

# SURVIVOR'S WORKBOOK

A STRATEGIC TOOL TO PREPARE  
FOR YOUR FUTURE



Compiled for the  
**California Judges Association**

by

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## ACKNOWLEDGEMENTS

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The authors invite you to send suggestions to CJA for improvements to the publication, both in format and content.

The authors acknowledge and thank these sources for providing the inspiration and content for the “Survivor’s Workbook”:

*Before It’s Too Late*

by Emily Oishi and Sue Thompson

*Legacy of Love: How to Make Life Easier For The Ones You Leave Behind*

by Elmo A. Petterle, with Robert C. Kahn, Contributing Editor. Shelter Publications, Inc. 1989

*California Judicial Retirement Handbook*

by Elwood Lui, CJA 1999

*Planning Your Retirement*

by Elizabeth Baron, CJA, 2000

Howard Barto, CLU, David White & Associates, Danville, California

Jim Niehaus, Benefits Specialist, Administrative Office of the Courts

Peter J. Tamases, Attorney at Law, Estates & Trusts, Oakland, California

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Additional books and websites listed in “Resources” on page 56



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*Executive Director, Keenan Casady*

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# SURVIVOR’S WORKBOOK

A guide to help families organize and document their household business so that both spouses know what to do in the event a partner dies or becomes disabled. For single judges: a way to leave their executors clear instructions and essential information.

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# INTRODUCTION – WHY USE THIS BOOK?

**Why use this book?** Why spend many hours talking about two of the most anxiety-producing topics in any marriage: money and death... topics which inevitably lead to other difficult conversations about marital division of labor, control of resources and the future?

It was a Los Angeles Presiding Judge who asked CJA to develop this workbook, after getting calls from confused and panicky widows of judges who died in office—and even some who were long retired.

- Where do I find out about my husband’s retirement benefits?
- What happens to our health care plan?
- Can you help me find his friends to notify?

**Division of labor** is a foundation of good marriages, but when one partner is gone and the other has to take over unfamiliar tasks, it multiplies the stress of this major life passage. From knowing when CD’s mature to remembering grandchildren’s birthdays, the complexities of household management need to be documented and kept up to date so life can be resumed as smoothly as humanly possible.

**The gratitude of survivors** who find orderly files and clear instructions is reward enough for time taken to discuss, decide and document the business of a family. The discipline of this process will translate into peace of mind for now and sound decision-making later. As an added bonus (in this beautiful State of California with its propensity for fires, earthquakes and landslides) you will have a compact and easily rescued record of your household business to help reassemble your life in the wake of a major or minor disaster.

**There is no magic** in our selection of forms, samples and checklists offered to organize your thoughts. You may find more suitable ones from other sources. So pick and choose, amend and embellish, but above all, *persist*.

Ideally, both spouses should complete their own workbooks. Feel free to copy pages to insert for both partners. When you complete a book, make sure it is kept in a safe, safe deposit box or other secure location.

*The best way to get something done is to start...*

# I. ADVANCE PLANNING

**E**ffective planning for your future rests on a foundation of basic decisions and the records that document them. Most families will have done some of this work already, perhaps needing only some re-evaluation and updating. If these basic decisions have been put off until “later” now is a good time to launch into it. They can’t be handled in a day or a week, but are just as essential as a smoke detector for your home or an oil change for your car. It is important to get started.

This list of tasks may seem formidable, but without these items agreed upon in advance, surviving the loss of a spouse will be a financial and administrative nightmare, as well as a time of grief and change. These are common sense steps that will bring order and clarity to your family’s affairs, whatever your age or stage of life.

1. Make a will, update the old one or get a living trust. \*\*
2. Write an estate plan. \*\*
3. Sign and file a Durable Power of Attorney for Finance (for both spouses.) \*\*
4. Review current insurance needs. \*\*
5. Make sure you have adequate cash reserves (Three months expenses are recommended.)
6. Gather financial records from their various and scattered locations.
7. If you keep financial records on a home computer, make sure both spouses know how to use it. If not, get a simple program and input the information together. Make sure your PDA, if you use one, is “synched” with your home computer.
8. Review your JRS options for retirement. Plan future options, or document and explain to your spouse, the options you chose at retirement. \*\*

**Feeling strong (and virtuous?)** Move on to more uncomfortable, but essential items:

9. Sign and file a Durable Power of Attorney for Health Care (both spouses.) \*\*
10. Discuss and agree on end-of-life decisions: extent of life-sustaining treatments, organ donations, nursing home, hospital, hospice and home care. Document your wishes and give a copy to a trusted friend or family member. \*\*
11. Draft your obituaries. Really! (Would you actually trust your kids to do this?) \*\*
12. Discuss your wishes for a funeral and burial: cremation and place for ashes. \*\*

\*\* Items which include a sample, form, checklist or further information in this chapter

**Other items that might apply to your family:**

- Review your pre-nuptial agreement
- Find your old divorce papers
- Update your financial plan, or write one that fits your current status
- If you don't already have one, get a lawyer you trust. (If still sitting, find one who does not appear in your court.)

**Encouraging words...**

- If you find these tasks getting arduous, schedule your sessions into once-a-week “dates.” Work for a couple of hours, then treat yourself to a dinner out or a movie.

**DO YOU HAVE A SHREDDER?**

**Y**our trash can is a gold-mine for identity thieves, especially unwanted credit card solicitations. Discard the old documents you find during your planning, but only after shredding them.

## WILL V. LIVING TRUST

**Every judge, being a lawyer**, has taken care of his or her family's future with an appropriate will or trust, correct? (Remember the story of Supreme Court Justice William O. Douglas, who died intestate and left his family with a royal tangle of unanswered questions?) If you are behind the curve in this critical area, take care of this first, then use the workbook to document your resources and contacts. Everything should flow from a well-crafted trust and an estate plan.

**A will** deals with only one question: Who will get my property after my death?

The answer to that question is settled in a probate court, which has advantages and disadvantages. The main advantage of probate is judicial oversight, however:

1. An ordinary probate case usually takes longer to clear the courts than would a living trust.
2. The court costs and attorneys fees usually will reduce the estate by more than \$20,000.
3. There is no control over the property after the initial beneficiaries die unless there is also a testamentary trust.
4. Proceedings will be public.
5. If you become incompetent, a conservator will be appointed to make decisions for you. (*You already knew all that . . . but have you considered the alternative?*)

**A living trust** avoids most of the disadvantages of probate:

1. You remain in control of your assets as long as you can manage, unless you designate another trustee.
2. Your estate will avoid the probate process and may be distributed quickly and less expensively.\*
3. There are many types of trusts, and one can be drafted to fit your unique situation.
4. You may designate consecutive heirs to receive your assets if the initial beneficiaries die.
5. The trust covers both partners in a marriage.
6. A trust can be written to save taxes.
7. All proceedings are private and confidential.

Although a living trust involves the time and expense of the initial set up and requires your attention to manage it on occasion, the advantages are worth the up-front attention.

\* In one firm of certified specialists in Estate Planning, Probate and Trusts, a senior attorney with 36 years of bar membership has never administered a living trust that cost more than probate would have cost or took longer than probate would have taken for the same estate.

### ESTIMATING YOUR RETIREMENT INCOME

The temptation for public employees is to bask in the relative security of government employment and avoid the bother of financial planning. The State will always be more-or-less solvent. The lifetime pension, insurance and disability benefit provides an enduring safety net. However, a judge who takes an active interest in managing assets and planning for retirement will both sleep better and eventually live better. Take advantage of the financial planning service offered by CJA or by your bank, broker or financial advisor.

#### **What will your family’s income be without your salary?**

According to the Bureau of Labor Statistics, between 57% and 70% of gross current income is needed to permit a family to “remain in their own world” after the death of an income-earning spouse—and this assumes that the mortgage is paid off and educational savings are adequate. Some estimates are as high as 80%.

