedures

☐ Make decisions about hospitalization, surgery, and emergency care

☐ Consider my wishes regarding life-sustaining treatment

☐ Work with my family and healthcare team

☐ Other:

 EFFECTIVE DATES

☐ Effective immediately upon signing.

☐ Effective only if I become incapacitated.

Date Signed:

Location Signed (City, State):

 MY HEALTHCARE WISHES

Use this space to share your values, preferences, or specific instructions.

 IMPORTANT DOCUMENT INFORMATION

Document Location:

Name of Healthcare Provider(s):

Primary Physician:

Phone Number:

Hospital Preference:

Health Insurance Information:

Notes:

 IMPORTANT REMINDERS

☐ Keep the original document in a safe and accessible location.

☐ Provide copies to your agent(s), trusted family members, and healthcare providers.

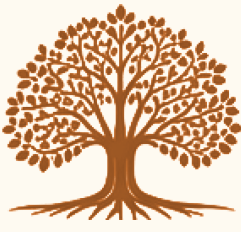
☐ Review periodically, especially after major life changes.

☐ Ensure your agent understands your wishes and is willing to serve.



ADVANCE DIRECTIVE / LIVING WILL

Advance Directive Living Will



“Being prepared today helps ensure your wishes are known and respected tomorrow.”

Important documents today. Peace of mind tomorrow.

DOCUMENT INFORMATION

Do you have an Advance Directive / Living Will?

☐ Yes☐ No☐ Not sure

Date Completed: _____

Date Last Reviewed: _____

State Where It Was Created: _____

Notes: _____

WHERE IS THE ORIGINAL DOCUMENT?

List the exact location of the original document.

☐ Home (location): _____

☐ Safe Deposit Box (bank & branch): _____

☐ Attorney / Law Firm: _____

☐ Other: _____

COPIES OF THE DOCUMENT

List where copies are located so they can be easily accessed.

☐ Attorney / Law Firm: _____

☐ Primary Healthcare Provider: _____

☐ Hospital / Health System: _____

☐ Trusted Family Member: _____

☐ Other: _____

☐ Other: _____

ATTORNEY / LAW FIRM INFORMATION

Attorney Name: _____

Law Firm: _____

Phone Number: _____

Email Address: _____

Address: _____

City, State, ZIP: _____

HEALTHCARE REPRESENTATIVE

The person you have designated in your document to make healthcare decisions on your behalf.

Name: _____

Relationship: _____

Phone Number: _____

Email Address: _____

Alternate Phone: _____

PEOPLE WHO KNOW WHERE IT IS

List family members or trusted individuals who know this document exists and where it can be found.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

RELATED DOCUMENTS

List any related documents and where they are located.

Medical Power of Attorney	Location: _____
Do Not Resuscitate (DNR) Order	Location: _____
Organ Donation Information	Location: _____
Other (specify): _____	Location: _____
Other (specify): _____	Location: _____

IMPORTANT NOTE

This page is an organizational record only. It is not an Advance Directive or Living Will and is not intended to create, modify, or replace a legal document. For specific legal guidance, please consult a qualified attorney.

ADDITIONAL NOTES



ATTORNEY INFORMATION

Attorney Information

Trusted guidance today. A more secure tomorrow.

“Having the right guidance today helps protect what matters tomorrow.”

PRIMARY ATTORNEY

Attorney Name:

Law Firm:

Address:

City, State, ZIP:

Phone Number:

Email Address:

Area(s) of Practice:

Notes:

ALTERNATE ATTORNEY

Optional, but helpful if your primary attorney is unavailable.

Attorney Name:

Law Firm:

Address:

City, State, ZIP:

Phone Number:

Email Address:

Area(s) of Practice:

Notes:

SERVICES PROVIDED

Check any that apply.

☐ Estate Planning

☐ Wills and Trusts

☐ Powers of Attorney

☐ Advance Directives

☐ Probate Assistance

☐ Business Planning

☐ Asset Protection

☐ Real Estate Matters

☐ Tax Planning

☐ Elder Law

☐ Medicaid Planning

☐ Other:

IMPORTANT DOCUMENTS WITH ATTORNEY

List any documents your attorney holds or maintains.

☐ Last Will and Testament

☐ Trust Documents (Revocable or Irrevocable)

☐ Financial Power of Attorney

☐ Medical Power of Attorney

☐ Advance Directive / Living Will

☐ Deeds or Property Documents

☐ Business Documents

☐ Other:

KEY CONTACTS AT THE FIRM

Include paralegal(s) or other staff members who assist you.

Name:

Phone:

Name:

Phone:

Name:

Phone:

Role:

Email:

Role:

Email:

Role:

Email:

IMPORTANT DATES

Note key dates such as last meeting, document updates, or upcoming reviews.

Last Meeting Date:

Next Scheduled Review:

Typical Review Frequency:

Notes:

ADDITIONAL NOTES

LOCATION OF ORIGINAL DOCUMENTS

Location of Original Documents

Know where important documents are today.
Save time, reduce stress, and protect tomorrow.

“A little organization today can make a difficult time a little easier for the ones you love.”



PRIMARY LOCATION

Where are your original documents kept?

Location (e.g., home safe, safe deposit box, attorney’s office):

Address:

City, State, ZIP:

Access Instructions:

Notes:



PEOPLE WITH ACCESS

List trusted individuals who know where the originals are.

Name: Relationship:

Name: Relationship:

Name: Relationship:



SAFE DEPOSIT BOX (IF APPLICABLE)

Safe deposit box details (bank, branch, box number, key location, who has access):
see page 28 — Safe Deposit Box.

Notes:



DOCUMENT ACCESS INFORMATION

☐

Key location is known to trusted family members.

☐

Authorized individuals are listed.

☐

Instructions for access are clear.

☐

Any required legal steps (e.g., court order) are noted.

☐

Location is reviewed regularly.

☐

Other:



ALTERNATE LOCATION (IF APPLICABLE)

Location (e.g., secondary safe, family member, other):

Address:

City, State, ZIP:

Access Instructions:

Notes:



REVIEW AND UPDATE

Date Last Reviewed:

Review Frequency (e.g., annually):

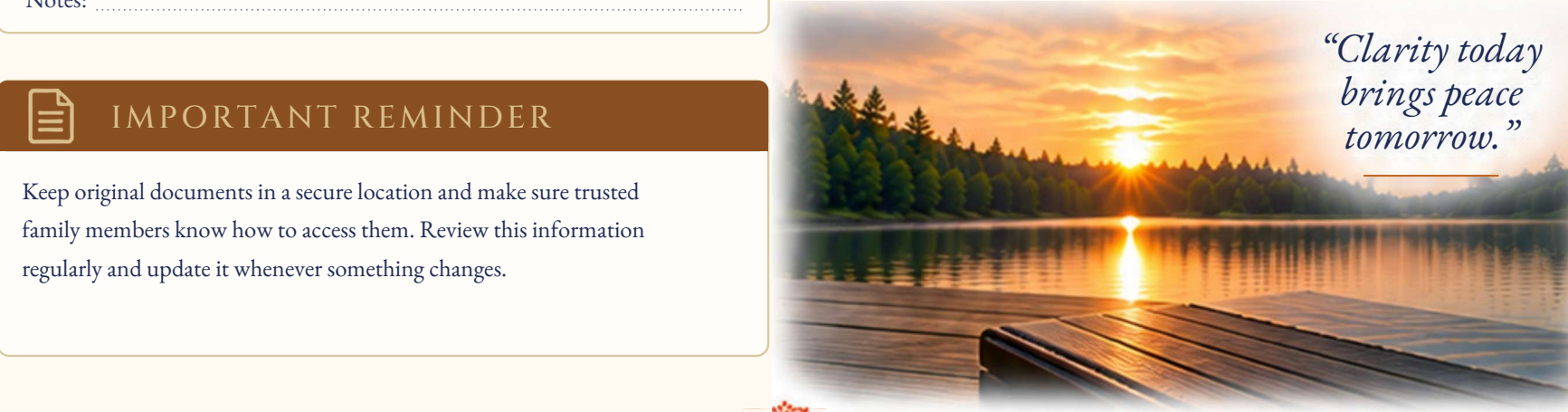
Next Review Date:

