

Keeping It Together

Information Organized for



SENIOR SERVICES

Embrace Your Age

4700 Dublin Avenue, Midland, MI 48642-8533

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www.SeniorServicesMidland.org

A Resource for Organizing Your Personal Information

BEFORE YOU BEGIN!

- **Read** the entire manual.
- Make **extra copies** of pages, such as those for health history, finances, and treasures. You may want to have a complete clean copy for planned updates.
- When completing a form, please **print** so it will be easy for others to read.
- **Store** the manual in a location that can be accessed by a trusted family member.
- **Review** and update the manual every six to twelve months.
- Copies of important documents can be placed in **plastic sleeves** and stored in this manual. Plastic sleeves can be purchased at office supply stores.
- There may be **more** documentation needed for your situation that is not currently in this manual. Since each person's circumstances are different, add pages as needed.
- **IMPORTANT:** A manual will contain important personal and financial information. To **protect** you from identity theft, keep this manual in a locked or secured location.
- **Electronic Version:** Use the **tab key** or your **mouse** to move from one answer to the next.



Keeping It Together

We all have important paperwork and personal information...details...papers...decisions...how do we sort it all out? How do you start conversations on tough topics like finances, end of life planning or who gets the “Family Treasures?” The goal of “Keeping It Together” is to help families come together now and start planning for the future.

This manual is not a “one-size-fits-all” idea as you may have other important information in your life that should be included. We hope that by having your important documents and information in one place, it will be easier for those dealing with your estate and final arrangements.

The idea for the “Get It Together” manual came from Rev. Myrna Long Wheeler with contributions from the following:

1. The Rev. Elizabeth G. Rowan’s “Keeping Track of What Counts” binder – helping a person develop a filing system for their personal household documents.
2. Barbara Arn, a Hillcrest resident, who helped developed a binder of information she calls, “To Make Death Easier” which pulled together the same type of material I have collected.

Rev. Myrna Long Wheeler, Chaplain

Hillcrest Retirement Community, (909) 392-4354

March 2008; Revised June 2008 Senior Services, Midland County Council on Aging, contributed to this project by updating and expanding the original information.

Revised April 2009; May 2010

Life offers two great gifts--time, and the ability to choose how we spend it. Planning is a process of choosing among those many options. If we do not choose to plan, then we choose to have others plan for us. Richard I. Winword

This manual provides a system for structuring and easily organizing your information for:

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Health History	5-8
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For every minute spent in organizing, an hour is earned.

Author Unknown



Physicians

Name _____ Phone _____

Address _____
Street City State

Diagnosis and date _____

Treatment _____

Surgery _____

Hospital _____ Date _____

Name _____ Phone _____

Address _____
Street City State

Diagnosis and date _____

Treatment _____

Surgery _____

Hospital _____ Date _____

Name _____ Phone _____

Address _____
Street City State

Diagnosis and date _____

Treatment _____

Surgery _____

Hospital _____ Date _____

Name _____ Phone _____

Address _____
Street City State

Diagnosis and date _____

Treatment _____

Surgery _____

Hospital _____ Date _____



Do you have a record of your immunizations? Yes No

If yes, put a copy in this manual.

	Type of Vaccine	Date	Health Professional or Clinic	Date next dose is due
Chickenpox (Varicella)				
Hep A				
Hepatitis B				
Influenza				
Measles, Mumps, Rubella (MMR)				
Pneumococcal				
Shingles (Zoster)				
Tetanus, Diphtheria				
Other				

Allergies	Reaction	Medication
Asthma		
Chemicals		
Food		
Medications		
Pets		
Seasonal		
Skin		
Stings		

Pharmacies

Pharmacy	Address	Phone	Accepts Your Insurance
Local:			Yes No
Local:			Yes No
Mail Order:			Yes No
Compounding:*			Yes No
Other:			Yes No

*Compounding is the process of mixing drugs by a pharmacist or physician to fit the unique needs of a patient.

HEALTH HISTORY

List below all prescription and over-the-counter medicines including: vitamins or other nutritional supplements, pain relievers, antacids, laxatives and herbal remedies. Add new medicines when you start taking them and fill in the date when a medication is stopped.

