

# WHAT MATTERS MOST

THE GET YOUR SHIT TOGETHER  
GUIDE TO WILLS, MONEY, INSURANCE,  
AND LIFE'S "WHAT-IFS"

Chanel Reynolds

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## YOUR EMERGENCY CHECKLIST: GET A STATE OF THE STATE

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Getting a “State of the State” means getting enough information to have a big-picture understanding, or at least good-enough overview, of the actual situation.

More simply, most of us just want to know: *What the hell is actually happening?!*

When things go terribly wrong, even if everyone is OK, or a near-miss derails your day but not the rest of your life, it really does feel like falling down the rabbit hole. That fall sucks exponentially more when you can do nothing other than hope to hit the ground soon. This checklist is more of an in-the-moment guide, a list of things to think about before you’re falling or have already crash-landed.

### WHEN YOU “GET THE CALL”

- Are you clear about what the situation is? Are you in a safe place?
- Is someone with you, or does someone know where you are or can come get you?
- Do you need help? Is there someone you can ask?
- Are your family/kids/parents OK and in a safe place right now?
- Ask yourself: What (or who) would be helpful?

### GET YOUR BEARINGS

- Do you know, or can you ask, what might happen next?
- Does care for children or elderly need to be arranged?
- What questions do you have, and what details should you remember?

- Record conversations with your phone to check facts and details later.
- Write questions down so you won't forget them.

### SEND UP A FLARE

- Call key family members.
- Have someone else make/manage the rest of the calls.
- Use (or ask for) the professional help that is offered/available.

**REMEMBER!** If your brain and body are not at regular functioning capacity because you've just been thrust into a nightmare scenario, that is likely the worst possible time to search for phone numbers, scramble for a backup plan, or do *any* kind of problem-solving. Take five minutes now to get a few things organized in advance, and save yourself (or your friends and family) what could be hours of stress and frustration down the road.

**VERIFICATION: IDENTIFICATION AND  
DOCUMENTATION CERTIFICATES**

- Name and ID (state-issued driver's license or identification card).
- Birth certificates (original or certified/stamped).
- Marriage and/or divorce certificates (official ones).
- Other (veteran status, social security card, green card, student/diplomatic visa).

**INSURANCE: WHAT KIND OF MEDICAL  
INSURANCE COVERAGE DO YOU HAVE?**

- Health insurance.
- Medicare/Medicaid coverage.
- VA benefits.
- Secondary coverage through spouse or parent.
- Long-term care insurance.
- Disability insurance.
  - Short-term disability.
  - Long-term disability.
- Life insurance (some kinds pay for your medical expenses/care).
- Annuities or annuity-based insurance.

**NOTE:** Confirm if coverage includes any "pre-death benefits."

- Auto, home, umbrella insurance.

## 2. Money: Do You Have Easy Access to Funds?

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- ❑ Access to your bank accounts (account numbers, passwords, and/or PINs to withdraw funds or transfer money).
- ❑ An emergency fund (quick access to cash for unexpected expenses). **NOTE:** Many financial advisors recommend that this money be kept in an easy-to-access savings account (not a CD or investment account).
- ❑ Savings account (in case you have to dip into the vacation funds).
- ❑ Credit card (with room for emergency purchases like last-minute travel). **NOTE:** This is another good reason to keep credit card balances low, in addition to improving your credit score.
- ❑ In a pinch: Do you have friends or family you can ask? Collect donations from work, your community, or set up an online donation request (GoFundMe, etc.).

## 3. Legal (aka Estate Planning): Do You Have Your “Affairs in Order”?

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- ❑ Your will (Last Will and Testament).
- ❑ Your living will (also referred to as an advance care directive).
- ❑ A power-of-attorney document (POA).
- ❑ Other health-care forms or instructions, such as a do-not-resuscitate or -intubate order (DNR/DNI), a letter to your doctor, a physician’s order for life-sustaining treatment (POLST), a consent form for organ donation, a Five Wishes document, or other additional requests.

**REMEMBER!** Include full legal names and reference any nicknames or abbreviations that could cause any potential confusion. Confirm that each document is complete, signed, the most recent/current version, and legally binding and/or notarized per your state’s laws.

