A FAMILY LEGACY & CARE GUIDE

Family Care & Legacy Guide

A thoughtful handoff from you to the people you trust.

Organize the details your family may one day need - so they can step in with confidence, honor your wishes, and focus on caring for one another.

PREPARED WITH CARE

Keep the completed guide private, protected, and available to the people you trust.

STOCKTON AGENCY
AN INTEGRITY PARTNER OFFICE

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START HERE

How to Use This Guide & Begin

Complete the most urgent information first. Tell trusted people where the secure master copy is kept and review it twice each year.

1 Start with people
Name the people who may make health, financial, household, and care decisions.

2 Add essentials
Complete contacts, medical information, legal authority, insurance, money, property, and digital access.

3 Share the plan
Walk through the guide with the people you trust. Keep originals secure and give copies only when appropriate.

4 Keep it current
Review after any diagnosis, move, medication, account, adviser, beneficiary, or family-role change.

If something happens today

- [ ] Call emergency help when there is immediate danger.
- [ ] Notify the health-care agent and first family contact.
- [ ] Bring the medical snapshot, medications, insurance cards, and directives.
- [ ] Secure the home, pets, wallet, phone, keys, and vehicles.
- [ ] Record the event, location, contacts, instructions, and next decision time.

Guide location

First person to call

Health-care agent

Financial agent

Owner & Guide Control Record

Identify the owner, where the master guide is stored, who knows how to obtain it, and who is authorized to use it.

Full legal name

Preferred name

Date of birth

Phone

Home address

Guide storage location

Safe/key/combination access instructions

Primary authorized person

Phone

Backup authorized person

Phone

Copy control

Copy number / location	Person responsible	Date issued / destroyed

Family Team & Important Contacts

Name the people who should step in, what each person handles, and how they can be reached.

Person / role	Phone / email	Authority / responsibility
First family contact		
Health-care agent		
Financial agent		
Backup decision-maker		
Care coordinator		
Attorney		
Financial / insurance adviser		
Neighbor / local helper		
Faith / community contact		

How I want the family to work together

Who communicates updates

Who keeps the decision log

PEOPLE

Current Medicare Coverage

Medicare coverage and plan details can change. Complete this page with the coverage you have now and review it before adding the current carrier documents behind the next page.

My current Medicare information

Original Medicare or Medicare Advantage

Current plan name

Medicare number / member ID

Plan phone number

Prescription-drug plan

Medicare Supplement, if any

Coverage effective date

Enrollment confirmation located

Primary doctor / medical group

Preferred pharmacy

Last reviewed

Next annual review

Update this page whenever coverage changes. Make sure the information here matches the current Enrollment Confirmation and other current carrier documents placed behind the next page.

NEED HELP REVIEWING YOUR COVERAGE?

Call Stockton Agency.

We can help you confirm which Medicare information is current and which carrier documents should be placed in the next section.

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Add Your Current Medicare Documents Here

Keep the documents for your current Medicare coverage directly behind this page. Medicare Advantage and prescription-drug plans can change from year to year, so this section should always reflect the coverage you have right now.

KEEP THE CURRENT INFORMATION

When new plan information takes effect, remove the outdated copies and replace them with the new ones.

- ☐ **Current Medicare Enrollment Confirmation**
- ☐ **Current Medicare Advantage or Medicare Supplement information**
- ☐ **Current prescription-drug plan information**
- ☐ **Current Evidence of Coverage and important carrier notices**

A simple annual habit: Once your coverage for the new year is confirmed and effective, take out the old plan documents and add the new carrier-provided information. Keep prior records elsewhere only when you need them for an unresolved claim, appeal, or tax record.

MEDICARE COVERAGE CHANGED?

Call Stockton Agency. We can help.

We can help you review which Medicare documents are current, understand which plan information belongs here, and remove outdated materials after your new coverage takes effect.

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Review this section every year and after any Medicare coverage change.

Add Your Current Tax Return Documents Here

Place copies of your most recently filed tax returns and the documents your family or tax professional may need directly behind this page.

