

When I'm Gone: Printable Companion & Annual Update Kit

Complimentary Printable Worksheets for Readers

A Practical Peace of Mind Resource from Constance Sterling
Sterling Family Records

Welcome, Friend

Thank you for investing the time and love to organize your life details in *When I'm Gone*.

One of the greatest challenges of personal record-keeping is that life is dynamic. Over the coming years, you may switch banks, change primary care doctors, cancel old utility subscriptions, or adopt a new pet. Rather than scribbling over the neat, archival pages of your physical organizer, this **Printable Companion & Annual Update Kit** provides clean, unlimited replacement worksheets that you can print on any standard home printer (8.5" x 11").

Recommended Practice: The “Annual Peace of Mind Review”

We recommend setting aside **one quiet afternoon each January or around Thanksgiving** to review your records: 1. Review your bank accounts and credit cards to ensure the last 4 digits and institutions are current. 2. Verify that your primary mobile telephone remains active (to preserve vital SMS Two-Factor Authentication codes). 3. Confirm that your Advance Healthcare Directive and Power of Attorney agents have current contact numbers. 4. Print fresh copies of any worksheet below where information has evolved.

Annual Review Log

Record each review here, then keep this page with your organizer.

Review date	Bank & card changes	Doctors & medications	Contacts & agents	Initials

Emergency Protocol: The First 48 Hours Quick-Card

Clip this single-page reference sheet to the inside front cover of your organizer or place it on the refrigerator.

Immediate Emergency Contacts

Primary Healthcare Proxy / Medical Agent: _____

Cell Phone: _____ Alternate Phone: _____

Designated Executor / Personal Representative: _____

Cell Phone: _____ Email: _____

Preferred Funeral Home / Mortuary: _____

24/7 Telephone: _____ Director Contact: _____

Attending Physician / Hospice Nurse (for Pronouncement): _____

Office Phone: _____ After-Hours Line: _____

Critical Immediate Actions Checklist

1. [] Formal Pronouncement of Passing:

If death occurs in hospital or hospice, staff handles this automatically.

If passing occurs at home under hospice care, call hospice first—**do NOT call 911** unless required.

If passing is unexpected at home, dial 911 immediately for first responders and coroner.

2. [] Emergency Care for Pets:

Primary Pet Guardian: _____ Phone: _____

Ensure animals have immediate food, clean water, medications, and temporary custody.

3. [] Secure Residence & Physical Property:

Lock all exterior doors and windows. Park vehicles inside garage.

Adjust thermostat, hold or forward physical mail, and arrange for plant/lawn care.

4. [] Notify Immediate Family & Spiritual Advisor:

Assemble trusted inner circle; delegate telephone calls to prevent caregiver exhaustion.

5. [] Preserve the Primary Mobile Phone (DO NOT CANCEL SERVICE):

Keep the decedent’s primary smartphone plugged in and active. Two-Factor Authentication (SMS security codes) will be required to settle banking and digital accounts.

6. [] Order Certified Death Certificates:

Instruct funeral director to order **10 to 12 certified copies** (needed for banks, insurers, county recorder, and title companies).

Printable Replacement Sheet: Liquid Financial Accounts

Record institution and the Last 4 Digits only under the Secure Vault Protocol.

Financial Institution / Bank	Account Type (Checking/Savings)	Last 4 Digits	Name on Account	Payable on Death (POD) Beneficiary	Physical Statement Location

Printable Replacement Sheet: Credit Cards & Open Liabilities

Record last 4 digits only. Never write complete card numbers or security CVVs.

Card Issuer / Lender	Account / Loan Type	Last 4 Digits	Auto-Pay Active?	Debited Bank Account	Customer Service Phone
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		

Printable Replacement Sheet: Household Utilities & Recurring Bills

Prevents disruption of heating, water, power, and communications during estate settlement.

Utility Service / Provider	Provider Name	Last 4 of Account	Monthly Due Date	Auto-Pay Active?	Bill Pay Method / Bank
Electricity & Power				☐ Yes ☐ No	
Natural Gas / Heating Oil				☐ Yes ☐ No	
City Water & Sewer				☐ Yes ☐ No	
Trash & Recycling				☐ Yes ☐ No	
Home Internet / Wi-Fi				☐ Yes ☐ No	
Cellular Phone Carrier				☐ Yes ☐ No	
Home Security / Alarm				☐ Yes ☐ No	
Streaming & Software				☐ Yes ☐ No	
Streaming & Software				☐ Yes ☐ No	
Streaming & Software				☐ Yes ☐ No	
Streaming & Software				☐ Yes ☐ No	
Streaming & Software				☐ Yes ☐ No	

Printable Replacement Sheet: Digital Accounts & Safe Master Hints

For security, never record plaintext master passwords. Note username and safe hints or master vault locations.

Platform / Website	Registered Email / Username	Safe Password Hint or Vault Key Location	2FA Mobile Number Associated	Action Desired (Archive / Memorialize / Delete)
Primary Email 1				☐ Archive ☐ Delete
Primary Email 2				☐ Archive ☐ Delete
Cloud Storage (Apple/Google)				☐ Transfer ☐ Archive
Social Media (Facebook)				☐ Memorialize ☐ Delete
Social Media (LinkedIn/X)				☐ Memorialize ☐ Delete
Online Shopping (Amazon)				☐ Cancel Memberships
Password Manager Master Vault				☐ Master Key in Safe
Password Manager Master Vault				☐ Master Key in Safe
Password Manager Master Vault				☐ Master Key in Safe
Password Manager Master Vault				☐ Master Key in Safe

Printable Replacement Sheet: Medical History & Active Prescriptions

Keeps doctors, emergency staff, and family caregivers aligned on current medical facts.

Primary Care & Specialists

Primary Care Physician: _____ Phone: _____

Clinic Name / Address: _____

Cardiologist / Specialist: _____ Phone: _____

Preferred Local Hospital: _____ Phone: _____

Preferred Pharmacy: _____ Phone: _____

Active Prescriptions & Dosages

Medication Name	Dosage (mg/ml)	Frequency (Daily/PRN)	Prescribing Doctor	Purpose / Condition

Ruled Legacy Letter: A Message of Love to My Family

Use this archival ruled page to share personal reflections, memories, gratitude, or blessings.

To My Dear:

With all my love and gratitude,

Date: _____