The most favorable JRS pension (for a surviving spouse of a retired judge in JRSI) is 37% of the judges’ salary, with continuation of health care benefits. Calculating JRS benefits is beyond the charge of this workbook, but information is available from several sources (see page 24). Take time to navigate the complexities of JRS and document your expected income under several circumstances:

- 1. Judge dies in office
- 2. Judge dies on deferred retirement
- 3. Judge dies after retirement

**Expected JRS benefits** are: (rough estimate here—more information on page 23)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

#### **This is what a financial plan or estate plan will do for you:**

- 1. Identify your assets and create a readable statement of your net worth.
- 2. Analyze the performance of your investments, assess the impact of income taxes and recommend tax efficient investment strategies.
- 3. Boost your investment earnings by crafting an asset allocation strategy to diversify your portfolio.
- 4. Estimate your retirement needs by calculating expected income from JRS, Social Security, county benefits and investment potential.
- 5. Analyze life and disability insurance needs and coordinate your benefits with the Judges Retirement System.
- 6. Calculate goals for education savings if you have younger children.
- 7. Review your will and trusts, updating and detailing strategies for gifts and bequests.

Durable Power of Attorney for Finance

(This document is a facsimile of the one from the California Probate Code, with format slightly altered to fit this space.)

UNIFORM STATUTORY FORM POWER OF ATTORNEY (CALIFORNIA PROBATE CODE § 4401)

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400-4465). IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, \_\_\_\_\_ (your name and address)

appoint \_\_\_\_\_ (name and address of the person appointed, or of each person appointed if you want more than one)

as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

- TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.
• TO GRANT ONE OR MORE, BUT FEWER THAN ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.
• TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

- \_\_\_\_(A) Real property transactions.
\_\_\_\_(B) Tangible personal property transactions.
\_\_\_\_(C) Stock and bond transactions.
\_\_\_\_(D) Commodity and option transactions.
\_\_\_\_(E) Banking and other financial institution transactions.
\_\_\_\_(F) Business operating transactions.
\_\_\_\_(G) Insurance and annuity transactions.
\_\_\_\_(H) Estate, trust, and other beneficiary transactions.
\_\_\_\_(I) Claims and litigation.
\_\_\_\_(J) Personal and family maintenance.
\_\_\_\_(K) Benefits from social security, Medicare, Medicaid, or other governmental programs, or civil or military service.
\_\_\_\_(L) Retirement plan transactions.
\_\_\_\_(M) Tax matters.
\_\_\_\_(N) ALL OF THE POWERS LISTED ABOVE.

- YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).
• SPECIAL INSTRUCTIONS: ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

- UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become incapacitated.

- STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

**POWER OF ATTORNEY**

Durable Power of Attorney for Finance, continued

**EXERCISE OF POWER OF ATTORNEY WHERE MORE THAN ONE AGENT DESIGNATED**

If I have designated more than one agent, the agents are to act \_\_\_\_\_

- IF YOU APPOINTED MORE THAN ONE AGENT AND YOU WANT EACH AGENT TO ACT ALONE WITHOUT THE OTHER AGENT JOINING, WRITE THE WORD "SEPARATELY" IN THE BLANK SPACE ABOVE. IF YOU DO NOT INSERT ANY WORD IN THE BLANK SPACE, OR IF YOU INSERT THE WORD "JOINTLY" THEN ALL OF YOUR AGENTS MUST ACT OR SIGN TOGETHER.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(your signature)

\_\_\_\_\_  
(your social security number)

State of \_\_\_\_\_ County of \_\_\_\_\_

- BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

**CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC**

State of California }  
}

} ss.

County of \_\_\_\_\_ }  
}

On \_\_\_\_\_, before me, \_\_\_\_\_,  
(date) (name of notary public)

a Notary Public, in and for said County and State, personally appeared \_\_\_\_\_  
(name of principal)

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged that he or she executed the same in his or her authorized capacity(ies), and that by his or her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
(signature of notary public)

## ADVANCE HEALTH CARE DIRECTIVES

**A confusing array of forms exist to document your wishes** about resuscitation, palliative care and other end-of-life health issues. A new law established the Advance Health Care Directive to replace Living Wills and Durable Power of Attorney for Health Care. These pages contain excerpts from the **California Medical Association Advance Health Care Directive Kit**, available on line at [www.cmanet.org/public](http://www.cmanet.org/public), or from the California Medical Association in San Francisco.

### **What is an Advance Health Care Directive? (AHCD)**

An AHCD is the best way to make sure that your health care wishes are known and considered if for any reason you are unable to speak for yourself. By completing an AHCD form, California law allows you to do either or both of two things:

- You may appoint another person to be your health care “agent.” This person will have the authority to make decisions about your medical care if you become unable to make these decisions for yourself.
- You may write down your health care wishes in the AHCD form—for example, a desire not to receive treatment that only prolongs the dying process if you are terminally ill. Your doctor and your agent must follow your lawful instructions.

### **Is an AHCD different from a “living will”?**

The AHCD is now the legally recognized format for a living will in California. The AHCD allows you to do more than the traditional living will, which only states your desire not to receive life-sustaining treatment if you are terminally ill or permanently unconscious. An AHCD allows you to state your wishes about refusing or accepting life-sustaining treatment in any situation. In addition, it allows you to appoint someone you trust to speak for you when you are incapacitated.

### **Is an AHCD different from a “Durable Power of Attorney for Health Care”? (DPAHD)**

The AHCD has replaced the Durable Power of Attorney for Health Care as the legally recognized document for appointing a health care agent in California, although all valid previous documents remain valid. A DPAHD executed before 1992 has expired and should be replaced. You do not need a lawyer to assist you in completing the form.

### **Who may I appoint as my health care agent?**

You can choose a member of your family such as your spouse, adult child, a friend or someone else you trust. You cannot choose your doctor, a person who operates a residential care facility in which you receive care, or a person who works for any facility in which you receive treatment or care unless that person is related to you or is a co-worker. You may appoint an alternate agent in case your health care agent is unavailable or unwilling to make a decision. If you appoint your spouse, and later divorce, the alternate will become your agent.

### **Can I appoint more than one person to be my health care agent?**

The CMA recommends that you do not appoint two or more people as primary agents with equal authority as they may disagree about a health care decision. If you are afraid of offending people close to you by choosing one over another, ask them to decide among themselves who will be the agent, and list the others as alternate agents.

### **Can I provide more specific health care instructions than those included on the AHCD form?**

You may write detailed instructions for your health care agent and physician(s) and attach them to the form. For examples of more specific instructions, including organ and tissue donation, go to the CMA web site at [www.calmed.org](http://www.calmed.org)

**How much authority will my health care agent have?**

Your agent has no authority to make decisions for you until you are unable to decide for yourself. At that point, your physicians and health care professionals will look to your agent for decisions rather than your next of kin or other persons. Your agent will be able to accept or refuse medical treatment, have access to your medical records, make decisions about donating your organs, authorizing an autopsy, etc. The agent must make decisions that are consistent with any instructions you have written in the AHCD form or in other ways, such as by telling family members, friends or doctors. If you have not made your wishes known, the agent must decide what is in your best interests, considering your personal values.

**What should I tell my family, health care agent and my doctors?**

One of the most important parts of completing an AHCD is the conversations you have about it with your loved ones and your physicians. You should talk about your personal values and what makes living meaningful for you; your current medical condition; specific concerns or wishes you may have about life support or aggressive interventions, hospice or long-term care; how you would want to spend the last month of your life.

Tell them that you have an AHCD, what you have said in it and who you have selected as health care agent. Your AHCD will likely go into effect during a period of crisis for them. It can help ease their burden to know that you have made some decisions in advance. Be sure to tell them where the AHCD can be found.

**Will my health care agent be responsible for my medical bills?**

No, not unless that person would otherwise be responsible for your debts. Please note, however, that unless you have made other arrangements, your agent may be responsible for costs related to the disposition of your body. Consult an attorney to make these financial arrangements in advance.

**How long is an AHCD valid? Is it valid in other states?**

An AHCD is valid forever, unless you revoke it or state in the form a specific expiration date. Your valid California AHCD may or may not be honored in other states, but most will recognize an AHCD that is executed legally in another state. If you spend much time in another state or country, you should consult a doctor, lawyer or the medical society there and conform to their laws.

**What should I do with the AHCD after I fill it out?**

Make sure the form has been properly signed, dated and either notarized or witnessed. Keep the original in a safe place where your family or caretakers can find it quickly. Give copies to people you have appointed as your agent and alternate agent(s), to your doctor(s) and health plan, and to anyone else who is likely to be called if there is a medical emergency. Take a copy with you when you are admitted to a hospital, nursing home or other health care facility. In addition, you should fill out a contact list so you can communicate any changes you make to your directive. (The law specifically says that no one can require you to complete an AHCD before admitting you to a health care facility and no one can deny you health insurance because you choose not to complete an AHCD.)