WHAT TO ADD

Keep this section current, organized, and private.

- ☐ **Most recently filed federal tax return**
  Include all pages and schedules.
- ☐ **Most recently filed state tax return**
  Include all pages and schedules.
- ☐ **Important supporting tax documents**
  Examples may include W-2s, 1099s, K-1s, estimated-tax records, and notices.
- ☐ **Tax preparer or accountant information**
  Include the name, phone number, email, and where older records are kept.

These documents contain private information. Keep them only in the secure master copy and limit access to people you trust and authorize.

Do not automatically throw away older returns. Ask your tax professional how long prior returns and supporting records should be retained for your situation.

Latest tax year included

Tax preparer / accountant

Older tax records are located

After filing each year, add the new return and review this section.

When My Family Should Step In

Use this page to record when you want help, how your family should raise concerns, and what they should do if you can no longer safely care for yourself.

Signs I want my family to take seriously

- ☐ Repeated falls, injuries, wandering, or getting lost
- ☐ Missed, doubled, or incorrectly taken medications
- ☐ Confusion, memory changes, unusual fear, or poor judgment
- ☐ Not eating, losing weight, poor hygiene, or an unsafe home
- ☐ Unpaid bills, unusual purchases, scams, or missing money
- ☐ Unsafe driving, leaving appliances on, or other hazards
- ☐ Isolation, depression, major personality changes, or self-neglect
- ☐ A spouse or caregiver is exhausted, ill, or cannot continue

If my children or family are concerned, I want them to:

1. **Talk with me privately.** Describe specific concerns calmly, listen to me, and preserve my dignity.
2. **Write down what happened.** Record dates, repeated patterns, safety events, and changes others have noticed.
3. **Bring in the right people.** Contact the person I name below and, when appropriate, my doctor or authorized agent.
4. **Act on immediate danger.** If I or someone else is in urgent danger, call emergency services first and notify family afterward.

My instructions for stepping in

First person I want contacted

Backup person

I want help to begin when these specific things happen

The best way to approach me and discuss concerns

People I want included - and anyone I do not want involved

If I disagree or refuse help, I want my family to

My family's first priorities should be: immediate safety, a medical evaluation when appropriate, the least restrictive help that can work, and using my signed legal documents and named decision-makers. Concerns alone do not transfer legal authority.

Care Setting & Decision Triggers

Begin with the least restrictive setting that can safely meet the need. Write observable triggers so the family knows when to act.

Home care

Preferred providers, schedule, home modifications, and conditions for remaining home.

Assisted living / memory care

Preferred location, facilities, required services, and move triggers.

Nursing care

Preferred facilities, clinical needs, location, and family visitation expectations.

Activate or reassess the plan when:

Examples: falls, wandering, unsafe driving, medication errors, unpaid bills, weight loss, inability to complete activities of daily living, caregiver exhaustion, hospitalization, or a new diagnosis.

Medical Snapshot

Keep a current copy at the front of the guide and take it to appointments or the emergency room.

Legal name

Date of birth

Preferred hospital

Primary physician / phone

Medicare number

Other insurance / member number

Pharmacy / phone

Blood type, if known

Major diagnoses

Allergies and reactions

Communication, hearing, vision, mobility, or cognitive needs

Emergency considerations: resuscitation orders, implanted devices, oxygen, dialysis, anticoagulants, insulin, seizure risk, or other time-sensitive facts.

Medication Record

Use the exact label information. Update immediately when a medication is started, stopped, or changed.

Medication / strength	When / how taken	Purpose	Prescriber

Medication list last confirmed

Confirmed by

Medication storage location

Who fills pill organizer / administers

Providers & Medical History

Give family enough context to communicate accurately and request records.

Provider / specialty	Phone / portal	Reason seen

Major medical events, surgeries, hospitalizations, and dates

Where complete records and imaging can be obtained

Legal Authority & Original Documents

Record whether each document is signed, who is named, where the original is stored, and when it was last reviewed.