Notes:



IMPORTANT REMINDER

Keep original documents in a secure location and make sure trusted family members know how to access them. Review this information regularly and update it whenever something changes.



“Clarity today brings peace tomorrow.”

SECTION 5

FINAL WISHES

*Thoughtful Planning
Brings Peace of Mind.*

This section gives you the opportunity to share your wishes, preferences, and personal messages. Having these details in one place can help your loved ones honor your wishes and make decisions with confidence during a difficult time.

*“When we plan with care today,
we give tomorrow a little more peace.”*



FINAL WISHES

Share your overall wishes and any guidance you would like your loved ones to know.



BURIAL OR CREMATION PREFERENCE

Indicate whether you prefer burial or cremation and any related details.



FUNERAL PREFERENCES

Share your preferences for arrangements, providers, and other important details.



SERVICE / MEMORIAL PREFERENCES

Share your wishes for a service, memorial, or celebration of life.



OBITUARY NOTES

Provide key information, memories, and details you would like included in your obituary.



PEOPLE TO NOTIFY

List the family, friends, and organizations that should be informed.



PERSONAL MESSAGES

Share your thoughts, encouragement, and love for the people who matter most.



ADDITIONAL WISHES

Use this space for any other wishes, preferences, or instructions.

FINAL WISHES

Final Wishes

Thoughtful planning today brings comfort tomorrow.

This page is a place to share your final wishes and important preferences. Documenting your wishes can help guide your loved ones and reduce uncertainty during a difficult time.

“Peace of mind today is a gift to the ones you love tomorrow.”

 GENERAL WISHES

Use this space for general wishes and practical instructions. Values and life lessons belong in your Gavrel Legacy Book.

 PERSON YOU TRUST

If there is someone you trust to help carry out your final wishes, list their information below. (If this is your executor, see page 31.)

Name:

Relationship:

Phone Number:

Email Address:

Address:

 WHERE MY WISHES ARE RECORDED

Your detailed wishes are on the pages that follow:

Burial or cremation, cemetery, funeral home

page 40

Service and memorial, music, readings, flowers

page 41

Obituary facts

page 42

People to notify

page 43

Letters and messages: where they are kept

page 44

Belongings, pets, charitable giving

page 45

 OTHER REQUESTS

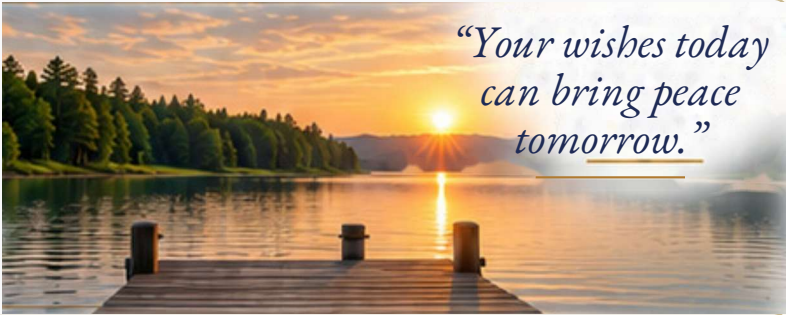
List any requests not covered on pages 40–45. (Memorial donations: page 41. Charitable giving: page 45.)

 ADDITIONAL NOTES

Include any other information, wishes, or details you would like your loved ones to know.

 A FINAL THOUGHT

While these are difficult topics to consider, taking the time to document your wishes is an act of love. It helps your family, reduces stress, and ensures your wishes are honored.



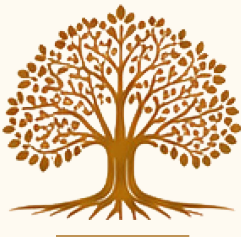
“Your wishes today can bring peace tomorrow.”

BURIAL OR CREMATION PREFERENCE

Burial or Cremation Preference

Your wishes. Their guidance. A more peaceful tomorrow.

Sharing your preferences can help your loved ones make decisions with confidence and reduce stress during a difficult time.



“Planning ahead today is a gift of love for tomorrow.”

MY PREFERENCE

☐ Burial

☐ Cremation

☐ I do not have a preference

Additional notes:

IF CREMATION IS PREFERRED

Preferred final disposition of ashes:

☐ Keep at home

☐ Scatter (location):

☐ Place in a columbarium (location):

☐ Inter in a family plot (location):

☐ Other:

IF BURIAL IS PREFERRED

Preferred cemetery:

Location (city, state):

☐ I already own a plot

Section/Lot/Space (if known):

☐ I would like a plot to be purchased

☐ I do not have a preference

Plot, crypt, or niche location (if owned):

Deed or plot certificate held by:

Headstone or marker (type, material):

Inscription or epitaph:

Casket preference (style, material):

Urn preference (if cremated):

FUNERAL HOME PREFERENCES

Preferred funeral home:

Address:

City, State, ZIP:

Phone Number:

Contact Person (if any):

Notes:

OTHER CONSIDERATIONS

☐ Religious or cultural traditions to be followed:

☐ I have prearranged and prepaid for services

☐ Service is paid through life insurance or other funds

Pre-need contract with (provider):

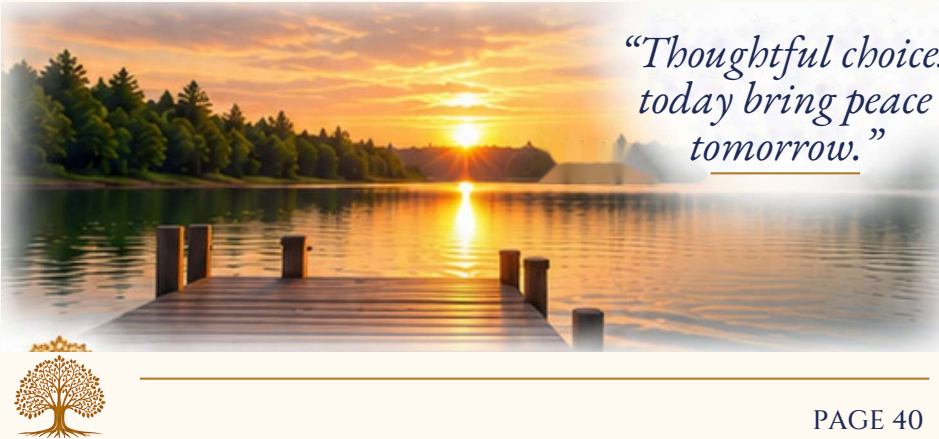
Contract or policy number:

Amount prepaid / what it covers:

☐ Other instructions:

A LASTING GIFT

By sharing your wishes, you provide clarity, reduce uncertainty, and give your loved ones the comfort of knowing they are honoring what is most meaningful to you.

