WHAT NO ONE TOLD US

Next of Kin

The paperwork your family will actually be asked for, and where you put it.

DOCUMENTS PEOPLE CARE MONEY PROPERTY LAUNCHING AFTER

HUBSTONE

What is in here

41 worksheets across 7 sections. Start anywhere. A page you have filled in badly is worth more than one you have not started.

DOCUMENTS

PEOPLE

CARE

MONEY

PROPERTY

LAUNCHING

AFTER

01

Documents

The paperwork someone will be asked for, and where it lives.

Power of Attorney Decision & Documentation

Completed on _____

1 POA Types

FINANCIAL POWER OF ATTORNEY	MANAGE MONEY, BILLS, INVESTMENTS, PROPERTY, TAXES
Healthcare Power of Attorney	Make medical decisions, approve treatments, choose care facilities
Living Will / Advance Directive	State end-of-life wishes (DNR, life support, organ donation)
HIPAA Authorization	Allow doctors to discuss your health with family members

2 POA Type: Durable vs. Springing?

CHOOSE ONE:	DURABLE POA	SPRINGING POA
	Takes effect immediately	Takes effect only if you become incapacitated
	Your agent can use it now	Your agent can only use it when triggered
	☐ No delays in emergencies	May have delays; less accepted by banks/hospitals
	RECOMMENDED for most people	Use only if you have specific concerns

☐ Your choice:

☐ Durable

☐ Springing

3 Agent

Choose people you trust completely. You can name different agents for financial and healthcare decisions. Primary Agent (Financial)

NAME: _____

Phone: _____

Email: _____

Relationship to you: _____

Why you chose them :_____

Backup Agent (if primary unavailable)

NAME: _____

Phone: _____

Relationship to you: _____

Primary Agent (Healthcare)

NAME: _____

Phone: _____

Knows your healthc arne vYaeluse sn? N: o

4 Key

Decisions to Document

Discuss and document these with your agent so they know your wishes.

FINANCIAL: ALLOWED TO GIFT MONEY TO FAMILY MEMBERS?
Financial: Can they modify your will or set up trusts?
Financial: Authority to make charitable donations?
Healthcare: Do you want life support if terminal?
Healthcare: Organ donation preferences?
Healthcare: Preferred hospital or nursing facility?
Healthcare: Religious or ethical concerns about treatment?
Healthcare: Who should be informed of medical decisions?
Legacy: Are there specific people who should receive items?
Legacy: Funeral/burial preferences documented?

Conversation Notes & Wishes

—

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—

5 Where

Documents Are Stored

Make sure your agent and family know where to find these documents in an emergency.

Document	☐ Location / How to Access	Who Knows About It?
Original POA (signed)	_____	☐ Agent ☐ Spouse ☐ Lawyer
Healthcare POA	_____	☐ Agent ☐ Doctor ☐ Hospital
Living Will / Advance Directiv	e_____	☐ Healthcare agent ☐ Hospital
HIPAA Authorization	_____	☐ Doctor ☐ Healthcare agent
Will / Trust documents	_____	☐ Lawyer ☐ Family ☐ Executor
Bank & Investment Accounts	_____	☐ Agent ☐ Spouse
Digital Assets / Passwords	_____	☐ Agent ☐ Family

6 Before

VERIFIED YOUR STATE'S SPECIFIC POA REQUIREMENTS AND FORMS
Chosen your agent(s) and discussed the responsibility with them
Decided: Durable or Springing POA
Documented your healthcare and financial wishes
Decided whether to work with an attorney or use a legal service
Will have document(s) notarized and signed properly
Have copies ready for your agent, doctor, bank, and lawyer

This worksheet is designed to help you organize your thinking. It is not legal advice. Consult an estate planning attorney in your state to ensure your POA is valid and meets local requirements. | What No One Told Us (whatnoonetoldus.com)

Keep this current instead of redoing it every year.
Scan to fill it in once, and it stays filled in.

HUBSTONE.COM

Advance Directives

Your Guide to Medical Decision-Making

SECTION 1 DOCUMENT INVENTORY CHECKLIST

Have you completed or obtained each of these documents?

DOCUMENT TYPE	STATUS	LOCATION	LAST UPDATED
Living Will / Advance Directive	☐ Yes ☐ No		
Healthcare Power of Attorney / He	altnh cYaeres nP rNoxoy		
POLST Form (if applicable)	☐ Yes ☐ No		
DNR Order (if applicable)	☐ Yes ☐ No		
☐ HIPAA Authorization Form	☐ Yes ☐ No		
Organ Donation Registration	☐ Yes ☐ No		

SECTION 2 HEALTHCARE PROXY / MEDICAL POWER OF ATTORNEY

Name of your designated healthcare proxy:

Relationship to you:

Primary phone number:

Secondary contact (if proxy unavailable):

SECTION 3 YOUR KEY MEDICAL PREFERENCES

PREFERENCE	YOUR CHOICE
CPR/Resuscitation	Yes No Only if chance of good recovery
Mechanical breathing (ventilator)	☐ Yes ☐ No ☐ Temporary only
Feeding tube	☐ Yes ☐ No ☐ Temporary only
Antibiotics for infection	☐ Full treatment ☐ Pain relief only
☐ Organ donation	☐ Yes ☐ No ☐ Specific organs only

My most important wish or value statement:

_ _
_ _ _ _ _ _ _ _ _ _ _ _

_ _ _ _ _ _ _ _ _ _ _ _ _

ADVANCE DIRECTIVES WORKSHEET (Continued)

SECTION 4 DOCUMENT STORAGE LOCATION TRACKER

Where can each person find your advance directives?

☐ Location Type	Address/Details	Contact Person (if applicab
With your healthcare proxy		
With your doctor/medical office		
At home (specific location)		
Hospital records		
Safe deposit box*		
Online storage / Cloud		
Other trusted person		

le) *Remember: Safe deposit boxes cannot be accessed in emergencies at 2am. Keep accessible copies at home.

SECTION 5 CONVERSATION GUIDE

People who need to know about your advance directives:

PERSON	DISCUSSED	DATE OF CONVERSATION	NOTES
Healthcare proxy			
Spouse / Partner			
☐ Adult children / Family			
Primary care doctor			
Specialist doctors			
Trusted friend / Elder			

Conversation Starter (feel free to adapt to your style):

"I've been thinking about the future and want to share my wishes about my medical care with you. This isn't because anything is wrong right now—it's because I want you to know what matters most to me, and where to find this information if you ever need it. Do you have 20 minutes to talk?" FINAL CHECKLIST: AM I READY?

- ☐ I have named a healthcare proxy and discussed this with them
- ☐ I have completed my living will / advance directive
- ☐ I have discussed my medical wishes with my doctor
- ☐ I have shared documents with my healthcare proxy
- ☐ My doctor has copies in my medical record
- ☐ My family knows where to find these documents
- ☐ I have a one-page emergency summary on my refrigerator
- ☐ I will review these documents every 3-5 years

Date this worksheet completed _____

This worksheet was completed on April 19, 2026. Keep this as a master record alongside your legal documents. For state-specific forms and requirements, consult your healthcare provider or attorney.

What No One Tells You About Wills and Trusts Printable

Document Inventory Checklist

- ☐ Last Will and Testament Status: _____ Location: _____
- ☐ Revocable Living Trust (if applicable) Status: _____ Location: _____
- ☐ Financial Power of Attorney Status: _____ Location: _____
- ☐ Healthcare Power of Attorney / Healthcare Proxy Status: _____ Location: _____
- ☐ Living Will / Advance Directive Status: _____ Location: _____
- ☐ Beneficiary Designation Forms (401k, IRA, life insurance) Status: _____ Location:

- ☐ HIPAA Authorization Status: _____ Location: _____
- ☐ Letter of Intent / Personal Wishes Status: _____ Location: _____

Will vs. Trust: Key Decision Factors

FACTOR	WILL	TRUST	YOUR SITUATION
Goes through probate?	Yes	No	_____
Public record?	Yes	No	_____
Covers incapacity?	No	Yes	_____
Cost to set up	$300-$1,000	$1,500-$5,000	_____
Ongoing maintenance	Minimal	Must fund trust	_____
Multiple properties?	Each state's probate	Avoids all	_____

Conversation Starters Use these to open the will/trust conversation with your family: Script 1: "I was reading about estate planning and realized I don't know if we have everything in order. Can we talk about it?" Script 2: "I want to make sure that if something happens to either of us, the other person knows exactly where everything is." Script 3: "I heard that beneficiary designations on retirement accounts actually override whatever is in the will. Can we check ours?"

Notes from your conversation

Your Action Plan

- ☐ Review/locate existing will or trust documents
- ☐ Check all beneficiary designations (retirement, life insurance, bank accounts)
- ☐ Confirm Power of Attorney documents are current and accessible
- ☐ Discuss healthcare wishes and confirm advance directive exists
- ☐ Decide whether a trust makes sense for your situation
- ☐ Schedule consultation with estate attorney if needed
- ☐ Store all documents in a known, accessible location
- ☐ Share document locations with designated family members

Keep this current instead of redoing it every year.
Scan to fill it in once, and it stays filled in.

Beneficiary Designations

Complete this worksheet to organize all your beneficiary information

Step 1 Account

Inventory Checklist

- ☐ 401(k) or other employer retirement plan
- ☐ IRA (traditional or Roth)
- ☐ Life insurance policy
- ☐ Brokerage accounts (with TOD option)
- ☐ Bank accounts (with POD option)
- ☐ Annuities
- ☐ Other: _____

Instructions: For each account you've identified above, complete the table on the next page. Include account institution name, account type (401k, IRA, etc.), primary beneficiary, contingent beneficiary, and the date you last updated it. If you haven't named beneficiaries yet, note the current status. Key Reminders: · Primary beneficiary receives the funds first if you pass away · Contingent (secondary) beneficiary receives funds if primary is deceased · Percentages must total 100% · Review and update after major life events (marriage, divorce, birth, death) · These forms bypass your will—they take priority

Step 2 Account

Important Notes: When to update beneficiaries: Marriage, divorce, birth of children, death of a beneficiary, significant inheritance, move to a new state Who should NOT be named directly: Minor children (name a trust or guardian instead) After completing this form: Store a copy with your important documents. Share location with spouse or trusted family member. Review every 5 years.

Probate Planning

What No One Tells You About Probate

STEP 1 ASSET INVENTORY

List all your assets and their current value

ASSET TYPE	DESCRIPTION	VALUE	HAS BENEFICIARY?
Bank Accounts		$	☐ Yes ☐ No
Retirement Accounts (401k, IRA, etc.)		$	☐ Yes ☐ No
Life Insurance		$	☐ Yes ☐ No
Brokerage/Investmen Accounts	t	$	☐ Yes ☐ No
Primary Residence		$	☐ Yes ☐ No
Other Real Estate		$	☐ Yes ☐ No
Vehicles		$	☐ Yes ☐ No
Business Interests		$	☐ Yes ☐ No
TOTAL ESTATE VA	LUE	$	

STEP 2 KEY PLANNING DECISIONS

DECISION	STATUS	NOTES
Do you have a current will?	☐ Yes ☐ No ☐ Unsure	
Do you have a living trust?	☐ Yes ☐ No ☐ Unsure	
Have beneficiaries been named on retirement accounts & life insurance?	☐ Yes ☐ No ☐ Partial	
Do you own property in multiple states?	☐ Yes ☐ No	
Is your estate likely to exceed $13.61M (2024 federal exemption)?	☐ Yes ☐ No ☐ Unsure	

This worksheet is for planning purposes. Consult an estate attorney for guidance specific to your situation.

STEP 3 IMMEDIATE ACTION ITEMS

TASK	PRIORITY	TARGET DATE	COMPLETED
Review all beneficiary designations	HIGH		
Update or create a will	HIGH		
Determine if living trust is appropriate	MEDIUM		
Set up POD/TOD designations on bank	aMccEoDuInUtMs		
Schedule consultation with estate attorn	eMyEDIUM		
Organize all account statements & titles	LOW		
Update insurance beneficiaries	HIGH		

PROFESSIONAL CONTACTS

PROFESSIONAL TYPE	NAME	PHONE	EMAIL
Estate Attorney			
CPA/Tax Professional			
Financial Advisor			
Life Insurance Agent			

PROBATE TIMELINE BY STATE

STATE CATEGORY	TYPICAL TIMELINE	EXAMPLES
Fast States	6-9 months	Florida, Texas
Moderate States	9-18 months	California, New York, Massachusetts
Complex States	18+ months	Varies; add time if will is contested

PROBATE COST REFERENCE Typical Range: 3-7% of estate value

COST COMPONENT	TYPICAL RANGE
Court filing fees	$500 - $2,000
Attorney fees (hourly or percentage)	$5,000 - $75,000+
Executor compensation	1-5% of estate value
Appraisal & professional fees	$500 - $5,000
Probate bonds (if required)	0.5-1% of estate

02

People

Who to call, who decides, and who already knows.