Document	Primary / backup	Original location	Date
Durable financial power of attorney			
Health-care power of attorney			
HIPAA authorization			
Advance directive / living will			
Will			
Trust			
DNR / portable medical order			
Guardianship nominations			
Institution-specific forms			

Review with an attorney. Requirements and authority differ by state and institution. Do not assume account access or a password replaces legal authorization.

Long-Term Care, Life Insurance & Annuities

Use this page to identify the current policies and contracts that may protect your family, provide income, or help pay for care. Place the current carrier documents behind the policy-placeholder page that follows.

Long-term-care coverage

Company / policy number

Claim phone / agent

Daily or monthly benefit

Benefit period / maximum

Elimination period

Premium / payment source

Life insurance

Company / policy number

Agent / service contact

Owner / insured

Death benefit / current value

Current beneficiary information is located

Annuities

Company / contract number

Agent / service contact

Owner / annuitant

Current value / income amount

Current beneficiary information is located

> **Before making changes:** Confirm legal authority and ask about possible tax, surrender-charge, benefit, rider, ownership, and beneficiary consequences.

Identity & Vital Records

Record identifying information and where certified originals or copies are located.

Social Security number

Driver license / state ID and expiration

Passport number and expiration

Birthplace

Marriage information

Military service / discharge record

Birth certificate location

Marriage/divorce/death records location

Citizenship, adoption, or name-change records location

Safe-deposit box institution, number, key, and authorized signers

Add Your Current Policies Here

This page is simply a place marker. Put copies of your current policies and statements right behind it so your family can find everything in one spot.

WHAT TO ADD

No need to rewrite all the details. Just add the most recent copies.

- ☐ **Life insurance**
  Your latest policy pages or statement.
- ☐ **Annuities**
  Your latest contract pages or statement.
- ☐ **Long-term-care coverage**
  Your policy, benefit summary, care rider, or claim information.

What should go here? Focus on the information provided by the carrier that explains what you own. Add any statement of understanding, current policy or contract summary, annual statement, benefit schedule, rider summary, and claim or service contact information. If you are unsure which pages matter, call Stockton Agency at 479-544-2315 and we will help you sort through them.

NOT SURE WHAT TO INCLUDE?

Call Stockton Agency. We are happy to help.

We can help you identify your current life insurance, annuity, and long-term-care documents and make sure you know which copies belong in this section.

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If you have more than one policy, add them all. Extra pages are perfectly fine.

Income, Bills & Monthly Cash Flow

Show what comes in, what must be paid, where it is paid from, and what may be canceled if care begins.

Income or bill	Amount / due	Account / payment method	Continue, change, or cancel

Total monthly income

Total essential expenses

Cash-flow instructions if I move or need care

Banking, Investments & Retirement Assets

Record enough information for the authorized person to locate accounts, advisers, beneficiaries, and income sources.

Institution / asset	Account ending	Owner / beneficiary	Contact / notes
Checking / savings			
Cash / safe deposit			
Brokerage / investments			
IRA / 401(k) / retirement			
Pension / Social Security			
Annuity			
Other asset			

Authorized adviser and distribution instructions

Do not change ownership, beneficiaries, investments, or withdrawals without confirming legal authority and tax consequences.

Add Your Financial Documents Here

Banking, investments, and retirement assets: Place current copies of the financial statements and account documents your authorized family member may need directly behind this page.

WHAT TO ADD

The goal is to help the right person locate every account and know who to call.

- ☐ **Bank and credit-union accounts**
  Add recent statements for checking, savings, money-market, CD, and safe-deposit relationships.
- ☐ **Investment accounts**
  Add recent brokerage, mutual-fund, stock, bond, or managed-account statements.
- ☐ **Retirement assets**
  Add recent IRA, 401(k), 403(b), pension, profit-sharing, or other retirement-plan statements.
- ☐ **Adviser and beneficiary information**
  Add current contact details and the latest beneficiary or ownership confirmation available.