## PLANNING FOR DEATH

- ❑ Collect or create estate-planning documents (see page 208, “Guide: The Tangled Web We Leave,” section 4, Legal).
- ❑ Document medical wishes and desires (there’s more in the living will section on page 220).
- ❑ Sign medical release-of-information forms to share documents with your family, doctor, hospital, hospice (HIPAA release form, POLST medical order), etc.
- ❑ Express and define your end-of-life care wishes, what you do (or don’t) want when you are near death—for example: music, visitors, candles, pictures, comfort items, poems, prayers or silence, and so on.
- ❑ Discuss preferences or make plans for your body after death.
- ❑ Confirm health coverage or financial assistance with costs of care (disability payments, Social Security, other insurance or benefits, etc.).
- ❑ Call the medical insurance company and/or Medicare about what services, procedures, and treatments are covered and if pre-authorization is needed, for example, for home assistance or hospice care.
- ❑ Are there other assets to confirm or collect, such as the contents of a safe deposit box or gold bars buried under a tree? Are there details to document (accounts and passwords, online assets) and add to your essentials list? Complete any missing documents or outline additional wishes.
- ❑ Are there letters you’d like to write, trips to take, videos to film, phone calls to place, or conversations you’d like to have?

## NOTIFICATION OF THE DEATH

If death does not occur in a hospital or other medical location or a doctor was not present, notify a doctor, the police, and/or a coroner.

- ❑ Arrange for organ donation (if it had been requested or if it's possible).
- ❑ Complete other upon-death instructions (DNA sampling, science, cryonics).
- ❑ Obtain several death certificates (certified copies).

## CARE OF THE BODY

- ❑ Is there a living will, a letter, or funeral directions expressing wishes?
- ❑ Execute wishes or, if no instructions, make informed decisions.
- ❑ Hire professionals, if needed.
- ❑ Move the body to your home, another location, a funeral home or crematorium, or to a different state.
- ❑ Invite or reply to requests to view, wash, or dress the body and/or to witness the cremation.

**WAKES, FUNERALS, MEMORIALS, AND  
LIFE CELEBRATIONS CHECKLIST**

- ❑ Review any directions or instructions that have been left or requested in a will or premade funeral plans.
- ❑ List friends and family members who can or would like to help with the service(s) and tasks below.
  - Write an obituary or announcement. Ask others to contribute or share stories, if desired.
  - Send invitations via mail, email, and/or other social channels.
  - Coordinate logistics with out-of-town guests.
  - Arrange for photos, music, food, and other items.
  - Confirm who will speak.
- ❑ Some recommend a family member or friend to stay at the bereaved person's home (or your home) to care for the house and pets, or to be there during the funeral to help with logistics or assist out-of-town guests.

## The Big List of Essentials to Round Up

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This roundup of essentials should provide an overview of some things you might have forgotten about, along with some items you can skip over. It may also jog your memory for additional items you should add.

### Contact Information

My full legal name: \_\_\_\_\_

Nicknames: \_\_\_\_\_

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

Address 2 or PO box: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email(s) and password(s): \_\_\_\_\_

Birthdate: \_\_\_\_\_

Social Security number: \_\_\_\_\_

### Emergency Contact

Full name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

### Family Members

Full name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Address(s): \_\_\_\_\_

Full name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

Full name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

## IMPORTANT DOCUMENTS, LICENSES, AND CERTIFICATES

- Birth certificate(s)
- Marriage certificate(s)
- Death certificate(s)
- Social Security card(s)
- Passport or other resident/visa documentation
- Driver's license or other IDs
- Deeds, trusts, mortgage, stocks/bonds, etc.

## Legal and Insurance

(Make sure to note full legal name and/or nicknames)

Lawyer: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Power of attorney: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Medical power of attorney/health-care advocate: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Financial power of attorney: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Digital power of attorney: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Guardian of child(ren) and/or pets: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Executor of will: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Health-care insurance company: \_\_\_\_\_

Agent name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Policy number: \_\_\_\_\_

Account username and password: \_\_\_\_\_

Auto insurance company: \_\_\_\_\_

Agent name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Policy number: \_\_\_\_\_

Account username and password: \_\_\_\_\_

Home/renter's/umbrella/business insurance company: \_\_\_\_\_

Agent name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Policy number: \_\_\_\_\_

Account username and password: \_\_\_\_\_

Life insurance company: \_\_\_\_\_

Agent name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Policy number: \_\_\_\_\_