Family Emergency Contact Preparedness

Emergency Document Checklist

DOCUMENT	PURPOSE
Medical Power of Attorney (Healthcare POA)	Authority to make medical decisions
Financial Power of Attorney	Manage finances & pay bills
HIPAA Authorization	Access medical records & speak with doctors
Living Will / Advance Directive	Document end-of-life wishes
List of Bank Accounts	Account numbers & institutions
Insurance Policies	Life, disability, health (with policy numbers)
Debt & Liability List	Mortgages, loans, credit cards
Digital Asset Inventory	Passwords, email, social media, crypto

Where to Store These Documents

PHYSICAL DOCUMENTS	LOCKED DRAWER AT HOME | LAWYER'S OFFICE
Passwords & logins	Password manager (LastPass, 1Password, Bitwarden)
Account inventory	Encrypted spreadsheet (NO passwords stored)
Important contacts	Phone & backup storage location

Key Contacts To Know

ROLE	NAME	PHONE	EMAIL
Primary Family			
Healthcare Provider			
Lawyer			
Insurance Agent			
Trusted Support Person			

First 24 Hours Action Timeline

TIME	ACTIONS	WHO TO NOTIFY	DOCUMENTS
0-2 hrs	Get to location Call support Secure POA	Support person	Med. POA HIPAA
2-6 hrs	Get status Notify family Contact work	Close family Employer	Insurance Work info
6-24 hrs	Assign roles Schedule comms Document Rest	Assign: medical, logistics, admin	Timeline Claims forms

Delegation Framework: Assign These Roles

ROLE	PERSON	KEY RESPONSIBILITIES
Medical Liaison		Hospital updates fi family notifications
Logistics		Meals, childcare, transportation, scheduling
Financial Tracker		Expense log, insurance, bill payments
Emotional Support		Check-in on emergency contact, burnout watch
☐ Admin Handler		Paperwork, agency calls, documentation

Protecting Yourself During & After Crisis

DO NOT TRY TO HANDLE EVERYTHING ALONE	DELEGATE SPECIFIC TASKS TO SPECIFIC PEOPLE
Protect one non-negotiable thing	Sleep, work, therapy — pick one & defend it
Set times you're 'off call'	Non-emergencies wait until next morning
Accept what you cannot fix	Some outcomes are beyond your control
Document what the crisis costs	Time, money, emotional energy
Seek support after it ends	Debrief with trusted people, therapy

Being the emergency contact is a significant role. This worksheet is meant to help you prepare before crisis strikes, and serve as a reference during chaos. Remember: you are not alone, and you are allowed to ask for help.

Emergency Information Sheet

W H A T N O O N E T O L D U S whatnoonetoldus.com Emergency Information Card Fill in, print, and post on the refrigerator or keep in a binder. Give a copy to your emergency contact. PERSON Full name Date of birth Blood type Address EMERGENCY CONTACTS Primary contact name Phone Relationship Alternate phone Second contact name Phone Relationship Alternate phone PRIMARY CARE PHYSICIAN Doctor name Phone Practice / clinic INSURANCE Insurance provider Policy / member ID Group number Phone on card MEDICATIONS Medication 1: name, dose, frequency Medication 2: name, dose, frequency Medication 3: name, dose, frequency Medication 4: name, dose, frequency ALLERGIES Drug allergies Other allergies CRITICAL DOCUMENTS Healthcare POA held by Phone Financial POA held by Phone This card is a snapshot. Your Vault keeps it current and shareable with the people who need it. whatnoonetoldus.com/vault

Sibling-in-Charge Coordination

How to coordinate care, share the load, and not destroy your family in the process

1 FAMILY & CARE RECIPIENT INFORMATION

CARE RECIPIENT NAME:	_____
Relationship to You:	_____
Current Care Situation:	_____
Primary Health Concern(s):	_____

2 ROLE ASSIGNMENTS & RESPONSIBILITIES

Assign specific tasks to specific family members. Be clear about who does what.

RESPONSIBILITY	ASSIGNED TO	CONTACT INFO
Medical appointments (scheduling, attending)	_____	_____
Financial management (bills, insurance, tracking)	_____	_____
Daily care (meals, meds, household)	_____	_____
Facility/housing decisions (research, visits, planning)	_____	_____
Communication hub (keep everyone informed)	_____	_____
Emergency response (first call if crisis)	_____	_____
Legal documents (POA, will, healthcare directives)	_____	_____

3 FAMILY CONTACT LIST

NAME	RELATIONSHIP	PHONE	EMAIL
_____	_____	_____	_____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4 MONTHLY COST BREAKDOWN

Track all expenses to clarify who pays for what.

EXPENSE CATEGORY	MONTHLY AMOUNT	RESPONSIBLE PARTY	NOTES
Housing/Facility	$_____	_____	_____
Medical/Healthcare	$_____	_____	_____
Medications	$_____	_____	_____
Food/Groceries	$_____	_____	_____
Transportation	$_____	_____	_____
Utilities/Home care	$_____	_____	_____
Equipment/Supplies	$_____	_____	_____
Other: _____	$_____	_____	_____
TOTAL MONTHLY	$_____		

5 IMMEDIATE ACTION ITEMS

Things to do this month to get coordination in place.

- ☐ Schedule family meeting/call to discuss care coordination
- ☐ Identify who will do what (use Section 2 above)
- ☐ Have money conversation and agree on cost sharing
- ☐ Create shared document for tracking appointments and decisions
- ☐ Set up file system for receipts and documentation
- ☐ Gather legal documents (will, POA, healthcare directives)
- ☐ Make list of all doctors, facilities, insurance information
- ☐ Schedule monthly check-in calls with family

- [ ] Identify if professional mediator/care coordinator needed
- [ ] Review and sign off on role assignments (all parties)

6 NOTES & DECISION LOG

Document major decisions and conversations here.

03

Care

Looking after someone, and the systems that make it survivable.

Managing Aging Parents Document & Conversation

Updated April 2026 KEY DOCUMENTS TO LOCATE

- ☐ Power of Attorney (Financial)
- ☐ Power of Attorney (Healthcare)
- ☐ Living Will / Advance Directive
- ☐ Current Will or Estate Plan
- ☐ List of Bank Accounts & Institutions
- ☐ Insurance Policies (Health, Life, Home, Auto)
- ☐ Social Security Statement & Medicare Information
- ☐ Property Deeds and Titles
- ☐ List of Advisors (Attorney, Accountant, Doctor)
- ☐ List of Medications & Medical Conditions

WHERE ARE THESE DOCUMENTS STORED?

Attorney's office _____

Safe deposit box _____

Home safe/filing cabinet _____

Online storage (cloud) _____

Other location _____

CONVERSATION STARTERS For Healthcare Decisions: "If you were seriously ill and couldn't communicate, who would you want making decisions about your care?" For Financial Planning: "We want to be prepared if something happens. Do you have a financial advisor we should know about? What's your rough sense of how retirement is set up?"

For Long-Term Care: "If you needed daily help in the future, what would you prefer—staying at home with assistance, moving in with family, or a care facility?"

KEY CONTACTS REFERENCE

ROLE	NAME	PHONE	EMAIL
Primary Care Doctor			
Specialist(s)			
Attorney			
Financial Advisor			
Accountant/CPA			
Insurance Agent			
Pharmacist			
Dentist			

EMERGENCY CONTACTS

Primary Emergency Contact (name) _____

Backup Emergency Contact (name) _____

Preferred Hospital/Medical Facility _____

NOTES & NEXT STEPS Use this space to write down important information, questions to ask, or action items to follow up on. This worksheet is a companion to "What No One Tells You About Managing Aging Parents" from What No One Told Us

Keep this current instead of redoing it every year.
Scan to fill it in once, and it stays filled in.

Moving a Parent Out of Their Home Planning & Downsizing

Date Started _____

Your Name _____

1 HAVING THE CONVERSATION

Before any logistics, you need to understand your parent's wishes and concerns.

- ☐ Identify the right time and place for the conversation
- ☐ Ask open-ended questions about their concerns
- ☐ Listen without trying to convince or solve
- ☐ Document their preferences (keep in safe place)
- ☐ Identify other family members who should be involved

What your parent said matters to them:

2 FINANCIAL OPTIONS TO EXPLORE

- ☐ Research Medicaid eligibility and coverage for senior care
- ☐ Check VA benefits if parent is a veteran (Aid & Attendance)
- ☐ Contact local aging services office for community resources
- ☐ Get home health care quotes (hourly rates: $18-$25/hour)
- ☐ Research assisted living costs in your area ($3,000-$5,000/month)
- ☐ Get memory care quotes if dementia is a concern ($4,000-$8,000/month)
- ☐ Calculate home sale proceeds and investment income
- ☐ Consult elder law attorney about asset protection if needed

FINANCIAL OPTION	MONTHLY COST	COVERAGE DETAILS
Home Care (part-time)	$____	_____
HOME CARE (FULL-TIME)	**$____**	**_____**
Assisted Living	$____	_____
Memory Care	$____	_____
Nursing Home	$____	_____
Medicaid Coverage	Yes/No	Eligibility: _____
VA Benefits	Yes/No	Amount: _____

3 DOWNSIZING & BELONGINGS INVENTORY

Go room-by-room. Focus on what matters emotionally, not what's easy to move.

- ☐ Photograph items with sentimental value before letting go
- ☐ Scan important documents and photo albums
- ☐ Contact estate sale company for valuable antiques (get quotes)
- ☐ Arrange donation pickup for furniture and large items
- ☐ Create list of items to gift to family members
- ☐ Set timeline (weeks, not days—honor grief process)

ROOM	KEEP (1-3 ITEMS)	DONATE	SELL	STORAGE?
Living Room				
Bedroom				
Kitchen				
Garage/Storage				
Office/Desk				
Sentimental Items				

4 SENIOR LIVING FACILITY EVALUATION

- ☐ Visit during meal times and activities (not just tours)

- ☐ Visit unannounced; ask to speak with current residents
- ☐ Check state inspection reports online
- ☐ Ask staff-to-resident ratios and turnover rates
- ☐ Understand care levels and what happens if needs increase
- ☐ Get detailed cost breakdown in writing
- ☐ Tour at least 3 facilities before deciding

FACILITY NAME	LOCATION	TYPE*	COST/MONTH	RATING	NOTES
			$_____	___/5	
			$_____	___/5	
			$_____	___/5	

*Type: Independent Living / Assisted Living / Memory Care / Nursing Home / Board & Care

5 LEGAL & MEDICAL DOCUMENTS

- ☐ Locate Power of Attorney documents
- ☐ Locate Healthcare POA / Medical directive
- ☐ Obtain copies of insurance policies
- ☐ Gather Social Security & Medicare information
- ☐ Review will or estate plan with attorney if needed
- ☐ Get updated list of medications & doctors
- ☐ Create emergency contact information sheet

6 YOUR SUPPORT SYSTEM

This is hard work. Make sure you're not doing it alone.

- ☐ Identify other family members to share responsibilities
- ☐ Schedule regular check-in calls with siblings/family
- ☐ Research therapist or counselor for yourself
- ☐ Join adult children of aging parents support group
- ☐ Hire professional organizer if budget allows
- ☐ Set boundaries on how much you can handle

People I'm relying on:

7 MOVING TIMELINE

PHASE	TIMELINE	KEY TASKS	COMPLETED?
Initial Conversation	Week 1-2	Have talk, listen, understand wishes	
Research & Planning	Week 3-4	Financial options, facility tours	
Downsizing Begins	Week 5-8	Sort, donate, sell belongings	
Decisions Made	Week 9-10	Choose care option, sign contracts	
Move Preparation	Week 11-12	Pack, arrange transportation	
Moving Day	Week 13	Transport to new location	
Adjustment Period	Months 2-6	Support, visit regularly, grief work	

Remember: This is not just logistics. This is grief work. Take your time. Your parent will adjust. You will get through this. For the full article and guidance, visit whatnoonetoldus.com Printed: April 2026

Memory Care

From: What No One Tells You About Memory Care Immediate Actions (This Week) Complete these tasks within the first week of diagnosis or care planning:

- ☐ Schedule neurology/geriatric appointment; confirm type of dementia
- ☐ Locate important documents (birth cert, SS card, insurance, deed, etc.)
- ☐ Record passwords, PINs, and account information
- ☐ Talk to your parent about healthcare wishes (CPR, tubes, hospital care)
- ☐ Tell your siblings/family—this is a shared burden

Healthcare Wishes Conversation Document their responses while they can still communicate clearly: What's most important to your quality of life? Are there things you absolutely would not want? Who should make medical decisions if you can't? How do you feel about moving somewhere if you need more help? Building Your Care Team (Next 2-4 Weeks)

- ☐ Interview geriatric care managers; get references
- ☐ Meet with elder law attorney (power of attorney, living will, HIPAA)
- ☐ Get 3 in-home care cost estimates (understand what's covered)
- ☐ Research memory care facilities in area; understand costs & wait lists
- ☐ Connect with support group (Alzheimer's Association or local group)

Memory Care Facility Evaluation Checklist Use this when touring potential facilities:

- ☐ Staff-to-resident ratio (day: 1:3-4, night: 1:6-8)
- ☐ Staff trained in dementia care with ongoing training
- ☐ On-site or on-call medical supervision/doctor
- ☐ Can provide 3+ family references with current residents
- ☐ Secure unit with wandering prevention systems
- ☐ Activities program and social engagement opportunities
- ☐ Clear medication management and dispensing process
- ☐ Transparent pricing with no hidden fees

Facility Name _____

Notes from visit:

Legal Documents & Self-Care Planning Legal Documents Needed Durable Power of Attorney

Completion Date _____

Healthcare Power of Attorney

Completion Date _____

Living Will/Advance Directive

Completion Date _____

HIPAA Release Form

Completion Date _____

Important Financial & Medical Accounts Track location of documents and account information:

Bank Accounts: Account numbers on file at _____

Insurance (Medical): Policy # _____

Insurance (Long-term care): Policy # _____

Medicare/Medicaid: Account info stored at _____

Property Deed/Mortgage: Stored at _____

Taking Care of Yourself (Essential)

- ☐ Schedule your own doctor's appointment; get baseline health check
- ☐ Find a therapist or counselor (caregiver mental health support)
- ☐ Join a caregiver support group
- ☐ Block out time weekly where you're NOT thinking about dementia
- ☐ Tell your employer, friends, and family what you need

Crisis Resources (Keep These Numbers) Alzheimer's Association Helpline: 1-800-272-3900 (24/7) National Suicide Prevention Lifeline: 988 Caregiver Action Network: caregiveraction.org (local crisis support)

Your Local Adult Protective Services _____

Your Geriatric Care Manager

You are doing something incredibly hard. Not because you're exceptional, but because you love someone and you're showing up.

