

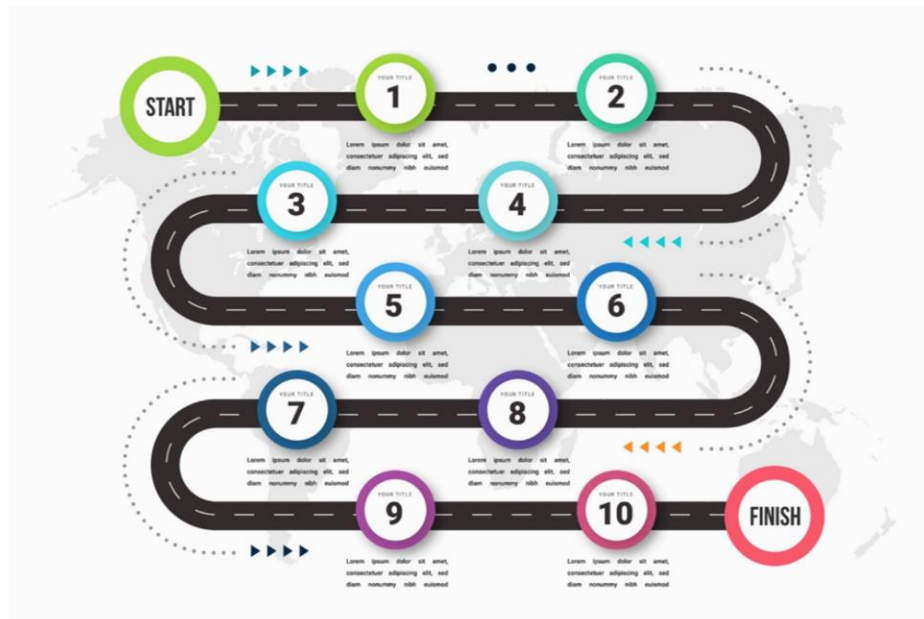


The Prepared You

100% No Matter What

NEW

"Your Success Roadmap, Planner And Info Organizer For Every Destination In Life"



By John Davin

(Name) _____

Year _____

**My Life Goals, Plans, Steps, Contacts, Account
Passwords, Emergency Info, And Plans For
Reserving My Assets, Final Wishes And Legacy.**





The Prepared You

100% No Matter What

“The Prepared You” will make the best use of your time, resources, and knowledge, for you and your loved ones.

The ultimate way to be ready for any emergency:

[Get the latest version and additional documents here.](#)



Print the “The Prepared You,” document. Fill it in. Include your goals, plans, steps, passwords, contacts, assets and more. Then add copies of wills, living will, contracts, credit cards, driver licenses, passports and more. Just lock them up in the lockable case and go!

Visit our [Facebook group](#) to ask questions/discuss/improve/provide content ideas.

Finally, please share sections of this document with others. Ask me how, so everyone can see that **The Prepared You System will make the best use of your time, resources, and knowledge, for you and your loved ones.**

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The first few testimonials are mine, showing why I created this document for 3 different situations and people.

Testimonial #1

I initially learned about the stress and hurt of losing a loved one and the importance of being ready for losing a loved one unexpectedly when my wife passed away in 2008 from Cancer at 40 years of age, leaving me with an 8- year-old child to raise 240 miles from my family. I had to take over running a household and the financial tasks my lovely wife had done (Michelle was an accountant and very good at all of this), I learned the best way to be able to do this is to be organized and to have the information you need in one place before you lose a loved one. This is an example of having relatively short notice of the loss of a loved one.

John Davin/Author of this document

Testimonial #2

At the time of writing this book, I along with my 6 (six!) loving siblings are helping to take care of our elderly parents. Mom and Dad are 87 and 91 years of age, respectively, and the children need to have the information in one place, as well and want a way to pass on their legacy of all the knowledge and memories. We simply do not want their legacy of love, commitment, hard work, and stories to get away from us forever. This document helps make it easier to care for them and to preserve their legacy.

John Davin/Author of this document

Testimonial #3

As a single Dad, I am now preparing this document for my own information, for my college graduated daughter so that the information from me is in once place to make it easier for her. I also hope she will create the document for herself at an early age, so she has it her entire life to make her life easier from this day forth!

John Davin/Author of this document

Testimonial #4

What a fantastic idea! I have already shared this with my parents (who are in their 90's) as a way of organizing their valuable assets and even more valuable ideas and preferences for their family. John, thanks for sharing your incredible ideas, and talents!

Dr. Greg Sanders, President of The Max Community

About this document:

This is “Must have” document for you and your loved ones that can make life much easier. You can use it at every age and stage of your life to plan your successes in life, to be able to find important information quickly, to be prepared for the destinations (situations and times) in life and even to review your goals and successes.

It is to be printed so you have a place to write down important information about many topics. Such as your goals, plans, and steps for success. It will help you list your assets for your own needs and to be sure loved ones can access and secure them in case of your death. It also can also help you create and preserve your legacy. Simply include the facts about your life, family history, views, hopes and other thoughts you want to share and pass on to loved ones.

The document will be invaluable in case you have an emergency, or if you are incapacitated so others can help run your household. The information will include your doctors, hospitals, insurance, bills to pay, and more. That is where the document starts, to be sure to be ready for the unexpected. It also includes a section for in case of your death so every single detail will be listed that is important to you.

Be sure to write it all down now, as we never know how long we will be here and healthy. Use this document to prevent stress for others and generate great joy with what you share here with your loved ones!

I suggest you print the document, place it in 3 ring binder, and start to fill in the details, a bit at a time each day till done. I also print out the first page and place it inside the plastic cover of the 3-ring binder. Be sure to tell at least one trusted person where the document is, so people can find it and use it. But share it only with the most trusted people in your life. If it is locked in a secure place, be sure to provide access.

You can [find a complete description of how to use this document here.](#)

You can find [a summary of what I want to share with you about life here](#), and a [worksheet at the end of the section for making it easier for loved ones to receive your important pictures, heirlooms, assets](#) and more in case of your death.

My best wishes to you and hope you love the ideas for this unit helping people as much as I do.

John Davin

Now, print out the document and please think of how you will store it securely once you have started writing in it.

John Davin

We truly do want you to have “The Prepared You” experience from this day forth!



Need inspiration or help using this document?

[Please join us in our Facebook group!](#)

NOTE: A special thanks to my good friend Keith Allen who helped me with many ideas for this document. He and I will be having many more special products and services related to this document, such as the <http://PMAofTheDay.com> where we offer words of encouragement daily via email and text messaging. Join us if you need a Positive Message of The Day for a Positive Mental Attitude! I also thank people like Dr. Greg Sanders and Ron Pedersen for their friendship and contributions.

☐ Emergency Information: Your Information, And Important Contacts

This is the section that helps you prepare for possibly difficult events such as getting injured or even dying. This part of the document will help you or your loved ones avoid some of the pain and difficulty in this event.

☐ Contact information:

Name: (First, Middle, Last): _____ Date of birth: ____/____/____

Social Security #: _____ Military ID: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone#: _____ E-mail: _____

Spouse: (First, Middle, Last): _____

Phone#: _____ E-mail: _____

Emergency Contact #1
Name: _____ Relationship: _____ Phone#: _____ E-mail:: _____

Emergency Contact #2
Name: _____ Relationship: _____ Phone#: _____ E-mail:: _____

Notes:

☐ Power of Attorney:

NOTE: See section below for Living Will and Will, etc. for more legal documents.

I have completed my Power Of Attorney Documents: ☐ Yes ☐ No

Location:

Last Updated:

Prepared by Company:

Person:

Phone:

Email:

Address:

City:

State:

Zip:

Person who has Power Of Attorney for me:

Name:

Phone:

Email:

Address:

City:

State:

Zip:

Notes/Summary:

☐ Emergency contacts: Doctor

Doctor Name:

Phone:

Email:

Company/Office Name:

Phone:

Email:

Address:

City:

State:

Zip:

☐ Emergency: Hospital

Hospital Name:

Phone:

E-mail:

Contact person:

Phone:

Email:

Address:

City:

State:

Zip:

Account Name:

#

Notes:

☐ Health Insurance:

Insurance Company:

Policy#:

Payment/Mo:

Payout Potential/Mo:

Contact person:

Phone:

Email:

Company/Office Name:

Phone:

Email:

Address:

City:

State:

Zip:

☐ Basic health information:

I have the following health issues:

Disclaimer: This is not a complete summary for my health. Contact my doctor for a list of current issues and medications.

☐ Diabetes ☐ High Blood Pressure ☐ Heart-Disease ☐ Other

Other: _____ Other: _____ Other: _____ Other: _____

Other: _____ Other: _____ Other: _____ Other: _____

Other: _____ Other: _____ Other: _____ Other: _____

Height: _____ Weight: _____ Blood Type: _____
" _____

Notes:

☐ Pharmacy information:

I receive my medications from:

Pharmacy #1 Name:

Phone:

E-mail:

Contact person

Phone:

Email:

Address:

City:

State:

Zip:

Account Name: #

Family member on account:

Name:

Phone:

E-mail:

Pharmacy #2 Name:

Phone:

E-mail:

Contact person

Phone:

Email:

Address:

City:

State:

Zip:

Account Name: #

Family member on account:

Name:

Phone:

E-mail:

Notes:

☐ Who to contact in case of an emergency:

Family/Friends

Spouse:	Phone:	Email:	Notes:
Mother:	Phone:	Email:	Notes:
Father:	Phone:	Email:	Notes:
Sister:	Phone:	Email:	Notes:
Sister	Phone:	Email:	Notes:
Brother:	Phone:	Email:	Notes:
Brother:	Phone:	Email:	Notes:
Father:	Phone:	Email:	Notes:
Father:	Phone:	Email:	Notes:
Friend:	Phone:	Email:	Notes:
Friend:	Phone:	Email:	Notes:
Friend:	Phone:	Email:	Notes:
Friend:	Phone:	Email:	Notes:

☐ My Doctors (non-emergency):

Family Doctor: Office#: Dr. Phone#: Email: Hospital

Address: City: State: Zip:

Cardiologist: Office#: Dr. Phone#: Email: Hospital

Address: City: State: Zip:

Endocrinologist: Office#: Dr. Phone#: Email: Hospital

Address: City: State: Zip:

Eyes: Office#: Dr. Phone#: Email: Hospital

Address: City: State: Zip:

Foot: Office#: Dr. Phone#: Email: Hospital

Address: City: State: Zip:

Other: Office#: Dr. Phone#: Email: Hospital

Address: City: State: Zip:

Notes:

☐ My neighbours: For emergency/non-emergency/social:

Print additional pages as needed. Use for emergency situations and for social invites, etc.

Name:

Spouse:

Phone#:

Email:

Address:

City:

State:

Zip:

Notes/Way to remember:

Name:

Spouse:

Phone#:

Email:

Address:

City:

State:

Zip:

Notes/Way to remember:

Name:

Spouse:

Phone#:

Email:

Address:

City:

State:

Zip:

Notes/Way to remember:

Name:

Spouse:

Phone#:

Email:

Address:

City:

State:

Zip:

Notes/Way to remember:

Name:

Spouse:

Phone#:

Email:

Address:

City:

State:

Zip:

Notes/Way to remember:

☐ My “GO TO” Support Team.