Name of Medication	Physician Prescribing Medication	Purpose or Reason Taken	Dose, Time(s) of Day, Frequency	Where is Medication Kept	Date Medication Stopped	Special Instructions

INSURANCE POLICIES AND BENEFITS

Page 1 of 2

Policies and Benefits	Company Name & Phone	Account Number	Policy Amount	Located	Comments
Life					
Health					
Dental					
Vision					
Medicare					

INSURANCE POLICIES AND BENEFITS

Page 2 of 2

Policies and Benefits	Company Name & Phone	Account Number	Policy Amount	Located	Comments
Medicare D					
Supplemental					
Cancer					
Long Term Care					
Disability					

Use one sheet for each residence/property.

Address _____
Street City State

Property taxes in the amount of \$ _____ Due _____

Parcel number (from property tax bill) _____

Utility providers

Power _____

Gas/Propane _____

Mortgage Lender

Name _____

Address _____
Street City State

Phone _____

Insurance Information

Insurance Carrier _____

Policy Number _____

Phone _____

Name of Agent/Agency _____

Address of Agent/Agency _____
Street City State

Phone _____

Location of file with more information or policies _____

Location of photo disc/video of home possessions _____

Home Maintenance and Repairs

Item	Company	Address	Phone
Appliances			
Computer			
Furnace			
Housekeeping			
Lawn			
Plumbing			
Recycling			
Garbage			

Retirement Community

Name of Retirement Community _____

Address _____

Street
City
State

Phone _____

Year you moved in _____

Entrance fee _____ Monthly fee _____

Time Share(s)

Where is the file located if not included in this manual?

Location of Time Share(s)

AUTOMOBILE AND OTHER VEHICLES Use one sheet for each vehicle

Notify your Secretary of State, Department of Motor Vehicles of the owner's death.

Place the Title of ownership in this manual Vehicle Information

Year and Make _____

Vehicle Identification Number _____

Date purchased _____ License Number _____

Legal owner, if not you _____
Name

Street City State

Location of purchase papers _____

Insurance Information

Insurance Carrier _____

Policy Number _____

Phone _____

Name of Agent/Agency _____

Address of Agent /Agency _____
Street

City State

Phone _____

Location of policy _____

Car Maintenance and Repairs

Company _____

Address _____
Street City State

Phone _____

FINANCIAL DATA

Include a statement of each source of financial data in this manual.

Income Sources		Location of Files
Employment		
Pension		
401K		
Interest		
CD		
IRA		
Annuities		

Who is your Tax Preparer?

Company _____

Address _____

Street

City

State

Phone _____

Where are previous years Federal and State Income tax returns located?

Year	Location of Tax Returns

BANK ACCOUNTS

Use one sheet for each account

For each Bank account include a statement in this manual.

Type of account: Savings Checking Money Market

Other _____

Account Number _____

Name and address of bank or financial institution

Name _____

Address _____
Street City State

Phone _____

Name(s) on the signature card

Name _____ Beneficiary Yes No

Name _____ Beneficiary Yes No

If no, who is the beneficiary?

Name _____

Address _____

Phone _____
Street City State

Name _____

Address _____
Street City State

Phone _____

CREDIT/DEBIT CARDS

Place a copy of each credit card bill in this manual *and* any credit cards that you do not use.

Debit/Credit card data

Name	Number	Expiration date	Location (if not in this manual)

Safe Deposit Box: Yes No

If yes, place a list of everything that is in the box in this manual.

Location of Safe Deposit Box _____

Location of Key _____

Approved to access Safe Deposit Box

Name _____ Phone _____

Name _____ Phone _____

GOVERNMENT DOCUMENTS

Social Security Number _____

Medicare Number _____

Driver's License _____

Issuing State _____

Expiration Date _____

Passport _____

Name _____

Issuing Country _____

Valid date _____

Citizenship _____

Certificates included in this manual

Birth Yes No _____

Adoption Yes No _____

Baptismal Yes No _____

Marriage Yes No _____

Divorce Yes No _____

Military I. D. _____ Discharge Date _____
Number

DD-214/Discharge papers are needed for benefits. Add a copy to this manual.

Veteran Papers _____

Immigration/Citizenship papers

WILL

Do you have a will? Yes No

If yes, put a copy in this manual.

Who has a copy?

Name _____

Address _____
Street City State

Phone _____

Name _____

Address _____
Street City State

Phone _____

Name _____

Address _____
Street City State

Phone _____

Do you have an Executor for your estate? Yes No

If yes, who?

