

ACP A CLEAR PATH[®]
Organizing and Move Management

Your Legacy Organizing Company

Planning Ahead with Confidence and Compassion

MY PERSONAL INFORMATION

- | | |
|--|---|
| <input type="checkbox"/> Full Name | <input type="checkbox"/> Pet Name(s) |
| <input type="checkbox"/> Home Address | <input type="checkbox"/> Primary Care Provider(s) |
| <input type="checkbox"/> Phone Number(s) | <input type="checkbox"/> Social Security Number |
| <input type="checkbox"/> Birthdate/Place | <input type="checkbox"/> Education (<i>School, College, University</i>) |
| <input type="checkbox"/> Parents Full Names (<i>Maiden Names</i>) | <input type="checkbox"/> Charitable, Religious, Fraternal Orgs/Boards |
| <input type="checkbox"/> Siblings Full Names (<i>Maiden Names</i>) | <input type="checkbox"/> Special Needs Instructions or Care Routines |
| <input type="checkbox"/> Spouse Full Name | |

ADVANCE CARE PLANNING DOCUMENTS

- | | |
|--|--|
| <input type="checkbox"/> Advance Directive | <input type="checkbox"/> Healthcare Proxy |
| <input type="checkbox"/> Do Not Resuscitate | <input type="checkbox"/> MOLST/POLST/POST |
| <input type="checkbox"/> Executor/Estate Planner | <input type="checkbox"/> Organ/Body Donation |
| <input type="checkbox"/> Funeral Arrangements | <input type="checkbox"/> Paperwork |
| | <input type="checkbox"/> Power of Attorney |

IMPORTANT CONTACT INFORMATION

- | | |
|---|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Healthcare Proxy |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Insurance Agent |
| <input type="checkbox"/> Banker | <input type="checkbox"/> Pension/Retirement Fund |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> Contact |
| <input type="checkbox"/> Employer | <input type="checkbox"/> People Who Should be Notified |
| <input type="checkbox"/> Executor of Estate | <input type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Financial Planner | <input type="checkbox"/> Stockbroker |
| <input type="checkbox"/> Funeral Home | <input type="checkbox"/> Tax Preparer |

LEGAL DOCUMENTS

- Appointment of Agent to Control Disposition of Remains
- Certified Death Certificate (*Vital Statistic*)
- Estate Plan
- Legal Will (*Vital Statistic*)
- Living Trust
- Power of Attorney

OTHER DOCUMENTS

- | | |
|--|--|
| <input type="checkbox"/> Armed Forces ID/Discharge Papers | <input type="checkbox"/> Marriage License (<i>Vital Statistic</i>) |
| <input type="checkbox"/> Birth Certificate (<i>Vital Statistic</i>) | <input type="checkbox"/> Naturalization/Immigration |
| <input type="checkbox"/> Deeds to Cemetery Plot | <input type="checkbox"/> Records/Certificate of Citizenship |
| <input type="checkbox"/> Deeds to Property | <input type="checkbox"/> Passport |
| <input type="checkbox"/> Deeds to Vehicle(s) | <input type="checkbox"/> Personal Files |
| <input type="checkbox"/> Divorce Certificate (<i>Vital Statistic</i>) | <input type="checkbox"/> Social Security Card (<i>Vital Statistic</i>) |
| <input type="checkbox"/> Driver's License/ID Card (<i>Vital Statistic</i>) | <input type="checkbox"/> Tax Returns |
| <input type="checkbox"/> Health Insurance Cards | |

FINANCIAL INFORMATION

- Automatic Withdrawals/Payments
- Bank Account(s)
- Cryptocurrency
- Donations (*Recurring and Automated*)
- Expenses or Money I Owe
- Garbage/Lawn care
- Mortgage/Rent
- Property Tax
- Utilities

INSURANCE POLICIES

- Auto/Vehicle
- Health/Dental/Vision (*Including Medicare*)
- Homeowner's/Renter's
- Life
- Long-term Care