We all need people we can call on when we need help. Who do you trust to be there for you when you need them, and what will they do for you? Here are a few categories:

☐ Pray ☐ Listen ☐ Help figure it out ☐ Help Complete A Project ☐ Help Fix A Car/Appliance/Home ☐ Babysit etc.

Name:	Specialty:	Phone#:	How To Thank:
Name:	Specialty:	Phone#:	How To Thank:
Name:	Specialty:	Phone#:	How To Thank:
Name:	Specialty:	Phone#:	How To Thank:
Name:	Specialty:	Phone#:	How To Thank:
Name:	Specialty:	Phone#:	How To Thank:
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Name:	Specialty:	Phone#:	Way To Thank:
Name:	Specialty:	Phone#:	Way To Thank:
Name:	Specialty:	Phone#:	Way To Thank:
Name:	Specialty:	Phone#:	Way To Thank:
Name:	Specialty:	Phone#:	Way To Thank:

Notes:

We all need help at different times. Do not be afraid to ask if the request is reasonable. If you want people to help you, you need to help other people as well. Basically, to have a friend, you need to be a friend.

PS: See the section on people in your neighborhood who you can work with to help each other.

Also, see the section on people who you can barter with for projects you need completed especially if our economy would struggle and money becomes even tighter.

☐ Legal Documents (Living Will/Will/Power Of Attorney, Etc.):

☐ Legal documents: Living will information/Life directive:

I have my living will completed ☐ Yes ☐ No

Location

Date Completed:

Last Updated:

Prepared by Company

Name:

Phone:

Email:

Address:

City:

State:

Zip:

Notes/Summary:

☐ Legal documents: My will

I have my will completed ☐ Yes ☐ No

Location

Last Updated:

Prepared by Company

Name:

Phone:

Email:

Address:

City:

State:

Zip:

Notes/Summary:

☐ Insurance:

Here are all the types of insurance I carry!

☐ Insurance: **Home**

Company: Name:	Phone:	E-mail:
----------------	--------	---------

Contact person	Phone:	Email:
----------------	--------	--------

Company/Office Name:	Phone:	Email:
----------------------	--------	--------

Address:	City:	State:	Zip:
----------	-------	--------	------

Account Name:	#	Notes:
---------------	---	--------

Amount of coverage:	Deductible Amount
---------------------	-------------------

NOTES:

☐ Insurance: **Auto**

Company: Name:		Phone:	E-mail:	
Contact person:		Phone:	Email:	
Company/Office Name:		Phone:	Email:	
Address:		City:	State:	Zip:
Account Name:		#	Notes:	
Auto #1:	Driver:	Type:	Policy#:	Blue Book Value:
Auto #2:	Driver:	Type:	Policy#:	Blue Book Value:
Auto #3:	Driver:	Type:	Policy#:	Blue Book Value:
Auto #4:	Driver:	Type:	Policy#:	Blue Book Value:
Notes:				

☐ Insurance: **Health**

Company: Name:		Phone:	E-mail:	
Contact person:		Phone:	Email:	
Company/Office Name:		Phone:	Email:	
Address:		City:	State:	Zip:
Account Name:		#:	Notes:	
Notes:				

Policy #1

Company: Name: Phone: E-mail:

Contact person: Phone: Email:

Company/Office Name: Phone: Email:

Address: City: State: Zip:

Account Name: Policy #: Loan value for insurance

Notes:

Notes:

Policy #2

Company: Name: Phone: E-mail:

Contact person: Phone: Email:

Company/Office Name: Phone: Email:

Address: City: State: Zip:

Account Name: Policy #: Loan value for insurance

Notes:

Notes:

☐ In Home Care Tips:

☐ A form for request for help from friends, Churches, local volunteers, non-profit organizations, others:

Hello, I need and so appreciate help in my home as I may not be able to perform selected tasks below by myself:

The tasks I need help with are check marked like this: ☒ Yes ☐ No

I will also add a note about what happened to me that I need help, but below is a quick summary of what happened, who has been effected and why I appreciate any and all help!

Thank you!

My name/Spouse's Name

Phone#:

E-mail::

Address:

Help with medications

Help getting medications ☐ Yes ☐ No

Days: ☐S ☐M ☐T ☐W ☐T ☐F ☐S

Help taking medications ☐ Yes ☐ No

Days: ☐S ☐M ☐T ☐W ☐T ☐F ☐S

Help taking supplements ☐ Yes ☐ No

Days: ☐S ☐M ☐T ☐W ☐T ☐F ☐S

Exercise/Rehab

Walking in the home ☐ Yes ☐ No

Days: ☐S ☐M ☐T ☐W ☐T ☐F ☐S

Walking outside the home ☐ Yes ☐ No

Days: ☐S ☐M ☐T ☐W ☐T ☐F ☐S

Exercising for rehab ☐ Yes ☐ No

Days: ☐S ☐M ☐T ☐W ☐T ☐F ☐S

Notes:

Personal Items

Bathing or showering ☐ Yes ☐ No

Days: ☐S ☐M ☐T ☐W ☐T ☐F ☐S

Washing Clothes ☐ Yes ☐ No

Days: ☐S ☐M ☐T ☐W ☐T ☐F ☐S

Washing Bedding ☐ Yes ☐ No

Days: ☐S ☐M ☐T ☐W ☐T ☐F ☐S

Notes:

Household Chores

Loading/emptying dishwasher ☐ Yes ☐ No Days: ☐ S ☐ M ☐ T ☐ W ☐ T ☐ F ☐ S

Taking out the trash ☐ Yes ☐ No Days: ☐ S ☐ M ☐ T ☐ W ☐ T ☐ F ☐ S

Other: #1 _____ #2 _____ #3 _____

Other: #1 _____ #2 _____ #3 _____

Pets

Letting out my dog/cat ☐ Yes ☐ No Days: ☒ S ☐ M ☐ T ☐ W ☐ T ☐ F ☐ S

Help getting shots for my pets. ☒ Yes ☐ No See section on pets: Notes:

Winterizing items

Service Furnace ☐ Yes ☐ No Date last serviced ____/____/____

Automobile ☐ Yes ☐ No Date last serviced: ____/____/____

Home ☐ Yes ☐ No Date last serviced: ____/____/____

Notes:

Home Maintenance ☐ Yes ☐ No

Change Furnace Filter ☐ Yes ☐ No Date last changed ____/____/____

Service Air Conditioner ☐ Yes ☐ No Date last serviced ____/____/____

Clean gutters ☐ Yes ☐

Other: #1 _____ #2 _____ #3 _____

Other: #4 _____ #5 _____ #6 _____

Notes:

Auto/Auto Maintenance

Oil Change ☐ Yes ☐ No Last changed at miles: _____

Tire rotation ☐ Yes ☐ No Last rotated at miles: _____

Clean inside of car ☐ Yes ☐ No

Car wash ☐ Yes ☐ No

Other: #1 _____ #2 _____ #3 _____

Other: #4 _____ #5 _____ #6 _____

Notes:

Yardwork (mowing/raking etc.)

Get More Help At ThePreparedYou.Com

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Mowing the yard ☐ Yes ☐ No

Trimming trees ☐ Yes ☐ No

Notes:

Food Items:

I would love food brought to me from those who would be so kind ☐ Yes ☐ No Days: ☐S ☐M ☐T ☐W ☐T ☐F ☐S

Below are the types of food I love and some to so much, thank you. 😊 I want to eat what you bring and do not let foods go to waste!

My favorite foods and drinks: The types of food I love!

#1 _____ #2 _____ #3 _____

#4 _____ #5 _____ #6 _____

The types of food I do not like so much, thank you! 😊

#1 _____ #2 _____ #3 _____

#4 _____ #5 _____ #6 _____

I cannot eat the following food items: 😊

#1 _____ #2 _____ #3 _____

#4 _____ #5 _____ #6 _____

Notes:

More notes:

NOTE: In-Home Care Nurse:

You may need to hire someone to help take care of you or your loved one.

See notes below.

☐ In-home assisted living checklist:

I have an in-home care nurse: ☐ Yes ☐ No

I need to find and hire an in-home care nurse: ☐ Yes ☐ No

Company

Person:

Phone:

Email:

Address:

City:

State:

Zip:

Responsibilities:

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

Notes

Places to find In-Homecare:

- Visiting Nurses Association
- (Please ask me for a complete list)

Notes/Summary:

☐ Household/Business Payments:

☐ Payments that must be paid on schedule:

Refuse (trash bill)

Company: Account#: Phone#: Web Site: User: Password: Auto-Pay?
Yes No

Electric bill

Company: Account#: Phone#: Web Site: User: Password: Auto-Pay?
Yes No

Gas bill

Company: Account#: Phone#: Web Site: User: Password: Auto-Pay?
Yes No

Phone bill

Company: Account#: Phone#: Web Site: User: Password: Auto-Pay?
Yes No

Company: Account#: Phone#: Web Site: User: Password: Auto-Pay?
Yes No

Internet bill

Company: Account#: Phone#: Web Site: User: Password: Auto-Pay?
Yes No

Sewer bill

Company: Account#: Phone#: Web Site: User: Password: Auto-Pay?
Yes No

House payment:

Company: Account#: Phone#: Web Site: User: Password: Auto-Pay?
Yes No

Home Loan payment:

Company: Account#: Phone#: Web Site: User: Password: Auto-Pay?
Yes No

Home Loan payment:

Company: Account#: Phone#: Web Site: User: Password: Auto-Pay?
Yes No

Car Insurance bill

Company: Account#: Phone#: Web Site: User: Password: Auto-Pay?
Yes No

Home Insurance bill

Company: Account#: Phone#: Web Site: User: Password: Auto-Pay?

						Yes	No
Life Insurance bill							
Company:	Account#:	Phone#:	Web Site:	User:	Password:	Auto-Pay?	
						Yes	No
Business Loan payments							
Company:	Account#:	Phone#:	Web Site:	User:	Password:	Auto-Pay?	
						Yes	No
Business Loan payments							
Company:	Account#:	Phone#:	Web Site:	User:	Password:	Auto-Pay?	
						Yes	No
Other payments							
Company:	Account#:	Phone#:	Web Site:	User:	Password:	Auto-Pay?	
						Yes	No
Other payments:							
Company:	Account#:	Phone#:	Web Site:	User:	Password:	Auto-Pay?	
						Yes	No
Other payments:							
Company:	Account#:	Phone#:	Web Site:	User:	Password:	Auto-Pay?	
						Yes	No
Other payments:							
Company:	Account#:	Phone#:	Web Site:	User:	Password:	Auto-Pay?	
						Yes	No

NOTES:

☐ **Important People, And Service Providers In Life:**

☐ **Accountant:**

Company Name:

Phone:

E-mail:

Contact person

Phone:

Email:

Company/Office Name:

Phone:

Email:

Address:

City:

State:

Zip:

Account #

Notes:

☐ **Attorney:**

Company Name:

Phone:

E-mail:

Contact person:

Phone:

Email:

Company/Office Name:

Phone:

Email:

Address:

City:

State:

Zip:

Account #

Helping with: ☐ Will/Probate ☐ Living Will ☐ Power of Attorney (Medical) ☐ Power of Attorney (financial)

☐ Trusts ☐ Estate Planning

Other: _____ Other: _____

Other: _____ Other: _____

NOTES:

☐ Banker/Banking:

Company Name: Phone: E-mail:

Contact person: Phone: Email:

Company/Office Name: Phone: Email:

Address: City: State: Zip:

Personal Account Name: # Notes:

Business Account Name: # Notes:

Savings Account Name: # Notes:

Login Information:

Name: User Name: Password:

☐ Credit card:

Company Name: Phone: E-mail:

Contact person: Phone: Email:

Company/Office Name: Phone: Email:

Address: City: State: Zip:

Name: # Notes:

Login Information:

Name: User Name: Password:

☐ Credit card:

Company Name: Phone: E-mail:

Contact person: Phone: Email:

Company/Office Name: Phone: Email:

Address: City: State: Zip:

Name: # Notes:

Login Information:

Name: User Name: Password:

☐ Mechanic:

Company Name:

Phone:

E-mail:

Contact person:

Phone:

Email:

Address:

City:

State:

Zip:

NOTES:

Trust accounts:

See notes in Finance Section

☐ Passwords For All Websites – Banks, Credit Cards, Software, Services

☐ Write down your passwords here.