Keep this current instead of redoing it every year.
Scan to fill it in once, and it stays filled in.

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Home Care Hiring

Hiring Checklist

- ☐ Decide: Agency or independent? List pros/cons for your situation.
- ☐ Set your budget. Research average rates in your area ($25–50/hour).
- ☐ Write a detailed job description (daily tasks, schedule, expectations).
- ☐ Run background checks (criminal history, driving record, references).
- ☐ Interview at least 3 candidates. Use targeted questions.
- ☐ Call references yourself. Ask about reliability and problem-solving.
- ☐ Do a trial shift (2–4 hours with you present).
- ☐ Put the agreement in writing (schedule, pay, benefits, terms).
- ☐ Set up your home (label keys, organize supplies, communication system).
- ☐ Plan the first week together. Be present to build trust.

Interview Questions to Ask Q1: Walk me through a time when the person you were caring for became upset. How did you handle it? Q2: What's the hardest part of caregiving for you? Q3: What would make you leave this job? Q4: How do you handle a typical morning/evening routine? (Walk me through the actual tasks.) Q5: What would you need from me to stay in this role for two years? Red Flags to Watch For · Inconsistency with arrival time (15+ minutes regularly) · Vague answers about previous roles · Defensive about providing references · Not making eye contact or asking about the care recipient · Discussing previous clients' private information · Reluctance to discuss pay, taxes, or expectations What No One Told Us | whatnoonetoldus.com Page 1

Home Care Hiring Worksheet Candidate Interview Notes Candidate 1

Name _____

Phone _____

Experience _____

- ☐ References Checked: Yes
- ☐ No
- ☐ Red Flags: Yes
- ☐ No

Overall Impression (Scale 1-10) _____

Interview Notes: Candidate 2

Name _____

Phone _____

Experience _____

- ☐ References Checked: Yes
- ☐ No
- ☐ Red Flags: Yes
- ☐ No

Overall Impression (Scale 1-10) _____

Interview Notes: Candidate 3

Name _____

Phone _____

Experience _____

- ☐ References Checked: Yes
- ☐ No
- ☐ Red Flags: Yes
- ☐ No

Overall Impression (Scale 1-10) _____

Paying for Elder Care

Medicare, Medicaid, Long-Term Care Insurance & Asset Protection COST COMPARISON

TYPE OF CARE	AVERAGE MONTHLY COST	ANNUAL COST
Nursing Home	$9,000–$12,000	$108,000–$144,000
Assisted Living	$5,500–$7,500	$66,000–$90,000
Home Aide (hourly)	$30–$40/hour	~$6,240/month (40 hrs/wk)
Adult Day Care	$1,500–$3,000/month	$18,000–$36,000

KEY COVERAGE LIMITS

PROGRAM	WHAT IT COVERS	KEY LIMIT
Medicare Part A	Skilled nursing care (medical only)	Max 100 days per benefit period
Medicare Home Health	Medical home visits	Ends when no longer homebound
Medicaid	Long-term custodial care	Asset limit: ~$2,000–$3,000
VA Benefits	Aid & Attendance for eligible vets	Up to $3,000+/month

BENEFITS ELIGIBILITY CHECKLIST

- ☐ Medicare: Was beneficiary hospitalized 3+ consecutive days?
- ☐ Medicare skilled nursing: Is this a medical recovery, not long-term care?
- ☐ Medicaid: Do total assets fall below your state's limit (~$2,000–$3,000)?
- ☐ Medicaid: Have no assets been transferred in the past 5 years?
- ☐ VA Eligibility: Did veteran serve 90+ days active duty?
- ☐ VA Aid & Attendance: Does veteran need help with daily living?
- ☐ Long-Term Care Insurance: Is policy still in force with premiums paid?

Paying for Elder Care: Planning Worksheet — Action Items IMMEDIATE ACTION ITEMS

1 Contact an

Elder Law Attorney

Find local counsel specializing in Medicaid planning and elder care. Cost: ~$1,000–$5,000 for full plan. Investment pays for itself in protected assets.

Attorney Name/Contact _____

2 Gather

Financial Documents

Collect: bank statements, retirement accounts, real estate deeds, investment statements, insurance policies, income records.

Documents Collected _____

3 List

Family Members & Care Needs

Name(s) requiring care _____

Current care situation _____

Anticipated care timeline _____

4 Identify

Your State's Medicaid Limits

Call your state's Medicaid office or visit their website. Find: asset limit, income limit, home equity cap.

Your State _____

Income Limit _____

5 Research VA Eligibility (If

Check: military discharge papers, years of service, type of discharge. Verify wartime service.

Veteran Name _____

Discharge Status

6 Calculate

Long-Term Care Timeline & Costs

Current age of care recipient

Monthly care cost needed

Funds available (savings + insurance)

CRITICAL: The 5-Year Medicaid Lookback Any assets transferred in the 5 years before applying for Medicaid trigger a penalty period. Start planning NOW. Early action protects everything. Late action costs hundreds of thousands. Page 2 of 2 | This worksheet is for planning purposes only. Not legal or financial advice. Consult professionals for your situation.

Caring for an Ill Spouse

Date Completed

Spouse's Name

SECTION 1 LEGAL DOCUMENTS CHECKLIST

Key Contact Information:

Elder Law Attorney

SECTION 2 FINANCIAL PROTECTIONS & ASSET INVENTORY

Community Spouse Resource Allowance (CSRA) Planning

SECTION 3 CAREGIVER SUPPORT RESOURCES TRACKER

Medical Support & Respite Care

s Your Health & Support

Key Resources & Hotlines · 211.org: Dial 2-1-1 for local aging, health, and human services · Caregiver Alliance: 1-855-227-3640 | www.caregiver.org · National Hospice & Palliative Care Org: www.nhpco.org · Suicide & Crisis Lifeline: Call or text 988 | Available 24/7

· Area Agency on Aging: [State-specific number]

SECTION 4 CARE PREFERENCES & END-OF-LIFE CONVERSATION

Advance Care Planning Checklist

Additional Notes & Personal Preferences:

Keep this current instead of redoing it every year.
Scan to fill it in once, and it stays filled in.

Hospice Readiness

A Guide to Preparing for Difficult Conversations

SECTION 1 READINESS ASSESSMENT

Use this checklist to determine if your loved one and your family are ready to discuss hospice or comfort-focused care:

- ☐ My loved one's condition is no longer improving despite treatment
- ☐ They spend more time in hospitals than living the life they want
- ☐ They've mentioned being tired, done, or ready to focus on comfort
- ☐ Aggressive treatments are causing more suffering than benefit
- ☐ I'm overwhelmed managing their medical care
- ☐ They've expressed what matters most in their remaining time
- ☐ I've had conversations with their doctor about goals of care

Scoring: If you've checked 3 or more boxes, a hospice conversation with your medical team is likely overdue.

SECTION 2 QUESTIONS FOR THE HOSPICE TEAM

When meeting with a hospice provider, come prepared with these questions: About Services: · What services are included in your hospice program? · How often will nurses visit? · What's available 24/7? · Do you offer both home and inpatient care? About Symptoms & Pain: · How will you manage pain and discomfort? · What if symptoms change or worsen? · Can medications be adjusted as needed? About Family: · What support do you offer family members? · Do you provide respite care? · How long does bereavement support continue after death? About Logistics: · What's covered by insurance? What costs might we have? · How do we access emergency support? · What happens if we want to stop hospice care?

SECTION 3 FAMILY CONVERSATION GUIDE

Before the Conversation with Your Family:

- ☐ Educate yourself about hospice before talking to others
- ☐ Be clear on what your loved one actually wants (if you know)

- ☐ Agree on who should be in the conversation (not too many voices at once)
- ☐ Choose a calm, private moment
- ☐ Have this talk when everyone is relatively rested
- ☐ Consider having a social worker or counselor present

During the Conversation: Start with curiosity: 'What do you think is most important to Mom right now—fighting the disease or making sure she's comfortable?' Acknowledge fears: 'I know this feels scary. It's okay to feel scared.' Reframe the language: Use 'comfort-focused care' instead of 'giving up.' Focus on quality of life: 'We want to make sure every day counts for her.' Ask open questions: 'What does a good day look like? What's important to you?' Validate emotions: It's okay if people cry, get angry, or need time to process. Give permission to change minds: 'We don't have to decide everything today.' What NOT to Say: 7 'It's time to give up.' 7 'The doctors said there's nothing left they can do.' 7 'You're dying anyway, so...' 7 'This is what I think you should do.' (Make it their choice) 7 'Everyone else in the family agrees, so...' (Avoid pressure) Remember: This conversation may need to happen more than once. Be patient, compassionate, and honest. You're not having this to convince—you're having it to listen and to honor their wishes. What No One Told Us | April 2026 | The Hard Conversations Pillar

Family Medication

Current Medications

Allergies & Drug Warnings

Emergency Contacts Primary Care Doctor: Pharmacy: Insurance: Poison Control: 1-800-222-1222

Medication Management Checklist

- ☐ Build a household medication record (all Rx, OTC, supplements)
- ☐ Ask doctors: "Is there a generic?" and request by generic name
- ☐ Ask pharmacist to check interactions across all medications
- ☐ Review insurance formulary and note copay tiers
- ☐ Sign up for insurance alerts about formulary changes
- ☐ Check GoodRx for cash prices on expensive medications
- ☐ List all doctors and pharmacies used by household
- ☐ Schedule medication reconciliation at next appointment
- ☐ Create list of all medication allergies and reactions
- ☐ Set phone reminder to refill 5 days before running out
- ☐ Store medication list in accessible places
- ☐ Share record with emergency contact and family
- ☐ Ask about patient assistance programs for expensive drugs
- ☐ Review medication costs quarterly

Quick Tips · Pill Organizer: Weekly organizers help catch missed doses and organize by time. · Photos: Take photos of medication bottles for dose and expiration records. · Insurance Changes: Formularies change Jan 1 and July 1. Set reminders. · Prior Authorization: If medication becomes uncovered, ask doctor to request auth. · Cost Help: Pharmaceutical companies have patient assistance for expensive drugs. Created: April 19, 2026 | Review quarterly

Health Insurance

Insurance Terms Cheat Sheet

TERM	DEFINITION	YOUR ACTION
Premium	Monthly cost for coverage	Budget this every month
Deductible	Amount you pay before insurance kicks in	Know this number
Coinsurance	Percentage you pay after deductible (e.g., 20%)	Counts toward OOP max
Out-of-Pocket Max	Total maximum you pay per year	Your worst-case cost
In-Network	Insurance has negotiated rates with this provider	Always verify before visiting
Out-of-Network	Insurance hasn't negotiated rates	You pay much more
EOB	Explanation of Benefits—shows what insurance	paiSdave for records
Prior Auth	Insurance approval needed before treatment	☐ Get it in writing first
Appeal	Formal request to reconsider a denial	☐ You can do this!

Appeal Letter Checklist

FIND THE DENIAL LETTER AND NOTE THE APPEAL DEADLINE (USUALLY 30-60 DAYS)
Write down the claim number and date of service
Explain briefly why the denial is wrong (1-2 sentences)
Attach medical records or clinical evidence supporting your case
Ask your doctor to write a supporting letter (optional but helpful)
Type your letter (keep to 1-2 pages maximum)
Include: your name, date of birth, claim number, date of service
Send via the method stated in denial letter (usually mail or portal)
Keep a copy and note the date you submitted it
Follow up in 30 days if you don't hear back

Open Enrollment Decision Matrix Directions: Fill out this matrix for each plan you're considering. Calculate total cost, not just premium.

PLAN COMPARISON	PLAN A NAME: _____	PLAN B NAME: _____	PLAN C NAME: _____
Monthly Premium	_____	_____	_____
Annual Premium (×12)	_____	_____	_____
Deductible	_____	_____	_____
Out-of-Pocket Max	_____	_____	_____
Primary Care Copay	_____	_____	_____
Specialist Copay	_____	_____	_____
Main Medications Covered?	Yes / No	Yes / No	Yes / No
Preferred Specialist In-Network?	Yes / No	Yes / No	Yes / No
ESTIMATED TOTAL ANNUAL COST*	_____	_____	_____

*Total Annual Cost Calculation: (Annual Premium) + (Expected Deductible) + (Expected Coinsurance/Copays) Quick Reference: Provider Verification

CALL YOUR INSURANCE 1-2 WEEKS BEFORE YOUR APPOINTMENT
Say: "Is [DOCTOR NAME] in-network for [PLAN NAME]?"
For surgery/hospital: ask about surgeon, anesthesiologist, all specialists
Write down the date you verified and who you spoke with
Keep this documentation in case of billing disputes

For more: Article #22 "What No One Tells You About Health Insurance" at WNOTUS

Keep this current instead of redoing it every year.
Scan to fill it in once, and it stays filled in.

04

Money

What you have, what you owe, and who can reach it.

