

This interactive form contains fields that you can select or fill in. Follow these tips to enter and save your information.

Mobile Devices and Tablets

You can edit and save this interactive form using the free Dropbox and Adobe apps. To edit the form using Dropbox and the Adobe Acrobat app:

1. Open a PDF file with the Dropbox app on your mobile device.
2. Tap the edit icon (a piece of paper and a pen). You'll be prompted to install the Adobe Acrobat app, and then will be taken to the app store.
3. Once Adobe Acrobat is installed, go back to your Dropbox app and either tap Next on the screen indicating that installation is complete or, if you don't see that screen, tap the edit icon again.
4. You'll be taken to the Adobe Acrobat app, and prompted to authorize that the Adobe Acrobat app can access your Dropbox.
5. Your file will open in the Adobe Acrobat app, where you can view or edit the PDF.
6. When you finish editing, tap the back arrow to save. You'll be taken to your Dropbox where the updated file will be saved.

Computers



Interactive fillable form

A. Purple message bar indicates presence of fillable fields. **B.** When clicked, shows where fillable fields exist.

Moving within the Forms — Use your mouse or pointing device to select icons, buttons, checkboxes, menu items and to select a space to enter information. Use the scroll bar to view more of the form you have selected.

(Optional) To make form fields easier to identify, click the Highlight Existing Fields button on the document message bar. Form fields appear with a colored background (light blue by default), and all required form fields are outlined in another color (red by default).

Entering your Information — Placing your mouse or pointing device over an entry area may display text about what to enter. You may also use the tab key to navigate through the form. To move backward to a previous area, hold down shift and then push the tab key.

Manual Entry Fields — Select an area to enter information and a blue box will surround it, with a blinking vertical line to indicate where you are entering your information.

Save forms -To save the completed form, choose File > Save As and rename the file.

SELECTING AN ATTORNEY

In selecting an attorney to assist you with these legal documents, select one that is familiar with wills, special needs trusts, protecting the government benefits of individuals with disabilities, guardianship and other alternatives, health and life insurance, community organizations that serve individuals with disabilities, and the particular capabilities of the person.

Disability Rights Florida is a not-for-profit, statewide corporation that provides a protection and advocacy system for individuals with disabilities. While the organization does not offer a formal lawyer referral service, it is possible that it may be able to refer you to an attorney in your area who specializes in estate planning intended to benefit persons with developmental disabilities or general disability law. Call toll free 1-800-342-0823 or go to the organization's website at <http://www.disabilityrightsflorida.org>.

The Florida Developmental Disabilities Council's *Lighting the Way to Guardianship and Other Decision Making Alternatives* publication provides more information about where to find legal assistance, as well as how to prepare for meetings with attorneys and what to do during those meetings.

CONSIDER THIS

1. Do you know an attorney who has experience working on legal issues that are common to people with disabilities?

2. Have you and your family member prepared a will and considered a trust?

3. Have you considered your own plans regarding your death and talked to your family member about his or her plans?

Now that you have read through Chapter 9, you are ready to complete Section H. Final Arrangements.

Section H. Final Arrangements

Last Will and Testament

The Person's Personal Representative named in the will:

Name

Address

Name of Attorney who prepared will: _____ Phone Number _____

Address _____

A copy of the will is located at: _____

The person is named as a beneficiary in other wills (Yes / No)

Testator(s) Name

Address

Phone Number

Copy of this will can be found at _____

Life Insurance Coverage

The person is covered by the following insurance policy:

Type of Policy

Policy Number

Company

Address

Life

Other

Identification cards are with

Name

Address

Phone Number

Premiums are paid by

Name

Address

Phone Number

Copies of policy(ies) are with

Name

Address

Phone Number

Awareness of Death

Have you discussed your own death with the person? (Yes / No)

Have you discussed the person's death with him/her? (Yes / No)

Has the person experienced the death of a loved one? (Yes / No)

Has the person experienced the death of a pet? (Yes / No)

Has the person visited a funeral home? (Yes / No)

Has the person visited a cemetery? (Yes / No)

Have you discussed the person's desires regarding organ or tissue donation? (Yes / No)

What are the person's wishes? _____

Any concerns expressed by the person about end-of-life discussions? _____

List the members of the immediate family who have died during the person's lifetime. Indicate their relationships (uncle, grandmother, etc.), and date when each death occurred.

Relative who Died	Who told about the death	Date of Death	Attended funeral (Yes/No)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did the person grieve these losses? Describe their behaviors.

Did the person ever undergo grief counseling? (Yes / No)

Name others who were close to the person and left either to retire, relocate or for other reasons. List these persons and their relationships.

Name

Relationship

Can be reached at

_____	_____	_____
_____	_____	_____
_____	_____	_____

Funeral Arrangements

Person to contact at time of death:

Name	Address	Phone Number	Relationship (Personal, co-worker, neighbor, other)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Funeral and burial arrangements have been made (Yes / No)

If prepaid, policies/contracts can be found _____

Preferred funeral company _____

Address _____ Phone Number _____

BURIAL:

Burial Plot Purchased (Yes / No) Headstone/Marker (Yes / No)

Type of Marker preferred and epitaph _____

Cemetery/Mausoleum Name _____

Address _____ Other _____

CREMATION:

Burial /Interment of Ashes Scattering of Ashes

Ashes are to be scattered at: _____

Memorial Service? (Yes / No) Location _____

Special content of service (Yes / No) Describe _____

Flowers? (Yes / No) Memorial donations can be made to: _____

Songs to be played _____

Invite these persons to the service

Preferred Clergy/Eulogist _____ Phone Number _____

Address _____