Name _____

Address _____
Street City State

Phone _____

Name _____

Address _____
Street City State

Phone _____

TRUST

Do you have a trust? Yes No

If yes, put a copy in this manual.

Where is the Trust held? _____

Who is the Trustee?

Name _____

Address _____
Street City State

Phone _____

Who has copies of the Trust?

Name _____

Address _____
Street City State

Phone _____

Name _____

Address _____
Street City State

Phone _____

Family Attorney _____

Address _____
Street City State

Phone _____

ADVANCED HEALTH CARE DIRECTIVE

Do you have an Advance Health Care Directive?* Yes No

Do you have a Health Care Durable Power of Attorney? Yes No

(The Health Care Durable Power of Attorney and the Durable Power of Attorney on the previous page are different documents.)

If yes, put a copy of each in this manual.

Choose a person who will be able to follow your wishes when the decisions get tough.

Patient Advocate _____

Address _____
Street City State

Phone _____

Successor Advocate _____

Address _____
Street City State

Phone _____

Successor Advocate _____

Address _____
Street City State

Phone _____

*Listing names for Patient Advocate without the legal paperwork does not give the Advocate the authority to execute your wishes.

IN CASE OF AN EMERGENCY, a copy of this form should be readily available to take to the hospital.

Where is a copy located? _____

MY LIFE STORY

Place in this manual or indicate where it can be found.

Location _____

Is there a recorded audio or video tape of your life story? Yes No

Location _____

Include things about

- Your early childhood memories of parents/grandparents
- Antics with siblings or close friends
- School days; Teachers that made an impact
- Pets
- Hobbies
- Chores
- Memberships/awards
- Incident in childhood/youth that impacted you
- College days
- Early jobs
- Employers
- Career
- Dating/marriage(s)
- Ex-spouses
- Children/family connections (or disconnections)
- Children's addresses
- Vacations
- Military or alternative service stories
- Religion – how it played a part (or not) in your life
- Values – Beliefs – Goals in life
- Retirement
- Travel – places you've most enjoyed
- Things you are most proud of...or have accomplished
- Recognitions or honors received
- Groups/individuals supported
- Unusual happenings
- Family Tree

DISTRIBUTION OF THE “FAMILY TREASURES”

Item _____ Given to _____ Date _____

Item _____ Given to _____ Date _____

Item _____ Given to _____ Date _____

Item _____ Given to _____ Date _____

Item _____ Given to _____ Date _____

Item _____ Given to _____ Date _____

Item _____ Given to _____ Date _____

Item _____ Given to _____ Date _____

Item _____ Given to _____ Date _____

Item _____ Given to _____ Date _____

Item _____ Given to _____ Date _____

Item _____ Given to _____ Date _____

Item _____ Given to _____ Date _____

Item _____ Given to _____ Date _____

Item _____ Given to _____ Date _____

Item _____ Given to _____ Date _____

Item _____ Given to _____ Date _____

Item _____ Given to _____ Date _____

Item _____ Given to _____ Date _____

WHO SHOULD BE NOTIFIED

AUTHORITIES: If the death occurs outside of a hospital or nursing home you may need to notify authorities of the death. Call 911 or your local emergency number to report the death. The authorities will call the coroner. Although it may not actually be necessary to call the coroner, it is a good idea to do so, especially if the deceased had insurance policies.

FAMILY AND FRIENDS: List some key people to call and ask them to please notify others of the death:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

List organizations/companies you have worked for who might like to know about your death:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Groups to which you belonged, i.e. bridge, book, church, Kiwanis, YMCA, etc:

Group _____

Contact _____ Phone _____

Group _____

Contact _____ Phone _____

Group _____

Contact _____ Phone _____

Group _____

Contact _____ Phone _____

VITAL STATISTICS FOR AN OBITUARY

Full Legal Name _____

Legal Residence _____
Street City State

Birth Date _____ Birth Place _____
City/County State

Death Date _____ Place _____
City/County State

Cause of Death _____

Mother* _____ Birth Place _____
City/County State

Father _____ Birth Place _____
City/County State

Husband's name or Wife's maiden* name _____

Survived by – Spouse _____

Children's Names _____

Other Survivors _____

Education 1-12 _____ College 1-4 or 5+ _____

Military _____

Career _____

Religious Affiliation _____

Alternate Residence _____

Newspaper and/or College Alumni Departments _____

***Do not** include mother's maiden name in an obituary as that data often is used as a password to account information.

I have made arrangements with:

Name of Mortuary/Organization _____

Address _____

Street City State
Phone _____

Do you have a pre-paid burial plan? Yes No

If yes, put a copy in this manual.