☐ Place it in a lock box, or safety deposit box or other lockable device.

☐ Only share it with your most trusted people in case of an emergency or death.

The passwords for these services are broken down into chapters in the complete document but you may want to print this page out and use it separately from the main document to protect your certain usernames and passwords.

Simply print more pages as needed.

Account:

Company/Product:	Account#	Phone#	Web Site:	User:	Password:
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Account:

Company/Product:	Account#	Phone#	Web Site:	User:	Password:
------------------	----------	--------	-----------	-------	-----------

Account:

Company:	Account#	Phone#	Web Site:	User:	Password:
----------	----------	--------	-----------	-------	-----------

Account:

Company/Product:	Account#	Phone#	Web Site:	User:	Password:
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Account:

Company/Product:	Account#	Phone#	Web Site:	User:	Password:
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Account:

Company:	Account#	Phone#	Web Site:	User:	Password:
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Account:

Company/Product:	Account#	Phone#	Web Site:	User:	Password:
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Account:

Company/Product:	Account#	Phone#	Web Site:	User:	Password:
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Account:

Company:	Account#	Phone#	Web Site:	User:	Password:
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Account:
Company/Product: Account# Phone# Web Site: User: Password:

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Company/Product: Account# Phone# Web Site: User: Password:

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Company: Account# Phone# Web Site: User: Password:

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Company/Product: Account# Phone# Web Site: User: Password:

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Company/Product: Account# Phone# Web Site: User: Password:

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Company/Product: Account# Phone# Web Site: User: Password:

Account:
Company: Account# Phone# Web Site: User: Password:

Account:
Company/Product: Account# Phone# Web Site: User: Password:

☐ Passwords For Computers, Phones, Apps, Services

☐ Passwords and more for phones

☐ Write down your passwords here.

☐ Place it in a lox box, safety deposit box or other lockable device.

☐ Only share it with your most trusted people in case of an emergency or death.

The passwords for all these services are broken down into chapters in the complete document but you may want to print this page out and use it separately from the main document to protect your certain usernames and passwords.

Simply print more pages as needed.

Phone:

Phone #: _____ Owner: _____ Brand: _____ Model: _____ ☐ Android ☐ Apple Screen Saver Code: _____

_____ - _____ - _____

Phone:

Phone #: _____ Owner: _____ Brand: _____ Model: _____ ☐ Android ☐ Appl Screen Saver Code: _____

_____ - _____ - _____

Phone:

Phone #: _____ Owner: _____ Brand: _____ Model: _____ ☐ Android ☐ Appl Screen Saver Code: _____

_____ - _____ - _____

Phone:

Phone #: _____ Owner: _____ Brand: _____ Model: _____ ☐ Android ☐ Appl Screen Saver Code: _____

_____ - _____ - _____

Apple Account:

Name #: _____ PW: _____ Noes _____

Android Account:

Name #: _____ PW: _____ Noes _____

☐ Passwords and more for computers

Computer #1

☐ Apple ☐ Chrome ☐ Windows Computer ID#: Login Name: PW/Code:

Operating Software Email Address/User Name: Password:

Data backed up: ☐ Yes ☐ No To: ☐ Cloud ☐ External Drive ☐

Secure Email: ☐ Yes ☐ No VPN: ☐ Yes ☐ No Anti-Virus Package: ☐ Yes ☐ No

Computer #2

☐ Apple ☐ Chrome ☐ Windows Computer ID#: Login Name: PW/Code:

Operating Software Email Address/User Name: Password:

Data backed up: ☐ Yes ☐ No To: ☐ Cloud ☐ External Drive ☐

Secure Email: ☐ Yes ☐ No VPN: ☐ Yes ☐ No Anti-Virus Package: ☐ Yes ☐ No

Notes

1. See section below for tracking usernames and passwords for these programs.
2. See ways to save \$ on apps, software and bills you pay every month.

☐ Ways to save money (software, apps, and other monthly services and bills)

It is so easy to automatically pay for items and services that we do not always use or need. So, if we do not take an inventory of these items, write them down and be totally honest with ourselves, we can keep paying for them month after month and are simply throwing that money away. It would be better to invest that money in items that generate income, like the stock market, a business, real estate, digital-currency, or someone else. Or help others with an education trust, or just give it to charity! Or you also could just leave it in the bank for savings or a rainy day! All great ideas. "The prepared You" will make the best use of your money, for you and your loved ones.

☐ Saving Money on monthly services you pay for each month:

We all have programs that we sign up for and use, and do not realize how much they really cost us over a year or years of use. They can be inexpensive per month and forgotten about them, but they can easily be eliminated if we track them and they actually cancel them. Cancelling them can free up that money for other things, like investments or things we really need.

Services I use/pay for (finding ways to reduce your expenses by reviewing and deleting ones you do not need)

Service:	Apps for phone:	Cost/Mo/Yr.	Date Paid:	Date Renew:	Cancel ☐ Yes ☐ No
Service:	Cell Phone:	Cost/Mo/Yr.	Date Paid:	Date Renew:	Cancel ☐ Yes ☐ No
Service:	Electric	Cost/Mo/Yr.	Date Paid:	Date Renew:	Cancel ☐ Yes ☐ No
Service:	Internet:	Cost/Mo/Yr.	Date Paid:	Date Renew:	Cancel ☐ Yes ☐ No
Service:	Satellite	Cost/Mo/Yr.	Date Paid:	Date Renew:	Cancel ☐ Yes ☐ No
Service:	Security:	Cost/Mo/Yr.	Date Paid:	Date Renew:	Cancel ☐ Yes ☐ No
Service:	Software:	Cost/Mo/Yr.	Date Paid:	Date Renew:	Cancel ☐ Yes ☐ No
Service:	Water Bill:	Cost/Mo/Yr.	Date Paid:	Date Renew:	Cancel ☐ Yes ☐ No

Simply take an inventory of all the items you use by looking at your credit card and bank accounts, and write them down here. Then call them and negotiate a better price or cancel them if you do not need them! Use that money for other things like investments or give it to a charity!

Next, eliminate unneeded items. You can even have another company negotiate with you for all the items below and more. [Click here to learn more!](#) Just create a free account, answer a few questions and they will take care of the rest.

☐ Negotiate your bills and save \$ each month:

The price you pay for services is not always the amount you have to pay! You can ask to negotiate the price you pay for services and many times have them reduced.

You can even have another company negotiate with you for all the items below and more.

[Click here to learn more!](#) Just create a free account, answer a few questions and they will take care of the rest.

To motivate yourself today to do this and to feel good about it a year from now, write down how you will use the money you save on the software, phone apps, services and monthly bills!

Month:	Amount Saved:	Invested:	Saved:	Given Away:
January:	\$ _____	_____	_____	_____
February:	\$ _____	_____	_____	_____
March:	\$ _____	_____	_____	_____
April:	\$ _____	_____	_____	_____
May:	\$ _____	_____	_____	_____
June:	\$ _____	_____	_____	_____
July:	\$ _____	_____	_____	_____
August:	\$ _____	_____	_____	_____
September:	\$ _____	_____	_____	_____
October:	\$ _____	_____	_____	_____
November:	\$ _____	_____	_____	_____
December:	\$ _____	_____	_____	_____

☐ Saving money on computer software and apps for our phones:

Software, phone apps and services you use and pay for each month can be expensive and many times eliminate if we track them and actually then cancel them. Cancelling them can free up that money for other things, like investments or things we really need.

Apps I use/pay for on my phone (ways to reduce your expenses by reviewing and deleting ones you do not need)

☐ Apple ☐ Android ☐ Windows

Login Name:

PW/Code:

App. Name:	What Does:	Cost/Mo/Yr.	Date Paid:	Date Renew:	Cancel ☐ Yes ☐ No
------------	------------	-------------	------------	-------------	---

App. Name:	What Does:	Cost/Mo/Yr.	Date Paid:	Date Renew:	Cancel ☐ Yes ☐ No
------------	------------	-------------	------------	-------------	---

App. Name:	What Does:	Cost/Mo/Yr.	Date Paid:	Date Renew:	Cancel ☐ Yes ☐ No
------------	------------	-------------	------------	-------------	---

App. Name:	What Does:	Cost/Mo/Yr.	Date Paid:	Date Renew:	Cancel ☐ Yes ☐ No
------------	------------	-------------	------------	-------------	---

App. Name:	What Does:	Cost/Mo/Yr.	Date Paid:	Date Renew:	Cancel ☐ Yes ☐ No
------------	------------	-------------	------------	-------------	---

App. Name:	What Does:	Cost/Mo/Yr.	Date Paid:	Date Renew:	Cancel ☐ Yes ☐ No
------------	------------	-------------	------------	-------------	---

Software I use/pay for on my computer (finding ways to reduce your expenses by reviewing and deleting ones you do not need)

☐ Apple ☐ Chrome ☐ Windows

Login Name:

PW/Code:

Software::	What Does:	Cost/Mo/Yr.:	Date Paid:	Date Renew:	Cancel ☐ Yes ☐ No
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Software::	What Does:	Cost/Mo/Yr.:	Date Paid:	Date Renew:	Cancel ☐ Yes ☐ No
------------	------------	--------------	------------	-------------	---

Software::	What Does:	Cost/Mo/Yr.:	Date Paid:	Date Renew:	Cancel ☐ Yes ☐ No
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Software::	What Does:	Cost/Mo/Yr.:	Date Paid:	Date Renew:	Cancel ☐ Yes ☐ No
------------	------------	--------------	------------	-------------	---

Software::	What Does:	Cost/Mo/Yr.:	Date Paid:	Date Renew:	Cancel ☐ Yes ☐ No
------------	------------	--------------	------------	-------------	---

Software::	What Does:	Cost/Mo/Yr.:	Date Paid:	Date Renew:	Cancel ☐ Yes ☐ No
------------	------------	--------------	------------	-------------	---

☐ Computer Security: Secure Emails, Virtual Private Networks, Backing Up Data, more:

☐ Computer security, passwords, firewalls, VPN, etc.:

I have backups scheduled for automated backups in case of data loss ☐ Yes ☐ No

Software Used: Where are your backups stored?