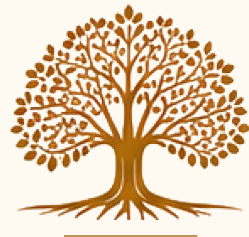


SERVICE & MEMORIAL PREFERENCES

Service and Memorial Preferences

A Meaningful Service Honors a Life Well Lived.

This page is a place to share your preferences for a service, memorial, or celebration of life. Your guidance can help your loved ones create a meaningful tribute that reflects your values, personality, and wishes.



“Those we love don’t go away, they walk beside us every day.”

TYPE OF SERVICE

☐ Religious service (please specify faith or denomination):
☐ Traditional funeral service
☐ Memorial service / celebration of life
☐ Graveside service only
☐ No formal service
☐ Other:

PREFERRED LOCATION

☐ Place of worship (name):
☐ Funeral home (name):
☐ Outdoor setting (park, lake, etc.):
☐ At home
☐ Other:
Address (if known):
City, State, ZIP:

ATTENDANCE

☐ Open to all (friends, family, community)
☐ Family and close friends only
☐ By invitation only (invite list: see page 43)
☐ I do not wish to have a service
☐ Other:

MUSIC PREFERENCES

Songs, hymns, or artists you would like included:

☐ I have a playlist (location):
☐ No music preference

READINGS OR TRIBUTES

Readings to include (ones that shaped you: Legacy Book p. 53):

☐ I have a document with specific readings (location):

FLOWERS AND DONATIONS

Let your loved ones know your wishes for flowers and memorial gifts.

Flowers (welcome / not needed):
Donations in lieu of flowers to:
Other wishes:
Suggested charity (if any):

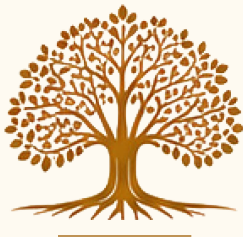
OTHER CONSIDERATIONS

☐ I would like a reception or gathering afterward
☐ Suggested location for reception:
☐ I would like military honors (if applicable)
☐ I would like photos or a video tribute (photos with stories: Legacy Book pp. 70 to 78)
☐ Other:



OBITUARY NOTES

Obituary Notes



“Our stories
may end,
but the love we share
lives on.”

A Life Remembered. A Story Worth Telling.

Record the facts your loved ones need for an obituary. Your name, birth date and birthplace are on page 9; family details on page 11; the people to notify on page 43. Your stories and memories belong in your Gavrel Legacy Book.

PERSONAL INFORMATION

Full name, preferred name, date and place of birth: see page 9.

Date of passing: _____

Place of passing (city, state): _____

Age at passing: _____

FAMILY INFORMATION

Spouse/Partner: _____

Children: _____

Grandchildren: _____

Parents: _____

Siblings: _____

Other family members to include: _____

EDUCATION AND CAREER

Schools attended (including years): _____

Degrees or certifications: _____

Military service (branch and years): _____

Career highlights or occupations: _____

INTERESTS AND PASSIONS

Hobbies, interests, and activities: _____

Organizations, clubs, or community involvement: _____

Special causes or charities: _____

PERSONAL QUALITIES

Short phrase for the obituary (or see your Legacy Book): _____

Accomplishments to mention (list only): _____

ADDITIONAL NOTES

Anything else you would like included in your obituary: _____

*“A life well lived
leaves a beautiful story behind.”*



PEOPLE TO NOTIFY

People to Notify

Because important people should be informed.

This page helps your loved ones identify who should be notified after your passing. Having this information in one place can reduce confusion, ensure no one is overlooked. Professional contact details are on page 53.

“The people we care about deserve to know.”

IMMEDIATE FAMILY

Name	Relationship	Phone / Email

EXTENDED FAMILY

Name	Relationship	Phone / Email

CLOSE FRIENDS

Name	Relationship	Notified / Date

PROFESSIONAL CONTACTS

Name / Organization	Purpose	Notified / Date

COMMUNITY CONNECTIONS

Name / Organization	Relationship	Phone / Email

PET CARE CONTACTS

Name	Relationship	Phone / Email

OTHER IMPORTANT PEOPLE

Name	Relationship	Phone / Email

A SMALL REMINDER

Keeping this list up to date can help your loved ones focus on what matters most—honoring your life and supporting one another.

“Connections live on, even when we’re gone.”

LETTERS & MESSAGES

Letters & Messages

Where My Words Are Kept and Who Will Share Them.

Write your personal messages in your Gavrel Legacy Book (pages 82 to 87) or as sealed letters. Use this page to record where those words are kept, who will deliver them, and when.

“A few simple words can leave a lifetime of meaning.”

 WHERE MY MESSAGES ARE KEPT

Check your Gavrel Legacy Book first.

Legacy Book (location):
Sealed letters (location):
Recordings / video (location):
Digital files (location):
Other:

 WHO WILL DELIVER THEM

The person you trust to find and share your messages.

Name:
Relationship:
Phone / Email:
Backup person:
Phone / Email:

 LETTERS TO DELIVER

List each letter or message and who it is for.

For:
For:
For:
For:
For:

 WHEN TO DELIVER THEM

Note any wishes about timing.

Right after my passing:
At the service or gathering:
On a birthday or milestone:
Only if someone asks:

 RECORDINGS & DIGITAL FILES

Where they are saved and how to reach them (no passwords).

Where saved:
How to access:
Who receives copies:

 SPECIAL INSTRUCTIONS

Privacy, who reads first, or anything else to know.

 A LASTING LEGACY

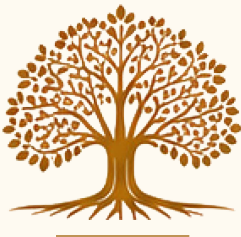
Knowing where your words are kept helps them reach the right people at the right time.



“The love we leave in words lives on.”

ADDITIONAL WISHES

Additional Wishes



“It’s the little things
that often mean
the most.”

Thoughtful Details for Peace of Mind.

This page is a place to share any other wishes, preferences, or instructions that do not fit in the previous sections. These details can help your loved ones honor your wishes and make decisions with confidence.

 PERSONAL BELONGINGS

Specific items and who should receive them.
(Item list: page 29. Will: page 31.)

 KEEPSAKES (CONTINUED)

More items. Keepsake stories: Legacy Book pp. 79 to 81.

 CHARITABLE GIVING

Causes to support. (Memorial donations: page 41.)

 PETS

Who will care for your pets? (Pet details: page 12.)

 FINAL INSTRUCTIONS

Are there any specific instructions or requests you would like your loved ones to know?

 OTHER WISHES

Use this space to share anything else that is important to you.

 A FINAL THOUGHT

Your wishes are a reflection of the life you’ve lived and the legacy you leave behind. By sharing them, you help ease the burden on your loved ones and ensure your voice is heard.

“Peace comes from
knowing your wishes
are understood.”