**How will emergency personnel (such as paramedics) find my AHCD?**

The CMA kit contains two wallet identification cards. Give one to a spouse or emergency contact person, and keep the other where it will be found, such as in a wallet.

**What if I change my mind after completing an AHCD?**

You can revoke or change an AHCD any time. To revoke the entire form including the appointment of your agent, inform your treating health care provider personally or in writing. Completing a new AHCD will revoke all previous directives. If you revoke or change your directive, you should notify every person or facility that has a copy of the previous form, and provide the new one. To name a different person as agent, you should complete a new form. Changes of address and phone can be updated, initialed and dated.

**How do I order CMA's Advance Health Care Directive Kit?**

The CMA kit costs \$5.00 for one, \$7.50 for two, \$25.00 for ten, etc.

Bulk quantities are less: call 1 800-882 1CMA for information.

Specify English or Spanish.

- You may place an order at [www.cmanet.org](http://www.cmanet.org).
- Fax your order to 415-882 5195. Include your phone and credit card number.
- Phone in your Visa or Mastercard order at 415-882 3388.
- Mail the order and payment to CMA Publications, P. O. Box 7690, San Francisco, CA 94120-7690.



MEMORIAL ARRANGEMENTS

Funeral Service

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Visitation: \_\_\_\_\_ Before service \_\_\_\_\_ After service \_\_\_\_\_ None

Casket present at ceremony: \_\_\_\_\_ Open \_\_\_\_\_ Closed \_\_\_\_\_ Casket not present at ceremony

Additional instructions: clothing, type of casket or urn, \_\_\_\_\_

\_\_\_\_\_

Pallbearers:

\_\_\_\_\_ name phone

Type of ceremony (religious, military, fraternal, non-religious): \_\_\_\_\_

Conducted by: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons to speak: \_\_\_\_\_ Phone: \_\_\_\_\_

Music/Hymns: \_\_\_\_\_

\_\_\_\_\_

MEMORIAL ARRANGEMENTS

**Memorial arrangements,** continued

Soloist: \_\_\_\_\_ Phone: \_\_\_\_\_

Organist: \_\_\_\_\_ Phone: \_\_\_\_\_

Scriptures or readings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reception after ceremony:

\_\_\_\_\_

\_\_\_\_\_

Remembrances in lieu of flowers to: \_\_\_\_\_

\_\_\_\_\_

NOTES:

OBITUARY

**W**riting your obituary in advance is a sobering exercise. It could also be an enlightening family event! If an appropriate occasion arises (half-time at Thanksgiving?) ask everyone in the room to write the obituary of a member of the family besides themselves. The outcome may be somewhat hysterical, but the lack of information and misinformation could lead to healthy inquiry and a whole array of family “bios.”

Even if a family parlor game is inappropriate, try writing your partner’s obit, and vice versa. When you get down to actually composing your own, it will be less intimidating. You will know more about what you want and probably a bit more about your spouse!

Here is a checklist of items often included in obituaries. The order and emphasis will depend on the drama of each life.

- Date and location of birth
- Other places lived
- Education and service record
- Date of marriage and birth name of spouse
- Profession, and sequence of employment
- Professional, fraternal, and service organization memberships
- Church affiliation
- Offices held, boards served
- Special recognition or high-profile accomplishment
- Surviving family
- Predeceased by
- Remembrances to charity

**Obituary** Place obituary in following newspapers or periodicals:

name	address

Photo for obituary: \_\_\_Yes \_\_\_No Location of photo: \_\_\_\_\_

Location of obituary: \_\_\_\_\_

## LETTER OF INSTRUCTION

**A letter of instruction to be read after death** is a most intimate and powerful document. It should be a healing and comforting gift to a survivor, containing information and answering questions that will be on the remaining partner's mind. This letter can revisit important moments, express thanks or regrets, offer words of caution and encouragement.

This is the place to release a partner to move or remarry (although he or she will not be planning that far ahead now) to sell or keep prized possessions, to pursue a long-delayed dream. It should be dated, but reviewed periodically to keep up with changes in the marriage's dynamics.

A sample letter of instruction is printed in *Planning Your Retirement*, by Elizabeth Baron, available from CJA. Although it is comprehensive and duplicates much of the documentation requested in this workbook, it will be a helpful model for a document that is difficult to prepare.

## II. DOCUMENTATION

Without an organized effort to assemble and record the details of your financial life, the planning you just did will be of little value. This stage will put your financial records in order and make them accessible in the event of a loss of spouse or change of circumstance. It could also be the second thing you grab (after the cat) if your house begins to shake or a fire roars up the canyon. Keeping the completed workbook in a safe or a safe-deposit box is further protection against loss, theft or forgetfulness.

If you are compiling information for both partners, copy the pages or call CJA for another book. Use pencil for items that you know will change.

Make a resolution to update the information annually (perhaps right after you send in your tax returns).

**PERSONAL INFORMATION**

**Personal information for:** \_\_\_\_\_

Name at birth if different from above: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Location of birth certificate: \_\_\_\_\_

(Location of adoption papers: \_\_\_\_\_)

Social Sec. #: \_\_\_\_\_ Location of Soc. Sec. card: \_\_\_\_\_

Passport #: \_\_\_\_\_ Location of Passport \_\_\_\_\_

Location of resumé: \_\_\_\_\_

Current citizenship: \_\_\_\_\_ Citizenship at birth: \_\_\_\_\_

Naturalization date: \_\_\_\_\_ Naturalization number \_\_\_\_\_

Location of naturalization papers: \_\_\_\_\_

Military Service from: \_\_\_\_\_ to: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Service Serial Number: \_\_\_\_\_

Location of discharge papers \_\_\_\_\_

Married to: \_\_\_\_\_ Social Security # \_\_\_\_\_

from: \_\_\_\_\_ to: \_\_\_\_\_ Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Current address: \_\_\_\_\_

Location of divorce papers/ death certif.: \_\_\_\_\_

Married to: \_\_\_\_\_ Social Security # \_\_\_\_\_

from: \_\_\_\_\_ to: \_\_\_\_\_ phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Current address: \_\_\_\_\_

Location of divorce papers/ death certif.: \_\_\_\_\_

## MEDICAL HISTORY

Just as a professional resumé saves time and errors in recounting a career, a “medical resumé” can help direct medical care and avoid completing repetitive forms. Take time to write a one or two-page summary of your body’s history to use in routine or emergency situations. Follow the sequence of a routine medical history, adding sections as appropriate to you. This is particularly helpful if you visit specialists outside your normal health provider

**Medical history:** A basic description of yourself—height, weight, allergies, childhood diseases, recurrent episodes of headaches, asthma or gastrointestinal problems, etc.—development of chronic conditions such as arthritis, depression, weight problems, orthopedic issues.

**Surgical history:** Document major and minor surgeries, from biopsies to brain surgery, with dates and notations if there were problems or complications.

**Accidents or traumas:** Falls, sports injuries and major car accidents, with description of injury, approximate dates and any ongoing problems.

**OB/GYN history:** For women, record number of pregnancies, abortions, miscarriages and live births; age of first menstruation; regularity of periods; history of birth control and/or hormone replacement, and any other gynecological issues.

**Screenings:** Dates and outcomes of important lab tests, such as cholesterol or PSA (prostate-specific antigen, for men over 50). Dates and results of mammograms; colonoscopies and Pap smears also belong here. If normal, just put down WNL (doctor’s shorthand for “within normal limits”).

**Medications:** List your current prescriptions, as well as any herbs, over-the-counter supplements and vitamins you take and any known drug reactions.

**Social history:** Note your current relationship status (single, partnered, and for how long) and who lives in your household, smoking history, extent of alcohol use, experience with drugs, how your profession affects your health.

**Exercise habits:** Type, length and frequency of your current routine, and brief summary of major past activities.

**Family medical history:** Detail any conditions that occur in your family, and the age and cause of death of parents and siblings.

### Current medical problems

Note if you have a current significant medical condition (cardio-respiratory, orthopedic, eyes, etc.) and detail the pattern of occurrence, current treatment and existing concerns. Note names of specialists you currently see.

