



# Pre & Post-Death Checklists

Accident/Illness Checklist	Date Completed	Person Spoken To
Call Emergency Contacts	_____	_____
Arrange Care for Children	_____	_____
Arrange Care for Others Who Rely on Me	_____	_____
Arrange Care for Animals	_____	_____
Review Income Sources	_____	_____
Review Medical Benefits	_____	_____
Review Health Care Insurance Policy	_____	_____
Review Long Term Care Insurance Policy	_____	_____
Review Disability Policy	_____	_____
Review Medicare	_____	_____
Review Union Benefits	_____	_____
Contact Business Partner or Key Employee	_____	_____
Contact Estate Planning Attorney	_____	_____
Contact Financial Planner	_____	_____
Contact Accountant	_____	_____
Contact Spiritual Advisor	_____	_____
Contact Employer Benefits Department	_____	_____
Contact First Line Leader (Military)	_____	_____
Manage Residence Maintenance	_____	_____
Manage Residence Utilities	_____	_____
Maintain Payment of All Bills	_____	_____
Pick Up Mail	_____	_____
Manage Pool	_____	_____
Manage Gardener	_____	_____
Manage Cleaner	_____	_____
Check Email Accounts/Other Sites	_____	_____





# Pre & Post-Death Checklists

## Post-Death Checklist

## Date Completed

## Person Spoken To

Arrange Organ Donation	_____	_____
Arrange Care for Children	_____	_____
Arrange Care for Others Who Rely on Me	_____	_____
Arrange Care for Animals	_____	_____
Plan Funeral Arrangements	_____	_____
Plan Reception Arrangements	_____	_____
Contact Friends and Family	_____	_____
Write and Publish Obituary	_____	_____
Obtain Death Certificates (12-15 copies)	_____	_____
Contact Estate Planning Attorney	_____	_____
Contact Financial Planner	_____	_____
Review Retirement Accounts	_____	_____
Review Investment Accounts	_____	_____
Change of Beneficiary Forms Retirement Plans	_____	_____
Change of Beneficiary Forms Other Accounts	_____	_____
Contact Accountant	_____	_____
Contact Spiritual Advisor	_____	_____
Contact Property & Casualty Insurance Agent	_____	_____
Contact Life Insurance Companies	_____	_____
Contact Employer Benefits Life Insurance	_____	_____
Contact Employer Benefits Retirement Plans	_____	_____
Contact Employer Benefits Medical	_____	_____
Contact Employer Benefits Other	_____	_____
Contact First Line Leader (Military)	_____	_____
Empty Storage Unit	_____	_____
Empty Safe Contents	_____	_____
Empty Safe Deposit Box	_____	_____
Contact Medicare	_____	_____
Contact Social Security	_____	_____
Contact Union Benefits	_____	_____
Contact Post Office	_____	_____
Real Estate Affairs Primary Residence	_____	_____
Real Estate Affairs Other Property	_____	_____
Contact Credit Card Companies	_____	_____
Contact Student Loan Companies	_____	_____
Contact Business Partner or Key Employee	_____	_____
Close Memberships	_____	_____
Close Social Media Accounts	_____	_____
Close Email Accounts/Other sites	_____	_____
Cancel All Home Deliveries	_____	_____