Account username and password: \_\_\_\_\_

Disability (long and/or short term) insurance company: \_\_\_\_\_

Agent name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Policy number: \_\_\_\_\_

Account username and password: \_\_\_\_\_

Long-term care: \_\_\_\_\_

Agent name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Policy number: \_\_\_\_\_

Account username and password: \_\_\_\_\_

Other: \_\_\_\_\_

## Banking and Money

Checking account(s): \_\_\_\_\_

Account(s) username and password: \_\_\_\_\_

Savings account(s): \_\_\_\_\_

Account(s) username and password: \_\_\_\_\_

Other bank account(s): \_\_\_\_\_

Account(s) username and password: \_\_\_\_\_

401(k) (list all): \_\_\_\_\_

Account(s) username and password: \_\_\_\_\_

Mutual funds: \_\_\_\_\_

Account(s) username and password: \_\_\_\_\_

Retirement funds: \_\_\_\_\_

Account(s) username and password: \_\_\_\_\_

Stocks: \_\_\_\_\_

Account(s) username and password: \_\_\_\_\_

Account(s) on autopay (utilities, cell phone, cable, charities): \_\_\_\_\_

Account(s) username and password: \_\_\_\_\_

College savings (529 plan): \_\_\_\_\_

Account(s) username and password: \_\_\_\_\_

Debt (credit cards, school loans, car loans): \_\_\_\_\_

Account(s) username and password: \_\_\_\_\_

Mortgage: \_\_\_\_\_

Account(s) username and password: \_\_\_\_\_

Other: \_\_\_\_\_

## Medical and Health

Medical insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Account username and password: \_\_\_\_\_

Existing conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Preferred pharmacy: \_\_\_\_\_

Primary care physician: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

Specialist(s): \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Therapist: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Other: \_\_\_\_\_

My medical records are located: \_\_\_\_\_

## Digital Assets and Your Online Life

Home computer username and password: \_\_\_\_\_

Laptop username and password: \_\_\_\_\_

Tablet username and password: \_\_\_\_\_

Cell phone code to unlock: \_\_\_\_\_

Email accounts and passwords: \_\_\_\_\_

Social media usernames and passwords (Facebook, Twitter, LinkedIn, Pinterest, Instagram): \_\_\_\_\_

\_\_\_\_\_

Movies and TV usernames and passwords (iTunes, Netflix, Hulu, HBO): \_\_\_\_\_

\_\_\_\_\_

Books and audiobooks usernames and passwords (Amazon, Audible, Barnes & Noble, Kobo): \_\_\_\_\_

\_\_\_\_\_

Music usernames and passwords (iTunes, Pandora, Spotify): \_\_\_\_\_

\_\_\_\_\_

Gaming usernames and passwords: \_\_\_\_\_

\_\_\_\_\_

Coupon, membership, or discount sites usernames and passwords

(Groupon, LivingSocial): \_\_\_\_\_

\_\_\_\_\_

Airline miles programs usernames and passwords: \_\_\_\_\_

\_\_\_\_\_

Travel points or credit usernames and passwords (Orbitz, Priceline): \_\_\_\_\_

\_\_\_\_\_

Digital dollars usernames and passwords (PayPal/Venmo/Bitcoin): \_\_\_\_\_

\_\_\_\_\_

Storage services usernames and passwords (Dropbox, iCloud, DocuSafe): \_\_\_\_\_

\_\_\_\_\_

Password-management usernames and passwords (LastPass): \_\_\_\_\_

\_\_\_\_\_

Art, intellectual property, and creative assets usernames and passwords (YouTube, Vimeo, Flickr, Creative Commons, Etsy, Craigslist, eBay): \_\_\_\_\_

\_\_\_\_\_

## THE ESSENTIALS CHECKLIST

- I have created my Big List of Essentials in case of emergency or illness, or in case someone else needs to retrieve it on my behalf.
- I have detailed any products or services (such as a safe, a safe-deposit box, or online services) I am using to hold, save, or store any documents or assets for me:

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- I have listed a digital power of attorney in my POA document (page 168) and on this form:\_\_\_\_\_.
- I have updated my account information and passwords to my online accounts on (date) \_\_\_\_\_.
- A copy of my details list is here (location):\_\_\_\_\_  
\_\_\_\_\_, and/or  
(name/s) \_\_\_\_\_  
has access.