Location of medical resumé: \_\_\_\_\_

**PERSONAL INFORMATION**

**Medical resources**

Primary care physician: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Office address: \_\_\_\_\_ Emergency ph.: \_\_\_\_\_

Specialist in: \_\_\_\_\_ Name \_\_\_\_\_

Office address: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist in: \_\_\_\_\_ Name \_\_\_\_\_

Office address: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist in: \_\_\_\_\_ Name \_\_\_\_\_

Office address: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist in: \_\_\_\_\_ Name \_\_\_\_\_

Office address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Office address: \_\_\_\_\_ Emergency ph.: \_\_\_\_\_

Ophthalmologist: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Office address: \_\_\_\_\_ Emergency ph.: \_\_\_\_\_

Pharmacy: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Emergency ph.: \_\_\_\_\_

FAMILY CONTACTS

Children and step-children

Name \_\_\_\_\_ e-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth date and place: \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Location of birth certif./adoption papers: \_\_\_\_\_

Name \_\_\_\_\_ e-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth date and place: \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Location of birth certif./adoption papers: \_\_\_\_\_

Name \_\_\_\_\_ e-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth date and place: \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Location of birth certif./adoption papers: \_\_\_\_\_

Name \_\_\_\_\_ e-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth date and place: \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Location of birth certif./adoption papers: \_\_\_\_\_

Name \_\_\_\_\_ e-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth date and place: \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Location of birth certif./adoption papers: \_\_\_\_\_



**Brother/sister:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth date and place: \_\_\_\_\_

If deceased: \_\_\_\_\_ Location of remains: \_\_\_\_\_  
date of death

**Brother/sister:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth date and place: \_\_\_\_\_

If deceased: \_\_\_\_\_ Location of remains: \_\_\_\_\_  
date of death

**Brother/sister:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth date and place: \_\_\_\_\_

If deceased: \_\_\_\_\_ Location of remains: \_\_\_\_\_  
date of death

**Brother/sister:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth date and place: \_\_\_\_\_

If deceased: \_\_\_\_\_ Location of remains: \_\_\_\_\_  
date of death

**Brother/sister:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth date and place: \_\_\_\_\_

If deceased: \_\_\_\_\_ Location of remains: \_\_\_\_\_  
date of death

**EMPLOYMENT HISTORY**

**EMPLOYMENT HISTORY**

Copy and add pages as needed. Document any benefits expected (other than JRS).

**Current employment:**

Name of employer: \_\_\_\_\_

Date started/oath date: \_\_\_\_\_ Date ended: \_\_\_\_\_ Date retired: \_\_\_\_\_

Company contact: \_\_\_\_\_ Phone: \_\_\_\_\_

County benefits expected (life insurance, profit sharing, pension, survivor's health care): \_\_\_\_\_

\_\_\_\_\_

**Prior employment:**

Name of employer: \_\_\_\_\_

Date started/oath date: \_\_\_\_\_ Date ended: \_\_\_\_\_ Date retired: \_\_\_\_\_

Company contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Benefits expected: \_\_\_\_\_

\_\_\_\_\_

**Prior employment:**

Name of employer: \_\_\_\_\_

Date started/oath date: \_\_\_\_\_ Date ended: \_\_\_\_\_ Date retired: \_\_\_\_\_

Company contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Benefits expected: \_\_\_\_\_

\_\_\_\_\_

**Prior employment:**

Name of employer: \_\_\_\_\_

Date started/oath date: \_\_\_\_\_ Date ended: \_\_\_\_\_ Date retired: \_\_\_\_\_

Company contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Benefits expected: \_\_\_\_\_

\_\_\_\_\_

JUDGES RETIREMENT SYSTEM BENEFITS

All judges belong to the Judges Retirement System but their benefits differ depending on date of joining, options chosen and other variables. This page contains only the basic information, and will require reference to other materials and resources to determine the level of benefits at retirement and death.

\_\_\_\_\_ Judge belongs to JRSI (oath date before November 9, 1994) The JRS provides a lifetime annuity, indexed to the current judicial salary, for the judge or surviving spouse.

- **If the judge dies in office**, the survivor will receive a life insurance benefit of one month’s salary for each year of service, up to 50% of salary. The JRS survivor’s annuity depends on many variables. The basic survivor’s benefit is 25% of the judge’s monthly salary for life, indexed to the current judicial salary. Any workers compensation payments related to the death are deducted.
- **If judge dies after retirement** at age 60 with 20 years service, basic survivor’s benefit is 37.5% of the judge’s monthly salary for life, indexed to the salaries paid for that position in the future.
- There are many variations on this basic benefit. For instance, if the judge retired with less than 20 years service at 60, the benefit is keyed to the number of years on the bench.

**Options:** The judge has several choices about JRS benefits, some to be made at appointment, some at retirement. For instance, an option is available for judges to elect a higher future survivor’s benefit, in return for a reduced pension, although this enhanced benefit ceases if the survivor remarries.

Options chosen at appointment or retirement which modify the basic amount : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Judge belongs to JRSII. (oath date after November 9, 1994) This “second tier” is not a lifetime pension.

The contributions of judge and the state are held in an account in the judge’s name and invested by the Public Employees Retirement Fund (PERS.) The account and accumulated earnings can be withdrawn at retirement or death of the judge, with many options for distribution. If a judges works until age 65, and has 20 years service, he or she may choose the JRSI annuity.

- **If the judge dies in office**, the survivor will receive either three years salary paid over 36 consecutive months (salary replacement) or a lump sum of the judge’s retirement account if it exceeds the value of three years salary.

Investment information available from: \_\_\_\_\_ Phone: \_\_\_\_\_

Distribution plan for JRSII retirement account: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ My distribution plan is undecided. Call JRS for information on withdrawal. (see above and next page)

## JUDICIAL RETIREMENT SYSTEM DISABILITY BENEFITS

**The JRS provides a judicial disability retirement** of 65% of the judicial salary for JRSI judges with five years of service or with a judicial service-related disability. JRSII judges are also eligible for service-related disability, but for non-service related disability, they are limited by the amount of retirement credits they have accumulated. Disability may never exceed the amount of normal retirement, so a judge who took the bench at age 53 or older, would never qualify for the 65% benefit. An application for disability must be approved by the Commission on Judicial Performance and the Chief Justice of California.

Forms to apply for disability retirement and a medical certificate of disability are found in CJA's *Judicial Retirement Handbook*, beginning on page 71.

### **Pre-signed consent to emergency disability retirement**

As the survivor's disability retirement annuity (half of 65%) is better than the death benefit (25%), judges who become seriously ill and are unlikely to recover before they are eligible for age and service retirement may execute a pre-signed consent to disability retirement. This document should be held by a trusted executor to be forwarded to the Commission on Judicial Performance **immediately** if the judge is too ill to handle the application process. See CJA's *Judicial Retirement Handbook*, page 11. for details.

**Note:** The death benefit of 25% is payable until the survivor's death. The disability annuity ceases with remarriage.

### **Contacts and resources for JRS information:**

1. Judges Retirement System, c/o Manager,  
P.O. Box 942705, Sacramento, CA 94229-2705  
Phone: (916) 326-3588      fax: (916) 658-1500
2. Administrative Office of the Courts, Human Resources Division  
Benefits Specialist: Jim Niehaus | phone: 916-323-3032
3. Superior Court Executive Officer or Benefits Administrator:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
4. *California Judicial Retirement Handbook*, by Elwood Lui, published by the California Judges Association (green loose-leaf binder owned by all judges.)
5. *Planning Your Retirement*, by Elizabeth Baron, published by the California Judges Association. To order these publications, call CJA at 510-588-5000.

## SOCIAL SECURITY BENEFITS

**Social Security, the universal “safety net” for retirees** of all stripes, has good news and bad news for judges.

1. Beginning January 2000, even a sitting judge or highly compensated private judge can collect social security at age 65 with no cap on their benefit. Financial advisors say, “Take it! Pay the taxes and enjoy the fruit of your long standing FICA contributions.”
2. However, after a judge retires from the bench a Federal Act called Windfall Elimination Provisions (WEP) 42 U.S.C §415(a) (7) will substantially reduce social security payments. How much depends on how many years the judge contributed to FICA before taking the bench. Judges do not pay into FICA, so their judicial years do not accrue social security credit. There are some exceptions to the reduction, so contact your local Social Security office for an accounting. Judges who spent many years in the private sector may not be penalized under WEP.
3. Benefits for Survivors [Are Survivors still under WEP?]  
A one-time payment of \$255 is payable to the surviving spouse if he or she was living with the beneficiary at the time of death, OR if living apart, was eligible for Social Security benefits on the beneficiary’s earnings recorded for the month of death.