I have a VPN (Virtual Private Network) for secure web site surfing: ☐ Yes ☐ No

Software Used:

I have a protected, secure E-mail: account for secure emails: ☐ Yes ☐ No

Software Used:

I have virus software installed to remove viruses, spyware, etc. ☐ Yes ☐ No

Software Used:

Need help? This company can help.

According to GeeksByTheHour.com, the best software for secure email, safe web site surfing and secure emails is Proton software. Learn more here. [Proton Email and Private Virtual Server software.](#)

It may be easier and more secure for you to have someone help you install and set up the software through the Internet. You can contact Geeks by The Hour here and have a professional do this for you.

[Contact a Geek by The Hour!](#)

Your computer's security is one of the most important items in this document.

Why is it so important? Can you imagine:

- Turning on your computer and nothing happens?
- Turning on your computer and your software does not load/run?
- Turning on your computer and you see a message asking for a payment from ransomware?
- You realize your accounts payable/receivable/tax information is gone or hacked?
- You realize your personal pictures, letters, and other information is gone or hacked?
- You get a letter in the mail saying your social security number was used to create
 - A new credit card
 - A new identity for medical fraud
- You get a letter in the mail saying your accounts were hacked and
 - Your credit card has been charged thousands of dollars?
 - Your bank account/card has been charged thousands of dollars?

Let's talk more if you need to!

You need the right computer security software and perhaps help setting it up. See note above for the best software.

It may be easier and more secure for you to have someone help you install and set up the software through the Internet.

You can contact Geeks by The Hour here and have a professional do this for you.

[Contact a Geek by The Hour!](#)

☐ Computer data backups: Why it is important, how to do it:

Your computer backups and security is one of the most important items in this document.

Why is it so important? Can you imagine:

- Turning on your computer and nothing happens?
- Turning on your computer and your software does not load/run?
- Turning on your computer and you see a message asking for a payment from ransomware?
- You realize your accounts payable/receivable/tax information is gone or hacked?
- You realize your personal pictures, letters, and other information is gone or hacked?
- You get a letter in the mail saying your social security number was used to create
 - A new credit card
 - A new identity for medical fraud
- You get a letter in the mail saying your accounts were hacked and
 - Your credit card has been charged thousands of dollars?
 - Your bank account/card has been charged thousands of dollars?
- You realize you do not have an up-to-date back-up of your data?

The most common and heartbreaking thing I saw or heard was from owning a computer store from 1981-2020 was when people came in with a computer that had a bad hard disk drive, and they did not have a backup!

Let's talk more if you need to! Best idea of all, get with a Geek By The Hour specialist and get help backing up your

Type of External Hard drive: _____ Capacity: _____

Where is it stored for safe keeping: _____

Full Backups: Days: ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat

Partial backups Days: ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat

(I suggest you backup all of your data on Sun/Tue/Thu/Fri and have partial backups on Mon/Wed/Fri.

You can back up to the cloud but for security reasons and in case the service goes down, I recommend buying an external hard drive and backing up your data to that regularly.

*** See Our Information Security Disclaimer:**

☐ Computer Software I Use:

☐ The software I use on my computer for different uses:

Anti-Virus, Anti Spyware, etc.

Program/Service:	Login URL (Web Site):	User-Name	Password:
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Accounting / Book-Keeping (also see tax filing software)

Program/Service:	Login URL (Web Site):	User-Name	Password:
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Backup Software – for your data

Program/Service:	Login URL (Web Site):	User-Name	Password:
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Email: (Gmail/Proton/Your own Domain E-mail:)

Program/Service:	Login URL (Web Site):	User-Name	Password:
------------------	-----------------------	-----------	-----------

Secure Email:

Program/Service:	Login URL (Web Site):	User-Name	Password:
------------------	-----------------------	-----------	-----------

Tax Filing Software

Program/Service:	Login URL (Web Site):	User-Name	Password:
------------------	-----------------------	-----------	-----------

Virtual Private Network:

Program/Service:	Login URL (Web Site):	User-Name	Password:
------------------	-----------------------	-----------	-----------

Word Processing/Spreadsheets/Databases (MS Office/Google Docs/etc.)

Program/Service:	Login URL (Web Site):	User-Name	Password:
------------------	-----------------------	-----------	-----------

Again according to GeeksByTheHour.com, the best software for secure email, safe web site surfing and secure emails is Proton software. Learn more here. [Proton Email and Private Virtual Server software.](#)

It may be easier and more secure for you to have someone help you install and set up the software through the Internet. You can contact Geeks by The Hour here and have a professional do this for you.

[Contact a Geek by The Hour!](#)

☐ Financial information and assets:

☐ Credit Scores:

My personal credit score is: _____

As checked by _____

(Ask for information to get a free credit report)

My Business credit score is: _____

Items that need to be paid off to increase my credit score

Item #1

Company/Credit Card Name: _____ Last 4 Digits of Card: _____ Amount: \$ _____ Payments \$/Mo: _____ Goal for Payoff: _____
Date _____/_____/_____

Item #2

Company/Credit Card Name: _____ Last 4 Digits of Card: _____ Amount: \$ _____ Payments \$/Mo: _____ Goal for Payoff: _____
_____/_____/_____

Item #3

Company/Credit Card Name: _____ Last 4 Digits of Card: _____ Amount: \$ _____ Payments \$/Mo: _____ Goal for Payoff: _____
_____/_____/_____

Item #4

Home Loan: _____ Account #: _____ Amount: \$ _____ Payments \$/Mo: _____ Goal for Payoff Date: _____
_____/_____/_____

Item #5

Home Loan/2nd Mortgage: _____ Account #: _____ Amount: \$ _____ Payments \$/Mo: _____ Goal for Payoff Date: _____
_____/_____/_____

Item #6

Car loan #1: _____ Account #: _____ Amount: \$ _____ Payments \$/Mo: _____ Goal for Payoff Date: _____
_____/_____/_____

Item #7

Car loan #2 _____ Account # _____ Amount: \$ _____ Payments \$/Mo: _____ Goal for Payoff Date: _____
_____/_____/_____

Item #8:

Car loan #3 _____ Account # _____ Amount: \$ _____ Payments \$/Mo: _____ Goal for Payoff Date: _____
_____/_____/_____

Item:

Student loan #1: _____ Account #: _____ Amount: \$ _____ Payments \$/Mo: _____ Goal for Payoff Date: _____
_____/_____/_____

Item:

Student loan #2: _____ Account #: _____ Amount: \$ _____ Payments \$/Mo: _____ Goal for Payoff Date: _____
_____/_____/_____

Items that need to be paid off to increase my credit score:

Company:	Item/for:	Amount: \$	Payments \$/Mo:	Goal for Payoff Date: / / /
Company:	Item/for:	Amount: \$	Payments \$/Mo:	Goal for Payoff Date: / / /
Company:	Item/for:	Amount: \$	Payments \$/Mo:	Goal for Payoff Date: / / /
Company:	Item/for:	Amount: \$	Payments \$/Mo:	Goal for Payoff Date: / / /
Company:	Item/for:	Amount: \$	Payments \$/Mo:	Goal for Payoff Date: / / /
Company:	Item/for:	Amount: \$	Payments \$/Mo:	Goal for Payoff Date: / / /
Company:	Item/for:	Amount: \$	Payments \$/Mo:	Goal for Payoff Date: / / /
Company:	Item/for:	Amount: \$	Payments \$/Mo:	Goal for Payoff Date: / / /
Company:	Item/for:	Amount: \$	Payments \$/Mo:	Goal for Payoff Date: / / /
Company:	Item/for:	Amount: \$	Payments \$/Mo:	Goal for Payoff Date: / / /
Company:	Item/for:	Amount: \$	Payments \$/Mo:	Goal for Payoff Date: / / /
Company:	Item/for:	Amount: \$	Payments \$/Mo:	Goal for Payoff Date: / / /
Company:	Item/for:	Amount: \$	Payments \$/Mo:	Goal for Payoff Date: / / /
Company:	Item/for:	Amount: \$	Payments \$/Mo:	Goal for Payoff Date: / / /
Company:	Item/for:	Amount: \$	Payments \$/Mo:	Goal for Payoff Date: / / /
Company:	Item/for:	Amount: \$	Payments \$/Mo:	Goal for Payoff Date: / / /

Notes:

☐ Businesses interests/owned:

Business #1:

Company Name: DBA: Date Established: Federal ID#:

Who is President/CEO: Phone: E-mail::

Type of business: ☐ Sole Proprietor ☐ C Corporation ☐ S Corporation ☐ Limited Liability Company ☐ PMA

Percent Owned/Value In Company:

Contact person: Phone: Email:

Company/Office Name: Phone: Email:

Address: City: State: Zip:

Account Name: #: Notes:

Business #2:

Company Name: DBA: Date Established: Federal ID#:

Who is President/CEO: Phone: E-mail:

Type of business: ☐ Sole Proprietor ☐ C Corporation ☐ S Corporation ☐ Limited Liability Company

Percent Owned/Value In Company

Contact person: Phone: Email:

Company/Office Name: Phone: Email:

Address: City: State: Zip:

Account Name: #: Notes:

☐ Sources of recurring income, including affiliate income.

Source of recurring income - from business tools, services, SAAS, etc.

#1:

Name: Description: Income/Month:

Web Site Login URL: User Name: Password:

#2:

Name: Description: Income/Month:

Web Site Login URL: User Name: Password:

#3:

Name: Description: Income/Month:

Web Site Login URL: User Name: Password:

#4 :

Name: Description: Income/Month:

Web Site Login URL: User Name: Password:

#5:

Name: Description: Income/Month:

Web Site Login URL: User Name: Password:

Notes:

☐ Vehicles owned:

For insurance information see the heading "Insurance: Autos."

For mechanic information, see heading "Auto Mechanics."