## How Much Do I Need? Worksheet

INCOME	EXAMPLE	YOU
Annual work income	\$50,000	
Additional income from trusts, Social Security, investments, or other sources	0	
Total annual income to be replaced (subtract additional income, as needed)	\$50,000	
How many years? <b>Note:</b> The total number of years of income replacement needed for a spouse and children depends on each family circumstance. One quick calculation is to multiply your annual income by ten years.	10	
Replacement income needed	\$500,000	
EXPENSES	EXAMPLE	YOU
Funeral and other memorial expenses	\$25,000	
Mortgage (if payoff is preferred) or other debt	\$250,000	
College tuition for children (\$100,000 × 2)	\$200,000	
Total expenses	\$475,000	
Total needed (income + expenses)	\$975,000	
ASSETS	EXAMPLE	YOU
Savings and investments	\$25,000	
Retirement savings	\$50,000	
Life insurance and other assets	0	
Total assets	\$75,000	
Life insurance needed (total needed – total assets)	\$900,000	

## Disability Insurance: Quote Comparison Worksheet

TERMS, DETAILS & BENEFITS	POLICY #1	POLICY #2	POLICY #3
Noncancelable and/or guaranteed renewable?			
How long is the waiting period?			
What is the maximum benefit period?			
What is the maximum monthly benefit?			
If 65 and working full time, can I renew?			
Are injury and sickness covered?			
Is there a rehabilitation benefit?			
Riders available?			
What is the premium (monthly or annual cost)?	\$____/mo	\$____/mo	\$____/mo
Premium waived if/while you are disabled?			

## Getting Started: Running the Numbers

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Remember that this is about covering up your vulnerable spots better than they're covered now. Do not get stuck or overwhelmed by all the disaster scenarios that can run through your mind. Let's try it.

	EXAMPLE	YOU
Medical/Vision	\$400	
Dental	0	
Auto	\$75	
Homeowner's/Renter's	\$20	
Life	\$50	
Disability	\$200	
Long-term Care	0	
Other: Financial priorities Emergency savings	\$100	
Monthly total:	\$845	

### YOUR INSURANCE: SURVEY

#### Medical, Dental, Vision

- I have researched my current policy and am informed about new options or changes that may be in effect.
- Medical.
- Dental.
- Vision.
- Other health-care or savings options.

#### Auto, Home, Renter's, Umbrella/Liability

- I have researched my current policies, compared prices, and am informed about new options or updates I wish to make.
- Auto.
- Home or renter's.
- Umbrella.

**Life, Disability, Long-Term Care**

- I have researched my options and compared plans for me and/or my family.
- Completed all steps for life insurance.
- Completed all steps for short-term disability insurance.
- Completed all steps for long-term disability insurance.
- Completed all steps for long-term-care insurance.
- Checked optional riders to possibly add to my plan(s).
- Looked into other types of insurance specific to me and my life.
- Copies of my policies are located here: \_\_\_\_\_.

## YOUR MONEY: STATUS

### Budget

- I have completed a budget and track monthly actual costs to my budget (income and expenses).
- I have considered my personal values and the areas where my spending and saving do (and don't) line up.

### Savings

- I have \_\_\_\_\_ weeks/months of expenses saved in case of accident or emergency in an emergency fund located \_\_\_\_\_.
- I have a short-term savings plan and put away \_\_\_\_ percent of my income each month toward financial priorities.
- I have a long-term savings plan and/or retirement plan where \_\_\_\_ percent of my income goes each month.

### Planning

- I have reviewed my financial situation and, if necessary, discussed it with those closest to me.
- I have thought over and written down my financial goals.
- I have researched tools, advice, resources, etc., to learn skills in the areas where I'm less confident about meeting my goals.
- I have a plan in place to make steps toward my financial goals.