Monthly survivors benefits can be paid to certain family members, including the beneficiary’s widow or widower, dependent children and dependent parents. Information about filing for benefits can be downloaded from [www.ssa.gov/survivors/](http://www.ssa.gov/survivors/) by clicking on the titles.

The Social Security Administration sends an annual status letter to its members, so watch the mail, call the local office or log on to [www.ssa.gov](http://www.ssa.gov), which offers much useful information.

## COUNTY BENEFITS

**Many judges were county employees** before they took the bench, and may have remnants of pensions on the books. Some county benefit plans include judges as members, continuing to do so even after State funding of courts separated the courts from county budgets and personnel systems.

To check the status of county benefits, talk to the benefits administrator or executive officer of the court, and call the office of the county agency where you served as an attorney. Fill out the information on page 22 with numbers and agencies.

**FINANCIAL INFORMATION**

**FINANCIAL INFORMATION**

**Accountant:** \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Income tax information**

Current income tax records are: \_\_\_\_\_

Previous tax returns are: \_\_\_\_\_

Returns prepared by: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Bank Accounts** (paste voided checks for each account held by your family)

Name of account holder(s)
Address of record
Bank name and branch address
Account number

Automatic deductions: \_\_\_\_\_

Location of statements/cancelled checks: \_\_\_\_\_

Special purpose of account: \_\_\_\_\_

Name of account holder(s)  
Address of record  
Bank name and branch address  
Account number

Automatic deductions: \_\_\_\_\_

Location of statements/cancelled checks: \_\_\_\_\_

Special purpose of account: \_\_\_\_\_

Name of account holder(s)  
Address of record  
Bank name and branch address  
Account number

Automatic deductions: \_\_\_\_\_

Location of statements/cancelled checks: \_\_\_\_\_

Special purpose of account: \_\_\_\_\_

Add additional pages for as many accounts as you wish to document, including credit unions.

**FINANCIAL INFORMATION**

**ATM cards, credit cards and debit cards**

\_\_\_\_\_  
Date this information was entered

Make copies of front and back of your cards and paste them on these pages. Make sure the number and cardholder's name is legible.

Check that the customer service phone number is legible—to obtain balances, cancel or report lost or stolen cards.

Front

Back

Credit limit: \_\_\_\_\_

Card is located: \_\_\_\_\_  
\_\_\_\_\_

Usual purpose: \_\_\_\_\_  
\_\_\_\_\_

Notes/comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Credit limit: \_\_\_\_\_

Card is located: \_\_\_\_\_  
\_\_\_\_\_

Usual purpose: \_\_\_\_\_  
\_\_\_\_\_

Notes/comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Front

Back

Credit limit: \_\_\_\_\_  
Card is located: \_\_\_\_\_  
\_\_\_\_\_  
Usual purpose: \_\_\_\_\_  
\_\_\_\_\_  
Notes/comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Front

Back

Credit limit: \_\_\_\_\_  
Card is located: \_\_\_\_\_  
\_\_\_\_\_  
Usual purpose: \_\_\_\_\_  
\_\_\_\_\_  
Notes/comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_   
Date this information was entered

Make copies of front and back of your cards and paste them on these pages. Make sure the number and cardholder's name is legible.

Check that the customer service phone number is legible—to obtain balances, cancel or report lost or stolen cards.

Front

Back

Credit limit: \_\_\_\_\_

Card is located: \_\_\_\_\_  
\_\_\_\_\_

Usual purpose: \_\_\_\_\_  
\_\_\_\_\_

Automatic charges: \_\_\_\_\_  
\_\_\_\_\_

Notes/comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Credit limit: \_\_\_\_\_

Card is located: \_\_\_\_\_  
\_\_\_\_\_

Usual purpose: \_\_\_\_\_  
\_\_\_\_\_

Automatic charges: \_\_\_\_\_  
\_\_\_\_\_

Notes/comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Front

Back

Credit limit: \_\_\_\_\_  
Card is located: \_\_\_\_\_  
\_\_\_\_\_  
Usual purpose: \_\_\_\_\_  
\_\_\_\_\_  
Automatic charges: \_\_\_\_\_  
\_\_\_\_\_  
Notes/comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Front

Back

Credit limit: \_\_\_\_\_  
Card is located: \_\_\_\_\_  
\_\_\_\_\_  
Usual purpose: \_\_\_\_\_  
\_\_\_\_\_  
Automatic charges: \_\_\_\_\_  
\_\_\_\_\_  
Notes/comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INFORMATION**

**Safe Deposit Box**

Registered to : \_\_\_\_\_

Authorized signatures: \_\_\_\_\_

Bank address: \_\_\_\_\_

Location of key: \_\_\_\_\_

Safe deposit box inventory:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

15. \_\_\_\_\_

16. \_\_\_\_\_

\_\_\_\_\_  
Date this information was entered

**Outstanding Loans (besides home mortgage)**

Purpose of Loan:\_\_\_\_\_

Name on Loan agreement:\_\_\_\_\_

Name of Lender:\_\_\_\_\_ Acct. #: \_\_\_\_\_

Address:\_\_\_\_\_

Loan Officer:\_\_\_\_\_ Phone: \_\_\_\_\_

**Outstanding Loans (besides home mortgage)**

Purpose of Loan:\_\_\_\_\_

Name on Loan agreement:\_\_\_\_\_

Name of Lender:\_\_\_\_\_ Acct. #: \_\_\_\_\_

Address:\_\_\_\_\_

Loan Officer:\_\_\_\_\_ Phone: \_\_\_\_\_

**Loans/debts payable to us**

Purpose of Loan:\_\_\_\_\_

Name of debtor:\_\_\_\_\_

Address:\_\_\_\_\_ Phone: \_\_\_\_\_

Location of contract or agreement:\_\_\_\_\_ Oral agreement: \_\_\_\_\_

Purpose of Loan:\_\_\_\_\_

Name of debtor:\_\_\_\_\_

Address:\_\_\_\_\_ Phone: \_\_\_\_\_

Location of contract or agreement:\_\_\_\_\_ Oral agreement: \_\_\_\_\_

INVESTMENT INFORMATION

**Retirement accounts (specify IRA, Roth, 401(k), Keogh)**

Type of account: \_\_\_\_\_ Account #: \_\_\_\_\_

Name of institution: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of papers: \_\_\_\_\_

Type of account: \_\_\_\_\_ Account #: \_\_\_\_\_

Name of institution: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of papers: \_\_\_\_\_

Type of account: \_\_\_\_\_ Account #: \_\_\_\_\_

Name of institution: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of papers: \_\_\_\_\_

Type of account: \_\_\_\_\_ Account #: \_\_\_\_\_

Name of institution: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of papers: \_\_\_\_\_

Type of account: \_\_\_\_\_ Account #: \_\_\_\_\_

Name of institution: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of papers: \_\_\_\_\_

**Investments (Stocks, Bonds, Commodities, Treasury Notes, CD's)** Modify or duplicate this page to fit your portfolio.

Company or brokerage: \_\_\_\_\_

Address: \_\_\_\_\_

Financial manager or broker: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of security: \_\_\_\_\_ Certificate/Acct. #: \_\_\_\_\_

Location of papers: \_\_\_\_\_

Name of security: \_\_\_\_\_ Certificate/Acct. #: \_\_\_\_\_

Location of papers: \_\_\_\_\_

Name of security: \_\_\_\_\_ Certificate/Acct. #: \_\_\_\_\_

Location of papers: \_\_\_\_\_

Name of security: \_\_\_\_\_ Certificate/Acct. #: \_\_\_\_\_

Location of papers: \_\_\_\_\_

Name of security: \_\_\_\_\_ Certificate/Acct. #: \_\_\_\_\_

Location of papers: \_\_\_\_\_

Name of security: \_\_\_\_\_ Certificate/Acct. #: \_\_\_\_\_

Location of papers: \_\_\_\_\_

Name of security: \_\_\_\_\_ Certificate/Acct. #: \_\_\_\_\_

Location of papers: \_\_\_\_\_

**Investments (Stocks, Bonds, Commodities, Treasury Notes, CD's)** Modify or duplicate this page to fit your portfolio.

Company or brokerage: \_\_\_\_\_

Address: \_\_\_\_\_

Financial manager or broker: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of security: \_\_\_\_\_ Certificate/Acct. #: \_\_\_\_\_