Account Number _____

Do you have pre-paid cemetery plots? Yes No

If yes, include a copy of the deed or invoice in this manual.

Are the costs for opening and closing the grave included in this amount?

Yes No If no, there may be an additional charge.

My desire is to have the Casket: Open Closed

I prefer my body to be: Buried Cremated Donated

My final "resting place" should be _____

(Earth burial, mausoleum, ashes scattered at sea/mountains/other)

Please have the following written on my gravestone _____

If a Veteran, are you eligible for a marker plaque? Yes No

A memorial/funeral service should be planned by:

Name _____ Phone _____

Name _____ Phone _____

Pallbearers

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Military or other type of Honor Guard Yes No

If yes, please contact _____

Church/synagogue/place where I would like my service:

My memorial service could include:

Speaker/Pastor/Priest/Chaplain _____

Favorite scriptures _____

Favorite stories from the Bible _____

Favorite poems/readings _____

Favorite Hymns _____

Special music or musicians I would like

Flowers/flowering plants I like

Memorial contributions could be designated for

Name

Address

Street

City

State

Phone

Name

Address

Street

City

State

Phone

Name

Address

Street

City

State

Phone

Name

Address

Street

City

State

Phone

Children

Some people using this may have children under age 18. If so, it is VERY important to have made plans for their care.

Do the children have a legal guardian other than you? Yes No

If yes, who is the legal guardian?

Name _____ Phone _____

With whom will the children live?

Decide on a few people/families that may be your top choices for raising your children in the eventuality that something happens to you. Interview each person/family to decide who would be the best fit. It may be family; it may be good friends. Any final decision should be clear in your will with the support of the person(s) named. Always take into consideration the importance of family contacts and visits if the person(s) chosen is not family.

Place Immunization records in this manual.

Special Health/Emotional needs of each child

Name _____

Special Health/Emotional needs _____

Name _____

Special Health/Emotional needs _____

Name of primary doctor, phone number and address

Are there folders or documents that pertain to your child's future? Yes No

If yes, where are they located? _____

Others persons who depend on me

Name _____ Relation _____

Name _____ Relation _____

Pets

Name _____ Give to _____

Name _____ Give to _____

Caregiver for

Item	Individual Responsible
Home Maintenance and Living Situation	
Pay Rent/Mortgage	
Home Repairs	
Ongoing Maintenance	
Safety Concerns	
Accessibility for Disabilities	
Grocery Shopping & Meal Preparation	
Lawn Care	
Pet Care	
Housekeeping	
Financial Affairs	
Paying Bills	
Keeping Track of Financial Records	
Taxes	
Supervising Public Benefits Programs, etc.	
Health Care	
Make, Accompany, Drive or Make Alternate Logistical Arrangements for Doctor's Appointments	
Medication Management	
Submit Medical Insurance and Bills	
Explain Medical Decisions	
Transportation	
Driving Decisions	
Coordinating Rides	
Communications	
Keeping Family Caregiving Team Informed	
Coordinating Visits	
Personal Care	
Organization of Family and Professional Care Providers	
Ride to Beauty/Barber Shop	
Help with Bathing	
Adaptive Devices	
Ordering, Maintaining, and Paying for Adaptive Devices (e.g., Wheelchair, Walker, etc.)	
Other Items	

Contact information for individuals listed on previous pages

Name _____

Address _____

Phone _____

Relationship _____

Name _____

Address _____

Phone _____

Relationship _____

Name _____

Address _____

Phone _____

Relationship _____

Name _____

Address _____

Phone _____

Relationship _____

Name _____

Address _____

Phone _____

Relationship _____

Name _____

Address _____

Phone _____

Relationship _____

Name _____

Address _____

Phone _____

Relationship _____

Name _____

Address _____

Phone _____

Relationship _____

Name _____

Address _____

Phone _____

Relationship _____

Name _____

Address _____

Phone _____

Relationship _____

APPENDIX

A) Notes

B) Biography of author

C) Web Sites

D) Letters

E) Flowers for Funeral

F) Donate Body to Science

Reverend Myrna Long Wheeler was the Chaplain at Brethren Hillcrest Homes in LaVerne, California for eight years. As a single person herself, and seeing first-hand the anguish of some of her residents' family members when they had to find the documents needed after a relative's death, and also wondering what to do for a memorial service, she developed a tool for people to have peace of mind that their wishes will be carried out in a timely and easy manner.