GAVREL FAMILY PLANNING KIT



PAGE 45

SECTION 6

Survivor Guide

Practical Guidance for What Comes Next.

This section provides step-by-step guidance and important information for your loved ones to help manage affairs after a death. Having a plan in place can reduce stress, save time, and make a difficult time a little easier to navigate.

*“Preparation today
brings peace tomorrow.”*



SUPPORT • ORGANIZE • MOVE FORWARD



Immediate Checklist

Key tasks to address right away.



First 30 Days

Important steps for the first month.



Organizations to Contact

A list of people and organizations to notify.



Important Account Checklist

A summary of key accounts to manage or close.



Monthly Bills and Automatic Payments

Keep track of ongoing expenses.



Documents Needed First

Gather these important documents early on.



Professional Contacts

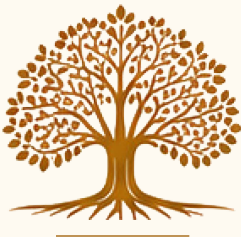
Trusted professionals who may need to be contacted.

*A plan today can bring clarity, comfort,
and peace for tomorrow.”*



IMMEDIATE CHECKLIST

Immediate Checklist



*“In a time of loss,
clarity can bring
comfort.”*

A Guide for the People You Leave Behind.

This checklist highlights important steps to take after a death. It is not meant to be a complete list, but it can help family members get started during a difficult time. All important document locations, contact information, and account details are included in the earlier pages of this kit.

 INITIAL STEPS (FIRST 24–48 HOURS)

☐ Confirm the passing and obtain an official death certificate (multiple copies).

☐ Notify immediate family members.

☐ Contact the person’s primary care physician.

☐ Contact any hospice provider (if applicable).

☐ Ensure the home, vehicles, and personal property are secure.

☐ Locate this Family Planning Kit for important information.

☐ Review final wishes (see pages 39–45).

 NOTIFY KEY CONTACTS

☐ Close family and friends (see page 43).

☐ Employer (if applicable).

☐ Life insurance companies.

☐ Financial institutions (banks, credit unions, investment firms).

☐ Retirement account custodians.

☐ Health insurance providers.

☐ Attorney or estate representative (see page 36).

☐ Accountant or tax professional.

☐ Other organizations (clubs, religious community, etc.).

 HOME AND PERSONAL PROPERTY

☐ Secure the home and change locks if necessary.

☐ Locate important documents (see page 37).

☐ Care for pets (see page 45).

☐ Arrange for mail and package handling.

☐ Review and secure valuable property (see page 29).

 ACCOUNTS AND SERVICES

☐ Notify and update banks and credit unions.

☐ Close or transfer utility accounts (electric, water, gas, internet).

☐ Notify phone, cable, and streaming services.

☐ Update or close credit cards.

☐ Review subscriptions and automatic payments.

☐ Handle vehicle title, registration, and insurance.

 FINAL ARRANGEMENTS

☐ Review burial or cremation preference (see page 40).

☐ Contact the funeral home (see page 40).

☐ Plan service or memorial (see page 41).

☐ Prepare obituary (see page 42).

☐ Coordinate with family and friends.

☐ Keep a record of expenses and receipts.

 ONGOING TASKS

☐ File claims for insurance benefits.

☐ Begin the estate settlement process (see pages 31–37).

☐ Work with the attorney or executor.

☐ Notify Social Security and other government agencies (if applicable).

☐ Address tax filings.

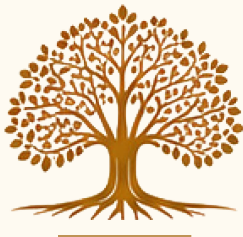
☐ Take time to care for yourself and your family.

“A plan today can bring peace tomorrow.”



THE FIRST 30 DAYS

First 30 Days



“You don’t have to do everything at once. Take it one step at a time.”

A Step-by-Step Guide for What Comes Next.

The days following the loss of a loved one can feel overwhelming. This guide provides a simple timeline to help family members know what to do, when to do it, and who to contact. Not every step will apply to every situation, but it can serve as a helpful starting point.



DAYS 1 – 3

Immediate Priorities

- ☐ Obtain official death certificates (order multiple copies).
- ☐ Notify immediate family and close friends.
- ☐ Contact the funeral home and make arrangements.
- ☐ Inform the person’s primary care physician.
- ☐ Notify hospice provider (if applicable).
- ☐ Ensure the home, vehicles, and personal property are secure.
- ☐ Review the Immediate Checklist (page 47).



DAYS 4 – 7

Key Notifications

- ☐ Notify life insurance companies.
- ☐ Contact banks and credit unions.
- ☐ Inform retirement account custodians.
- ☐ Notify health insurance providers.
- ☐ Contact employer (if applicable).
- ☐ Notify Social Security (if applicable).
- ☐ Inform attorney or estate representative.
- ☐ Update close contacts, church, or community organizations.



DAYS 8 – 14

Accounts and Responsibilities

- ☐ Gather and organize financial documents.
- ☐ Close or transfer utility accounts (electric, water, gas, internet).
- ☐ Notify phone, cable, and streaming services.
- ☐ Update or close credit cards.
- ☐ Handle vehicle title, registration, and insurance.
- ☐ Address mail forwarding with the post office.
- ☐ Begin the estate settlement process with the attorney.
- ☐ Keep a record of all communications and reference numbers.



DAYS 15 – 30

Ongoing Tasks

- ☐ File claims for insurance benefits.
- ☐ Follow up on retirement and investment accounts.
- ☐ Address any tax filing requirements.
- ☐ Settle or transfer remaining financial accounts.
- ☐ Cancel memberships and subscriptions.
- ☐ Distribute personal belongings according to your loved one’s wishes.
- ☐ Take time to care for yourself and your family.
- ☐ Adjust the timeline as needed—some tasks may take longer.

“Progress, not perfection, brings peace.”



A GENTLE REMINDER

There is no perfect timeline. Do what you can, when you can. It’s okay to ask for help. You are not alone.

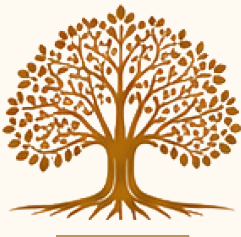


ORGANIZATIONS TO CONTACT

Organizations to Contact

Important People and Organizations to Notify.

This page provides a comprehensive list of organizations you may need to contact after a death. Not every item will apply to every situation. Use the checklist and space provided to keep track of who you have contacted, the date, and any important notes.



“In the midst of loss, having a list can bring clarity and peace.”