Location of papers: \_\_\_\_\_

Name of security: \_\_\_\_\_ Certificate/Acct. #: \_\_\_\_\_

Location of papers: \_\_\_\_\_

Name of security: \_\_\_\_\_ Certificate/Acct. #: \_\_\_\_\_

Location of papers: \_\_\_\_\_

Name of security: \_\_\_\_\_ Certificate/Acct. #: \_\_\_\_\_

Location of papers: \_\_\_\_\_

Name of security: \_\_\_\_\_ Certificate/Acct. #: \_\_\_\_\_

Location of papers: \_\_\_\_\_

Name of security: \_\_\_\_\_ Certificate/Acct. #: \_\_\_\_\_

Location of papers: \_\_\_\_\_

Name of security: \_\_\_\_\_ Certificate/Acct. #: \_\_\_\_\_

Location of papers: \_\_\_\_\_

**Investments (Stocks, Bonds, Commodities, Treasury Notes, CD's)** Modify or duplicate this page to fit your portfolio.

Company or brokerage: \_\_\_\_\_

Address: \_\_\_\_\_

Financial manager or broker: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of security: \_\_\_\_\_ Certificate/Acct. #: \_\_\_\_\_

Location of papers: \_\_\_\_\_

Name of security: \_\_\_\_\_ Certificate/Acct. #: \_\_\_\_\_

Location of papers: \_\_\_\_\_

Name of security: \_\_\_\_\_ Certificate/Acct. #: \_\_\_\_\_

Location of papers: \_\_\_\_\_

Name of security: \_\_\_\_\_ Certificate/Acct. #: \_\_\_\_\_

Location of papers: \_\_\_\_\_

Name of security: \_\_\_\_\_ Certificate/Acct. #: \_\_\_\_\_

Location of papers: \_\_\_\_\_

Name of security: \_\_\_\_\_ Certificate/Acct. #: \_\_\_\_\_

Location of papers: \_\_\_\_\_

Name of security: \_\_\_\_\_ Certificate/Acct. #: \_\_\_\_\_

Location of papers: \_\_\_\_\_

**Life Insurance** including county policies, small accident policies with credit cards and loans. (see also p.23)

Name of company: \_\_\_\_\_

Name of agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Name on policy: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy location: \_\_\_\_\_

Name of company: \_\_\_\_\_

Name of agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Name on policy: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy location: \_\_\_\_\_

Name of company: \_\_\_\_\_

Name of agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Name on policy: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy location: \_\_\_\_\_

Name of company: \_\_\_\_\_

Name of agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Name on policy: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy location: \_\_\_\_\_

Name of company: \_\_\_\_\_

Name of agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Name on policy: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy location: \_\_\_\_\_

**Homeowners Insurance**

Name of company: \_\_\_\_\_

Name of agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Name on policy: \_\_\_\_\_ Property insured: \_\_\_\_\_

Policy location: \_\_\_\_\_

Name of company: \_\_\_\_\_

Name of agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Name on policy: \_\_\_\_\_ Property insured: \_\_\_\_\_

Policy location: \_\_\_\_\_

**Automobile Insurance**

Name of company: \_\_\_\_\_

Name of agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Name on policy: \_\_\_\_\_ Vehicle insured: \_\_\_\_\_

Policy location: \_\_\_\_\_

Name of company: \_\_\_\_\_

Name of agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Name on policy: \_\_\_\_\_ Vehicle insured: \_\_\_\_\_

Policy location: \_\_\_\_\_

Name of company: \_\_\_\_\_

Name of agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Name on policy: \_\_\_\_\_ Vehicle insured: \_\_\_\_\_

Policy location: \_\_\_\_\_

**Mortgage Insurance**

Name of company: \_\_\_\_\_

Name of agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Name on policy: \_\_\_\_\_ Property insured: \_\_\_\_\_

Policy location: \_\_\_\_\_

**Health/Major Medical Insurance**

Name of company: \_\_\_\_\_ Phone: \_\_\_\_\_

Name on policy: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy location: \_\_\_\_\_

Name of company: \_\_\_\_\_ Phone: \_\_\_\_\_

Name on policy: \_\_\_\_\_

Policy location: \_\_\_\_\_

**Disability Insurance**

Name of company: \_\_\_\_\_ Phone: \_\_\_\_\_

Name on policy: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy location: \_\_\_\_\_

**Long-term Care Insurance**

Name of company: \_\_\_\_\_ Phone: \_\_\_\_\_

Name on policy: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy location: \_\_\_\_\_

**Other Insurance policies**

Type of policy/Item insured: \_\_\_\_\_

Name of company: \_\_\_\_\_

Name of agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Name on policy: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy location: \_\_\_\_\_

Type of policy/Item insured: \_\_\_\_\_

Name of company: \_\_\_\_\_

Name of agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Name on policy: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy location: \_\_\_\_\_

Type of policy/Item insured: \_\_\_\_\_

Name of company: \_\_\_\_\_

Name of agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Name on policy: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy location: \_\_\_\_\_

Type of policy/Item insured: \_\_\_\_\_

Name of company: \_\_\_\_\_

Name of agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Name on policy: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy location: \_\_\_\_\_

PERSONAL PROPERTY

PERSONAL PROPERTY

**Primary residence:** \_\_\_\_\_

Address

Name(s) on deed/contract/mortgage: \_\_\_\_\_

Location of deed/contract/mortgage: \_\_\_\_\_

First mortgage: Lender \_\_\_\_\_

Acct.#: \_\_\_\_\_

Second mortgage: Lender \_\_\_\_\_

Acct.#: \_\_\_\_\_

Equity Loan: Lender \_\_\_\_\_

Acct.#: \_\_\_\_\_

**Rental property:** \_\_\_\_\_

Address

Name(s) on deed/contract/mortgage: \_\_\_\_\_

Location of deed/contract/mortgage: \_\_\_\_\_

First mortgage: Lender \_\_\_\_\_

Acct.#: \_\_\_\_\_

Second mortgage: Lender \_\_\_\_\_

Acct.#: \_\_\_\_\_

**Vacation property :** \_\_\_\_\_

Address

Name(s) on deed/contract/mortgage: \_\_\_\_\_

Location of deed/contract/mortgage: \_\_\_\_\_

First mortgage: Lender \_\_\_\_\_

Acct.#: \_\_\_\_\_

Date this information was entered \_\_\_\_\_

**Vehicles** (including motorcycles, boats, RV's, etc.)

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN: \_\_\_\_\_ Location of Registration: \_\_\_\_\_

Owned: \_\_\_\_\_ Financed: \_\_\_\_\_ Leased: \_\_\_\_\_

Location of title/documents: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN: \_\_\_\_\_ Location of Registration: \_\_\_\_\_

Owned: \_\_\_\_\_ Financed: \_\_\_\_\_ Leased: \_\_\_\_\_

Location of title/documents: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN: \_\_\_\_\_ Location of Registration: \_\_\_\_\_

Owned: \_\_\_\_\_ Financed: \_\_\_\_\_ Leased: \_\_\_\_\_

Location of title/documents: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN: \_\_\_\_\_ Location of Registration: \_\_\_\_\_

Owned: \_\_\_\_\_ Financed: \_\_\_\_\_ Leased: \_\_\_\_\_

Location of title/documents: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN: \_\_\_\_\_ Location of Registration: \_\_\_\_\_

Owned: \_\_\_\_\_ Financed: \_\_\_\_\_ Leased: \_\_\_\_\_

Location of title/documents: \_\_\_\_\_



\_\_\_\_\_  
Date this information was entered

**Computer information**

**Home computer** description: \_\_\_\_\_

Log on instructions and passwords: \_\_\_\_\_

Names of important files: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tech consultant: \_\_\_\_\_ Phone: \_\_\_\_\_

**Laptop computer** description: \_\_\_\_\_

Log on instructions and passwords: \_\_\_\_\_

Names of important files: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Chambers computer** description: \_\_\_\_\_