Family Financial Preparedness

A guide to organizing your family's financial information

SECTION 1 WHERE EVERYTHING IS

Complete this table so your partner can find all financial accounts and important documents.

ACCOUNT TYPE	INSTITUTION	ACCOUNT #	LOCATION/LOGIN	BALANCE
Checking (You)				
Checking (Partner)				
Savings (You)				
Savings (Partner)				
Investment Account 1				
Investment Account 2				
Retirement (401k/IRA)				
Retirement (Partner)				
Insurance - Life (You)				
Insurance - Life (Partn	er)			
Insurance - Home				
Insurance - Auto				
Insurance - Health				
Mortgage/Home Loan				
☐ Car Loan 1				
☐ Car Loan 2				
Credit Card 1				
Credit Card 2				
Student Loans				
Other Debt				

PASSWORD & ACCESS INFORMATION Store passwords securely in a password manager (like 1Password, Bitwarden, or LastPass). Your partner should have access in case of emergency.

ACCOUNT	USERNAME	WHERE IT'S STORED
Primary Email		
Password Manager		
Bank Login		
Investment Platform		
Insurance Accounts		
Tax Records		

SECTION 2 FINANCIAL RESPONSIBILITY SPLIT

Assign who handles what. This doesn't need to be equal—it needs to be clear.

TASK / RESPONSIBILITY	PRIMARY (WHO DOES IT)	BACKUP (WHO COVERS IF NEEDED)	FREQUENCY
Monthly bill payments			Monthly
Budget tracking & spending review			Monthly
Investment management & rebalancing			Quarterly
Insurance policy review			Annual
☐ Tax preparation & filing			Annual
Debt repayment planning			As needed
Emergency fund maintenance			Quarterly
Retirement contribution tracking			Annual
Major purchase decisions			As needed

DECISION-MAKING FRAMEWORK

We ask each other before spending over: $ _____

We both approve any _____

We review together _____

SECTION 3 MONTHLY MONEY MEETING TEMPLATE

Schedule this meeting for the same day each month (1st Sunday? 2nd Monday?). It takes 30 minutes. Use it to stay aligned and catch surprises.

MEETING DATE	_____/_____/_____
ATTENDEES	You: _____ Partner: _____
OPENING CHECK-IN	How are you feeling about money this month?
	You: _____
	Partner: _____
BUDGET REVIEW	Are we on track? Any surprises?
	Changes needed: _____
UPCOMING EXPENSES	What's coming that we need to plan for?
	_____
WINS & PROGRESS	What did we do well? What progress did we make?
	_____
ONE TOPIC TO DISCUSS	This month's focus:
	_____
ACTION ITEMS	Who's doing what before next meeting?
	You: _____
	Partner: _____
NEXT MEETING	_____/_____/_____

SECTION 4 IF SOMETHING HAPPENS - EMERGENCY INFO

Keep this information updated and in one place. Your partner needs to find it quickly.

INFORMATION	DETAILS
Primary Emergency Contact (besides partn	erN) ame: _____ Phone: _____
Our lawyer/legal representative	Name: _____ Phone: _____
Our accountant/tax person	Name: _____ Phone: _____
Our financial advisor	Name: _____ Phone: _____

LOCATION OF IMPORTANT DOCUMENTS (WILL, POA,	E_T_C._)_____
Safe deposit box location & key	Location: _____ Key held by: _____
Life insurance beneficiary	You: _____ Partner: _____
Who manages estate if something happens	to_ _y_o_u_____
Digital asset list (photos, email, social medi	a)Location: _____
Mortgage/Home deed location	_____
Vehicle titles location	_____
Medical preferences & healthcare POA	Doctor: _____ POA: _____
Pension/employer benefits contact	Company: _____ Contact: _____

_ _ _ This worksheet is designed to be printed and kept in a accessible location (not buried in email). Update it quarterly. The goal isn't perfection—it's clarity. What No One Told Us · A media brand covering life stages nobody prepares you for whatnoonetoldus.com

Keep this current instead of redoing it every year.
Scan to fill it in once, and it stays filled in.

What No One Tells You About Family Debt Family Finances

1 Complete

Debt Inventory

List all debts in your household. Include debts in one person's name and joint debts.

Total Household Debt: $ _____

2 Know

Your State's Rules

Community Property States: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin In these states, debt acquired during marriage is typically shared responsibility.

- ☐ Your State: _____ Community Property?
- ☐ Yes
- ☐ No

Pre-marital debt (before marriage)? Who brought it in? _____

Who is on joint accounts? _____

3 Conversation & Planning

- ☐ Make a complete list of all debts (completed above)
- ☐ Agree on how to handle joint vs. individual debt going forward
- ☐ Set a monthly check-in date and time: _____
- ☐ Discuss: Are we paying off debt together or keeping finances separate?
- ☐ If one person caused significant debt, agree on their contribution to payoff
- ☐ Discuss what triggered the debt and prevention strategies

4 Co-Signing

Decision Matrix

If you're considering co-signing a loan:

QUESTION	ANSWER
What loan are you considering co-signing?	
Total amount?	
Interest rate?	
How long is the loan?	
Can you afford the full payment if you had to take over?	☐ Yes ☐ No
What is their policy for removing a co-signer?	
What happens if the borrower dies?	
Are you prepared to stay on this loan for 10+ years?	☐ Yes ☐ No

5 Your

Priority 1 (This Week): Pull credit reports for both people: annualcreditreport.com Priority 2 (This Month): Schedule your first debt conversation using the scripts from the article Priority 3 (Next 30 Days): Create your debt payoff plan (which debts to tackle first)

6 Key

· Free credit reports: annualcreditreport.com · Credit counseling (nonprofit): National Foundation for Credit Counseling (nfcc.org) · Debt calculator & payoff strategies: undebt.it · Understanding debt in your state: Check your state's attorney general website · If you're being sued: Contact legal aid in your state (lawhelp.org) This worksheet is a companion to "What No One Tells You About Family Debt." Print it out, fill it in together, and return to it as your situation changes. Remember: Debt is a numbers problem with an emotional center. Address both.

Keep this current instead of redoing it every year.
Scan to fill it in once, and it stays filled in.

Life Insurance Policy Inventory & Coverage

What No One Told Us

Completed by _____

SECTION 1 CURRENT POLICIES INVENTORY

List all life insurance policies you currently have.

Total Death Benefit Coverage: $ _____

SECTION 2 COVERAGE GAP CALCULATOR

Use 10–12x rule: annual income x 10–12, plus debts and future expenses, minus what you already have.

ITEM	AMOUNT
Annual Gross Income	$_____
Multiply by 10–12	$_____
Mortgage Balance	$_____
Car Loans	$_____
Credit Card Debt	$_____
Student Loans	$_____
Other Debt	$_____
College Costs (future)	$_____
Funeral Costs (~$10K)	$_____
TOTAL NEEDED	$_____
Current Insurance	($_____
Savings/Assets	($_____
COVERAGE GAP	$_____

SECTION 3 BENEFICIARY REVIEW CHECKLIST

Confirm you have named a specific beneficiary for each policy.

· Name beneficiary specifically (not 'my family') · For minors, name guardian or trust instead · Update after marriage, divorce, or family changes

SECTION 4 WHERE POLICIES ARE STORED

Tell spouse, executor, or trusted person where to find this.

☐ Location Type	Details
Physical Copy (Safe)	
Digital Copy (Cloud)	
Attorney/Executor	
Employer HR	
Other	

KEY CONTACT INFORMATION

ROLE	NAME	PHONE/EMAIL	RELATIONSHIP
Executor of Estate			
Spouse/Partner			
Adult Child			
Financial Advisor			
Insurance Broker			
Attorney			
Accountant			

NOTES FOR YOUR FAMILY If something happens to me, here's what you need to know:

ITEM	INFORMATION
Insurance Company & Phone	
Policy Number(s)	
Beneficiary Name	
Death Benefit Amount	
Where to Find Policies	
What to Do First	Call company with policy number and death certificate
Processing Time	Typically 2–6 weeks
Taxable?	No — received tax-free

Update every 3–5 years or after major life changes. Keep originals where family can access them.

MONEY

What No One Tells You About Divorce and Your Finances Financial Planning Worksheet Prepared: April 2026

Name

1 ASSET INVENTORY

List all known marital assets. Use court documents and financial discovery to complete this section.

ASSET TYPE	DESCRIPTION	ESTIMATED VALU	EMARITAL / SEPARATE	NOTES
Bank Accounts	Checking / Savings	$_____	☐ Marital ☐ Sep	
	Money Market / Savings	$_____	☐ Marital ☐ Sep	
Investment Accounts	Brokerage (taxable)	$_____	☐ Marital ☐ Sep	
	Bonds / CDs	$_____	☐ Marital ☐ Sep	
Retirement - 401(k)	Your account	$_____	☐ Marital ☐ Sep	Needs QDRO
	Spouse's account	$_____	☐ Marital ☐ Sep	Needs QDRO
Retirement - IRA	Traditional IRA	$_____	☐ Marital ☐ Sep	
	Roth IRA	$_____	☐ Marital ☐ Sep	
Pensions	Defined Benefit Plan	$_____	☐ Marital ☐ Sep	QDRO required
Real Property	Primary residence	$_____	☐ Marital ☐ Sep	☐ See Section 4
	Rental property	$_____	☐ Marital ☐ Sep	
Vehicles	Car 1	$_____	☐ Marital ☐ Sep	
	Car 2 / Motorcycle	$_____	☐ Marital ☐ Sep	
Business Assets	Business ownership %	$_____	☐ Marital ☐ Sep	
Digital Assets	Crypto / Digital wallet	$_____	☐ Marital ☐ Sep	
Life Insurance	Cash surrender value	$_____	☐ Marital ☐ Sep	
Other Assets	Timeshares / Jewelry	$_____	☐ Marital ☐ Sep	
LIABILITIES	Mortgage (balance)	$(_____)	☐ Marital ☐ Sep	
	Auto loans	$(_____)	☐ Marital ☐ Sep	
	Credit card debt	$(_____)	☐ Marital ☐ Sep	
	Student loans	$(_____)	☐ Marital ☐ Sep	
	Other debts	$(_____)	☐ Marital ☐ Sep	

Total Assets: $ _____

2 CREDIT PROTECTION CHECKLIST

Complete these actions within the first 30 days of separation to protect your financial future.

TASK	TARGET DATE	COMPLETED	NOTES
Pull credit reports from all 3 bureaus (AnnualCreditRepor	t.com)Day 1-2	___/___ Equ	ifax, Experian, TransU
Review reports for errors and unknown accounts	Day 3	___/___Docum	ent any fraudulent ac
Place credit freeze with all 3 bureaus (free)	Day 3-5	___/__G_et fre	eze PIN numbers - sav
Open new bank account at different bank	Day 5-7	___/__C_hecki	ng + Savings (solo acc
Switch paycheck direct deposit to new account	Day 7-10	___/___	Coordinate with payrol
Call credit card issuers - freeze joint accounts	Day 10-15	___/_R_e_quest	account freeze, not cl
Contact mortgage/auto loan servicer if applicable	Day 10-15	___/D_i_s_cuss p	ost-divorce refinancin
Document all account balances (screenshots/statements)	Day 15-20	___/___ Em	ail to attorney as evide
Set up credit monitoring alerts	Day 20-30	___/___Most	bureaus offer free ver
Request secured credit card for new solo credit history	Day 30+	___/___Onc	e divorce settlement is

nion counts e them ounts) l osure yet g timeline nce sions final

3 FINANCIAL RESET TIMELINE

A post-divorce recovery roadmap. Adjust based on your circumstances.

PERIOD	KEY ACTIONS & MILESTONES	TARGET AMOUNT / GOAL
<b>Months 1-3 (I	mmAecdcioauten)t< s/ebp>aration complete Joint accounts closed/separated Beneficiaries updated Will/POA updated First budget finalized	Emergency fund: $1,000-2,000 (one small emergency cushion)
<b>Months 3-6 (S	taSbiplieznadtioinng) <p/abt>terns tracked Budget optimized Secured credit card obtained Retirement QDRO completed House refinance or sale initiated	Emergency fund: 1 month expenses Credit score check
<b>Months 6-12 (	ReEcmoveergrye)n<c/yb >fund to 3 months Payoff high-interest debt Rebuild retirement savings Review insurance coverage Tax planning for single filer	Emergency fund: 3 months expenses Monthly budget sustainable
<b>Year 2-3 (Reb	uilldnivnegs)t< s/bu>rplus after expenses Increase retirement contributions Improve credit score to 700+ Review asset allocation Social Security planning	Rebuild 6-12 months expenses Investment account growth

This worksheet is a planning tool, not financial or legal advice. Consult with a family law attorney and financial advisor for personalized guidance.

