A practical guide for the days and weeks ahead

This handout provides a checklist to help you organize the many tasks that need to be done after a death.

In the Days Ahead

Families have found this checklist useful when handling the affairs of someone who has died. We hope this checklist will also help you.

This list does not include all tasks that may need to be done. Please think about asking a lawyer for guidance, as each situation is different.

☐ Get copies of the death certificate.

The funeral home or cremation service will order copies of the death certificate for you. Or, you can buy copies from the King County Vital Statistics Department. Call 206.296.4768 or visit their website at kingcounty.gov/healthservices/health/vitalstats.aspx.

You will most likely need many copies of the death certificate, so that you can send a certified copy to transfer ownership of each major asset. This may include cars, homes, land or bank accounts. You may also need certified copies for life insurance, veteran’s survivor benefits and Social Security. To keep costs down, ask these offices if they will accept a non-certified photocopy instead of a certified copy that you will need to buy.

☐ Find out if there is a will.

If there is a will, contact the Personal Representative named in the will. This person is responsible for taking care of the deceased’s estate and for following the terms of the will.

☐ Find the papers you will need.

☐ Marriage certificate, domestic partnership registration, or divorce documents
☐ Birth certificate
☐ Social Security card
☐ Military service papers, including discharge papers
☐ Will (original copy)
☐ Property list
☐ Insurance policies
☐ Employer benefits or retirement benefits
☐ Driver’s license, passport, citizenship, immigration or alien registration papers
☐ Financial account numbers
☐ Safe deposit box information (and key)
☐ Investment statements
☐ Credit and debit card numbers and companies
☐ Vehicle registration and titles
☐ Funeral contracts, if prepaid

☐ Notify the Social Security Administration.

Call 1.800.772.1213 to report the death. For additional information, visit ssa.gov online. You will need:

☐ A copy of the death certificate
☐ Social Security number of the deceased
☐ Proof of your relationship to the deceased, such as marriage or birth certificate

Also ask about the one-time death benefit payment.

Date you made the call: ________________________
Person you spoke with: ________________________
Notes: ______________________________________
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Spiritual Care Services

UW Medicine | VALLEY MEDICAL CENTER

valleymed.org/griefresources

400 S. 43rd St., Renton, WA 98058

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If the deceased is a veteran, notify the Veterans Administration (va.gov or 800.827.1000).

Date you made the call: _______________________

Person you spoke with: _______________________

Notes: ______________________________________
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Notify the deceased’s employer, union, or any other group or professional organization they may have been a member of.

Many of these organizations have insurance policies. Most likely you will need to provide a copy of the death certificate.

Name of company: ____________________________

Date you made the call: _______________________

Person you spoke with: _______________________

Notes: ______________________________________
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Contact the post office with forwarding information.

Date you made the call: _______________________

Person you spoke with: _______________________

Notes: ______________________________________
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Stop delivery of newspapers and magazines.

Name of company: ____________________________

Date you made the call: _______________________

Person you spoke with: _______________________

Notes: ______________________________________
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Cancel home-care services such as meal delivery or nursing services.

Name of company: ____________________________

Date you made the call: _______________________

Person you spoke with: _______________________

Notes: ______________________________________
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Find passwords and transfer online accounts.

Be sure to note if there are any automatic payment plans for monthly bills, such as electric, heating, phone, cell phones, water, sewer, garbage, home mortgage, car loan, etc.

Notes: ______________________________________
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☐ Cancel services that are no longer needed, such as cell phone, internet and cable TV.

Name of company: ____________________________
Date you made the call: ____________________________
Person you spoke with: ____________________________
Notes: __________________________________________
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☐ Contact the major credit bureaus to help avoid possible identity theft.

☐ Equifax – equifax.com
Date you made the call: ____________________________
Person you spoke with: ____________________________
Notes: __________________________________________
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☐ Experian – experian.com
Date you made the call: ____________________________
Person you spoke with: ____________________________
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☐ TransUnion – transunion.com
Date you made the call: ____________________________
Person you spoke with: ____________________________
Notes: __________________________________________
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☐ Notify all insurance companies.
Most likely, you will need to send a certified copy of the death certificate to each company.

Life insurance
Name of company: ____________________________
Date you made the call: ____________________________
Person you spoke with: ____________________________
Notes: __________________________________________
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Employer’s or pension insurance
Name of company: ____________________________
Date you made the call: ____________________________
Person you spoke with: ____________________________
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Funeral insurance or other death-related benefit plans
Name of company: ____________________________
Date you made the call: ____________________________
Person you spoke with: ____________________________
Notes: __________________________________________
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Mortgage and/or credit insurance
Name of company: ____________________________
Date you made the call: ____________________________
Person you spoke with: ____________________________
Notes: __________________________________________
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<thead>
<tr>
<th>Section</th>
<th>Name of company:</th>
<th>Date you made the call:</th>
<th>Person you spoke with:</th>
<th>Notes:</th>
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<tbody>
<tr>
<td>Credit card insurance</td>
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<tr>
<td>Health insurance (including Medicare, Medicaid, Medigap, private), dental insurance, and long-term care</td>
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<td>Debit card</td>
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<td>Safe deposit box</td>
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<td>Retirement accounts (IRA, 401-K, etc.)</td>
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<td>Stocks and bonds</td>
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<td>Other investments and brokerage accounts</td>
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</tbody>
</table>

- **Notify banking and retirement accounts.**

- **Savings accounts or CDs**

- **Checking account**
Contact credit card companies.

Name of company: ____________________________
Date you made the call: ________________________
Person you spoke with: _________________________
Notes: _______________________________________
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Other: ____________________________
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