Log on instructions and passwords: \_\_\_\_\_

Names of important files: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Court Tech consultant: \_\_\_\_\_ Phone: \_\_\_\_\_

**PDA** description: \_\_\_\_\_ Location: \_\_\_\_\_

Log on instructions and passwords: \_\_\_\_\_

**Miscellaneous information**

**Time share**

Company or resort: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of property: \_\_\_\_\_

Location of papers: \_\_\_\_\_

**Frequent Flier mileage**

Airline Carrier: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Airline Carrier: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Airline Carrier: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Location of statements/certificates: \_\_\_\_\_

**Storage unit**

Location of unit: \_\_\_\_\_ Phone: \_\_\_\_\_

Contents: \_\_\_\_\_

\_\_\_\_\_ Location of key: \_\_\_\_\_

**Home safe**

Person who has combination/key: \_\_\_\_\_ Phone: \_\_\_\_\_

**Firearms**

Registration #: \_\_\_\_\_ Location: \_\_\_\_\_

Registration #: \_\_\_\_\_ Location: \_\_\_\_\_

Registration #: \_\_\_\_\_ Location: \_\_\_\_\_

## III. SURVIVING THE LOSS OF A SPOUSE

**It happened. Whether long in coming or a complete shock: it is done.** You know that millions have experienced the loss of a partner but you are unique and no one else can share or even appreciate your personal grief. Although the journey of grieving is yours alone to travel, it doesn't mean you have no support or resources to help you along the way. One of the most powerful resources in within yourself—the willingness to really experience your own emotions and to keep moving along the road even if you do not know what is around the next corner.

In the meantime, though you have much to do for the memory of your partner and the comfort of others that may be some distraction from your own emotions—don't neglect yourself.

### **Accept offers of help from people you trust**

The week after a death is not unlike the time before any major event: the details, mundane and significant, must be handled. Ask someone close to you to be your “coordinator” to keep track of details with the mortuary, newspapers, service arrangements, etc. You may want to handle the more personal tasks yourself: calling contacts, immediate financial arrangements, family decisions.

- Ask a friend to set up a temporary office to document offers of help, answer the phone, collect condolence letters.
- Someone else can take responsibility for your regular obligations unless you find them comforting (cancelling appointments, taking care of pets, grocery shopping and housekeeping).
- Your coordinator can make sure meals are available for you and for refreshments to offer drop-ins and helpers.

### **Pay attention to your state of mind**

Everyone reacts differently, but you should reach for help if you feel you cannot cope in the first few days. Sleep is important, and exercise is an undervalued palliative. A walk with a friend and your dog may be more soothing than a prescription sleeping pill. Talk to a mental health counselor or pastor, a friend who has lost a partner, or even call a hot line. Expressing your feelings may be even more important than hearing their comfort and advice.

Be aware that your adult children are experiencing their own grief. You do not have to take responsibility for their pain, neither can you lean too hard on them for comfort—but you don't need to hide your grief from them.

The impact of your loss will come and go, allowing you to take care of business at times, but sending you into your private emotional abyss at others. Live both stages as you experience them—this is critical to your recovery. If you deny the conflicting emotions and impulses that are normal human reactions, you will have to deal with them later. Go ahead and be angry. (Just don't take it out on an innocent person who happens to cross your path.) You may experience the phenomenon of “obsessive review” which happens after any traumatic event. The repetitive re-enactment of situations or events seems to be a natural, though wearing process. If this gets intolerable, it is up to you to break its grip by distracting yourself with tasks, exercise, TV or whatever fits the moment.

Accept condolences with grace, but don't let people drive you farther into mourning than you feel at that very moment.

**Read your partner’s Letter of Instruction**

If a letter was left for you (see page 14) and you feel able to cope with this powerful communication, read it and spend some time with your partner. Having a conversation (aloud) with him or her is a way to clarify your feelings and identify unresolved issues. Say the things that were unsaid, tell him what you miss, what you regret and how you feel. It might help to write your own letter expressing things about yourself and your marriage that are weighing on your mind. Keeping a private journal is another way to experience, and move past the experience of loss and the stages of grief.

**IMMEDIATE PERSONAL AND BUSINESS CONTACTS**

If a person dies at home, some cities require by ordinance that the police be called to document the death. If the deceased was under hospice care at home, follow the procedure arranged by that service.

**Family:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Close friends:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Minister:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Physician:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Employer:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Immediate contacts in the event of a death** (see pages 10–12 for plans for final arrangements.)

**Mortuary or Funeral Home:** Advise on details of death and plans for services. Ask the mortuary to coordinate with cemetery/crematorium services. They will guide you through the decisions for final arrangements.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Attorney/executor/trustee of estate:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Local and legal newspapers:** (Obituary information on page 13)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Judges Retirement System especially if a pre-signed disability form is applicable:**

(see pages 23-24)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Bank holding your joint account to request that the bank release the funds to you.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Other:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Other:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Other:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

FINAL ARRANGEMENTS

**Contacts to be made for funeral or memorial service:** (see pages 10–12)

**Person to officiate:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Soloists, organists:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pallbearers:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Persons to speak/ deliver eulogy:** Coordinate with the person officiating.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person to draft and print program for the service:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Persons to arrange reception:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Business contacts to be made in the first week**

Obtain death certificates from County Clerk. Ask for at least 6 certified copies.

Notify the following organizations or agencies:

**Life insurance agent:** (page 38) \_\_\_\_\_ Phone: \_\_\_\_\_

**Health insurance provider:** (page 40) \_\_\_\_\_ Phone: \_\_\_\_\_

**Judges Retirement System:** (see page 23) \_\_\_\_\_ Phone: \_\_\_\_\_

**Court** from which judge retired to notify colleagues and discuss county benefits: (see page 25)

Exec. Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Veterans Affairs Office** to inquire about burial or death benefits. Phone: \_\_\_\_\_

**Active fraternal, charitable or alumni** organizations which will notify members, and may offer death benefits:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Social Security** call SSA toll-free at 1-800-772-1213.

- If monthly benefits were being paid via direct deposit, notify the bank or other financial institution of the beneficiary’s death. Request that any funds received for the month of death and later be returned to Social Security as soon as possible.
- If benefits were being paid by check, DO NOT CASH any checks received for the month in which the beneficiary died or thereafter. Return the checks to Social Security as soon as possible.
- One-time Lump Sum Death Benefit payment of \$255 is payable to the surviving spouse. Monthly survivors benefits can be paid to certain family members, including the beneficiary’s widow or widower, dependent children and dependent parents. Log on to [www.ssa.gov](http://www.ssa.gov) for information about filing for benefits.

**Business contacts to be made within the first month:**

**Accountant:** (to inquire about IRA, changes in name on investment accounts, tax implications, liquid assets.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Banks:** (change of name, new signature cards - see page 26)

**Credit card companies:** (see page 28.) Use the next billing cycle to close accounts and change names.

**Mortgage Companies:** (there may be a pay off clause—ask your accountant

**Mortgage Insurance** to collect benefits: (see page 40)

**Disability Insurance and Long-term care** insurance to cancel policies: (see page 40)

**Property manager** of any rental properties (page 42)

**Former county employer** Check on page 25 for any benefits expected from previous employers and ask them how to make a claim.

**Business contacts to be made within the first two months:**

**Post office**

**Department of Motor Vehicles** to change the name on vehicle registrations

**Utility companies** You can use the next billing cycle to change the name on your accounts

**Newspaper and magazine subscriptions** to cancel or change name on subscription

**Alumni associations,** fraternal orders, professional affiliations

## TAKING CARE OF YOURSELF

**There is a predictable course to grieving**, first expressed by Dr. Elizabeth Kubler-Ross as five steps:

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

You have already climbed these steps, consciously or not, when you lost a friend, a job, a pet or prized possession. Although the stages do not flow neatly in sequence, there are no shortcuts to the process. Living it consciously can help you through the dark side into your new life. The emotions will come in waves, and need to be dealt with as they emerge.

**Another insight** suggests that real grieving only begins where the ‘Five Stages’ leave off. These grief professionals\* use the concept of “Grief Work” which begins when the honeymoon period is over, the friends have stopped calling, “closure” supposedly has been effected, and everything is supposed to be back to normal.

The work of grieving is summarized by the acronym TEAR:

**T** = To accept the reality of the loss

**E** = Experience the pain of the loss

**A** = Adjust to the new environment without the lost object

**R** = Reinvest in the new reality

The quality of your new life largely depends on how you manage the job of grieving.