FAMILY AND PERSONAL

☐ Immediate family members
☐ Extended family and friends
☐ Executor or personal representative
☐ Attorney
☐ Accountant or tax professional
☐ Close neighbors

FINANCIAL INSTITUTIONS

☐ Banks and credit unions
☐ Investment firms
☐ Retirement account custodians
☐ Loan or mortgage companies
☐ Credit card companies
☐ Safe deposit box provider

INSURANCE COMPANIES

☐ Life insurance companies
☐ Health insurance providers
☐ Disability or long-term care insurance providers
☐ Auto and home insurance
☐ Other insurance policies

HEALTHCARE PROVIDERS

☐ Primary care physician
☐ Specialists
☐ Pharmacy
☐ Hospice provider (if applicable)
☐ Durable medical equipment (DME) providers

GOVERNMENT AGENCIES

☐ Social Security Administration
☐ Department of Veterans Affairs (if applicable)
☐ State Department of Motor Vehicles (DMV)
☐ IRS (for tax matters)
☐ Other state or local agencies (e.g., property tax, voter registration)

EMPLOYMENT

☐ Current or former employer(s)
☐ Human resources department
☐ Pension plan administrator
☐ Union (if applicable)

PROPERTY AND SERVICES

☐ Utility companies (electric, water, gas)
☐ Phone, internet, and cable providers
☐ Home security company
☐ Lawn care or home maintenance services
☐ Mail forwarding (U.S. Postal Service)

MEMBERSHIPS AND ORGANIZATIONS

☐ Church or religious organization
☐ Clubs and social groups
☐ Professional organizations
☐ Veteran or fraternal organizations
☐ Other memberships (gym, alumni, etc.)

PETS

☐ Veterinarian
☐ Pet insurance provider (if applicable)
☐ Pet caretaker or trusted friend

ADDITIONAL CONTACTS

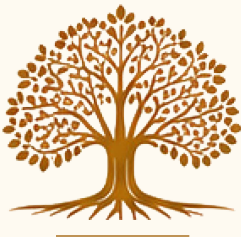
Use this space to list any other organizations or individuals to contact.

NAME / ORGANIZATION	PHONE NUMBER	DATE CONTACTED	NOTES



IMPORTANT ACCOUNT CHECKLIST

Important Account Checklist



“Clarity today
eases tomorrow’s
burden.”

A Complete List for Peace of Mind.

Use this checklist to track each account as it is closed or transferred.
Full account details are recorded on pages 22–29; note the page here
and check the box when the account has been handled.

BANKING ACCOUNTS

	Account Name (Bank/Credit Union)	Recorded on page	Notes
☐			
☐			
☐			
☐			
☐			

INVESTMENT ACCOUNTS

	Firm Name	Recorded on page	Notes
☐			
☐			
☐			
☐			
☐			

CREDIT CARDS

	Card Name	Account Number	Notes
☐			
☐			
☐			
☐			
☐			

INSURANCE POLICIES

	Policy Type	Company Name	Policy Number	Notes
☐				
☐				
☐				
☐				
☐				

RETIREMENT ACCOUNTS

	Account Type (401(k), IRA, etc.)	Provider Name	Recorded on page	Notes
☐				
☐				
☐				
☐				
☐				

LOANS AND MORTGAGES

	Loan Type	Lender Name	Account Number	Notes
☐				
☐				
☐				
☐				
☐				

ONLINE ACCOUNTS

	Service (Email, etc.)	Username	Notes
☐			
☐			
☐			
☐			
☐			

OTHER IMPORTANT ACCOUNTS

	Account/Service	Contact Information	Notes
☐			
☐			
☐			
☐			
☐			



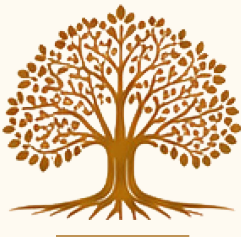
“Organization today
brings peace tomorrow.”

MONTHLY BILLS AND AUTOMATIC PAYMENTS

Monthly Bills and Automatic Payments

Keep Life Running Smoothly.

Use this page to list your regular monthly expenses and any automatic payments. This information can help your loved ones manage bills, update accounts, or cancel services when needed. (Budget overview: page 27.)



“A well-organized list today brings peace tomorrow.”

HOUSING

	Expense	Amount	Due Date	Auto Pay	Notes
☐					
☐					
☐					
☐					
☐					

UTILITIES

	Expense	Amount	Due Date	Auto Pay	Notes
☐					
☐					
☐					
☐					
☐					

LOANS AND CREDIT

	Expense	Amount	Due Date	Auto Pay	Notes
☐					
☐					
☐					
☐					
☐					

INSURANCE

	Expense	Amount	Due Date	Auto Pay	Notes
☐					
☐					
☐					
☐					
☐					

PHONE, INTERNET, AND ENTERTAINMENT

	Expense	Amount	Due Date	Auto Pay	Notes
☐					
☐					
☐					
☐					
☐					

MEMBERSHIPS AND SUBSCRIPTIONS

	Expense	Amount	Due Date	Auto Pay	Notes
☐					
☐					
☐					
☐					
☐					

OTHER MONTHLY EXPENSES

	Expense	Amount	Due Date	Auto Pay	Notes
☐					
☐					
☐					
☐					
☐					

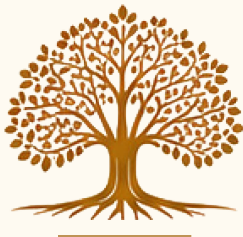


A HELPFUL REMINDER
Keeping this information up to date can prevent missed payments, late fees, and unnecessary stress for your loved ones.



DOCUMENTS NEEDED FIRST

Documents Needed First



“Being prepared today can make tomorrow a little easier for the ones you love.”

Have What You Need, When It’s Needed.

This page lists the most important documents that are typically needed after a death. Gather these documents and keep them in an accessible location. Having them organized can help your family save time, reduce stress, and avoid delays.

 IDENTIFICATION DOCUMENTS

- ☐ Driver’s license or state ID
- ☐ Social Security card
- ☐ Birth certificate
- ☐ Marriage certificate (if applicable)
- ☐ Divorce decree (if applicable)
- ☐ U.S. passport
- ☐ Military discharge papers (if applicable)

 LEGAL DOCUMENTS

- ☐ Last will and testament (see page 31)
- ☐ Trust documents (see page 32)
- ☐ Financial power of attorney (see page 33)
- ☐ Medical power of attorney (see page 34)
- ☐ Advance directive / living will (see page 35)
- ☐ Property deeds and titles (home, land, etc.)
- ☐ Vehicle titles
- ☐ Prepaid funeral or burial contracts (if applicable)

 INSURANCE DOCUMENTS

- ☐ Life insurance policies
- ☐ Health insurance information
- ☐ Long-term care insurance policies
- ☐ Disability insurance policies
- ☐ Homeowners or renters insurance policies
- ☐ Auto insurance policies
- ☐ Other insurance policies (umbrella, etc.)

 FINANCIAL DOCUMENTS

- ☐ Bank account information
- ☐ Investment account statements
- ☐ Retirement account information (401(k), IRA, etc.)
- ☐ Loan and mortgage documents
- ☐ Credit card information
- ☐ Safe deposit box information (see page 28)
- ☐ Recent tax returns (if available)
- ☐ Monthly bills and automatic payments (see page 51)

 HEALTHCARE DOCUMENTS

- ☐ List of current medications (see page 16)
- ☐ Primary care physician information (see page 15)
- ☐ Specialist contact information
- ☐ Pharmacy information (see page 19)
- ☐ Health history and medical records (if available)
- ☐ Medicare, Medicaid, or other health coverage information
- ☐ Durable medical equipment (DME) information

 OTHER IMPORTANT DOCUMENTS

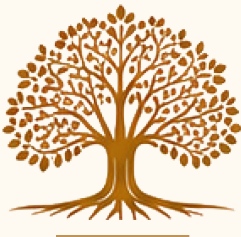
- ☐ List of important contacts (see page 43)
- ☐ Employment records (if applicable)
- ☐ Union membership information (if applicable)
- ☐ Veteran benefits information (if applicable)
- ☐ Professional licenses or certifications
- ☐ Memberships and subscriptions (see page 51)
- ☐ Any other documents specific to your situation

“A little preparation today brings peace for tomorrow.”