Myrna passed away at age 70 on Jan. 9, 2010 at her home in San Dimas, California, following several months of struggle with acute myeloid leukemia. Until her illness in the last half of 2009, she was serving as chair of the Board for Pacific Southwest District of the Church of the Brethren, and as Chaplain for Brethren Hillcrest Homes in La Verne, California.

She was a graduate of the Training in Ministry program of Bethany Seminary; at age sixty was licensed to minister and ordained at age sixty-three. She was a part-time staff of the La Verne Church of the Brethren as minister to older adults.

In her volunteer service to the Church of the Brethren, Wheeler twice served as moderator of Pacific Southwest District. At the time of her illness she had been newly confirmed as an officer of the Ministers' Association. She mentored Training in Ministry students, served for 25 years as a member of the Board of Trustees of the University of La Verne, and was a member of the Older Adult Ministry Group. She was a longtime board member with the YWCA of Greater Pomona Valley and the American Association of University Women-Pomona Branch. Her honors include the Centennial Citation of Distinction in 1991 from the University of La Verne, being named ULV "Alumna of the Year" in 1993, and being selected a "Woman of Achievement" by the YWCA of Los Angeles, Orange, and San Bernardino Counties in 1995.

Advance Directives and Living Wills:

- American Bar Association
www.abanet.org 800-285-2221 (toll-free)
- Caring Connections (National Hospice and Palliative Care Organization)
www.caringinfo.org 800-658-8898 (toll-free)
- Medlineplus.gov
www.medlineplus.gov, go to: Advance Directives
- National Cancer Institute
www.cancer.gov 800-422-6237 (toll-free)

Funeral Planning:

- www.funeralplanning101.com
- www.ftc.gov/bcp/edu/pubs/consumer/products/pro19.shtm

United Network for Organ Sharing:

- www.unos.org

MidMichigan Health:

- www.midmichigan.org

University of Michigan Health Center:

- www.med.umich.edu

Children

On each child's birthday, why not write a letter sharing memories you will always carry of that child. Name the attributes that you love about each child. What are your hopes for each child? What have been favorite pastimes, teams, books, movies, friends, accomplishments this past year? Name what you would like your child to remember about you.

Other Family

Consider writing letters to other family members or friends to capture those special memories that you have shared.

There is no hard and fast rule about flower or plant selection for a funeral. Flowers are generally accepted as an appropriate way to comfort the grieving family. Occasionally, someone in the grieving family will have allergies to certain plants or flowers, so we advise you to ask a family member before ordering your selection. Remember to keep in mind that plants will need care after the funeral, and flowers will need to be disposed of by the family. Take some care in your flower selection to keep in mind the ultimate purpose of the gift -- that is, to comfort the loved ones and to honor the memory of the deceased.

CASKET SPRAYS

Casket sprays are flowers lain over the casket. These are usually ordered by the closest relatives of the deceased. In cases where the deceased has no close living relatives, friends or other family members may order the casket sprays. In hardship cases, where there are no living relatives and no pre-arrangements, a friend or business partner or other community organization may provide casket sprays.

VETERANS

Military personnel often have a flag placed on the casket. In this instance, if a casket spray has been ordered, it is usually displayed above and behind the portion of the casket draped with the flag. Flowers are NEVER placed on top of the flag, so if there is a casket spray in addition to the flag, feel free to display it over the scarf portion of the casket. In some cases, a properly folded flag will be placed in the casket with the deceased, allowing the casket sprays to be placed over the casket as usual.

FLORAL PIECES

Floral pieces from relatives are usually placed closest to the casket. Often, relatives choose matching baskets for each end of the casket, or standing sprays, floral hearts and pillows, wreaths, fireside baskets, and even rosaries. Specialty arrangements can be ordered, also.