**Try to resume the activities** that used to relax or invigorate you, or launch into a new routine that gives you relief from the stages of mourning. Take a swimming class, joining a walking group or book club. Take advantage of the independence you now have to make decisions that are right for you alone.

**“Keeping busy,”** however, is dangerous if it substitutes for the work of grieving. The story is told of a retired judge who asked for full time assignment to any court after his wife died. In two years, he was in therapy.

**Consider a bereavement support group** if you can’t get any traction on that road. Groups help many to break the bonds of mourning. Talking with like-minded strangers in this setting is not disloyal to your family and its private memories. It is healing to talk about the deceased (both in a support group and in your usual social and family gatherings). A group is especially helpful during holidays or anniversaries, even though it can never restore the joys of your former life.

**Here are the danger signs** that you must take seriously if your grieving is not eased after about six months:

- Continued difficulty sleeping
- Substantial weight gain or loss
- Prolonged emotional distress
- Suicidal thoughts plague you regularly
- Significant increase in alcohol or prescription drug consumption

If this describes your situation, start with your family doctor or your therapist. A limited course of counseling, group support or clinical help is needed to boost you back into a zone where you can live your own life.

\*TLC Group –Transition, Loss, and Change

## LOOKING AHEAD

**On finances, moving, dating and other scary subjects**

**The one sterling piece of advice** that the bereaved *should* take, among all the helpful or wacky suggestions that people offer is: “Don’t make any big decisions until you get back on your feet!” Even if no major decisions are made, worries still emerge to plague the bereaved. Whether husband or wife, taking over the other’s tasks, making daily decisions alone, sorting out the financial and social consequences of being suddenly single is a daunting challenge.

**Managing finances** is tops on most women’s list of fears. Jennifer Openshaw, author of *What’s Your Net Worth?* identifies these as the seven money mistakes most women make:

- Not being involved in family finances
- Not establishing your own credit
- Not setting a budget
- Not preparing for sudden life changes
- Not setting financial goals
- Waiting to save and invest
- Getting into credit card debt

Well, now is the time! Much help is available from books, web sites and financial planners. Even those women who managed their finances during the marriage have the burden of reorganizing their budgets and investments alone.

It is best to use a Certified Financial Planner who is not selling just one fund or policy.

Web sites on survivors and finances Google /widows financial information:  
CNNmoney [http://money.cnn.com/2000/02/10/senior\\_living/q\\_retire\\_widows/](http://money.cnn.com/2000/02/10/senior_living/q_retire_widows/)

**Dating and socializing**

Immediately after losing a partner, the question of dating is the farthest from the survivor’s mind. But widowers, particularly, often face the phenomena of “the casserole brigade.” People call who have “heard” you were alone, and offer to fill the refrigerator and any other void of the moment. There are also vendors who read the obituaries and kindly present various offers to enrich themselves, if not the bereaved. Even your own friends may want to introduce you to eligible singles or invite you to parties that you are in no way ready to enjoy. (Some also find that women friends get territorial, fearing that you may lean too hard on their husbands for assistance.)

You can be forgiving of these overtures and self-serving offers, but be cautious of being pulled into social situations that you do not need or want. You have many stages to go through before you can build new relationships. First accept your realities, then consider your options.

**Moving**

Remember the rule of thumb for the recently bereaved: “don’t make any major decisions for the first year.” Wait until you are somewhat healed, comfortable with your financial situation and well-informed about your options. If you have the need to test your independence with impulsive decisions, make them reversible ones: travel, painting (or welding) lessons, return to college or buy the sports car you always wanted. Leave the major life changes until you feel balanced and in control.

A checklist for the recently retired in CJA’s *Planning Your Retirement*, by Elizabeth Baron, page 206, might also be helpful. Chapter 5 of this book, written for retiring judges, has much food for thought for anyone reassembling their life after a major change.

## IV. RESOURCES

### BOOKS FOR SURVIVORS

Bookstores have shelves of publications to scan and evaluate. Find one that resonates with your needs.

Here are some promising examples (not reviewed for this publication.)

*The Infinite Thread: Healing Relationships Beyond Loss*

by Alexandra Kennedy, April 2001

*I Wasn't Ready to Say Goodbye*

by Pamela D. Blair

*Getting to the Other Side of Grief*

by Susan J. Zonnebelt-Smeenge and Robert C. De Vries

Publications for Transition, Loss, and Change: TLC Group publishes books

on transition, loss, and change sold only through direct mail and selected Internet outlets.

**Websites** provided much of the content for these pages. You will find not only information, but contact with other people who are grieving. Here is just a sample of the hundreds located by using a search engine such as Google.com and typing in 'grieving', 'stages of grief', 'bereavement' etc.

American Association of Retired Persons: <http://www.aarp.org/relationships/grief-loss/>

American College of Physicians:

[http://www.acponline.org/patients\\_families/end\\_of\\_life\\_issues/peace/](http://www.acponline.org/patients_families/end_of_life_issues/peace/)

California Medical Association:

<http://www.cmanet.org/about/patient-resources/end-of-life-issues/>

[http://dir.yahoo.com/society\\_and\\_culture/death\\_and\\_dying/](http://dir.yahoo.com/society_and_culture/death_and_dying/)

Self-help network: <http://www.fortnet.org/FortNet/comm/home.html>

<http://www.widownet.org/>

GriefNet: <http://www.griefnet.org/support/groups.html#other>

Counseling For Loss & Life Changes, Inc.

[www.counselingforloss.com/griefresources.html](http://www.counselingforloss.com/griefresources.html)

## Agencies and Services

**AARP:** Grief Support Line, call toll free, 1-866-797-2277, 9 am - 9 pm EST, daily

AARP Grief and Loss programs (seven in California) are listed on the website.  
Feel free to contact them.

Contact your doctor or pastor for appropriate organizations and services in your area.

**If you found this book to be helpful** and a comfort during your ordeal as a survivor, make a promise to *your* survivors that you will leave them with a book of your own. Even more than married couples, single people need to document their assets, wishes and resources.

If you found flaws or omissions in the workbook, the California Judges Association needs to know about your experience. Please take time for one more task—to pass along your recommendations to another generation of judges and their partners who may benefit from what you have learned.



### California Judges Association

1700 Broadway, 7th Floor  
Oakland, CA 94612  
510-588-5000 • fax 510-588-5088

**Please send me a copy of:**

***Planning Your Retirement***, by Elizabeth Baron

Published by the California Judges Association, 250 pages, 2001

Enclosed is my check for \$ \_\_\_\_\_ Please charge my credit card \_\_ MasterCard \_\_ Visa

Account number \_\_\_\_\_ Expires \_\_\_\_\_

Name of card holder \_\_\_\_\_ Billing zip code \_\_\_\_\_

Signature \_\_\_\_\_

Shipping address: \_\_\_\_\_

\_\_\_\_\_

**California Judges Association** 1700 Broadway, 7th Floor, Oakland, CA 94612 • 510 588 5000 • fax 510 588 5088

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**Please send me a copy of:**

***California Judicial Retirement Handbook***

Published by the California Judges Association, 90 pages, 1999

Enclosed is my check for \$ \_\_\_\_\_ Please charge my credit card \_\_ MasterCard \_\_ Visa

Account number \_\_\_\_\_ Expires \_\_\_\_\_

Name of card holder \_\_\_\_\_ Billing zip code \_\_\_\_\_

Signature \_\_\_\_\_

Shipping address: \_\_\_\_\_

\_\_\_\_\_

**California Judges Association** 1700 Broadway, 7th Floor, Oakland, CA 94612 • 510 588 5000 • fax 510 588 5088

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**Please send me a copy of:**

***Survivor's Workbook***

Published by the California Judges Association, 57 pages, 2002

Enclosed is my check for \$ \_\_\_\_\_ Please charge my credit card \_\_ MasterCard \_\_ Visa

Account number \_\_\_\_\_ Expires \_\_\_\_\_

Name of card holder \_\_\_\_\_ Billing zip code \_\_\_\_\_

Signature \_\_\_\_\_

Shipping address: \_\_\_\_\_

\_\_\_\_\_

**California Judges Association** 1700 Broadway, 7th Floor, Oakland, CA 94612 • 510 588 5000 • fax 510 588 5088

## NOTES