PROFESSIONAL CONTACTS

Professional Contacts



*“The right people
in the right moments
can make a difficult
time a little easier.”*

Trusted Professionals When You Need Them Most.

This page is for the professionals who may need to be contacted after your death or during an important life event. Keep this information up to date so your loved ones can quickly reach the right people.

ATTORNEY

Name: _____
Firm Name: _____
Address: _____
Phone: _____
Email: _____
Areas of Support: _____

ACCOUNTANT / TAX PROFESSIONAL

Name: _____
Firm Name: _____
Address: _____
Phone: _____
Email: _____
Areas of Support: _____

FINANCIAL ADVISOR

Name: _____
Firm Name: _____
Address: _____
Phone: _____
Email: _____
Areas of Support: _____

INSURANCE AGENT

Name: _____
Agency/Company: _____
Address: _____
Phone: _____
Email: _____
Areas of Support: _____

PRIMARY CARE PHYSICIAN

Name: _____
Practice Name: _____
Address: _____
Phone: _____
Email: _____
Areas of Support: _____

SPECIALISTS

Name: _____
Specialty: _____
Practice Name: _____
Address: _____
Phone: _____
Email: _____
Areas of Support: _____

FUNERAL HOME / CEMETERY

Name: _____
Address, phone and email: see page 40.

Pre-Arrangements: ☐ Yes ☐ No

Notes: _____

OTHER IMPORTANT PROFESSIONALS

Name / Title: _____
Company: _____
Address: _____
Phone: _____
Email: _____
Areas of Support: _____



*“Preparation today
brings peace tomorrow.”*

SECTION 7

ANNUAL REVIEW

*A Healthier Tomorrow Starts with
a Thoughtful Today.*



*“Review.
Adjust.
Stay Prepared.”*

Life is always changing, and your plans should evolve with you. This section provides tools to review your information, note important changes, and make sure your plans continue to reflect your current wishes and circumstances. A regular review helps you stay organized, prepared, and confident about the future.



Annual Review Checklist



Life Changes



Planning Checkup



Update Log



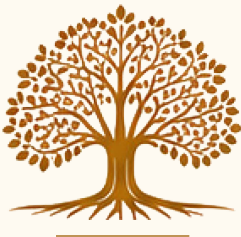
Notes and Changes

*“Plans are most effective
when they are kept current.”*



ANNUAL REVIEW

Checklist



“Plans are most effective when they are kept current.”

A Little Time Today for a More Secure Tomorrow.

Life changes, and so do your plans. Use this checklist once a year to review important information, update records, and make sure everything is current. Keeping your information up to date can help avoid confusion, reduce stress, and ensure your wishes are honored.

PERSONAL INFORMATION

☐ Review and update personal information

☐ Verify emergency contacts

☐ Update family contact information

☐ Check for changes in marital status or dependents

☐ Make sure important documents are current

HEALTHCARE INFORMATION

☐ Review current healthcare providers

☐ Update medication list

☐ Confirm allergies and medical conditions

☐ Review health insurance information

☐ Update pharmacy information

☐ Note any changes in medical care needs

FINANCIAL INFORMATION

☐ Review banking information

☐ Check retirement and investment accounts

☐ Update beneficiary designations

☐ Review life insurance and other policies

☐ Assess major assets (home, vehicle, etc.)

☐ Update information on valuable property

☐ Review debts and outstanding loans

ESTATE AND LEGAL DOCUMENTS

☐ Confirm last will and testament is current

☐ Review trust information

☐ Verify powers of attorney (financial and medical)

☐ Check advance directive / living will

☐ Make sure attorney information is up to date

☐ Review property deeds and titles

☐ Update any other legal documents as needed

FAMILY AND LOVED ONES

☐ Review and update list of people to notify

☐ Confirm guardian information (if applicable)

☐ Discuss and update final wishes if needed

☐ Review funeral and memorial preferences

☐ Keep personal messages and legacy information current

☐ Make sure loved ones know where important documents are located

ACCOUNTS AND SUBSCRIPTIONS

☐ Review monthly bills and automatic payments

☐ Update account login information

☐ Check memberships and subscriptions

☐ Cancel accounts or services no longer needed

☐ Ensure important account contacts are current

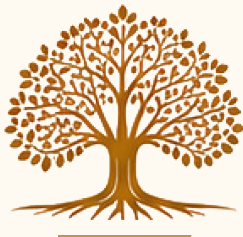
☐ Review and update online account security



“Review. Refresh. Be Ready.”



Life Changes



Plan for Today. Adapt for Tomorrow.

Life is constantly changing. Use this page to record major life events and how they may impact your personal, financial, legal, and healthcare plans. Keeping this information up to date can help ensure your plans continue to reflect your current wishes and circumstances.

“Change is a part of life. A plan helps you move forward with confidence.”

FAMILY CHANGES

☐ Marriage or divorce

☐ Birth or adoption of a child

☐ Death of a family member

☐ Change in caregiving responsibilities

☐ Other: _____

Additional Notes: _____

HOME AND LIVING SITUATION

☐ Move to a new home

☐ Downsize or sell property

☐ Purchase additional property

☐ Change in living arrangements (independent, assisted, etc.)

☐ Other: _____

Additional Notes: _____

EMPLOYMENT AND INCOME

☐ Change in employment status (retirement, new job, etc.)

☐ Increase or decrease in income

☐ Start or sell a business

☐ Change in work benefits

☐ Other: _____

Additional Notes: _____

HEALTH CHANGES

☐ New medical condition or diagnosis

☐ Change in medications

☐ New healthcare provider

☐ Need for long-term care or additional support

☐ Other: _____

Additional Notes: _____

FINANCIAL CHANGES

☐ Receive an inheritance

☐ Major purchase (home, vehicle, etc.)

☐ Pay off a loan or debt

☐ Significant change in investments

☐ Other: _____

Additional Notes: _____

LEGAL AND PLANNING CHANGES

☐ Update will or trust

☐ Change powers of attorney

☐ Revise beneficiary designations

☐ Update advance directive / living will

☐ Other: _____

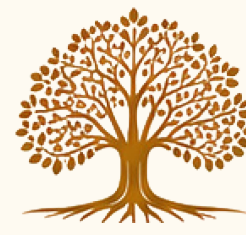
Additional Notes: _____



“As life changes, so can your plan.”



Planning Checkup



“A plan is not a one-time event, but a living guide that grows with you.”

Review Today. Plan for Tomorrow.

Life moves forward, and your plans should too. Use this page to take a step back, review your overall plan, and make sure it still aligns with your goals, values, and current situation. A regular planning checkup can help you stay prepared and give you peace of mind.