Blended Family Finances

Estate Planning Checklist

LIST ALL CURRENT ASSETS (HOME, VEHICLES, INVESTMENTS, RETIREMENT ACCOUNTS, INSURANCE)
Identify who has a legal claim on your estate (biological children, spouse)
List any previous agreements (divorce decree, custody order, prenup)
Decide: Will your spouse inherit everything, or only what you specify?
Decide: Do you want to leave anything to stepchildren? How much?
Research QTIP trusts if protecting both spouse and biological children's inheritance
Update beneficiary designations on all retirement accounts (401k, IRA, etc.)
Update beneficiary designations on life insurance policies
Name a guardian for minor children in your will
Name an executor (the person who carries out your will)
Schedule consultation with estate planning attorney
Sign will and have it properly witnessed

Account Structure Decision Matrix

APPROACH	BEST FOR	PROS	CONS
Pool & Allocate (Joint account)	Similar income, high co	mSmimitmpleicnitt yt,o t reuqeu ateliatymwork, househol	d Punoiwtyer dynamics if income unequal,
Separate & Contribute (Individual accounts)	Significant income gap	s, Cprlaiorrit yfi,n aauntcoianlo tmrayu,m paro, tiencdteiopne nfrdoemn cp	ea rLvtnaeelsurse' ssd ednesbet of partnership, harder to
Hybrid (Joint for household + s	Income disparity + desi eparate for rest)	reC foorm ubninitey,s cfhleilxdib siluitpyp woirtth o cbolimgamtiiotmnse np	tr,eR cseleeqnautri rbeosu mndoareri ebsookkeeping, ongoin

less personal control track household spending g negotiation

BLENDED FAMILY FINANCES WORKSHEET Financial Conversations Worksheet
Child Support Overview

Who pays? Amount: Duration: Impact on household budget Resentment level (1-10)? Review schedule: Monthly Income & Household Expenses

Partner 1 Gross Monthly Income: Partner 2 Gross Monthly Income: ___
Combined Household Expenses: % Split: P1 ___% P2 ___% Retirement Contributions: Emergency Fund Target: ___ Your Next Steps

- ☐ Have one of three key conversations (estate planning, account structure, or child support)
- ☐ Schedule estate planning consultation
- ☐ Update beneficiary designations on all accounts
- ☐ If applicable: discuss prenup with partner
- ☐ Create or update will
- ☐ Review decision matrix and choose account structure
- ☐ Set calendar reminder to revisit plan annually or with major life changes

Remember: Blended family finances are complex because blended families are complex. This worksheet is a starting point, not the final answer.

Military Family Benefits

Benefits Eligibility Checklist & VA Claims Process Tracker

1 BENEFITS ELIGIBILITY CHECKLIST

☐ VA Disability Compensation

Rating _____

☐ Aid and Attendance

Up to $2,431/mo (veteran), $1,318/mo (surviving spouse)

☐ Survivor Benefit Plan (SBP)

☐ Status:

☐ Active

☐ Awaiting Decision

☐ Not Enrolled

☐ Dependents' Educational Assistance (Chapter 35)

Eligible Dependents _____

☐ GI Bill Transfer Status

Transfer Amount/Status _____

☐ State-Specific Veteran Benefits

State _____

☐ Vocational Rehabilitation & Employment (VR&E;)

Application Status _____

☐ Other Benefits

2 CURRENT BENEFITS TRACKER

3 ADDITIONAL NOTES

VA CLAIMS PROCESS TRACKER Track Your Disability Claim from Filing to Decision

1 CLAIM INFORMATION

Claim Number _____

Service Member Name _____

Date of Birth _____

Condition(s) Being Claimed _____

Date Claim Filed _____

VSO/Representative Name _____

2 VA CLAIMS PROCESSING TIMELINE

The VA typically processes claims in 3-6 months. Track your claim's progress:

☐ Gathering Evidence

Collecting medical records & supporting documents

☐ Submitted

Claim received by VA

☐ Under Review

VA reviewing evidence & scheduling exam if needed

☐ Decision Pending

Final decision being prepared

☐ Approved/Denied

Decision letter received (date _____

3 KEY CONTACTS & RESOURCES

CONTACT TYPE	NAME / NUMBER / WEBSITE
Local VA Regional Office	_____
VA Medical Center	_____
Veterans Service Officer (VSO)	_____

STATE VETERANS AFFAIRS OFFICE	_____
VA Claims Hotline	1-800-827-1000
VA Appeals Hotline	1-800-827-1000 (then press #4)
VA.gov Status Check	www.va.gov > Check Claim Status

4 IMPORTANT REMINDERS

3 Respond immediately to all VA requests for additional information 3 Keep copies of all documents you submit to the VA 3 Check your claim status monthly at VA.gov 3 If denied, you have the right to appeal (typically within 1 year) 3 Contact a VSO (free service) to represent you in your claim or appeal For assistance with your VA claim: Call 1-800-827-1000 or visit VA.gov Keep this worksheet with your important documents. Updated April 2026.

05

Property

The house, the things in it, and the ones you rent out.

Homeowner's Maintenance & Preparedness

What No One Told Us SEASONAL MAINTENANCE CHECKLIST SPRING

- ☐ Clean gutters and downspouts; check drainage away from foundation
- ☐ Inspect roof for winter damage, missing shingles, or debris
- ☐ Check exterior caulking around windows and doors
- ☐ Inspect basement or crawl space for water damage
- ☐ Test outdoor faucets and hose connections

SUMMER

- ☐ Change or clean AC filter monthly while in use
- ☐ Schedule professional AC maintenance if not done in spring
- ☐ Inspect deck or patio for structural issues
- ☐ Verify exterior grading slopes away from house

FALL

- ☐ Clean gutters again (and once more after leaves fall)
- ☐ Trim tree branches away from roof and siding
- ☐ Schedule furnace and chimney inspection before heating season
- ☐ Caulk and weatherstrip windows and doors
- ☐ Inspect basement for new cracks or seepage

WINTER

- ☐ Inspect roof after heavy snow or ice storms
- ☐ Ensure gutters are clear of ice dams
- ☐ Monitor furnace performance and listen for unusual sounds
- ☐ Monitor basement for water intrusion

Homeowner's Checklist (cont.) MY CONTRACTORS PLUMBER

NAME: _____ **PHONE:** _____

Email: _____ License #: _____

Notes: _____ _____

ELECTRICIAN

NAME: _____ **PHONE:** _____

Email: _____ License #: _____

Notes: _____ _____

HVAC TECHNICIAN

NAME: _____ **PHONE:** _____

Email: _____ License #: _____

Notes: _____ _____

ROOFER

NAME: _____ **PHONE:** _____

Email: _____ License #: _____

Notes: _____ _____

FOUNDATION SPECIALIST

EMAIL: _____ **LICENSE #:** _____

Notes: _____ _____

HOME DOCUMENTATION CHECKLIST

- ☐ Photos of furnace/water heater/AC unit (with serial numbers visible)
- ☐ Closing documents filed and organized
- ☐ Home inspection report saved and dated
- ☐ Furnace and AC brand/model and purchase/install dates
- ☐ Roof type, color, installation date, and warranty information
- ☐ Electrical panel brand and circuit layout photos
- ☐ Water heater brand, model, and installation date
- ☐ Septic/sewer system diagram (if applicable)

- ☐ Well information and water test results (if applicable)
- ☐ Insurance policy documents with coverages listed
- ☐ All contractor warranties and certifications
- ☐ Receipts from any repairs or upgrades made
- ☐ Property survey documents
- ☐ HOA documents and rules (if applicable)

Keep this documentation in a safe place (physical or digital). You'll need it for insurance claims, refinancing, home sales, or warranty claims.

Home Maintenance

The Preventive Operations System Every Homeowner Should Have APPLIANCE & SYSTEM AGE AUDIT

SYSTEM/APPLIANCE	INSTALL DATE	AGE (YRS)	EXPECTED LIFESPAN	REPLACEMENT YEA	REST. COST
HVAC System			15-20 years		
Water Heater			8-12 years		
Roof			20-30 years		
Refrigerator			10-15 years		
Washing Machine			8-12 years		
Dishwasher			9-12 years		
Furnace/Boiler			15-20 years		
Electrical Panel			25-40 years		

SEASONAL MAINTENANCE CALENDAR

SPRING	SUMMER	FALL	WINTER
Inspect roof for damage	Monitor water usage	☐ Clean gutters again	Monitor pipes for freezing
Clean gutters & downspouts	Replace HVAC filters	Seal utility entry gaps	Check attic insulation
Check foundation for cracks	Inspect deck/patio	Service heating system	Test GFCI outlets
Service air conditioning	Test sump pump	Inspect chimney	Inspect for ice dams

VENDOR CONTACTS & HOME OPERATIONS LOG TRUSTED VENDOR CONTACTS

TRADE	COMPANY NAME	PHONE	RATE/PLAN	EMERGENCY AVAILAB
Plumber				
Electrician				
HVAC Technician				
Roofer				

le HOME OPERATIONS LOG CHECKLIST

- ☐ Property Details (address, purchase date, year built, square footage)
- ☐ Major Systems List (installation dates, expected replacement years)
- ☐ Maintenance Records (all inspections, repairs, services with dates/costs)
- ☐ Vendor Contact Information (3+ options per trade)
- ☐ Keys & Access Codes (locations, gate codes, alarm codes, shutoff locations)
- ☐ Insurance & Permits (policy details, claims history, building permits)
- ☐ Active Warranties (coverage details, expiration dates, claim procedures)
- ☐ Inspection Reports (professional inspections, energy audits, appraisals)
- ☐ Photos (before/after repairs, condition documentation)
- ☐ Digital Backup (cloud storage for easy access by family/heirs)

Note: Update this log quarterly. Store digitally and in print. Share access with family members and heirs.

Home Insurance Coverage

Take control of your coverage. Updated April 2026

SECTION 1 COVERAGE VERIFICATION

COVERAGE TYPE	CURRENT AMOUNT	RECOMMENDED AMOUN	TSTATUS / NOTES
Dwelling Coverage			
Personal Property			
Liability			
Medical Payments			
Deductible			

SECTION 2 STANDARD EXCLUSIONS REVIEW

- ☐ Wear and tear covered?
- ☐ Flood covered?
- ☐ Earthquake covered?
- ☐ Water damage from burst pipes?
- ☐ Sewer backup rider in place?
- ☐ Pest/termite damage covered?
- ☐ Code upgrade coverage included?

SECTION 3 VALUABLE ITEMS INVENTORY

Item	Estimated Value	☐ Receipt on File?
Jewelry		
Art / Collectibles		
Electronics		
Furniture		

DOCUMENTATION & ACTION PLAN Complete your home inventory and improvement roadmap

SECTION 4 HOME VIDEO WALKTHROUGH CHECKLIST

- ☐ Set phone to video mode (not selfie mode)
- ☐ Walk through each room slowly, panning across all items
- ☐ Narrate contents: furniture, electronics, artwork, etc.
- ☐ Open closets, drawers, and cabinets to show contents
- ☐ Get close-ups of valuable items and product labels
- ☐ Film the garage, attic, and basement
- ☐ Save video to cloud storage (Google Drive, iCloud, Dropbox)
- ☐ Create spreadsheet of high-value items with dates and amounts
- ☐ Store receipts or photos of original purchases in the cloud
- ☐ Update video and spreadsheet annually, especially after major purchases

SECTION 5 ACTION ITEMS (PRIORITY ORDER)

- ☐ Priority 1:
- ☐ Get dwelling coverage to 80%+ of replacement cost
- ☐ Priority 2:
- ☐ Increase liability coverage to $300,000+
- ☐ Priority 3:
- ☐ Switch personal property to replacement cost (RCV)
- ☐ Priority 4:
- ☐ Add riders for high-value items or common exclusions
- ☐ Priority 5:
- ☐ Consider umbrella policy ($1M coverage for $150-300/year)

NOTES & AGENT CONVERSATION LOG

Keep this current instead of redoing it every year.
Scan to fill it in once, and it stays filled in.

Home Renovation Planning

1 Contractor

Vetting Checklist

CONTRACTOR NAME
License #
Insurance Company
Policy #
Phone
Email

Questions Answered:

- [ ] Licensed and insured with valid documentation shown
- [ ] Three references from past 18 months provided and contacted
- [ ] Change order process clearly explained
- [ ] Process for mid-project issues clearly defined
- [ ] Payment terms: 10% deposit, 80% on completion, 10% final

2 Renovation

Budget Template

ITEM	ESTIMATED COST	ACTUAL COST	DIFFERENCE
Demolition/Prep			
Structural Work			
Electrical			
Plumbing			
HVAC			
Drywall/Finishing			
Flooring			
Fixtures/Hardware			
Paint			
Labor (misc)			
PERMITS/INSPECTIONS			
Debris/Cleanup			
SUBTOTAL			
Contingency (20-30%)			
TOTAL BUDGET			

3 Project

PHASE	PLANNED START	PLANNED END	ACTUAL START	ACTUAL END	NOTES
Demolition					
ough Work (Elec/Plum	b)				
Framing/Structural					
Drywall/Finishing					
Paint/Flooring					
Install Fixtures					
Final Inspection					

Keep this current instead of redoing it every year.
Scan to fill it in once, and it stays filled in.

What No One Tells You About Inheriting Property Worksheet & Decision Guide Stepped-Up Basis Calculator Use this to understand your tax advantage on inherited property.

ITEM	AMOUNT
Original Purchase Price (what they paid)	$_____
Date of Death Value (market value on death date)	$_____
Your Stepped-Up Basis (this is your new starting point)	$_____
Price You Sell It For	$_____
Your Capital Gain (Sell Price - Stepped-Up Basis)	$_____
Tax Rate (typically 15% long-term)	_____%
Your Capital Gains Tax Owed	$_____

Decision Matrix: Keep, Rent, or Sell Score each option 1–5 (1 = not at all, 5 = absolutely).

CRITERIA	KEEP IT	RENT IT OUT	SELL IT
Emotional attachment to property	___/5	___/5	___/5
ial sense (rental income, appreciation, or pro	ceeds) ___/5	___/5	___/5
Your willingness to manage / involve yourself	___/5	___/5	___/5
pact on your overall life (positive = higher sco	re) ___/5	___/5	___/5
TOTAL SCORE	___/20	___/20	___/20

Financ Im The option with the highest score likely aligns with your situation. Trust the pattern. Sibling Agreement Checklist If you inherited this property with siblings, cover these items before conflict arises:

- ☐ Do we all agree on the goal? (Keep, sell, or rent—and on what timeline?)
- ☐ If one person wants to buy out the others, what's our appraisal process?