**CHECK IT OUT:** The Budget Spreadsheet is available online at [chanelreynolds.com](http://chanelreynolds.com).

## YOUR LEGAL DOCUMENTS: SURVEY

### **Will (Last Will and Testament)**

- Done (reviewed and/or updated in the last year)
- Drafted (actively in progress)
- Questionnaire complete
- Must update (“the old one must be around here somewhere”)
- On my to-do list

### **Guardianship and Custody**

- Custody of child/children (permanent and perhaps temporary)
- Conditions or provisions for custody (e.g., should a married couple divorce, must live in the same state, brother can't smoke in the house, etc.)
- Letter or video with wishes, values, and instructions to guardians

### **Pets**

- Custody of pet(s)
- Conditions or provisions for custody (allowed on sofa, walks, etc.)
- Letter with wishes and instructions to new caretaker/owner

### **Money, Assets, Stuff**

- Distribution of assets (money, savings, property, jewelry, etc.)
- How distributed (lump sum, annual payment, when beneficiary graduates)
- Debt instructions
- Trust (if established)

### **Burial, Funeral, Memorial**

- Funeral, burial, or memorial wishes letter (including any pre-planning you have done, arranged, or already paid for)

**Power of Attorney (POA)**

- Executive
- Medical
- Financial
- Digital
- Other: \_\_\_\_\_

**Living Will**

- My health-care advocate (and backup person) is informed of my wishes, and we have discussed my instructions.
- I have written end-of-life wishes, directives, and instructions.
- I have defined what quality of life means to me and that definition is included in or with my legally binding living-will document.
- I have written a letter to my doctor to convey any additional information, wishes, and instructions.
- I have considered where and how I would like to be cared for if I am seriously or terminally ill or injured, and I have discussed these wishes with friends and family, with my doctor and/or medical team, and with my medical POA.
- I have reviewed my options, discussed them, and written my instructions about burial or cremation.
- I have discussed and written down the type of funeral or memorial service I desire.

**Location of Documents**

- My will, POA, and living will are complete, signed and legally binding. Check your state's law, but usually these documents must be signed in front of two witnesses who also sign; they should be notarized even if the law does not require them to be. The originals are located here/with: \_\_\_\_\_
- A copy or copies are located here or with (note instructions to access if needed): \_\_\_\_\_

Grief, loss, and healing do not look like a Lifetime channel movie. It takes longer than you think and will not look the way you thought it might. After a few months, the offers (and lasagnas) stop coming, but for years your friend will appreciate a “thinking of you” note on a birthday or anniversary. Here are thirty things you can offer or help organize in the days, weeks, or years after:

Do the laundry.	Create a dog-walking schedule.
Clean the house.	Take care of the yard or plants.
Organize and mail thank-you cards.	Take care of pets.
Deliver regular, scheduled meals.	Gather and sort mail.
Create a food-delivery schedule.	Take walks or hikes outside, in nature.
Take kids to movies or a park.	Pay bills or insurance, or give budget help.
Schedule and take walks together.	Do homework with kids.
Arrange or offer home-repair work.	Babysit kids.
Get your friend out of the house.	Look for counselors and resources.
Schedule exercise time.	Suggest researching grief resources.
Arrange and pay for wellness support, like a massage, a spa day, or bodywork.	Help gather and organize documents.
Set up a fund to raise money.	Research legal questions.
Pay for an exercise or movement class.	Give little gifts or comfort items.
Show up and listen.	Give toys, puzzles, art projects for kids.
Remember the death anniversary, and send a note or a story.	Keep showing up, gently check in as time goes on. Grief does not end.

Showing support for others can be as easy as a phone call or dropping something off on the way home, just taking an extra ten or twenty minutes to add a little joy or relief to someone's day. Practicing gratitude, even in little ways, is a good habit to have. Gratitude adds up, and those small gestures become a much larger, positive influence in the world. It's also a great self-care practice. Practice gratitude by appreciating the big and little things whenever you can.

A good night's sleep	Morning coffee
Seeing the sun rise	A good joke
A really good hug	Taking a walk
A sunny day	Friends
Being outside	A really good book
Dancing like no one can see you	Singing loud in the car or shower
Exercise	A favorite pair of jeans
A handwritten note in the mail	Finding money in the laundry
A clean bathroom	A beautifully cooked meal
Vacations (and staycations)	Old friends
Music	Good health
Money in the bank	Weekends
Making your own choices	Being able to say no
Saying Yes!	Kindness from others
Art	A warm, safe home
Family	Great sex
Learning from mistakes	Being honest
Trying something new	Comfort food
Access to medicine	Schools for your children
A neighborhood park	Volunteering
Fresh fruit and vegetables	Good conversation
Being alive	Speaking your truth
Laughter	Deep breaths
Saying thank you	Saying I love you

OK, take another deep breath. It's your turn. Pick one: diagnosis, disability, divorce, or disaster.