GOALS AND PRIORITIES

- ☐ Review short-term and long-term goals
- ☐ Confirm what is most important to you now
- ☐ Identify any new goals or changes in priorities
- ☐ Discuss goals with family or trusted advisor
- ☐ Other:



FINANCIAL PLAN

- ☐ Review income, expenses, and budget
- ☐ Assess retirement and investment accounts
- ☐ Evaluate debt and repayment plan
- ☐ Check emergency fund status
- ☐ Make adjustments based on current needs
- ☐ Other:



PROTECTION PLAN

- ☐ Review life insurance coverage
- ☐ Assess health insurance coverage
- ☐ Evaluate long-term care needs
- ☐ Consider additional coverage (disability, etc.)
- ☐ Confirm beneficiary designations
- ☐ Other:



ESTATE AND LEGAL PLAN

- ☐ Confirm will and/or trust is current
- ☐ Review powers of attorney (financial and medical)
- ☐ Check advance directive / living will
- ☐ Ensure important documents are up to date
- ☐ Verify executor and trustee information
- ☐ Other:



FAMILY AND LOVED ONES

- ☐ Discuss plans and wishes with family
- ☐ Review guardian plans (if applicable)
- ☐ Update list of important contacts
- ☐ Ensure loved ones know where key documents are kept
- ☐ Talk about any changes in care needs
- ☐ Other:



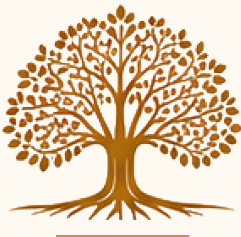
NEXT STEPS

- ☐ Make a list of action items
- ☐ Set a date for your next annual review
- ☐ Schedule time with your professional advisors
- ☐ Keep this planning kit updated
- ☐ Take one small step today
- ☐ Other:

“Small steps today lead to a more secure tomorrow.”



Update Log



Keep Your Information Current.

Use this log to track when you review and update important information in your Family Planning Kit. Keeping your information current ensures that your plans reflect your latest wishes and circumstances.

“Up-to-date information today brings peace of mind tomorrow.”

CATEGORY	DATE REVIEWED	UPDATES MADE (Yes / No)	NEXT REVIEW DATE	NOTES
Personal Information		☐ Yes ☐ No		
Emergency Contacts		☐ Yes ☐ No		
Family Information		☐ Yes ☐ No		
Healthcare Information		☐ Yes ☐ No		
Medications and Allergies		☐ Yes ☐ No		
Health Insurance		☐ Yes ☐ No		
Financial Information		☐ Yes ☐ No		
Banking and Accounts		☐ Yes ☐ No		
Retirement and Investments		☐ Yes ☐ No		
Insurance Policies		☐ Yes ☐ No		
Estate and Legal Documents		☐ Yes ☐ No		
Final Wishes		☐ Yes ☐ No		
Professional Contacts		☐ Yes ☐ No		
Subscriptions and Automatic Payments		☐ Yes ☐ No		
Other		☐ Yes ☐ No		

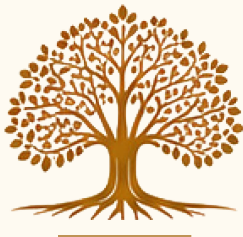


ADDITIONAL NOTES

“Review.
Update.
Stay Prepared.”



Notes and Changes



Keep Track. Stay Organized. Move Forward.

Use this page to jot down notes, updates, and changes related to your Family Planning Kit. Whether it’s a new account, a change in contact information, a life event, or a reminder for future follow-up, keeping notes in one place helps ensure nothing is overlooked.

“Small updates today can make a big difference tomorrow.”

 PERSONAL NOTES

 HEALTHCARE NOTES

 FINANCIAL NOTES

 ESTATE AND LEGAL NOTES

 FAMILY NOTES

 OTHER NOTES

“A well-documented today leads to a more peaceful tomorrow.”



SECTION

8

Planning Resources



Information Today. Peace Tomorrow.

This section provides helpful resources, questions, and contacts to guide you in making informed decisions. Use these pages to compare options, find support, and keep important information in one convenient place.

*“Knowledge gives you options.
Preparation gives you peace.”*



Funeral Home & Cost Comparison

COMPARE OPTIONS. MAKE INFORMED DECISIONS.



Questions to Ask a Funeral Director

GET THE INFORMATION YOU NEED.



Government & Veteran Resources

SUPPORT, BENEFITS, AND GUIDANCE.



Helpful Websites & Contacts

TRUSTED RESOURCES AT YOUR FINGERTIPS.



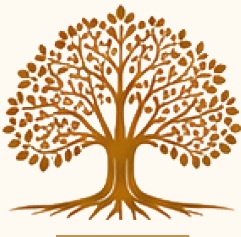
Additional Notes

A PLACE FOR YOUR THOUGHTS, QUESTIONS, AND IDEAS.

“A little planning today can make a big difference tomorrow.”



Funeral Home and Cost Comparison



“Planning today brings peace to tomorrow.”

Compare Options. Make Informed Decisions.

Funeral costs can vary significantly between providers and based on the type of service you choose. Use this page to compare local funeral homes, services offered, and estimated costs to help guide your decisions and reduce the burden on your loved ones.

INFORMATION	FUNERAL HOME 1	FUNERAL HOME 2	FUNERAL HOME 3	FUNERAL HOME 4	FUNERAL HOME 5
Name					
Address					
Phone Number					
Website					
Contact Person					
Type of Service Offered (Funeral, Memorial, Cremation, etc.)					
Basic Service Fee					
Casket Price Range					
Urn Price Range (if applicable)					
Viewing/Visitation Fee (if applicable)					
Memorial Service Fee (if applicable)					
Cremation Fee (if applicable)					
Additional Fees (e.g., transportation, obituary, flowers, etc.)					
Estimated Total Cost					
Notes					

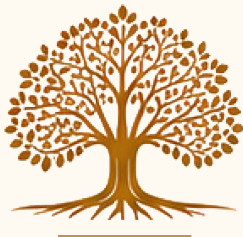


ADDITIONAL NOTES

“A little research today can make a difficult time a little easier.”



Questions to Ask a Funeral Director



“The right questions today can bring clarity, peace, and confidence tomorrow.”

Get the Information You Need.

Meeting with a funeral director and asking the right questions can help you understand your options, compare costs, and ensure your wishes are honored. Use this checklist to guide the conversation and record important details.



GENERAL INFORMATION

- ☐ What services do you offer (burial, cremation, memorial)?
- ☐ Are your prices available in writing?
- ☐ Do you offer pre-planning services?
- ☐ Can I pre-pay for services? If so, what are the options?
- ☐ Is the pre-paid plan transferable if I move?
- ☐ What happens if your funeral home is no longer in business?
- ☐ Other:



COSTS AND PAYMENT

- ☐ What is the total estimated cost for my preferred service?
- ☐ What is included in the basic service fee?
- ☐ Are there additional fees I should be aware of?
- ☐ Can I choose only certain services (a la carte)?
- ☐ Do you offer payment plans or financing options?
- ☐ Are there any costs not included in your estimate?
- ☐ Other:



SERVICES AND OPTIONS

- ☐ What are the differences between burial and cremation?
- ☐ What type of caskets or urns are available, and what are the price ranges?
- ☐ Can I provide my own casket or urn?
- ☐ Do you offer personalized services (music, photos, video)?
- ☐ Can the service be held at a location other than the funeral home?
- ☐ What are my options for a graveside service or a memorial service only?
- ☐ Other:



LEGAL AND LOGISTICAL

- ☐ What documents do you need from the family?
- ☐ Will you handle obtaining the death certificate? How many copies are included?
- ☐ Do you assist with filing for veterans' benefits (if applicable)?
- ☐ Can you help with obituary notices?
- ☐ Do you coordinate with churches, cemeteries, or crematories?
- ☐ How long does the process typically take?
- ☐ Other:



PERSONAL PREFERENCES

- ☐ Can I include special requests (readings, music, cultural or religious traditions)?
- ☐ Do you accommodate military honors (if applicable)?
- ☐ Do you have experience with specific cultural or religious customs?
- ☐ Can you help with a celebration of life instead of a traditional service?
- ☐ Other:



ADDITIONAL NOTES

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“Information today brings peace tomorrow.”