- [ ] Who will manage the property day-to-day if we keep it?
- [ ] How will we split ongoing costs? (Taxes, insurance, maintenance, repairs)
- [ ] What if someone's financial situation changes and they need out?
- [ ] Are we comfortable with a partition suit as a last resort?

Property Management Checklist

- [ ] Get property inspected and surveyed (know what you own and its condition)
- [ ] Review title, deed, and any liens or easements
- [ ] Locate all utilities and service contracts
- [ ] Get property titled in your name (with siblings, if applicable)
- [ ] Get homeowners or rental insurance immediately
- [ ] Create a property file: deed, survey, inspection, insurance, tax statements, utilities
- [ ] Set up a separate account for property expenses (important for taxes)

If You Rent It Out: Monthly Income & Expense Template

	JAN	FEB	MAR	APR	MAY	JUN
Rental Income						
Property Tax						
Insurance						
Maintenance/Repairs						
Property Manager Fee						
Utilities (if paid by you)						
TOTAL EXPENSES						
NET INCOME						

Questions to Ask Your Accountant or Attorney

- [ ] Do we need to file an estate tax return even though we don't owe federal taxes?
- [ ] Are there state inheritance or estate taxes that apply to us?
- [ ] Will the property be reassessed for property tax purposes? When?
- [ ] What deductions can we claim if we rent it out?
- [ ] Should we set up an LLC to hold the property?

- [ ] What insurance coverage do we need?

Selling the Family Home

1 Disclosure

Disclose these items:

- [ ] Structural issues (foundation, settling, previous damage)
- [ ] Roof condition and age (recent repairs/replacement)
- [ ] Water damage or flooding history
- [ ] Pest damage (termites, wood rot)
- [ ] Mold or asbestos present
- [ ] Lead paint (if built before 1978)
- [ ] Radon test results available
- [ ] Environmental issues (flood zone, nearby hazards)
- [ ] Previous insurance claims (with dates)
- [ ] Code violations or permits on file
- [ ] Neighborhood nuisances or easements
- [ ] Furnace/HVAC age and condition
- [ ] Plumbing issues or updates needed
- [ ] Electrical system capacity adequate

2 Sale

Price & Proceeds Calculation

ITEM	AMOUNT
Sale Price (Offer)	
Less: Realtor Commission (typically 5-6%)	
Less: Closing Costs (title, escrow, legal)	
Less: Property Taxes (final adjustment)	
Less: HOA Transfer Fees (if applicable)	
NET PROCEEDS TO SELLER	
Capital Gains Calculation:	
Original Purchase Price	

SALE PRICE
Capital Gain (Sale - Purchase)
Less: Federal Exclusion ($250k or $500k)
Taxable Gain
Federal Tax Rate (15-20%)
ESTIMATED FEDERAL TAX
State Tax Rate (varies by state)
ESTIMATED STATE TAX

3 Proceeds

Division Worksheet (if multiple heirs)

BENEFICIARY NAME	PERSONAL ITEMS CLAIMED	VALUE	CASH DISTRIBUTION	TOTAL RECEIVES
TOTALS:				

4 Sale

Timeline & Checklist

3 months before:

- ☐ Hire real estate agent
- ☐ Get home inspected and reviewed
- ☐ Gather disclosure documents

1-2 months before:

- ☐ Prepare disclosure form with attorney review
- ☐ Make minor repairs/improvements
- ☐ Professional photos and listing

During listing:

- ☐ Track showing activity
- ☐ Negotiate offers
- ☐ Accept/reject based on market conditions

At closing:

- ☐ Final walkthrough by buyer
- ☐ Coordinate with title company
- ☐ Provide all disclosure documents
- ☐ Sign final paperwork

Post-closing:

- ☐ Distribute proceeds per agreement
- ☐ Keep copy of closing statement for taxes
- ☐ File capital gains exclusion on taxes

What No One Tells You About the Property Handoff Document Package & Home Knowledge Capture

Part 1 Property

Documentation Package Checklist

UTILITY ACCOUNT NUMBERS & CONTACTS

Electric company account #, online portal, billing schedule

Gas/heating provider account #, service contacts

Water/sewer account #, shutoff valve locations

Internet/phone provider details, wifi passwords

Warranties & Service Records

HVAC system warranty & service history

Roof warranty & installation date

Water heater warranty & installation date

Appliance warranties (if included)

Foundation inspection reports

Access & Security Information

Garage door opener codes & remote locations

Gate access codes or keys

Alarm system codes & override procedures

WiFi password & network details

System Diagrams & Documentation

Labeled circuit breaker box (photo)

Plumbing shutoff locations (photo)

Gas valve locations (photo)

Floor plans with room labels

Vendor Contact List

Plumber name, phone, service area

Electrician name, phone, specialty

HVAC service provider name, phone

Roofer name, phone, last service date

UTILITY ACCOUNT NUMBERS & CONTACTS

Landscaper/yard service provider

General contractor for referrals

Part 2 Home

Knowledge Capture Template

PROPERTY ADDRESS:

Date Prepared:

Prepared by:

System Issues & Maintenance Notes Foundation & Structure:

Roof:

HVAC System:

Plumbing:

Electrical:

Seasonal Maintenance Calendar

SPRING:

Summer:

Fall:

Winter:

Keep this current instead of redoing it every year.
Scan to fill it in once, and it stays filled in.

Property Management System

Managing Multiple Properties Without Losing Your Mind PROPERTY PROFILE TEMPLATE Create one profile per property. Keep it updated as systems are serviced or replaced.

CATEGORY	DETAILS	LAST UPDATED
Property Address		
Year Built		
Square Footage		
UTILITIES & ACCOUNTS		
Electric - Account #		
Gas - Account #		
Water/Sewer - Account #		
Internet/Cable - Account #		
KEY SYSTEMS		
HVAC Type/Model		
HVAC Last Serviced		
HVAC Filter Size		
Water Heater (Type/Year)		
Water Heater Last Serviced		
Roof (Type/Year)		
Roof Last Inspected		
Electrical Panel Location		
Main Water Shut-off Location		
Main Gas Shut-off Location		
RECENT MAINTENANCE		
Service/Work Done	Date	Vendor/Cost

VENDOR TRACKING MATRIX Track all vendors who service this property. Include contact, scope, frequency, and last visit.

VENDOR TYPE	VENDOR NAME	PHONE	EMAIL	SCOPE	LAST VISIT	NEXT VISIT
HVAC						
Plumbing						
Electrical						
Exterior/Roof						
Pest Control						
Landscaping						
Inspection						

SEASONAL MAINTENANCE CALENDAR SPRING

TASK	SCHEDULED	COMPLETED	NOTES
Gutter cleaning	checkbox	checkbox	
Roof inspection	checkbox	checkbox	
HVAC tune-up	checkbox	checkbox	
Exterior inspection	checkbox	checkbox	
Landscape assessment	checkbox	checkbox	

SUMMER

TASK	SCHEDULED	COMPLETED	NOTES
AC maintenance check	checkbox	checkbox	
Deck/patio staining	checkbox	checkbox	
Septic inspection	checkbox	checkbox	
Pest control	checkbox	checkbox	
Pool/spa maintenance	checkbox	checkbox	

FALL

TASK	SCHEDULED	COMPLETED	NOTES
HVAC inspection	checkbox	checkbox	
Gutter cleaning	checkbox	checkbox	
Weatherproofing	checkbox	checkbox	
Air leak inspection	checkbox	checkbox	
System winterization	checkbox	checkbox	

WINTER

TASK	SCHEDULED	COMPLETED	NOTES
Heating system monitor	checkbox	checkbox	
Ice dam checks	checkbox	checkbox	
Roof leak inspection	checkbox	checkbox	
☐ Foundation inspection	checkbox	checkbox	
☐ Water intrusion check	checkbox	checkbox	

EMERGENCY CONTACTS & ACCESS

ROLE	NAME	PHONE	EMAIL
Property Steward			
Primary Plumber			
Primary Electrician			
HVAC Specialist			
Local Contractor			

Updated: April 2026 | This worksheet is part of "What No One Tells You About Managing Multiple Properties." Keep it updated as systems change and vendors rotate.

What No One Tells you About Running a Vacation Rental Operations Worksheet Seasonal Maintenance Calendar

SPRING (MAR–MAY)	SUMMER (JUN–AUG)	FALL (SEP–NOV)	WINTER (DEC–FEB)
☐ HVAC filter	☐ Pest control	☐ HVAC heating	☐ Monitor heat
☐ Condenser coil	☐ Pool chemistry	☐ Gutters	☐ Snow/ice
☐ Power wash	☐ Grass trim	☐ Weather strip	☐ Freeze prevent
☐ Roof inspection	☐ Deck check	☐ Spigots ☐ Chimney	☐ Humidity ☐ Lights
☐ Gutters	☐ Humidity ☐ Linens	☐ Pipe insulate	☐ Spring setup
☐ Freeze check	☐ Caulking ☐ Lights	☐ Snow removal	☐ Schedule ☐ Filters
☐ Windows ☐ Caulking		☐ Ice melt	

TURN-DAY CHECKLIST

TASK	3	NOTES
PRE-ARRIVAL AC/Heat · Lights · Temp		
MASTER BEDROOM Vacuum · Dust · Sheets		
MASTER BATH Scrub · Shower · Towels		
KITCHEN Fridge · Surfaces · Stove		
LIVING AREAS Vacuum · Dust · Pet hair		
BEDROOMS Sheets · Vacuum · Lights		
LAUNDRY Wash · Dry · Fold		
FINAL WALK Bed · Bath · Kitchen · Doors		

VENDOR CONTACT REFERENCE SHEET

TYPE	NAME	PHONE	RATE	RESPONSE
Cleaning				
HVAC				
Plumber				
Electrician				
Handyperson				
Landscaping				
Pool				

HANDOFF DOCUMENTATION CHECKLIST

☐ Documentation Item	3
Vendor list completed	
Property manual created	
Platform logins transferred	
Cleaner intro + setup	
Emergency procedures	
Financial setup explained	
30-day shadow scheduled	
Agreement signed	

Cleaning Team Management

Professional Operations Framework for Your Home ROOM-BY-ROOM CLEANING CHECKLIST Use this template to build your master checklists. Define what clean means for each space.

MASTER BEDROOM

Task	Frequency	Notes
Dust surfaces (dresser, nightstands, shelves)	Weekly	
Vacuum floor thoroughly, including under furniture	Weekly	Check under bed and clo
Change bedding if requested	Weekly	Or per homeowner prefer
Wipe mirrors and glass surfaces	Weekly	
Empty trash cans	Weekly	
Clean closet shelves and organize	Monthly	☐ Week 2 rotation focus
Wipe baseboards and door frames	Monthly	☐ Week 2 rotation focus
Clean ceiling fan and vents	Monthly	☐ Week 2 rotation focus

set ence

BATHROOMS (MASTER & GUEST)

Task	Frequency	Notes
Clean and disinfect toilet	Weekly	Inside bowl, seat, base, e
Scrub sink and faucet	Weekly	Include countertop wipe-
Shower/Tub: scrub surfaces and fixtures	Weekly	Squeegee glass if applic
Sweep and mop floor	Weekly	☐ Pay attention to corners
Empty trash, refill soap dispensers	Weekly	
☐ Clean tile grout (lines)	Every 2 weeks	☐ Week 1 rotation focus
Wipe baseboards and door frames	Every 2 weeks	☐ Week 1 rotation focus
Clean exhaust vent and light fixtures	Monthly	☐ Week 1 rotation focus
Mirror and glass deep clean	Monthly	Check for streaks and wa

xterior down able ter spots

KITCHEN

Task	Frequency	Notes
Wipe and organize counters	Weekly	Clear clutter, wipe down
Clean stovetop and backsplash	Weekly	Inside as applicable
Sweep and mop floor	Weekly	Including under applianc
☐ Clean microwave interior	Weekly	
Deep clean inside sink cabinets	Monthly	☐ Week 1 rotation focus

es

ROTATION SCHEDULE TEMPLATE Distribute deep-clean tasks across weeks so team stays fresh and budget stays consistent.

WEEK	PRIMARY FOCUS	SECONDARY TASKS	DEEP TASKS
Week 1	Bathrooms & Kitchen	Entry, Hallways	Grout, Baseboards, Cabin
Week 2	Bedrooms & Closets	Hallways	Under furniture, Organiza
Week 3	Windows & Doors	☐ Common areas	Glass detail, Door frames
Week 4	Entry & Laundry	Maintenance items	Equipment maintenance,

ets tion , Walls Deep vacuum FEEDBACK SCRIPTS: How to Communicate Issues

SITUATION	SCRIPT
Task was missed	"I noticed [specific task] didn't happen. Can we confirm on the checklist and timing?
Quality issue	"The [area] didn't meet our standard. Let's walk through the checklist together."
Schedule change	"I'd like to adjust when [task] happens. Can we test this next week?"
Good work	"I noticed the attention to [specific area]. Thank you—it makes a difference."
New request	"Can we add [task] to the rotation? Let's discuss timing and priority."

" CLEANING OPERATIONS LOG Keep a record of each visit: who, when, rotation week, and any issues or notes.