What if \_\_\_\_\_happened?

1. Well, first \_\_\_\_\_.
2. Next, I/we would \_\_\_\_\_.
3. After that I/we would have to: \_\_\_\_\_  
\_\_\_\_\_.
4. Or, if necessary, I/we could \_\_\_\_\_  
\_\_\_\_\_.

Now, where are the weak spots and what (if anything) can you do to strengthen them?

# The Guidebook

This guidebook is designed to be used as a stand-alone exercise, but it also makes a great companion to the Before and After, parts 1 and 2 of this book. The Start Where You Are section identifies and names your personal priority items, and The Big List helps you keep tabs on your progress and track the items left to do. In case you want to organize your own Big Giveaway, there are a few

## Start Where You Are

<b>1) THE THREE SITUATIONS THAT WORRY ME MOST:</b>	<b>CAN I REDUCE MY WORRY? Y/N</b>
1.	
2.	
3.	
<b>2) THE TOP THREE THINGS THAT HAVE BEEN ON MY TO-DO LIST FOREVER:</b>	<b>CAN I DO THEM? Y/N</b>
1.	
2.	
3.	
<b>3) THREE ITEMS THAT WILL BE A RELIEF TO GET DONE OR FINISH:</b>	<b>WHAT IS THE FIRST STEP?</b>
1.	
2.	
3.	

tips for setting one up, and I've included a short list of my go-to books, websites, and tools that have helped me get (and keep) my shit together.

These items, plus a few bonus checklists and an annual budget tracker, are available to view, use, or download on [www.chanelreynolds.com](http://www.chanelreynolds.com).

## THE GET-YOUR-SHIT-TOGETHER BIG CHECKLIST

### Legal

- My will, living will, power-of-attorney document, and any other health- or funeral-related documents are completed, stored safely, and have been shared with a few trusted people.

### Will

- My will is current, legally binding, and complete.

### Living Will

- My living will is current, legally binding, and complete.

### Power of Attorney

- My medical power of attorney (and backup person) is informed of my wishes and we have discussed my instructions. I have also designated a power of attorney for these additional categories of tasks:
  - Power of attorney: Executive
  - Power of attorney: Financial
  - Power of attorney: Digital
  - Power of attorney: Medical
  - Power of attorney: (other) \_\_\_\_\_

### Money

- I have thought over and written down my financial goals.
- I have considered my personal values and my spending and saving.

- I have researched tools, advice, and resources to manage my money.

### **Budget**

- I have completed a budget, and I track my monthly actual costs to my budget (income and expenses).
- I have a plan in place to take steps toward my financial goals.

### **Savings and Planning**

- I have \_\_\_\_\_ weeks/months saved in case of an emergency.
- I have a short-term savings plan and put away \_\_\_\_ percent of my income each month toward financial priorities.
- I have a long-term savings plan and/or retirement plan into which \_\_\_\_ percent of my income goes each month.
- I have reviewed my financial situation and, if necessary, discussed this with those closest to me.

**TIP:** Follow Suze Orman’s advice and “pay yourself first.” Auto-deduct a portion of your paycheck into a savings account and track your money with an online tool.

### **Details**

Create a list of your important details and add/edit/delete as you need to, based on your life. PIN numbers, email accounts, and banking information can be easily lost.

- I have listed my personal details in case of emergency or if someone needs to retrieve it.
- A copy of my details list is located: \_\_\_\_\_  
\_\_\_\_\_.
- I have given access to: \_\_\_\_\_.

**TIP:** It’s a good idea to update your personal details a few times each year. Consider using an online password manager to update passwords and keep track of new accounts.

## **Insurance**

- I have researched my options, and if something happens, if I get ill or can't work, these policies will cover the vulnerable spots:
  - Life insurance
  - Disability insurance
  - Health-care insurance
  - Other insurance

**REMEMBER!** The best time to plant a tree is twenty years ago. The second-best time is now.

## **Legacy**

- I have discussed and shared my plans, wishes, and feelings with those I care about.
- I have thought about my relationships and how I want to move forward to resolve any unfinished business.
- I have reached out to people I have been meaning to (or needing to).
- I have deeply considered how my life lines up with my values and priorities, how I am spending my energy, and what I want to do different to have the life that is meaningful and important to me.