Auto #1	Driver:	Year:	Brand:	Model:	License#:	Blue Book Value:
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Serviced at:

Notes:

Auto #2	Driver:	Year:	Brand:	Model:	License#:	Blue Book Value:
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Serviced at:

Notes:

Auto #3	Driver:	Year:	Brand:	Model:	License#:	Blue Book Value:
----------------	---------	-------	--------	--------	-----------	------------------

Serviced at:

Notes:

Auto #4	Driver:	Year:	Brand:	Model:	License#:	Blue Book Value:
----------------	---------	-------	--------	--------	-----------	------------------

Serviced at:

Notes:

General Notes:

☐ Properties Owned

Property #1

Address: City: State: Zip:

%Owned: Value: Owed: Name Of Lender:

2rd Mortgage? Amount: Owed: Name of Lender: Phone: Email:

3rd Mortgage? Amount: Owed: Name of Lender: Phone: Email:

Property # 2

Address:

%Owned: Value: Owed: Name Of Lender:

2rd Mortgage? Amount: Owed: Name of Lender: Phone: Email:

3rd Mortgage? Amount: Owed: Name of Lender: Phone: Email:

Notes:

☐ Types and values of Crypto Currency owned:

Type of wallets Owned: ☐ Hot Wallet ☐ Cold Wallet

(The main difference between hot wallets and cold wallets is that **hot wallets are connected to the internet through your computer or phone, while cold wallets are hardware devices that can keep your data offline.**

#1 Digital Currency (Crypto Currency) Owned:

Name: Description: #of Coins: Bought at \$:

Web Site/Wallet: User Name: Password: 2 Factor Authentication: Secret Phrase Code:

12 Secret Code Words (so you can get into your account if something happens:

#2 Digital Currency (Crypto Currency) Owned:

Name: Description: #of Coins: Bought at \$:

Web Site/Wallet: User Name: Password: 2 Factor Authentication: Secret Phrase Code:

12 Secret Code Words (so you can get into your account if something happens:

#3 Digital Currency (Crypto Currency) Owned:

Name: Description: #of Coins: Bought at \$:

Web Site/Wallet: User Name: Password: 2 Factor Authentication: Secret Phrase Code:

12 Secret Code Words (so you can get into your account if something happens:

#4 Digital Currency (Crypto Currency) Owned:

Name: Description: #of Coins: Bought at \$:

Web Site/Wallet: User Name: Password: 2 Factor Authentication: Secret Phrase Code:

12 Secret Code Words (so you can get into your account if something happens:

☐ Trusts:

Trust set up for:

Name: Social Security Number:

Phone: Email:

Address: City: State: Zip:

Person/Company who set up trust:

Name: Date Established:

Contact person: Phone: Email:

Company/Office Name: Phone: Email:

Address: City: State: Zip:

Account Name: #: Notes:

Notes:

☐ Children and Pets:

☐ Our children: In case of emergency:

Here the names, ages and pictures, etc. for our children in case of an emergency.

Be sure to paste pictures of your children here to send in case of an emergency!

TIP: Print additional copies of this page if needed.

Child #1

Child Full Name (First, Middle, Last) :

Birthday:

SS#:

Phone:

Medical information (medications, complications, etc.) :

Safe place to meet in case of an emergency:

Safe word in case of an emergency (on phone):



[Click here to get your bracelet with a QR Code for your children!](#)

Paste Picture Here:

Child #2:

Child Full Name (First, Middle, Last)

Birthday

SS#

Phone:

Medical information (medications, complications, etc.) :

Safe place to meet in case of an emergency:

Safe word in case of an emergency (on phone):

Paste Picture Here:



☐ Genealogy for my family (Grandparents/Our Children/Their Children and extra page for Great Grandchildren) :

Here is an easy-to-use page for your family – from Grandparents to Children to Grandchildren.

TIP: Print additional copies of this page if needed.

Grand Father _____
 Father (Father's Side) _____
 Mother (Mother's Side) _____
Grand Mother (Mother's Side) _____
 Father (Father's Side) _____
 Mother (Mother's Side) _____

Father (Us) _____
Mother (Us) _____

Our Oldest Child #1 _____
 Their Oldest Child #1 _____
 Their Child #2 _____
 Their Child #3 _____
 Their Child #4 _____
 Their Child #5 _____
 Their Youngest Child #6 _____

Our Child #2 _____
 Their Oldest Child #1 _____
 Their Child #2 _____
 Their Child #3 _____
 Their Child #4 _____
 Their Child #5 _____
 Their Youngest Child #6 _____

Our Child #3 _____
 Their Oldest Child #1 _____
 Their Child #2 _____
 Their Child #3 _____

Their Child #4 _____

Their Child #5 _____

Their Youngest Child #6 _____

Our Oldest Child #4 _____

Their Oldest Child #1 _____

Their Child #2 _____

Their Child #3 _____

Their Child #4 _____

Their Child #5 _____

Their Youngest Child #6 _____

Our Oldest Child #5 _____

Their Oldest Child #1 _____

Their Child #2 _____

Their Child #3 _____

Their Child #4 _____

Their Child #5 _____

Their Youngest Child #6 _____

Our Oldest Child #6 _____

Their Oldest Child #1 _____

Their Child #2 _____

Their Child #3 _____

Their Child #4 _____

Their Child #5 _____

Their Youngest Child #6 _____

☐ Our Great Grand Children:

Our Great Grandchildren (Parents) #1 _____ + _____

Their Oldest Child #1 _____

Their Child #2 _____

Their Child #3 _____

Their Child #4 _____

Their Child #5 _____

Their Youngest Child #6 _____

Our Great Grandchildren (Parents) #2 _____ + _____

Their Oldest Child #1 _____

Their Child #2 _____

Their Child #3 _____

Their Child #4 _____

Their Child #5 _____

Their Youngest Child #6 _____

Our Great Grandchildren (Parents) #3 _____ + _____

Their Oldest Child #1 _____

Their Child #2 _____

Their Child #3 _____

Their Child #4 _____

Their Child #5 _____

Their Youngest Child #6 _____

Our Great Grandchildren (Parents) #4 _____ + _____

Their Oldest Child #1 _____

Their Child #2 _____

Their Child #3 _____

Their Child #4 _____

Their Child #5 _____

Their Youngest Child #6 _____

Our Great Grandchildren (Parents) #5 _____ + _____

Their Oldest Child #1 _____

Their Child #2 _____

Their Child #3 _____

Their Child #4 _____

Their Child #5 _____

Their Youngest Child #6 _____

Our Great Grandchildren (Parents) #6 _____ + _____

Their Oldest Child #1 _____

Their Child #2 _____

Their Child #3 _____

Their Child #4 _____

Their Child #5 _____

Their Youngest Child #6 _____

☐ PETS: In case of an emergency:

Pet #1:

Pet Name:

Birth/Age:

Breed:

Bought From:

Phone:

Papers?:

Stored at:

Medical information (medications, complications, etc.)

Veterinarian Office:

Phone:

Email:

Contact person:

Phone:

Email:

Address:

City:

State:

Zip:

After Hours/Emergency:

Date Of Last Shots:

Type:

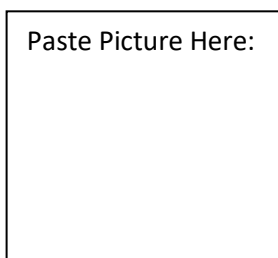
____/____/____
____/____/____
____/____/____
____/____/____
____/____/____

Favorite Foods:

Do not feed:

NOTES:

Paste Picture Here:



☐ Lock Boxes And Safety Deposit Boxes:

☐ Important documents: The lock box:

Items in our Lock Box:

(BE VERY CAREFUL WITH THIS INFORMATION!

DO NOT SHARE WITH ANYONE BUT TRUSTED PARTIES!

Your lockbox is where you keep all your important details about your life.

You can also keep items like jewelry, hard drives with data and more. But for our purposes it is to keep track of documents and information.

Please add any other items to the list that you feel are important.

☐ My lockbox is located in our home at:

☐ Name of location: _____

☐ Address: _____

☐ More detail: _____

☐ The key is located at: _____

☐ The key combination is: _____

The contents of this box are:

☐ Living Will.

☐ Last Will and Testament.

☐ Jewelry + other valuables.

☐ Add item:

☐ Add item:

☐ Important documents: Safety deposit box at the Bank/Credit Union, etc.:

Items in our Lock Box:

(BE VERY CAREFUL WITH THIS INFORMATION!

DO NOT SHARE WITH ANYONE BUT TRUSTED PARTIES!

Your lockbox is where you keep all your important details about your life.

You can also keep items like jewelry, hard drives with data and more. But for our purposes it is to keep track of documents and information.

Please add any other items to the list that you feel are important:

☐ My lockbox is located at:

☐ Name of location: _____

☐ Phone #: _____

☐ Address: _____

☐ Lock Box # _____

☐ My key is located at _____

☐ The key combination is _____

The contents of this box are:

☐ Living Will

☐ Last Will and Testament

☐ Jewelry + other valuables

Burial Requests:

☐ Instructions

☐ Insurance Information (if there is any)

☐ Goals To Complete Before I Go: The Important Stuff:

We can be here on this earth a long time, or we can be taken away in an instant without notice. Please take time to think this out carefully before doing anything, and then pray on each item. To start, print this page, sit in a quiet place, and truly think about these topics. Come back to it often to update till done. Be sure to write down the why, and when you plan to do it, then put an x in the box ☐ like this ☒ when it is done. Also be sure to write down how it made you feel for the motivation to complete your list.

☐ What if I gave it my all? What if trusted God 100%?

What if I gave it all? What if I trusted God 100%

There are so many things we can do IF we give it our all, especially with God's help!
What might happen if I do trust God and give it my all in everything I do?

If I gave it my all, could I have a better chance of:

- Having the exact lifestyle I want.
- Having the exact life partner I desire.
- Having the exact job that provides for my family – OR
- Having more success with business and income for now and to pass on to loved ones

The bottom line is if we do not give it our all, we will never know what could have been!

☐ Talk to God, ask any questions you have for Him, listen for answers, and perhaps ask for help.

Question: _____	Date Asked: ___/___/___ ☐	Results: _____
Question: _____	Date Asked: ___/___/___ ☐	Results: _____
Question: _____	Date Asked: ___/___/___ ☐	Results: _____
Question: _____	Date Asked: ___/___/___ ☐	Results: _____

See the section on God if you like!

☐ Who can I seek out for advice and encouragement?

Who can help mentor me, and educate me on specific topics, to encourage someone with kind words, for topics like employment, business, finances, relationships, even and especially God?

Do you research carefully, Find a mentor

Reach out to them now.

Name:	Why:	When:	Done:	Results:
_____	_____	___/___/___	☐	_____
Name:	Why:	When:	Done:	Results:
_____	_____	___/___/___	☐	_____
Name:	Why:	When:	Done:	Results:
_____	_____	___/___/___	☐	_____
Name:	Why:	When:	Done:	Results:
_____	_____	___/___/___	☐	_____

☐ Who can I mentor and or simply encourage?

Who can I encourage someone with kind words, a prophetic message, a tip from my life experience, or even give them a book or report (like this one?!).

Name:	How:	When:	Done:	Results:
_____	_____	___/___/___	☐	_____
Name:	How:	When:	Done:	Results:
_____	_____	___/___/___	☐	_____
Name:	How:	When:	Done:	Results:
_____	_____	___/___/___	☐	_____
Name:	How:	When:	Done:	Results:
_____	_____	___/___/___	☐	_____

☐ What can I do with my money to help others?

If I have a bit of extra money, what can I do to help others?

For ☐ Groceries ☐ Bills ☐ College Trust ☐ Business Venture ☐ Other! _____

Name:	How:	\$	When:	Done:	Results:
_____	_____	_____	___/___/___	☐	_____

Name:	How:	\$	When:	Done:	Results:
_____	_____	_____	____/____/____	☐	_____
Name:	How:	\$	When:	Done:	Results:
_____	_____	_____	____/____/____	☐	_____
Name:	How:	\$	When:	Done:	Results:
_____	_____	_____	____/____/____	☐	_____

☐ Who can I forgive?

Sometime asking for forgiveness is the key to moving on. Just be sure to think about whether talking to the person will cause unneeded hurt. Just be sure to think about whether talking to the person will cause unneeded hurt if/when communicating with them.

