

RESOURCES

Collecting this type of information is often an easy way to begin discussions about care and legacy. And having the information can give peace of mind, knowing you have important information at your fingertips. Keep in mind that just knowing the location of some documents is enough.

CHECKLIST—EMERGENCY/TIME OF NEED

Parent (1) _____

Vital records		Details
	Date of birth	
	Social Security number (Put in a secure place to protect this information.)	
	Allergies	
	Medication (1) Dose and timing	
	Medication (2) Dose and timing	
	Medication (3) Dose and timing	
	Medication (4) Dose and timing	
	Physical condition Any special considerations? (e.g., walker, cane)	
	Mental condition (i.e., need to write things down)	
	Hearing-impaired (check one)	Yes <input type="checkbox"/> No <input type="checkbox"/>

You can also find these forms on [Thrivent.com/moneymatters](https://www.thrivent.com/moneymatters).

RESOURCES

CHECKLIST—EMERGENCY/TIME OF NEED

Parent (2) _____

Vital records		Details
	Date of birth	
	Social Security number (Put in a secure place to protect this information.)	
	Allergies	
	Medication (1) Dose and timing	
	Medication (2) Dose and timing	
	Medication (3) Dose and timing	
	Medication (4) Dose and timing	
	Physical condition Any special considerations? (e.g., walker, cane)	
	Mental condition (e.g., need to write things down)	
	Hearing-impaired (check one)	Yes <input type="checkbox"/> No <input type="checkbox"/>

RESOURCES

CHECKLIST—MEDICAL

The following information is helpful to know in case a parent can't speak for himself or herself, or if you have to act quickly on your parent's behalf in an emergency.

Parent (1) _____

Medical resources	Details
Main doctors <ul style="list-style-type: none">• Family physician• Orthopedic• Internal medicine• Geriatric• Dentist• Eye• Other	
Hospital	
Health insurance provider	
Medical insurance options <ul style="list-style-type: none">• Medicare• Medicaid• Medigap• Part D• Veterans benefits	
Medical directive on file with doctor	
Primary doctor has my contact information	

RESOURCES

CHECKLIST—MEDICAL

The following information is helpful to know in case a parent can't speak for himself or herself, or if you have to act quickly on your parent's behalf in an emergency.

Parent (2) _____

Medical resources	Details
Main doctors <ul style="list-style-type: none">• Family physician• Orthopedic• Internal medicine• Geriatric• Dentist• Eye• Other	
Hospital	
Health insurance provider	
Medical insurance options <ul style="list-style-type: none">• Medicare• Medicaid• Medigap• Part D• Veterans benefits	
Medical directive on file with doctor	
Primary doctor has my contact information	

RESOURCES

CHECKLIST—FINANCIAL

The following information is helpful to know in case a parent can't speak for himself or herself, or if you have to act quickly on your parent's behalf. The legal instrument giving you or a sibling the authority to act must be in place first.

Financial overview

Financial information	Details
<p>Location of accounts</p> <ul style="list-style-type: none">• Checking• Savings• Who else is an authorized signer?• Certificates of deposit (CDs)• Safe deposit box<ul style="list-style-type: none">– 2nd person authorized	
Receive Social Security (check one)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Charitable giving</p> <ul style="list-style-type: none">• Alma mater• Church• Other organizations they care about	
<p>Employment/employer</p> <ul style="list-style-type: none">• Full-time• Part-time	

RESOURCES

CHECKLIST—FINANCIAL *(continued)*

Current obligations

Expenses	Details
Mortgage <ul style="list-style-type: none">• Who holds it?• Monthly amount• Due date	
Monthly rent amount	
Credit cards <ul style="list-style-type: none">• Card/amount due• Card/amount due• Card/amount due	
Loans <ul style="list-style-type: none">• Lender/amount due/payment• Lender/amount due/payment	
Utilities <ul style="list-style-type: none">• Phone• Cable• Mobile phone• Electric• Gas• Water/sewer• Garbage/recycling• Other	

RESOURCES

CHECKLIST—FINANCIAL *(continued)*

Protection

	Insurance	Details
	<p>Insurance contracts/premiums</p> <ul style="list-style-type: none">• Life• Health• Medical• Dental• Medigap• Long-term care• Disability• Term• Homeowners/renters• Auto• Umbrella liability	

Retirement and other assets

	Assets	Details
	<p>Types of accounts</p> <ul style="list-style-type: none">• 401(k)—Parent 1• 401(k)—Parent 2• Pension• IRA/SEP IRA—Parent 1• IRA/SEP IRA—Parent 2• Roth IRA• Trusts• Certificates of deposit (CD)• Bonds/municipal bonds• Other	
	<p>Other assets</p> <ul style="list-style-type: none">• Property (vacation home, vehicles)• Home• Jewelry• Furniture• Other	

RESOURCES

CHECKLIST—FINANCIAL *(continued)*

Contact information

Trusted professionals		Details
	Accountant	
	Attorney	
	Financial advisor	
	Insurance agent <ul style="list-style-type: none">• Auto• Home• Health• Life• Other	

RESOURCES

CHECKLIST—LEGAL

Understanding your fiduciary responsibilities is key to ensuring that you are willing to accept the responsibilities—and liabilities—associated with that role once the document is made legal. In addition, making sure your parents' documents are current will help lessen family issues down the road. You don't need to know the details, but knowing the location of legal documents is important, to allow for easy access when needed. **Fiduciary responsibilities** is defined on page 36 in the glossary.

Legal information	Details
Up-to-date beneficiaries <ul style="list-style-type: none">• Insurance contracts• Retirement plans• Trusts• Will• Payable on Death bank or credit union accounts	
Wills or trusts <ul style="list-style-type: none">• Are they current?• Do they still reflect their desires?	
Titles/Deeds <ul style="list-style-type: none">• Auto• Home• Real estate• Other	
Authorized cosigners <ul style="list-style-type: none">• Checking• Savings• Other	
Health care directive	
Living wills	
Power of attorney	
Executor	
Has a parent been divorced? If yes: <ul style="list-style-type: none">• Divorce date• Marriage date• Where is a copy of the divorce decree?	

RESOURCES

CHECKLIST—OTHER

It is good to know the whereabouts of the following information. If passwords and other sensitive information are written here, keep this document secured as it could be detrimental if it were lost or stolen.

Computer

Computer, online accounts		Access details
	Email account addresses • Parent 1 • Parent 2	
	Computer WiFi/internet access	
	Social media 1 Social media 2 Social media 3	
	Online bill payments Company 1 Company 2 Company 3	
	Other	

Important documents

Other vital records		Details
	Birth certificates • Parent 1 • Parent 2	
	Death certificate if one parent is already deceased	
	Marriage certificate	
	Military documents (e.g., discharge papers)	
	Passports • Parent 1 • Parent 2	
	Memberships 1. _____ 2. _____	

RESOURCES

CHECKLIST—OTHER *(continued)*

Contact

Name	Contact information, nature of relationship
Trusted contact person(s) Friends 1. _____ 2. _____ 3. _____ 4. _____	
Neighbors 1. _____ 2. _____ 3. _____	
Church leaders 1. _____ 2. _____ 3. _____	
Others, such as home repair 1. _____ 2. _____ 3. _____	

General funeral/burial

Funeral and burial wishes	Details
Family plot/crypt/mausoleum/ columbarium? • Parent 1 • Parent 2	
Memorial service?	
Funeral/burial instructions (e.g., type of service, Bible verses, music)	
Other	



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