KEY PRINCIPLES

1. Specificity: Define what clean means. Use observable, measurable tasks.
2. Documentation: Checklists and logs replace mental management.
3. Rotation: Distribute deep work across weeks. Consistency matters more than intensity.
4. Clarity: Clear expectations prevent misunderstandings and frustration.
5. Accountability: Systems create accountability without tension.

Created: April 2026 | WNOTUS Article #33: What No One Tells You About Hiring and Managing a Cleaning Team

06

Launching

Getting a person out of the house and standing up.

Pre Move-In Document

For College-Bound Students (Age 18+)

SECTION 1 Critical

Documents to Have in Place

DOCUMENT	STATUS	NOTES
Healthcare Proxy (signed & notarized)		Enables proxy to make medica
Health Insurance Card & Policy		Keep digital & physical copies
Auto Insurance Card (if applicable)		Required if taking car to college
Renters Insurance Policy		Covers belongings in dorm/apa
Birth Certificate		Original or certified copy
Social Security Card		☐ Keep in secure location
Passport		If international or planning trave
Medical Records & Vaccination History		Required by college; share with
List of Current Medications & Allergies		Keep wallet card + share with r
Primary Care Doctor Contact Info		Name, phone, address, fax
FERPA Release Form (if signed)		Allows school to discuss grade
College ID & Enrollment Confirmation		For record-keeping & access to

l decisions & access info rtment l student oommate s with parent services

SECTION 2 Insurance

Audit Worksheet

A. HEALTH INSURANCE

ITEM	STATUS	PROVIDER CONTACT INFO / NOTES
Coverage Verified at College Loca	☐ tion	
Out-of-Network Status Confirmed		
Prescription Coverage Reviewed		
Student Health Center Covered		
Deductible & Co-Pay Amounts		
Address Updated		

B. AUTO INSURANCE (if applicable)

ITEM	STATUS	NOTES
Car Moving to College Reported to Insu	rer	
"Away at School" Discount Applied		
Primary Driver Status Updated		
Coverage Confirmed at New Location		

C. RENTERS INSURANCE

ITEM	STATUS	NOTES
Policy Type Selected (Add-on or Stand	alone)n	
Coverage Amount Adequate for Belong	ings	
High-Value Items Listed		
Belongings Photographed for Records		

SECTION 3 Financial

Conversation Framework

Use this worksheet to clarify financial boundaries before move-in day.

FINANCIAL CATEGORY	YOUR DECISION	AMOUNT / DETAILS
☐ Tuition & Mandatory Fees	☐ Parent ☐ Aid ☐ Student	
Room & Board	☐ Parent ☐ Aid ☐ Student	
Books & Course Materials	☐ Parent ☐ Student ☐ Split	
Monthly Allowance (if any)	Amount: $ _____ or N/A	Frequency: Weekly / Monthly
Emergency Fund Access	Amount Available: $ _____	When applicable: Medical / Housing / Ot
Personal Spending (food, enterta	☐ inPmaerennt)t Covers ☐ Student pays	
Flights Home / Travel	☐ Parent ☐ Student ☐ Split	Holidays / Break visits
Unexpected Costs (laptop repair,	☐ ePtca.r)ent Covers ☐ Discusses First	
Part-Time Job Expectations	☐ Encouraged ☐ Optional ☐ Discoura	geMda nx hours per week: _____
Credit Card Use	☐ Not Permitted ☐ Student Card	Limit / Terms: _____

her CREDIT & AUTONOMY CONVERSATION NOTES

- ☐ Discussed what credit is and why it matters for their future
- ☐ Explained credit scores and how they are used (housing, jobs, insurance)
- ☐ Clarified: Will you co-sign any loans? (Recommend: No)
- ☐ Discussed credit card limits and how to avoid debt spirals
- ☐ Provided emergency contact number and made clear when to call

SECTION 4 Final

Move-In Day Checklist

TASK	STATUS
3 Healthcare proxy signed & on file (home copy + student copy)	
3 Health insurance updated & cards in student's possession	
3 Auto insurance updated (if applicable)	
3 Renters insurance in place	
3 All critical documents in folder (physical + digital copies)	
3 Medication list & allergy card created	
3 Financial boundaries discussed & agreed upon	

3 CREDIT CONVERSATION COMPLETED
3 FERPA release signed (if student is comfortable)
3 Parent emergency contact confirmed with student
3 Roommate info obtained & shared with family

Remember: This worksheet is a guide to help you prepare for the legal and practical shifts that happen when your student turns 18 and moves away. Completing these items before move-in day will give you both peace of mind. Created April 2026 | What No One Tells You

Pre-move-in Document

What No One Tells You About Sending a Kid to College LEGAL DOCUMENTS (Priority: Complete First)

☐ Healthcare Proxy / Medical Power of Attorney

Status: Not Started | Deadline: ASAP (2-3 weeks) Get from: State health dept, attorney, or legal document service

☐ HIPAA Authorization Form

Status: Not Started | Deadline: ASAP (1 week) Get from: Your primary care doctor or print template online

☐ FERPA Release (College)

Status: Not Started | Deadline: ASAP (contact registrar now) Get from: College registrar - they will email the form

☐ Bank Account Authorization

Status: Not Started | Deadline: When opening account Get from: Your bank

☐ Durable Power of Attorney (Optional)

Status: Not Started | Deadline: Before move-in Get from: Attorney (more comprehensive than healthcare proxy) INSURANCE CHECKLIST

☐ Health Insurance: Confirm child stays on plan through age 26

☐ Health Insurance: Update address (dorm address)

☐ Auto Insurance: Confirm child is listed as driver (if taking a car)

☐ Renters Insurance: Get quote and purchase dorm coverage

☐ Phone Plan: Clarify who is responsible for payment

☐ All Insurance: Get copies of cards/policy numbers

KEY CONTACTS TO HAVE ON FILE

FINANCIAL PLANNING & MONTHLY BUDGET ANNUAL COST OF ATTENDANCE

Total annual cost: $ _____

- ☐ Tuition & Fees: $_____ | Parent covers:
- ☐ | Student covers:
- ☐ Room & Board: $_____ | Parent covers:
- ☐ | Student covers:
- ☐ Books & Supplies: $_____ | Parent covers:
- ☐ | Student covers:
- ☐ Personal Spending/Food: $_____ | Parent covers:
- ☐ | Student covers:
- ☐ Transportation: $_____ | Parent covers:
- ☐ | Student covers:
- ☐ Phone/Tech: $_____ | Parent covers:
- ☐ | Student covers:

MONTHLY DISCRETIONARY BUDGET Typical monthly allowance: $100-300 (adjust based on your family and location)

Food (beyond meal plan): $ _____

Entertainment (movies, events, streaming): $ _____

Clothing: $ _____

Personal Care (haircut, toiletries): $ _____

Miscellaneous (books, supplies, fun): $ _____

TOTAL MONTHLY ALLOWANCE: $ _____

FINANCIAL CONVERSATION CHECKLIST

- ☐ Explained total cost of attendance to your child
- ☐ Clarified what parent covers vs. what student covers
- ☐ Set up monthly allowance/discretionary spending account
- ☐ Added child to credit card (if applicable) with spending limit
- ☐ Established monthly check-in time for money conversations
- ☐ Discussed emergency expenses (what counts, who pays)
- ☐ Reviewed banking options (campus bank, online banking)
- ☐ Discussed part-time work expectations (if applicable)

NOTES & REMINDERS FOR YOUR FAMILY Use this space to track items specific to your situation: What No One Tells You | College Preparation Worksheet | April 2026 Print and complete this worksheet before move-in. Keep one copy with your child, one at home.

Keep this current instead of redoing it every year.
Scan to fill it in once, and it stays filled in.

College Financial Aid

The FAFSA, SAI, and Financial Planning Guide

1 STUDENT AID INDEX (SAI) CALCULATION

COMPONENT	YOUR NUMBER	NOTES
Parents' Combined Income	$ _____	From 2025 tax return
Student Income	$ _____	Wages, self-employment
Parents' Assets (excluding home)	$ _____	Savings, investments
Student Assets	$ _____	Savings, investments
Family Size	_____	☐ How many in household
☐ Students in College	_____	Just this student?

KEY FORMULA: Cost of Attendance (COA) - Your SAI = Your Financial Need
Schools try to cover your Need with Grants + Loans + Work-Study

2 ASSET PROTECTION CHECKLIST

Assets that DON'T count (Protected):

- ☐ Retirement accounts (401k, IRA, SEP-IRA)
- ☐ Primary home equity
- ☐ Parent-owned 529 plans
- ☐ Life insurance cash value
- ☐ Prepaid tuition plans (parent-owned)

Assets that DO count (Against You):

- ☐ Student savings accounts
- ☐ Student-owned investments
- ☐ 529 plans in student's name
- ☐ Parent investment accounts (~5% assessed)
- ☐ Parent-owned real estate (excluding home)

3 FAFSA TIMELINE & DEADLINES

Date	Deadline/Event	☐ Action Items
Oct 1, 2025	FAFSA Opens	Complete FAFSA as soon as possible
Dec 31, 2025	Priority Deadline	Most schools consider this the cutoff
Jan–Mar 2026	Aid Packages Arrive	Review all offers carefully
Feb 2026	Appeal Period Opens	Request appeal review if needed
May 1, 2026	☐ Decision Day	Enroll at your chosen school

4 YOUR AID PACKAGE BREAKDOWN

AID TYPE	AMOUNT	REPAY?	NOTES
Merit Scholarships	$ _____	No	Based on academics/talents
Need-Based Grants	$ _____	No	☐ Based on financial need
Federal Loans	$ _____	Yes	Includes interest
Work-Study	$ _____	Earned	☐ Part-time job on campus
TOTAL AID	$ _____		Sum of above

Cost of Attendance (COA): $ _____

- Total Aid (from above): $ _____

= YOUR GAP: $ _____

5 MERIT AID VS. NEED-BASED AID COMPARISON

ASPECT	MERIT AID	NEED-BASED AID
Based On	Test scores, GPA, talents	Financial situation (SAI)
Requires FAFSA	No	Yes
☐ Can Stack	Yes, with need-based aid	Yes, with merit aid
Timeline	Usually by admission	January–March
School-Specific	Varies by school priorities	Varies by school funding

6 FINANCIAL AID APPEAL CHECKLIST

If your aid package doesn't meet your needs, consider appealing if:

- ☐ Job loss or significant income reduction after FAFSA filing
- ☐ Major medical expenses or unexpected hardship
- ☐ Errors in your FAFSA application
- ☐ Unusual family circumstances (supporting relatives, private school costs)
- ☐ Competitive offers from peer schools with higher aid

Appeal Steps:

1. Contact financial aid office (phone or email)
2. Ask: 'What circumstances qualify for appeal?'
3. Write appeal letter (one page, honest, specific)
4. Attach supporting documentation (pay stubs, medical bills, etc.)
5. Submit by deadline given by school
6. Follow up after two weeks if no response

7 OPTIONS WHEN THE GAP EXISTS

- ☐ Community College First: Two years at community college, then transfer (saves significantly)
- ☐ Work & Study Part-Time: Extend timeline, reduce debt
- ☐ Gap Year: Work to save before attending
- ☐ Choose Affordable School: Not every school fits your budget
- ☐ External Scholarships: Search after May 1 for smaller awards ($500–$2,000)

Keep this current instead of redoing it every year.
Scan to fill it in once, and it stays filled in.

Your Kid's First Apartment Lease Review

☐ Rent amount and due date	Late fees and grace period
☐ Lease term dates	☐ Early termination clause
Which utilities are included	☐ Pet policy and deposits
Maintenance responsibility	☐ Security deposit amount
☐ Deposit return timeline	Notice requirements for moving
☐ Landlord entry rights	☐ Renewal terms

Red Flags to Watch For: · Landlord can raise rent mid-lease · No mention of security deposit return timeline · Tenant responsible for structural repairs · Entry without notice allowed · Automatic renewal without action required
UTILITY SETUP SEQUENCE

#	UTILITY	TIMELINE	STATUS
1	Electricity	3-5 days lead time	
2	Gas/Heating	3-5 days lead time	
3	Water	Usually landlord setup	
4	Internet	1-2 weeks lead time	

Key Reminder: Set up utilities BEFORE move-in day. Do not assume they're active. APARTMENT EMERGENCY KIT CHECKLIST

TOOLS	SUPPLIES	FIRST AID
☐ Hammer	☐ Duct tape	☐ Band-aids
☐ Screwdriver set	☐ Painter's tape	☐ Antibiotic ointment
☐ Adjustable wrench	☐ Electrical tape	☐ Pain reliever
☐ Flashlight	☐ Paper towels	☐ Antacid
☐ Step ladder	☐ Spackle & brush	☐ Thermometer
☐ Plunger (cup)	☐ Light bulbs	☐ —
☐ Drain snake	☐ Cleaning supplies	☐ —

EMERGENCY CONTACTS

CONTACT	PHONE NUMBER	NOTES
Landlord/Property Manager	_____	Include 24/7 line if available
Local Non-Emergency Police	_____	
Gas Emergency Line	_____	Call immediately for gas smell
Electric Utility Emergency	_____	
Water/Sewer Emergency	_____	
Trusted Plumber	_____	Get recommendation before needed
Trusted Electrician	_____	Get recommendation before needed
Local Hospital	_____	Address & phone
☐ Poison Control	_____	1-800-222-1222 (national)