This section is highly private. Keep it only in the secure master copy. Do not place debit cards, blank checks, cash, or original securities behind this page.

Keep it useful. Replace routine statements with newer copies as they arrive, but ask your financial or tax professional before discarding documents needed for taxes, cost basis, claims, or unresolved transactions.

Statements current as of

Primary financial contact

Originals and older records are located

Add every current account. Extra pages are perfectly fine.

Credit, Loans & Other Obligations

List balances and payment arrangements so nothing is missed and unauthorized accounts are not opened.

Creditor / type	Account no.	Payment / due date	Balance / contact

Credit freeze, fraud alert, or monitoring instructions

Home, Property, Vehicles & Pets

Give family practical instructions for protecting the property and caring for anyone or anything that depends on you.

Mortgage / landlord / property manager

Home insurer / policy

Alarm company / access instructions

Utilities shutoff / service contacts

Keys, garage controls, gate codes

Maintenance people

Vehicles, titles, loans, keys

Real estate, deeds, leases

Pet names, veterinarian, food, medication, caregiver

Mail, deliveries, lawn, snow, trash, and seasonal tasks

Devices, Email & Telephone Access

Email and the mobile phone often control password resets and two-factor codes. Record exactly how an authorized person can access them.

Primary email / username

Password

Recovery email / phone

Two-factor method / backup codes location

Mobile carrier / account no.

Carrier PIN / port-out PIN

Phone unlock code

Voicemail PIN

Computer / tablet and login

Wi-Fi network / password

Apple / Google / Microsoft account

Device recovery key location

Security: Never leave this page outside the locked master guide. Change passwords promptly if the guide is lost, copied, or accessed without permission.

Passwords, Devices & Digital Wishes

Record how an authorized person can access essential devices and accounts, and state what should be kept, transferred, or closed.

Device / account	Username / access	Password / PIN location	Keep, transfer, or close

Primary email / recovery method

Mobile carrier / account PIN

Phone / computer unlock

Password manager / recovery key

Photos, files, subscriptions, and social-media instructions

> **Security:** Keep this page in the secure master copy. Change credentials if the guide is lost, copied, or accessed without permission.

First 24 Hours & First 72 Hours

Use this page during a hospitalization, fall, diagnosis, wandering event, or caregiver breakdown, and again before discharge.

Action	Assigned to	Done / notes
Stabilize immediate safety and notify decision-makers		
Bring medical, medication, insurance, and directive information		
Secure home, pets, valuables, phone, wallet, keys, and mail		
Confirm diagnosis, restrictions, warning signs, and follow-up		
Reconcile medications and arrange equipment, meals, and transportation		
Confirm required help with daily activities and who will provide it		
Confirm what coverage pays, for how long, and family responsibility		
Create caregiver schedule, backups, and escalation plan		

Situation, discharge destination, and immediate instructions

Care Provider Comparison

Compare the complete arrangement, not only the advertised price. Verify licensing, staffing, services, availability, and contract terms.

Question	Provider 1	Provider 2	Provider 3
Name / contact / location			
Level of care and services			
Staffing and overnight coverage			
Total monthly or daily cost			
Added fees and rate increases			
Medication and transportation			
Safety, emergencies, and complaints			
Availability / start date			
Why this option fits			

First 30 Days & Monthly Review

Meet after care begins and every month thereafter. Record what changed, who owns each action, and the deadline.

Care & safety

Falls, medication, nutrition, hygiene, sleep, mood, incidents, routines, and satisfaction.

Money & benefits

Bills, claims, reimbursements, withdrawals, taxes, reserves, and spouse protection.

Family & caregiver

Workload, stress, availability, communication, relief, and unresolved disagreements.

Changes approved

Action, person responsible, deadline, and confirmation sent to decision-makers.

Review date

Next review date

When Death Is Near or Occurs

Keep this page with current hospice or provider instructions. Contact the appropriate professional first, then follow the family plan calmly.

> **If death is unexpected, unattended, suspicious, or unclear:** call 911. Do not move the person, medications, or items unless immediate safety requires it.