Name:	Why:	When:	Done:	Results:
_____	_____	____/____/____	☐	_____
Name:	Why:	When:	Done:	Results:
_____	_____	____/____/____	☐	_____
Name:	Why:	When:	Done:	Results:
_____	_____	____/____/____	☐	_____
Name:	Why:	When:	Done:	Results:
_____	_____	____/____/____	☐	_____

☐ Who do I want to ask to forgive me?

Sometime asking for forgiveness is the key to moving on clearing your heart of pain. Just be sure to think about whether talking to the person will cause unneeded hurt if/when communicating with them.

Name:	Why:	When:	Done:	Results:
_____	_____	____/____/____	☐	_____
Name:	Why:	When:	Done:	Results:
_____	_____	____/____/____	☐	_____
Name:	Why:	When:	Done:	Results:
_____	_____	____/____/____	☐	_____
Name:	Why:	When:	Done:	Results:
_____	_____	____/____/____	☐	_____

☐ Who hurt me that needs to know?

Be careful with this one. If you must tell a person something, realize you need to be careful how you say it and do it in a way to help them, to release you of the pain, not to hurt them. Remember, in extreme cases it will be very hard to forgive but most people who hurt people have been hurt themselves.

Name:	Why:	When:	Done:	Results:
_____	_____	___/___/___	☐	_____
Name:	Why:	When:	Done:	Results:
_____	_____	___/___/___	☐	_____
Name:	Why:	When:	Done:	Results:
_____	_____	___/___/___	☐	_____
Name:	Why:	When:	Done:	Results:
_____	_____	___/___/___	☐	_____

☐ Who can I help as a volunteer?

What skills and or knowledge can I share as a volunteer? See the section on [how to help the elderly or those who otherwise need help in their home.](#)

Name:	How:	When:	Done:	Results:
_____	_____	___/___/___	☐	_____
Name:	How:	When:	Done:	Results:
_____	_____	___/___/___	☐	_____
Name:	How:	When:	Done:	Results:
_____	_____	___/___/___	☐	_____
Name:	How:	When:	Done:	Results:
_____	_____	___/___/___	☐	_____

☐ Positive affirmations:

If you need or simply enjoy words of encouragement to say during the day, here are a few of our favorites!

Love:

- I am loved.
- I love others.

Being Worthy:

- I am a good person.
- I have a good heart.
- I am worthy of all good things.

God:

- God loves me (for this I know!)
- God has a plan for me.
- I am worthy of his love.

Value:

- I have value to God.
- I have value to many people.

Personal Attributes:

- I am smart.
- I am honest.
- I am reliable.
- I am capable.
- I do what I say I will do.

Attitude:

- I am a happy person.
- I am a positive person.
- I do not stay angry for long.
- I forgive easily.

I believe:

- I believe I will have everything I need

Physical:

- I am healthy.
- I heal quickly.
- I have a strong body.
- I build muscles easily.

Mind:

- I learn quickly.
- I have a strong mind.
- I remember things easily.

Love:

- I have a good love life.
- Or God is preparing someone special for me!).
- I do encourage my partner and build them up.

People:

- I have good people in my life.
- I can attract more good people to me.

Money:

- I have money.
- I will have more money.
- I do good things with my money.
- I can be happy without a lot of money.

Control/Destiny

- I control my joy.
- I control my success.
- I control my finances.
- I control my relationships.

Note: See <http://pmaoftheday.com> for daily Positive Mental Attitude tips every day via text and e-mail!

☐ Hospice Care:

☐ My choices for hospice care:

If needed, I wish to be in hospice care

☐ In my home ☐ In a hospice care facility

If in my home, this is the person I have chosen to assist me.

Name:

Phone:

E-mail:

Address:

City:

State:

Zip:

Notes:

In a Hospice: I have researched the hospice care facilities and would like to be in one of the following: (in order)

Option #1 Hospice Name:

Phone:

E-mail:

Address:

City:

State:

Zip:

Contact Person:

_____ Have I talked to them? ☐ Yes ☐ No

Have I visited: ☐ Yes ☐ No

Notes:

Option #2 Hospice Name:

Phone:

E-mail:

Address:

City:

State:

Zip:

Contact Person:

_____ Have I talked to them? ☐ Yes ☐ No

Have I visited: ☐ Yes ☐ No

Notes:

Option #3 Hospice Name:

Phone:

E-mail:

Address:

City:

State:

Zip:

Contact Person:

_____ Have I talked to them? ☐ Yes ☐ No

Have I visited: ☐ Yes ☐ No

Notes:

☐ In The Case Of My Death:

☐ My funeral wishes:

Songs/Hymns I want played at my funeral:

Name: _____ By: _____

Name: _____ By: _____

Name: _____ By: _____

Bible passages I want to be read at my funeral:

Name: _____ By: _____

Name: _____ By: _____

Pall Bearers: Here is a list of the people I want to Paul Bearers, and how I know each person.

#1 Name: _____ Why: _____

#2 Name: _____ Why: _____

#3 Name: _____ Why: _____

#4 Name: _____ Why: _____

#5 Name: _____ Why: _____

#6 Name: _____ Why: _____

I want the following story of my life to be ready by ☐ me or by (Name) _____

(this story can be typed up, printed, and placed here.)

My Story:

☐ My funeral wishes: Flowers/My obituary/Tombstone

I love flowers for my funeral ☐ Yes

☐ I would rather have donations made to the following: _____

What I want to say on my tombstone:

What picture I want on my tombstone:

What I want my obituary to say:

Here is the picture I want included in my obituary and a picture of what I want on my Tombstone

Paste Picture Here:

Obituary Picture:

Paste Picture Here:

Tombstone Picture:

☐ In case of death: People I would like contacted:

These days we do not read the newspaper or the obituary, so, many times we do not know when people pass away. If you want someone to be notified, do it here. If you need more than one page, print this page again.

Name: Phone: E-mail: How know:

Address:

Name: Phone: E-mail: How know:

Address:

Name: Phone: E-mail: How know:

Address:

Name: Phone: E-mail: How know:

Address:

Name: Phone: E-mail: How know:

Address:

Name: Phone: E-mail: How know:

Address:

Name: Phone: E-mail: How know:

Address:

Name: Phone: E-mail: How know:

Address:

Name: Phone: E-mail: How know:

Address:

☐ In case of death: My Church/Temple and Pastor/Priest/Clergyman/Rabbi of choice

Church Name:

Phone:

E-mail:

Clergyman name to officiate:

Phone:

Email:

Address:

City:

State:

Zip:

Note to Pastor or Priest, Rabbi, etc. upon my death:

Notes:

☐ In case of death: My cemetery of choice

My wishes are:

☐ I want to be buried at: ☐ I want to be cremated:

☐ If cremated, I want my ashes placed at: _____

Cemetery Name:

Phone:

E-mail:

Contact person:

Phone:

Email:

Address:

City:

State:

Zip:

Burial plot purchased? Yes / No

Burial Insurance? Yes / NO (see below)

Notes:

☐ My choices for a funeral:

Here are my wishes for my funeral home.

☐ In my home ☐ In a funeral home

☐ If in my home, this is the person I have chosen to assist me, if not family.

Name:

Phone:

E-mail::

Address:

City:

State:

Zip:

Notes:

☐ **Funeral Homes: I have researched the funeral homes and would like to be in one of the following: (in order)**

Funeral Home Option #1:

Phone:

E-mail:

Address:

City:

State:

Zip:

Contact Person:

Have I talked to them? ☐ Yes ☐ No

Have I visited: ☐ Yes ☐

Notes:

Funeral home option #2:

Phone:

E-mail:

Address:

City:

State:

Zip:

Contact person:

Have I talked to them? ☐ Yes ☐ No

Have I visited: ☐ Yes ☐

Notes:

Funeral home option #3:

Phone:

E-mail:

Address:

City:

State:

Zip:

Contact Person:

Have I talked to them? ☐ Yes ☐ No

Have I visited: ☐ Yes ☐

Notes:

☐ In case of death:
Funeral plot purchase

Company Name:

Phone:

E-mail:

Contact person:

Phone:

Email:

Address:

City:

State:

Zip:

Policy#:

Amount:

Plot # / Description:

Notes:

☐ In case of death:

Funeral Insurance

Burial Insurance Name:

Phone:

E-mail:

Contact person:

Phone:

Email:

Address:

City:

State:

Zip:

Policy#:

Amount:

Notes:

☐ In case of death: Comment I need to share with specific people:

Add a special short note to my loved ones: (Spouse, Mother, Brother, Sisters, Friends, etc.)

To: _____ Who they are: _____

Comments:

To: _____ Who they are: _____

Comments:

To: _____ Who they are: _____

Comments:

To: _____ Who they are: _____

Comments:

To: _____ Who they are: _____

Comments:

What I want my Children and or Loved Ones to know that they may or may not know:
(What is truly important to me to pass on to you)

Tip # 1

You can certainly write this up in a word processor to make it easier and send via email. 😊

Tip # 2

Or you can record these questions for your loved ones.

You can even use these questions in an Interview to be recorded on a free program like Loom.

Get it at <http://loom.com> – See notes below.

Things I am thankful for

1.

2.

3.

4.

5.

My proudest accomplishments:

1.

2.

3.

4.

5.

What I want people to remember about me:

1.

2.

3.

My favorite words of advice:

1.

2.

3.

4.

5.

My views on God:

What I love about my country:

My views on Politics:

My views on life in general:

Good memories/facts/notes about my parents :

My favorite Bible passages

My favorite quotes

My favorite songs

My favorite movies

Other thoughts:

Again, you can use a free web site called Loom to record, edit and share recordings about yourself or loved ones.

As I mention below, I highly hope you will take time to interview each family members on a program like loom (or zoom, or your phone) but I love a free program called at this site <http://Loom.com> where you can interview and record your family member's memories and stories. Simply by asking them fun questions about their parents, brothers and sisters, work experiences, accomplishments, their children and other wonderful topics.

Don't be surprised if they (or you) may just want to talk without any questions or prompts! That is my mom. She loves to talk about her parents, brothers, sisters and more. I always say, if you want to see my mom smile and talk, just ask her about her family! But the problem is if you record it on your phone, you have to share it and it gets viewed once or lost.

Give it a try. I will add a few examples soon to this document.

Until then, be sure to join us in our discussions and make suggestions on how to improve or use this document.



The Prepared You

100% No Matter What

HOW TO SHARE MY PERSONAL ITEMS IN MY HOME
FOR _____ YEAR 2024

☐ Worksheet: Who gets the personal items from my home!

Dear loved ones:

I want to make sure to avoid hurt feelings, division in the family, and stress after I die.

Please print this page and fill in each item before there is a death. You can even print out a page and put it near each item so people can write down who wants it, and then it can be decided who will receive it. Hopefully just one person will want each item, but at least this way you will know. Much love!

Be sure to place an x in the box ☐ like this ☒ for when you have completed a section.