SPECIALTY ARRANGEMENTS

Specialty arrangements include flowers with figurines or other items indicating a connection to the deceased. These options may be sent by relatives or friends and are often chosen by those who have shared a particular interest or pastime with the deceased. For example: using a sheaf of wheat in an arrangement for a farmer; or a ball of yarn and knitting needles for someone who liked to knit. Toys can be used for adults and children, alike. We know of instances where a semi-truck was used for a trucker who passed on, and a toy tugboat for a child. Almost anything can be incorporated into a floral arrangement, depending on the ability of your florist to accommodate them. You are limited only by your imagination.

LID ARRANGEMENTS

Lid arrangements are floral pieces placed inside the casket. These are often gifts from the children, grandchildren or someone especially close to the deceased. Generally, lid arrangements are in the form of satin pillows, hearts or crosses with roses on them. Hand bouquets, nosegays, corsages and/or boutonnieres may be used. Always check with the immediate family before ordering an arrangement to be placed inside the casket.

RESPECT FAMILY WISHES

Flowers may be sent regardless of a funeral notice requesting charitable donations “in lieu of flowers.” However, there are times, especially with celebrities or someone who was quite popular in life, when the grieving family can be overwhelmed by the donation of large groups of flowers and plants. For example: when a prominent person dies, and the family has requested a charitable donation “in lieu of flowers,” it is best to respect the family's wishes. If you feel compelled to send flowers, ask the florist how many pieces have already been sent or ordered, and make your decision from there.

Another reason for the “in lieu of flowers” wish is in the example of an entire family dying in a tragic accident. When there are several members of the same family being buried at the same time, it can become difficult for the funeral home to accommodate all the donations of flowers.

GROUP FLOWERS

Groups of people that might wish to send flowers include employees, co-workers, neighbors and colleagues. Ask for a group sympathy card from the florist. Special cards can be purchased and sent with the flowers, if you like. Formal associations such as the Masons, Loyal Order of the Moose or Eastern Star, have their own emblems and will want to have them represented.

IDENTIFICATION

Ask the florist to include a brief description of what flowers are in your arrangement, and who sent them, when you make your order. This will help the bereaved when it comes time to send out thank you cards. Some florists will automatically include this information, having learned from experience, but it doesn't hurt to ask anyway.

AFTER THE FUNERAL

Flowers may also be sent well after the funeral is over. Many people appreciate the kindness and thoughtfulness of those who attend the funeral to pay their respects, and then send a floral gift to the home sometime after the funeral to show they are still thinking of the family in their time of sorrow.

Introduction

If you're just dying to get into medical school, you can always enroll later in life. Donating your body to science is the ultimate rare event - a once-in-a-lifetime opportunity to benefit medical teaching and research since the study of human anatomy does require a body.

Instructions

Step One

Preregister your donation with a local medical school or university. You'll be given a registration packet that covers policies and procedures; read it very carefully.

Step Two

Sign a consent form stating your desire to donate your body, and put a copy of it with your will and other personal documents. You won't be listed as a donor until a completed form has been returned and acknowledged. Cancel your decision at any time by notifying the medical school or university in writing.

Step Three

Arrange for the medical school or university to be notified when you die, so that your body can be properly transported and prepared. When your corpse is delivered to the medical institution, it will be embalmed and refrigerated until it's needed for study.

Step Four

Check with the school to see what its policies and procedures are regarding your body after it has been studied. Most institutions will respectfully cremate your remains at their expense and give your ashes to your loved ones. Don't expect to get paid for your donation pre or postmortem. By law, medical schools are not permitted to purchase anyone's body.

Step Five

Contact the United Network for Organ Sharing (www.unos.org), a national group that oversees organ transplantation procedures in this country, for more information on donating your body.

Step Six

Rest in peace? Perhaps not: Your spouse, adult children, siblings, parents and guardians can arrange to have your body donated after you die by filling out an after-death donor form. In the event that your body cannot be accepted, your family needs to make alternate plans for your disposal.

What to Look For

Medical school or university
Consent form

registration packet
final disposition policy

Overall Tips & Warnings

The mistreatment of donated bodies is not uncommon. The Uniform Anatomical Gifts Act governs the donation of bodies for dissection, research and transplantation throughout the United States, but dead people can't file a complaint.