WHEN TO CALL WHO No heat/AC in bad weather: Call landlord immediately. If no response in 24 hours, call local housing authority. Burst pipes/water damage: Turn off water at main valve, photograph damage, call landlord. Electrical fire/smoking outlet: Turn off breaker, evacuate if necessary, call 911, then landlord. Gas smell: Evacuate immediately, call gas company from outside. Do not use electrical switches. Broken lock (can't secure door): Call landlord same day. This is a security issue. Pest infestation: Document with photos, notify landlord in writing, request pest control. THE 'LAUNCH DOCUMENT' CHECKLIST

INSURANCE POLICY NUMBER & PROVIDER CONTACT	LANDLORD CONTACT & LEASE DATES
All utility account numbers & passwords	WiFi password & router location
Family emergency contacts (your number!)	Maintenance/repair contacts
Photos of belongings (for insurance)	☐ Water shut-off location
Electrical panel location	Move-out checklist & deadlines

RENTERS INSURANCE QUICK FACTS · Cost: ~$15/month (varies by location) · Covers: Personal property, liability, additional living expenses if uninhabitable · Does NOT cover: Landlord's building (that's their insurance) · Can purchase online in 10 minutes · Common providers: State Farm, Allstate, Geico, Lemonade, Progressive · Pro tip: Take photos of everything you own and document serial numbers Created: April 2026 | What No One Told Us

Keep this current instead of redoing it every year.
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Your Kid's First Job

Financial & Benefits Planning Guide Benefits Enrollment Checklist Complete this during your new employee onboarding window:

401K PLAN	CONFIRM EMPLOYER MATCH, SELECT TARGET-DATE FUND
Health Insurance	Choose HMO, PPO, or HDHP
Dental Insurance	Usually $20-50/month, worth taking
☐ Vision Insurance	Covers exams and glasses/contact discounts
FSA/HSA	Pre-tax medical expenses (HSA > FSA for healthy p
Life Insurance	2-3x salary term life - grab it while cheap
Disability Insurance	Long-term disability coverage (60% salary)
Beneficiary Forms	Designate beneficiaries for 401k, life insurance, HSA

eople) First Paycheck Decoder Calculate what actually lands in your account:

YOUR ANNUAL SALARY:	_____	_÷ 26 PAYCHECKS = BIWEEKLY GROSS
☐ 401k Contribution %:	_____	_(Recommended: 3-4% minimum for match
Health Insurance/Paycheck:	_____	_(Usually $100-300/paycheck)

DEDUCTION	PERCENTAGE	BIWEEKLY AMOUNT
Federal Income Tax	~12%	$ _____
Social Security	6.2%	$ _____
Medicare	1.45%	$ _____
State Income Tax	~4%	$ _____
401k Contribution	(Your choice)	$ _____
Health Insurance	(Varies)	$ _____

TOTAL DEDUCTIONS	$ _____
NET PAYCHECK	$ _____

Reality check: Most new employees are shocked that their first paycheck is 30-40% less than gross salary. This is normal. Budget accordingly.

Emergency Fund Calculator Build financial stability first, before investing or paying extra loans:

PHASE	TARGET AMOUNT	MONTHLY EXPENSE MULTIPL	IEYROUR TARGET
Phase 1: Buffer	$ 1,000	One-time small emergency	$ _____
Phase 2: Safety Ne	t Monthly Expense × 3	3 months living expenses	$ _____
Phase 3: Long-term	Monthly Expense × 6	6 months living expenses	$ _____

Where to keep it: High-yield savings account (4-5% APY). Online banks offer better rates than traditional banks. Not in checking, not in stock market.
401k Compound Interest: Why Starting at 22 Changes Everything

ANNUAL CONTRIBUTION	AGE 22 (43 YEARS)	AGE 32 (33 YEARS)	DIFFERENCE
$1,200 (3% of $40k)	~ $102,000	~ $25,000	$ 77,000 more
$2,000 (5% of $40k)	~ $170,000	~ $42,000	$ 128,000 more
$5,000 (full 401k)	~ $425,000	~ 105,000	$ 320,000 more

Assumes 7% annual returns, consistent contributions, no withdrawals. This is why getting the employer match at 22 is worth so much more than at 32.
Parent Action Items: Conversation Checklist

- ☐ Sit down during benefits enrollment window (usually within first week)
- ☐ Review the benefits guide together — don't let them skip this
- ☐ Calculate their actual first paycheck (gross vs net) so they're not shocked
- ☐ Confirm they're getting the full 401k employer match (free money!)
- ☐ Make sure they open an emergency fund savings account
- ☐ Help them set up automatic transfers to emergency fund (even $50-100/paycheck)
- ☐ Discuss health insurance choice (HMO vs PPO vs HDHP) based on their health needs
- ☐ Remind them: benefits enrollment is usually annual, but 401k changes require employer approval mid-year

This worksheet was created April 2026 to accompany WNOTUS Article #38: What No One Tells You About Your Kid's First Real Job

Keep this current instead of redoing it every year.
Scan to fill it in once, and it stays filled in.

Financial Capability

What No One Tells You About Raising a Financially Capable Adult

Family Name _____

1 Age-Stage

Financial Milestones

AGE	KEY MILESTONE	WHAT TO GIVE	GOAL
13	The Foundation	First debit card + allowance	Learn from spending without high stakes
16	Real Work	First job (part-time/summer)	Shift from parent gives to I earn
16-17	Credit Gateway	Add as authorized user on your	cLaeradrn credit mechanics in safe context
18+	Independence	Own checking account + indep	enBdueilndt cdreecdisiti ohnisstory + manage real money

2 Adulting

Curriculum: Essential Skills Checklist

- ☐ How to read a bank statement (debits, credits, fees, overdraft)
- ☐ How taxes work (W-4, paycheck deductions, tax filing)
- ☐ How to build a basic budget (income - fixed costs - variable = wiggle room)
- ☐ How to spot scams and predatory offers
- ☐ How 401ks and retirement accounts work (employer match is free money)
- ☐ How insurance works (renters, car, health - why it matters)
- ☐ How to negotiate salary or hourly rate
- ☐ How to find an apartment, read a lease, budget rent (25-30% of income)

Teaching Notes: Which skills has your teen already learned? Which ones do you need to teach before they leave?

—

—

Credit-Building Timeline & Action Plan

3 Credit-Building

AGE	ACTION	WHY IT MATTERS	STATUS
16-17	Add as authorized user on your c	reBduiti ldcas rcdredit history without risk; sees cre	☐ dit in aoction
18	Open a secured credit card (dep	osSitt a$r3t0 in0d-5e0p0e)ndent credit history; low limit =	low roisk
18-20	Make on-time payments; keep ut	ilizParotiovens b reeloliawb 2ili0ty%; builds positive payment	historyo
21-22	Enroll in 401k at first job; contribu	teG teot efrmeep lmoyoenre my;a stctahrt retirement savings; l	☐ earn ionvestin
22+	Upgrade to unsecured card; und	erRsteaanddy l ofoarn c oapr tliooannss, student loans, future	mortgoage

4 Responsibility

Without Risk: Graduated Model

AGE RANGE	WHAT THEY CONTROL	BOUNDARIES	YOUR ROLE
13-14	Weekly allowance (fully discr	etNioon abrayi)louts for small mistakes	Watch, observe, debrief
15-16	Part of household budget (cl	othGerso,c seoriceias l)& utilities stay with you	☐ Guide & question gently
16-17	Own earnings from job + allo	waTnhceey see their money flow	Available to discuss
18+	All their money; rent/food the	ir Mchinoiimceal boundaries; they are driv	inCgonsultant role only

5 Your

This month, I will:

o Have a money conversation about [topic] _____

o Set up a system for them to manage [budget area] _____

o Teach them how to [which skill] _____

In the next 6 months, I will: o If they are 16+: Help them find a job or side gig o If they are 16-17: Add them as authorized user on a card (or discuss it) o If they are 18+: Review their 401k options and employer match with them Conversations to have:

o The value of earning money vs. receiving it o How credit works and why it matters o What financial independence actually means Updated April 2026 | What No One Tells You

Keep this current instead of redoing it every year.
Scan to fill it in once, and it stays filled in.

Empty Nest

The identity, financial, and operational reality of the transition nobody prepares you for Updated April 2026 | What No One Tells You

1 HOUSEHOLD RECONFIGURATION

☐ Review utility usage—water, electric, heating. Target: 20-30% reduction

possible

☐ Assess kitchen equipment: two ovens? Industrial appliances? Downsize if

possible

☐ Grocery shopping: reduce frequency, reconsider bulk purchases and

storage

☐ Car fleet: do you need all vehicles? Insurance savings available?

☐ Home modifications: guest room conversion, office space, ADU potential,

redesign spaces

☐ Internet/phone/service plans: review for smaller household

☐ Furniture & equipment: remove/repurpose items sized for larger family

2 FINANCIAL RECALCULATION

Calculate Your Freed-Up Money Category Monthly Annual

Groceries $ _____

Car insurance (removed driver) $ _____

Cell phone line $ _____

School/activity fees & supplies $ _____

Clothing & personal care $ _____

Miscellaneous (entertainment, gifts,

meals) $ _____

TOTAL FREED-UP MONEY $ _____

Allocation Strategy

% of Freed Action Allocation Category Money $ Amount Plan

Retirement acceleration (401k, _____

IRA, taxable) 40% $ _____

Aging parent support fund 30% $ _____

Quality-of-life (travel, hobbies, _____

experiences) 30% $ _____

3 ESTATE DOCUMENT UPDATE CHECKLIST

☐ Will & Trust — Guardianship language now irrelevant. Update executors, trustee roles, beneficiary distribution.

☐ Beneficiary Designations — Life insurance, retirement accounts, investment accounts. Are these still correct?

☐ Healthcare Power of Attorney — Who makes medical decisions if you can't? Have you asked if they're willing?

☐ Financial Power of Attorney — Who can access accounts and manage finances if you're incapacitated?

☐ Advance Directive — Document your healthcare wishes: resuscitation, end-of-life preferences, organ donation.

☐ Property Deed Review — Ownership structure, beneficiaries, tax implications for current family situation.

☐ Legacy Letter — Write down your wishes, values, funeral preferences, and important

information for your family.

- ☐ Attorney Consultation — Schedule time to update documents; bring this checklist.

4 SANDWICH GENERATION REALITY: AGING PARENTS

Conversation Checklist with Your Parents

- ☐ Do you have current will, trust, or estate documents? When were they last updated?
- ☐ Healthcare preferences: aging in place, assisted living, or other? Do you have a

healthcare POA?

- ☐ Financial management: who handles money if you can't? Financial POA in place?
- ☐ Medical wishes: DNR, resuscitation preferences, end-of-life care decisions?
- ☐ Location of documents: where are originals? Who has access?
- ☐ Financial overview: retirement income, assets, debts, long-term care resources?
- ☐ Sibling coordination: discuss expectations and care responsibilities with all siblings
- ☐ Long-term care planning: research costs and options in your area NOW

Next Steps This Week: Complete the household audit checklist and calculate freed-up money. This Month: Complete financial allocation strategy. Contact attorney to schedule estate document review. This Quarter: Have identity conversation with yourself and partner. Initiate aging parent conversation with your parents if

not already done. Review Schedule: Set a calendar reminder to review this worksheet annually, especially if major life changes occur.

07

After

The week nobody plans for.

When a Parent Dies

WHAT NO ONE TOLD US — The Hard Conversations FIRST 72 HOURS

- ☐ Locate will and estate planning documents
- ☐ Find attorney or funeral home contact information
- ☐ Notify immediate family and close friends
- ☐ Choose funeral home or arrange cremation/other arrangements
- ☐ Identify executor and notify key decision-makers

FIRST WEEK

- ☐ Order 10-15 certified death certificates from vital records office
- ☐ File the will with probate court (or hire attorney)
- ☐ Report death to Social Security (1-800-772-1213)
- ☐ Contact life insurance company with death certificate
- ☐ Notify employer about benefits and final paycheck
- ☐ Place fraud alert on their credit (call credit bureau)
- ☐ Gather list of all financial accounts and account numbers

WHEN A PARENT DIES First 30 Days Checklist FIRST MONTH (Days 8-30)

- ☐ Open estate checking account (if needed)
- ☐ Notify all credit card companies with death certificate
- ☐ Stop subscriptions and recurring charges
- ☐ File final income tax return for deceased
- ☐ Gather information on all bank, brokerage, retirement accounts
- ☐ Get property appraisals (if real estate in estate)
- ☐ Keep all receipts for executor reimbursement
- ☐ Review and understand probate timeline from court

IMPORTANT CONTACTS & NUMBERS

Funeral Home/Cremation Service _____

Attorney/Estate Professional _____

Social Security: 1-800-772-1213

Life Insurance Company _____

Probate Court _____

CPA/Tax Professional _____

DOCUMENTS TO LOCATE

- ☐ Original will and legal documents
- ☐ Durable power of attorney
- ☐ Healthcare power of attorney / living will
- ☐ List of accounts and passwords (if available)
- ☐ Insurance policies (life, health, auto, home)
- ☐ Deed to house/property
- ☐ Recent bank and investment statements
- ☐ Tax returns (last 3 years)
- ☐ Mortgage or loan documents
- ☐ Vehicle titles

This worksheet is a guide. Estate law varies by state. For significant estates or property, consider consulting an attorney. whatnoonetoldus.com

This does not have to stay paper

You have just written down the things your family would otherwise have to work out under pressure. The problem with paper is that it goes out of date quietly, and nobody finds out until it matters.

Hubstone keeps the same information current, tells you when something is about to expire, and lets you decide exactly who can see which part of it.

Fill it in once

Scan to start your household. Everything in this binder has a place waiting for it, and you will not be asked to type it twice.