To be shared with: _____

☐ Pictures

Item:	Location	Who wants it	Who gets it
-------	----------	--------------	-------------

W ☐ Deeds ☐ Loan Documents ☐ Contracts ☐ Homes ☐ Rentals ☐ Land

Insurance:

☐ Life Insurance Policies

Checking Accounts:

☐ Business Checking Accounts ☐ Savings Accounts ☐ Personal Checking Accounts

Retirement funds/Stocks and Bonds/Precious Metals/etc.:

☐ Retirement funds (401K) ☐ Ira ☐ Annuities

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☐ Bonds ☐ Stocks ☐ Precious metals ☐ Gold ☐ Silver ☐ Rare collectibles



The Prepared You

100% No Matter What

MY EMERGENCY INFO, CONTACTS, BILLS, ASSETS, GOALS, LEGACY, AND FINAL WISHES FOR _____ YEAR 2023

☐ **Worksheet: Making Sure My Assets Are Passed-On-To My Loved Ones:**

Dear loved ones:

I want to make sure you receive these items from me when I leave this world.

Be sure to place an x in the box ☐ like this ☒ for when you have completed a section.

Much love!

Name: _____ Spouse: _____ Phone: _____ Email: _____

To be shared with: _____

Real Estate:

☐ Deeds ☐ Loan Documents ☐ Contracts ☐ Homes ☐ Rentals ☐ Land

Insurance:

☐ Life Insurance Policies

Checking Accounts:

☐ Business Checking Accounts ☐ Savings Accounts ☐ Personal Checking Accounts

Retirement funds/Stocks and Bonds/Precious Metals/etc.:

☐ Retirement funds (401K) ☐ Ira ☐ Annuities

☐ Bonds ☐ Stocks ☐ Precious metals ☐ Gold ☐ Silver ☐ Rare collectibles

Recurring income:

☐ Affiliate Marketing ☐ Books ☐ Rentals ☐ Other recurring income _____

Crypto Currency:

☐ Bitcoin ☐ Cold Wallet ☐ Hot Wallet

Automobiles:

☐ Retirement funds

Misc.:

☐ Lockbox Contents ☐ Safety Deposit Box content

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☐ Things in the ☐ Attic ☐ Basement ☐ Storage units

Cash, Heirlooms, Jewelry, etc.:

☐ Cash ☐ Jewelry ☐ Heirlooms ☐ Baby Items

☐ Letters ☐ Pictures ☐ Videos ☐ Mementos ☐ Wedding Dress ☐ Hope Chest

Think Antique Road Show (Value of antiques!)

Ownership Documents:

☐ Will ☐ Businesses ☐ Recurring income ☐ Rentals ☐ Affiliate Marketing

Attorney Contact for My Will and Final Instructions:

Company Name:

Phone:

E-mail:

Contact person:

Phone:

Email:

NOTE: All of the information about these assets is located in my "The Prepared You" document and my will. Both will help you find, secure, and preserve these items so you can enjoy and benefit from them.

I love you.

Name: _____

Signed _____ Date: ____/____/____

Date:

Note:

____/____/____
____/____/____
____/____/____
____/____/____
____/____/____
____/____/____
____/____/____
____/____/____
____/____/____
____/____/____
____/____/____
____/____/____

Get more documents like this at <http://thepreparedyou.com>

☐ How to use this document and making this information safe:

☐ How to use and save your private information with this document:

This document should be printed, then you can write the information in the document for you to be more organized in life, in the case you are incapacitated, and others need to take over most tasks for you, or if you should die and people need all the information to make your funeral and share your legacy and messages to loved ones.

I would never put this information in one document on a computer, even if it is password protected, as people can and do hack into computers and steal information for a variety of reasons, such as Identity theft, breaking into and stealing money from your bank, credit cards, crypto wallet and more. Identity theft can even include having your identity for medical operations or opening new accounts for any needed service and giving you the bill. There are hundreds of more ways to harm you so do not ever share this information with anyone other than your most trusted family members. You can even print out just make copies of the pages that must be shared at the time.

- ☐ Save this document to your computer for backup.
 - ☐ Fill out the information as have time
 - ☐ Give copies of the pages that need to be shared to a trusted party when necessary
- ☐ Place this file in a lockbox in your home for privacy and security
- ☐ Or take to a location where you can store it safely in a safety deposit box.
- ☐ Finally, show someone you trust where it is so they can access it if it is needed.

I know this is a lot of work to complete, but it will help your loved ones in case something does happen to you, and it will be a way to avoid additional heart ache saver for your loved ones.

☐ My goals for today to make the most of my time here:

For the date of: ____ / ____ / ____

GOALS: Let's Plan And Organize The Steps To Truly Help You Share Your Ideas, Products, Goals And Dreams!

Getting Started: Start by printing this page each day, and the page below it once per week. Then write down your goals, the tasks to complete etc. on the pages. Then check off each task as you complete them, so you can use it later to track your successes, struggles and plan your next steps.

This is a powerful tool for your success because:

1. When you write down your goals, a plan and your priorities each day, you have a roadmap to success
2. Having a checklist to follow every day is the best way to make sure everything gets done, every day, week, month and year
3. Completing these tasks sets a habit for you. It takes 21 days to form a habit and you will have the habit of completing tasks
4. We are more efficient when we do things one at a time, and in order. We all need to be more efficient to get more done
5. Having these sheets printed, completed, and in a folder allows you to go back and review later, to find the secrets to your success (and what to avoid in the future)!

My Life/Business Mission (WHY AM I HERE?!):

What goals do I want to accomplish? Who can I help, and how? How can I share God's love?

For The Most Impact: What are the #1 and #2 things that I can do today that will have the most positive impact on my business (and others) today, tomorrow and into the future?

1. _____
2. _____

Specific Steps: What are my specific steps to take today to reach my goals?

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

Contacting People: Who will I contact today and what will I accomplish?

- | | |
|----------|------------|
| 1. _____ | For: _____ |
| 2. _____ | For: _____ |

Promotion: What will I do to promote my business (review checklist below)?

- | | |
|----------|------------|
| 1. _____ | For: _____ |
| 2. _____ | For: _____ |

What else do I need to do today for my business to grow?

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

End of the day: The results/comments/What can I do better:

☐ Worksheets: Your daily tasks checklist:

MY WEEKLY CHECKLIST FOR A BETTER LIFE!

Starting today, I do make a commitment to change my life for the better, starting today, one step at a time.

I will place a check mark in the box for each step completed, for each day for a better life!

My Daily Tasks For Success	Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun
<u>In The Morning:</u>								
Wake up, lay still, give thanks/5 min								
Hydrate/Enjoy glass of water by bed								
Visualize today's exciting events								
Get out of bed/stretch /5 min								
Shower, brush teeth, floss, etc.								
Take Supplements/Pills/Essential Oils								
Sit down, read Bible, pray								
Read motivational quotes/book								
Review your life's mission statement								
Exercise (15 /30 / 45/ 60 min)								
Review plans for the day/start day								
<u>During Day:</u>								
Review Goals/Steps For Success								
Drink ½ your weight in OZ of water								
Stretch/Exercise								
Meditate/Pray								
<u>Before You Go To Bed:</u>								
Review day/goals, revise for next day								
Plan the events of day for tomorrow								
Plan meals for the day for tomorrow								
Set water by the bed for tomorrow								
Turn off electronics 1 hr. before bed								
Visualize your successes tomorrow								
Do 4x4 breathing exercises								
Sleep soundly, be ready for new day!								
Write down Blood Sugar/Pressure								

Check with us for many additional checklists, such as starting a business, marketing checklists, health checklists, more!

Get More Help At ThePreparedYou.Com

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

☐ Who did you help this week?

(Print, write the above, then place in your 3-ring binder. Print more pages when needed!).

Examples: Spouse, Children, Parents, relatives, friends, neighbors, people at work, divorced people, those in nursing homes, prison, etc. People who have not been thought of for a while.

What you can do: Call, write a letter, send a card, email, or text.

Invite to lunch, a movie, a walk, a workout, etc.

Who:	Name:	What/why:	When:	Done:	Results:
_____	_____	_____	___/___/___	☐	_____
Who:	Name:	What/why:	When:	Done:	Results:
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Who:	Name:	What/why:	When:	Done:	Results:
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Who:	Name:	What/why:	When:	Done:	Results:
_____	_____	_____	___/___/___	☐	_____

Notes: _____

Notes: _____

Notes: _____

☐ **A Journal:** Here are my goals, thoughts, frustrations, and joys:

(Print, write the above, then place in your 3-ring binder. Print more pages when needed!).

[illegible]

❑ Disclaimers:

Information Security Disclaimer:

It is your responsibility to exercise the strictest care to protect all information that should be kept private, such as financial information, account usernames, passwords and more for bank accounts, credit cards, software, phones, computers and other devices and programs. You are advised to place the printed document with information you enter stored in a locked device that keeps the information from being destroyed or accessed by those who do not have your best interests at heart and would steal information, money or other items from you, or use information against you.

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Another Helpful Checklist from John Davin and friends.

❑ Final notes about this document from John Davin:

At the time of the final version of this document, my parents are 86 and 91 respectively and their health has been failing for some time. It is a very difficult time and knowing we need to take over more of the daily tasks as they age, and being ready for time we have to say goodbye for a short time until we meet them again.

One of the things we can do to make it easier for all during this difficult time is to be prepared with the right information and knowing how we can help them, other family members, and friends in the community. With that in mind, I created this document for myself and others. Please consider printing it, filling in the important information about you or your loved ones that need it, and then add information to it as often as you can, or as your information changes. Finally, share the location of the printed document with at least one VERY trusted person so they know where it is in case it is needed.

I hope you can also use this document to share personal thoughts too, such as what you want to pass on to loved ones when you pass. Like your favorite thoughts or memories of each special person in your life. Or to tell them what was important to you in your life that you want to pass on to them.

I also highly hope you will take time to interview each family members on a program like Zoom, your phone or ESPECIALLY a free program like <http://Loom.com> where you can interview your family member by asking them simple, fun questions about their parents, brothers and sisters, work experiences, accomplishments, children and other wonderful topics. They may just want to talk without any questions from you. That is my mom. She loves to talk about her parents, brothers and sisters and more. I always say, if you want to see Mom smile and talk, just ask her about her family! But the problem is if you record it on your phone, you have to share it and it gets viewed once or lost.

But with <http://Loom.com>, her video is there for all to see at any time, any day, immediately, forever! You can even password protect the video so only the family can view. Don't let stories and memories get away. Get the free version of loom or another program like it.

Some of the sections may even be helpful to you personally to use now. Such as the page for all the bills that must be paid for your household or business. Remember, you can print extra pages for your own use, or make copies of the document when it filed out to a fellow family member.

Just be sure to share the location of the printed and completed document with at least one person, in case you are incapacitated or die. The sad truth is all the work you do on this document will help no-on if nobody knows about it or how to access it. 😊

This document is a free document and I hope it help you prepare for the death of loved ones and for yourself. Be sure to request the latest copy of this document and join our Facebook group to make suggestions for this tool. My best wishes for a more organized life, and less stressful times for our loved ones when we have emergencies or leave this world.

John Davin, Wildwood, MO
<http://thewebtoolsguy.com>
johndavin@gmail.com

Option #1

If you like this free document, please help in one or more of these ways.