Honoring Their Service



Supporting Your Family and Their Legacy.

Veteran benefits may help with burial costs, memorial options, and support for surviving family members. Use this page to record service details and keep important veteran contacts in one place.

“Those who served deserve our lasting gratitude, and their families deserve our support.”

☆

SERVICE RECORD

Served in the military: ☐ Yes ☐ No

Rank at discharge:

Date entered service:

War or era served (e.g. Vietnam, Gulf War):

Unit or duty station:

Medals or awards:

Where the DD-214 is kept:

Wants burial in a national cemetery: ☐ Yes ☐ No

Wants military honors: ☐ Yes ☐ No

Headstone emblem of belief preference:

The funeral home will need a copy of the DD-214 to arrange VA burial benefits.

Branch:

Total years served:

Date separated:

Type of discharge:

☆

VETERAN BENEFITS OVERVIEW

☐ Burial allowance (for eligible veterans)

☐ Plot or interment in a national cemetery

☐ Government headstone or marker

☐ Presidential Memorial Certificate (PMC)

☐ Military honors (flag, funeral detail, Taps)

☐ Reimbursement for certain funeral expenses

☐ Survivor benefits and dependency assistance

Notes:

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STATE & LOCAL RESOURCES

State Veterans Affairs Office

Find your state office: www.va.gov/statedva

Phone:

Notes:

County Veterans Service Officer

Helps with benefit applications and local resources

Phone:

Notes:

🌐

A NOTE ON VA BURIAL BENEFITS

VA burial benefits may help with some costs, but they have limits and may not cover the full cost of a funeral.

To check what you or your loved one may qualify for, visit:

<https://www.va.gov/burials-memorials/veterans-burial-allowance/>

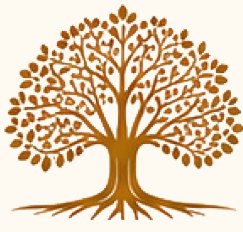
This is general information only, not a determination of benefits. Eligibility and amounts are set by the VA; please confirm directly with the VA.



“A grateful nation remembers.”



Helpful Websites and Contacts



“The right information today can bring peace and clarity tomorrow.”

Trusted Resources When You Need Them Most.

This page provides a list of helpful websites and important contacts related to funeral planning, government resources, veterans services, grief support, and other useful information. Keep this page handy for quick reference.

GENERAL RESOURCES	
WEBSITE / ORGANIZATION	WEBSITE / PHONE
Funeral Consumers Alliance	www.funerals.org
National Funeral Directors Assoc.	www.nfda.org
Federal Trade Commission (Funeral Planning)	www.consumer.ftc.gov
Social Security Administration	www.ssa.gov • 1-800-772-1213
Medicaid (Your State)	www.medicaid.gov
Eldercare Locator	www.eldercare.acl.gov
211 (Local Community Resources)	Dial 2-1-1
USA.gov (Government Services)	www.usa.gov

GRIEF AND SUPPORT RESOURCES	
WEBSITE / ORGANIZATION	WEBSITE / PHONE
National Institute for Grief Support	www.griefsupport.com
GriefShare	www.griefshare.org
American Hospice Foundation	www.americanhospice.org
National Alliance for Grieving Children	www.childrengrieve.org
Crisis Text Line	Text HOME to 741741
Suicide & Crisis Lifeline	Dial 988
Mental Health America	www.mhanational.org
Local Counseling Services	

VETERANS RESOURCES	
WEBSITE / ORGANIZATION	WEBSITE / PHONE
VA Main Line (MyVA411, 24/7)	1-800-698-2411
VA Burial Benefits	www.va.gov/burials-memorials
National Cemetery Administration	www.cem.va.gov
Veterans Crisis Line	988, press 1 • text 838255
VA Health Care	1-877-222-8387 • va.gov/health-care
VA Local Office	
County Veterans Service Officer	
VA Benefits	1-800-827-1000 • www.va.gov

IMPORTANT CONTACTS	
CONTACT	DETAILS
Primary Funeral Home	See page 40
Alternate Funeral Home	See page 40
Cemetery / Memorial Park	See page 40
Clergy / Spiritual Advisor	See page 53
Attorney	See page 53
Financial Advisor	See page 53
Insurance Agent	See page 53
Local VA Office	
Other	

ADDITIONAL WEBSITES OR CONTACTS	
GI Bill	1-888-442-4551
Homeless Veterans Call Center	1-877-424-3838
National Cemetery Scheduling	1-800-535-1117

“Resources today create a more peaceful tomorrow.”



*“Write it down
today, so
nothing is
forgotten
tomorrow.”*

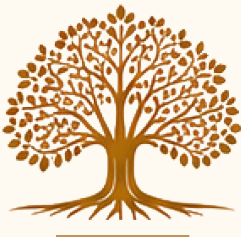


DATE: _____

*“A well-prepared today
brings peace for tomorrow.”*



A Final Check



You’ve Taken an Important Step.

Before you put this kit away, take a moment to make sure the people who may need it someday know it exists. This quick checklist will help you confirm that your information is complete, current, and easy to find.

“Peace of mind today creates a brighter tomorrow for the people you love.”



FINAL CHECKLIST

SMALL STEPS. A BIG DIFFERENCE.

- ☐ I have completed the sections that apply to me.
- ☐ My important documents are stored where indicated.
- ☐ The appropriate people know where this kit is kept.
- ☐ My emergency and professional contacts are current.
- ☐ My wishes have been discussed with the people who should know them.
- ☐ I have chosen a time each year to review and update this kit.



REVIEW INFORMATION

KEEP IT CURRENT. KEEP IT HELPFUL.

Kit Last Reviewed:

Next Review:

Kit Stored At:



PEOPLE TO NOTIFY

Make sure at least one trusted family member or friend knows where this kit is located.



KEEP IT ACCESSIBLE

Store this kit in a safe, known location and update it regularly.



“Preparation today brings peace tomorrow.”



Prepared With Love

Today's Preparation. A Brighter Tomorrow.

Planning ahead is about more than organizing information.
It is about making things a little easier for the people you love.

The names, documents, wishes, and details recorded in these pages
may someday answer questions when answers are difficult to find.
They can provide direction during uncertain moments and help the
people closest to you understand what matters.

You do not have to predict every circumstance or have every answer.
You simply took the time to prepare.

And that is a gift.

*"The greatest
legacy we can leave
is not what we own,
but how well we
care for the people
we love."*

*Honor Your Past.
Protect Your Present.
Prepare Your Future.*

gavrelguidance.com

*"A more secure tomorrow
begins with the steps you
take today."*