Hospice / supervising provider

24-hour number

First family contact

Funeral home

Expected death at home

1. Call hospice or the supervising provider and follow their instructions.
2. Notify the first family contact and legally authorized representative.
3. Contact the funeral home only after the appropriate professional confirms the next step.

Immediate family checklist

- [ ] Secure the home, pets, vehicles, medications, and valuables
- [ ] Protect identification, phone, wallet, keys, records, and mail
- [ ] Locate will, trust, insurance, military, and prepaid-arrangement records
- [ ] Request certified death certificates as advised
- [ ] Preserve phone, email, utilities, and accounts until reviewed
- [ ] Record every call, instruction, expense, document, and account change

> **Do not distribute property, close accounts, transfer money, use passwords, destroy records, or sign for the deceased until the legally authorized representative confirms what may be done.**

Add Your Will & Trust Information Here

Place current copies and location information for your will or trust directly behind this page so your family knows what exists, where the signed originals are kept, and who to contact.

WHAT TO ADD

Include only the current versions. Clearly mark any copy as a copy.

- ☐ **Current will and any codicils**
  Add a copy and clearly record where the signed original is kept.
- ☐ **Current trust and all amendments**
  Add the current trust documents or a current certification of trust, as your attorney recommends.
- ☐ **Executor, personal representative, and trustee information**
  Include names, phone numbers, email addresses, and the order in which people should serve.
- ☐ **Estate-planning attorney information**
  Include the attorney or law firm that prepared or currently maintains the documents.

> **The signed original matters.** Do not move, mark, staple, discard, or replace an original will or trust document without guidance from the estate-planning attorney. A copy in this guide may not substitute for the signed original.

Signed original will is located

Signed original trust is located

Attorney / law firm

Attorney phone / email

Anything my family should know before contacting the attorney

> **After every estate-plan update:** remove outdated copies from this section, add the current documents, and confirm that the people named to serve know where the signed originals are kept.

Final Arrangements & Personal Wishes

Record preferences to reduce uncertainty. These instructions supplement your signed legal arrangements; they do not replace them.

Funeral home / contact

Cemetery / plot / deed location

Burial, cremation, donation, or other wishes

Service, faith, music, readings, clothing, flowers, donations

People and organizations to notify

Obituary facts and preferred photograph location

Prepaid arrangements / policy / contract location

Special possessions, recipients, letters, and personal messages

Six-Month Guide Review

Review in January and July, or choose two memorable dates. Initial every item and replace outdated pages.

☐ Decision-makers and contact numbers confirmed	*Date / initials*
☐ Medical Snapshot and medications updated	*Date / initials*
☐ Legal documents and named agents reviewed	*Date / initials*
☐ Insurance policies, benefits, and claim contacts confirmed	*Date / initials*
☐ Account numbers, balances, beneficiaries, and advisors updated	*Date / initials*
☐ Income, bills, automatic payments, debts, and property updated	*Date / initials*
☐ Passwords, PINs, device codes, and recovery methods tested	*Date / initials*
☐ Care preferences, triggers, providers, and funding instructions reviewed	*Date / initials*
☐ Final wishes and personal instructions reviewed	*Date / initials*
☐ Old copies removed and authorized family walkthrough completed	*Date / initials*

Review completed

Next review

Reviewed with

Pages replaced / follow-up needed

Continuation Page

Write the section and page this information belongs to. Copy this page as often as needed.

Section

Related page / item

Completed by

Date

NOTES

Confidential Section Divider

The pages behind this divider contain identity, financial, account, password, and access information.

SECURE MASTER COPY ONLY

Before opening this section

1. Confirm you are authorized to use the information.
2. Work in a private place; do not photograph or casually copy pages.
3. Return every page to the guide immediately.
4. Record any password or account changes.
5. If the guide may be lost or compromised, notify institutions and change credentials promptly.

CONFIDENTIAL

Opened by _____ Date _____ Purpose _____