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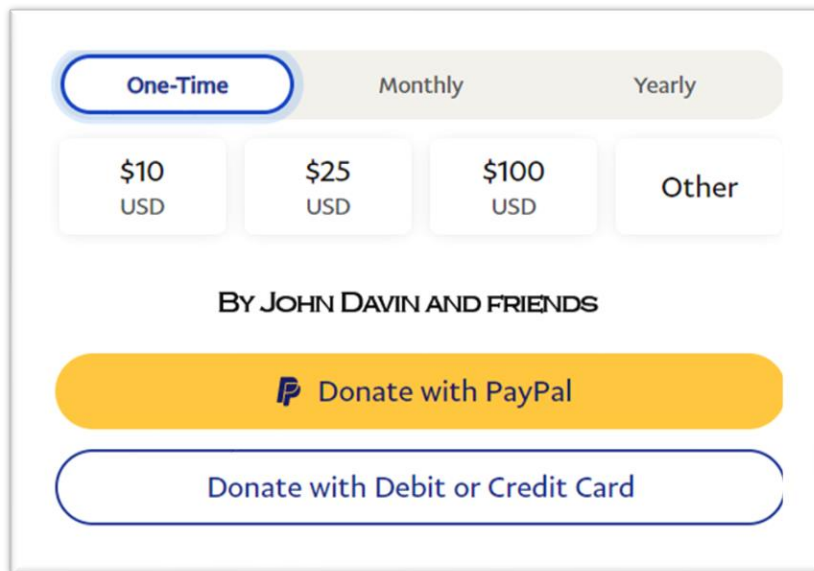
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We are not a non-profit, so donations are not tax deductible, but your donations help us spend more time creating helpful documents and tools like this. Thank you!



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Option #3:

Purchase items from this web site (Zero cost to join/buy).

The very best thing you can do is share this document with as many people as you can!
Where?

- Your family
- Your friends
- Your local Church
- Your social media (Facebook, Twitter, LinkedIn, etc.)

Just send this message.

“Hi, I want to share this free resource (document) you can use to write down all the important information others will need if you are incapacitated and need help, or upon sudden death. Why? So, your loved ones can find, secure and preserve the items and thoughts you left them, so they can enjoy and benefit from them.

See video here for examples. <https://somup.com/c3l2cZwaud>. A link to the free document is below the You tube™ Video to print and use.

Sincerely, Your Name

Option #4:

If you can contribute ideas and content to this document, or help share it with the world, join our Facebook Group mastermind here.

<https://www.facebook.com/groups/thepreparedyoumastermind/>

We appreciate you sharing!

I appreciate you doing this so I can spend more time creating and sharing documents like this!

Sincerely,
John Davin

Option #4:

Purchase items from this web site (Zero cost to join/buy).

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Reviews and training for the best business tools you need for your business to realize your dreams of more sales and more income. Join here!

* I am 50% owner of this company, thank you for checking out the best tools I recommend and supporting me when you sign up for our \$10/Month membership. Ask me how!

Borrowed from - See more at: <http://www.allaboutgod.com/prayer-of-salvation.htm#sthash.xdFUK3Mn.dpuf>

(Note: Please leave out this page and create/print/insert page and links for your beliefs if different!)

Prayer of Salvation - Our First Real Conversation with God

The "prayer of salvation" is the most important prayer we'll ever pray. When we're ready to become a Christian, we're ready to have our first real conversation with God, and these are its components:

- We acknowledge that [Jesus Christ is God](#); that [He came to earth as a man](#) in order to live the sinless life that we cannot live; that He died in our place, so that we would not have to pay the penalty we deserve.
- We confess our past life of sin -- living for ourselves and [not obeying God](#).
- We admit we are ready to trust [Jesus Christ as our Savior and Lord](#).
- We ask Jesus to come into our heart, take up residence there, and begin living through us.

Prayer of Salvation - It Begins with Faith in God

When we pray the prayer of salvation, we're letting God know we believe His Word is true. By the faith He has given us, we choose to believe in Him. The Bible tells us that *"without faith it is impossible to please Him, for he who comes to God must believe that He is, and that He is a rewarder of those who diligently seek Him"* ([Hebrews 11:6](#)).

So, when we pray, asking God for the gift of salvation, we're exercising our free will to acknowledge that we believe in Him. That demonstration of faith pleases God, because we have freely chosen to know Him.

Prayer of Salvation - Confessing Our Sin

When we pray the prayer of salvation, we're admitting that we've sinned. As the Bible says of everyone, save Christ alone: *"For all have sinned, and fall short of the glory of God"* ([Romans 3:23](#)).

To sin is simply to fall short of the mark, as an arrow that does not quite hit the bull's-eye. The glory of God that we fall short of is found only in Jesus Christ: *"For it is the God who commanded light to shine out of darkness, who has shone in our hearts to give the light of the knowledge of the glory of God in the face of Jesus Christ"* ([2 Corinthians 4:6](#)).

The prayer of salvation, then, recognizes that Jesus Christ is the only human who ever lived without sin. *"For He made Him who knew no sin to be sin for us, that we might become the righteousness of God in Him"* ([2 Corinthians 5:21](#)).

Prayer of Salvation - Professing Faith in Christ as Savior and Lord

With Christ as our standard of perfection, we're now acknowledging faith in Him as God, agreeing with the Apostle John that: *"In the beginning was the Word (Christ), and the Word was with God, and the Word was God. He was in the beginning with God. All things were made through Him, and without Him nothing was made that was made"* ([John 1:1-3](#)).

Because God could only accept a perfect, sinless sacrifice, and because He knew that we could not possibly accomplish that, He sent His Son to die for us and pay the eternal price. *"For God so loved the world that He*

gave His only begotten Son, that whoever believes in Him should not perish but have everlasting life." ([John 3:16](#)).

Prayer of Salvation - Say It & Mean It Now!

Do you agree with everything you have read so far? If you do, don't wait a moment longer to start your new life in Jesus Christ. Remember, this prayer is not a magical formula. You are simply expressing your heart to God. Pray this with us:

"Father, I know that I have broken your laws and my sins have separated me from you. I am truly sorry, and now I want to turn away from my past sinful life toward you. Please forgive me and help me avoid sinning again. I believe that your son, Jesus Christ died for my sins, was resurrected from the dead, is alive, and hears my prayer. I invite Jesus to become the Lord of my life, to rule and reign in my heart from this day forward. Please send your Holy Spirit to some help me obey You, and to do Your will for the rest of my life. In Jesus' name I pray, Amen."

Prayer of Salvation - I've Prayed It; Now What?

If you've prayed this prayer of salvation with true conviction and heart, you are now a follower of Jesus. This is a fact, whether or not you feel any different. Religious systems may have led you to believe that you should feel something - a warm glow, a tingle, or some other mystical experience. The fact is, you may, or you may not. If you have prayed the prayer of salvation and meant it, you are now a follower of Jesus. The Bible tells us that your eternal salvation is secure! *"that if you confess with your mouth the Lord Jesus and believe in your heart that God has raised Him from the dead, you will be saved"* ([Romans 10:9](#)).

Welcome to the family of God! We encourage you now to find a local church where you can be baptized and grow in the knowledge of God through His Word, the Bible.

- See more at: <http://www.allaboutgod.com/prayer-of-salvation.htm#sthash.xdFUK3Mn.dpuf>

☐ Coming Soon: Sources of help and more “The Prepared You,” plans.

We will be adding more documents and ways to help you!

Coming Soon:

- **People:** People who can help you prepare your important tasks and documents such as your will, living will, etc.!
- **Forms** - Sources of forms for those who want to do it themselves.
- **Links** - **Links to helpful web sites** that explain the topics better.
- **More “The Prepared You” documents** by the Author.

Finally, I will be adding more resources for where you can get help in case you are injured, isolated in your home, in hospice or just need human contact.

- Links where you can
 - **Request financial help.**
 - **Request help from a local Church.**
 - **Meet people who can pray for you and with you no matter what need(s) you have.**

Remember, “The prepared You” will make the best use of your time, resources, and knowledge, for you and loved ones! And it is always ok to ask for help. It is the way people have always helped each other.

Additional Topics Coming Soon: (You will be able to vote for which one you want to see us develop next.)

A black envelope is shown, slightly open, revealing a stack of US dollar bills inside. The bills include several \$20 bills and one \$50 bill. The envelope is placed on a surface covered with various other US dollar bills, including \$100, \$50, and \$20 bills, creating a background of money. The lighting is bright, highlighting the texture of the paper and the colors of the bills.



Be prepared for success from birth to death with this planner and details organizer.

[illegible]

Be prepared for success from birth to death
with this planner and details organizer.

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☐ RESOURCES: The Prepared You Resources That Can Help!

Remember, it is ok to ask for help. It is the way people have always helped each other. Reach out.

Current Resources:

1) **“The Prepared You” Newsletter:**

Be sure to be on our mailing list to discover more resources you need and to join our Facebook Group to ask for more help, and more “The Prepared You” documents! Sign up here! <http://thepreparedyou.com>

2) **“The Prepared You” special reports with extra resources, checklists, coaches, discussions.**

We are creating a series of documents that help you prepare for specific stages of life. They are usually shorter documents, with topics like education, employment, marriage, children, retirement, and end of life, etc.

You can find an example here! <http://thepreparedyou.com> and sign up for the newsletter. We will be sending out many reports.

3) **“The Prepared You” Facebook Group:**

Be sure to join us for new content, ideas, polls, discussions, and more. To join our Facebook Group visit here! <https://facebook.com/thepreparedyou>

Tip: Save this document to your computer and use it, but also check for new versions and additional tools from

☐ RESOURCES: Saving Money:

Lower Utility Bills:

Are you paying too much for your utility bills? Through Bright Day Energy we have a variety of solutions to save you money on your energy bill, both residential and commercial energy. Contact Ron Pedersen at 618-491-2809 at your earliest convenience for a consultation.

Paying too much for health insurance?

If you are buying individual health insurance, a health sharing program might be your solution. Contact Ron Pedersen at 618-491-2809 at your earliest convenience for more information.

☐ RESOURCES: Better Health Services

More fringe benefits, lower cost

How would you like to offer more fringe benefits to your employees and save money in the process? Contact Ron Pedersen at 618-491-2809 at your earliest convenience for more information.

☐ RESOURCES: Software That Can Help!

1) **Free Recording/Editing Software:**

Loom: <http://loom.com> (free!)

Interview your loved ones live or have them create an account and record their own stories to create memories for the entire family. The videos can be available to the public or password protected. Don't lose your memories on the recording on your phone or other media that is hard to use, edit or share.

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Tip: Keeping your items secure:



Our lockable briefcase:

Consider storing and securing your documents in a lockable briefcase, for under \$40!

Secure your

- “The Prepared You” Document
- List of passwords, accounts, death plans, more.
- Emergency plans, contacts, documents
- Copies of your will, living will etc.
- Copies of insurance policies
- Copies of driver license
- Copies of credit cards
- Spare / backup keys
- Passport
- Checks
- More



The Prepared You

100% No Matter What

Remember, “The prepared You” makes the best use of your time, resources, and knowledge, for you and loved ones!

Version 5.1 – Created 1-20-2023 – get the latest version here. <http://thepreparedyou.com>