INVESTMENTS & LOANS

- Investment Account(s)
- Loans in My Name
- Credit Cards
- Home Equity/Reverse Mortgage Loans
- Loans I Have Co-Signed For
- Other Loans (*Personal, Private, Other Secured Loans*)
- Property Loans
- Student Loans
- Vehicles

ADDITIONAL FINANCIAL INFO

- Memberships (*Gyms, Clubs, Associations, etc.*)
- Money or Assets Owed to Me
- Personal Property
- Real Estate (Property)
- Retirement Account(s)
- (*Pension, 401k, etc.*)
- Stocks and Bonds

SUBSCRIPTIONS

- Online Services and Goods
- Print Subscriptions (*Newspapers and Magazines*)
- Vehicles
- Streaming Devices (*Amazon, HBO, Hulu, Disney+, Netflix, etc.*)

ELECTRONICS AND ONLINE ACCOUNTS

- Online Account Access
- Setup Apple Legacy
- Cloud Storage (*iCloud, Dropbox, Flickr, Google Drive, etc.*)
- Delivery Services (*Food, Medication, etc.*)
- Email Address(es)
- Entertainment (*Streaming Channels, Music, Gaming, etc.*)
- Healthcare (*Electronic Medical Record*)
- Shopping
- Software Licenses
- Travel
- Web Hosting

SOCIAL MEDIA AND DIGITAL LEGACY

- Account Closing
- Health Updates
- Death Announcement Preferences
- Person to Act on My Behalf
- Usernames and Passwords for Each Platform (*Facebook, Instagram, TikTok, X, etc.*)

FUNERAL AND BURIAL PLANS

- Burial/Cremation Plans
- Funeral Arrangements
- Heirlooms/Documents of Family History
- Obituary Information
- Personal Possessions I'd Like to Share

UNLOCKING ELECTRONICS/SECURITY

- Apple ID
- Cellphone
- Desktop Computer
- Home Security System
- Internet and Wi-Fi Routers
- Laptop
- Tablet

EMOTIONAL AND LEGACY ITEMS

- Letters or Videos to Loved Ones (*Partner, Child(ren), Friends*)
- Life Story Summary or Personal History
- List of Important Family Traditions or Recipes
- Instructions for Distributing Sentimental Items
- Memory Box or Legacy Journal Location

AFTER DEATH CHECKLIST

- | | |
|--|--|
| <input type="checkbox"/> Arrange for Care of Family and/or Pets | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Collect Documents and Paperwork | <input type="checkbox"/> Certified Death Certificate |
| <input type="checkbox"/> Forward Mail | <input type="checkbox"/> Divorce Certificate |
| <input type="checkbox"/> Notify Upon Death List | <input type="checkbox"/> Driver's License or ID Card |
| <input type="checkbox"/> Obtain multiple copies of the Death Certificate | <input type="checkbox"/> Legal Will |
| <input type="checkbox"/> Secure Property | <input type="checkbox"/> Marriage License |
| <input type="checkbox"/> Secure Vital Statistics (<i>Required Documents</i>) | <input type="checkbox"/> Social Security Card |
| | <input type="checkbox"/> Update/Close Accounts |

SAFE STORAGE INFORMATION

- Location of Fireproof Safe/Lockbox
- Location of Backup Hard Drives or
- Location of Physical File Folders (*Labelled, Categorized*)
- USB Drives
- List of Who Has Keys, Combinations, or Digital Access

DIGITAL INSTRUCTIONS BEYOND ACCESS

- Message to Be Posted on Social Media (*If Desired*)
- Closure Instructions for Each Platform (*Memorialize vs. Delete*)
- Email Autoresponder Guidance (*Optional but Thoughtful*)

AFTER-DEATH SUPPORT FOR FAMILY

- Counseling Or Grief Support Resources
- List Of Family Traditions To Continue
- Notes On How To Manage Social, Financial, Or Household Transitions
- Instructions For Handling My Belongings Respectfully
- Charities Which My Personal Possessions Can Be Donated To
- Create A Heartfelt Video Message For Loved Ones To View After Your Passing