



Good to Go Kit

INFORMATION FOR: _____

WITH THANKS TO *THE LAST RESORT*
LASQUETI ISLAND, B.C.

Good to Go Kit

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Good to Go Kit

Welcome

This Good to Go Kit is a guide which was prepared by Lasqueti Island residents, working with the Lasqueti Health Centre. This document will help you as well as your friends and family in the event you are not able to speak for yourself or if you have died. GHCS has added some information to make this kit relevant to Galiano Islanders.

In recognition of the work this group has done on behalf of their island health centre, you might consider donations to 'The Last Resort, Main Road, Lasqueti Island, BC V0R 1J0'. You can also donate to the Galiano Health Care Society, 908 Burrill Road, Galiano Island, BC V0N 1P0.

This checklist is in sections. Complete only what you wish of each section or skip what you think is not needed, this is *your* document:

- Personal
- Medical/Health
- Financial
- Legal
- After Death – Post death wishes

We urge you at the VERY LEAST, **before** you are incapacitated or dead, to:

1. First and foremost, **make a will!**
2. Second, create an Advance Care Directive, which specifies all things medical.
3. Third, complete:
 - a. Either an Enduring Power of Attorney (EPA) (which specifies who can handle your financial & legal affairs),
 - b. And/or a Representation Agreement Section 7(RA7 F+L) for more routine financial and legal affairs
 - c. And a Representation Agreement Section 9 (RA9) for healthcare & personal affairs.
4. If you have questions about Advance Care directives, including DNR and MAiD, please speak with your health care provider.

Keep the completed kit in an easy to find place, and let your family members or trusted friends know that you have completed this kit and its location. Show them, or tell them, where it is located. You do not need to show them details of what you have written here, if you prefer to keep it private.

Galiano Health Care Society
908 Burrill Road
Galiano Island, BC V0N 1P0
Clinic: 250-539-3230
Executive Director: 250-539-3753
Community Wellness Office: 250-539-0970

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Basic Personal Information

Personal Data

Full name (first, middle, last): _____

Birth date (month, day, year): _____

Location of birth certificate: _____

City, province/state, country of birth: _____

Father's legal name: _____

Father's birthplace: _____

Mother's name: _____

First name

Middle

Maiden

Married

Mother's birthplace: _____

Your citizenship: _____

Passport info: _____

Country

Number

Passport info: _____

Country

Number

Passport info: _____

Country

Number

Location of passport(s)/citizenship papers: _____

Current residence: _____

Street address/PO Box

City/town _____

Province

Postal Code

Mailing address, if different from above: _____

Street address/PO Box

City/town _____

Province

Postal Code

Legal name of spouse or partner: _____

Female partner's maiden name: _____

Marital status: _____

Location of marriage license: _____

Name and address of "ex": _____

Location of separation agreement: _____

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Government Identification

Social Insurance Number: _____

Location of card: _____

Care Card Number (MSP): _____

Location of card: _____

Aboriginal Status/Band/Registration number: _____

Location of documents: _____

Veteran Affairs number: _____

Location of card: _____

Children

Name #1: _____ Name #5: _____

SIN: _____ SIN: _____

Name #2: _____ Name #6: _____

SIN: _____ SIN: _____

Name #3: _____ Name #7: _____

SIN: _____ SIN: _____

Name #4: _____ Name #8: _____

SIN: _____ SIN: _____

If you need more space, please add additional pages.

Location of their birth certificates: _____

Location of their Social Insurance cards: _____

Location of adoption papers: _____

Military Service

Position: _____

Dates from: _____ to _____

Military identification number: _____

Military benefits currently being received: _____

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Education

High School: _____ Graduated: _____

College: _____ Graduated: _____

University: _____ Graduated: _____

Degrees/Awards: _____

Employment

Current: _____

Company

Position

Past: _____

Company

Position

Dates

Company

Position

Dates

Company

Position

Dates

Company

Position

Dates

Important advisors (see more on relevant pages that follow)

TYPE	NAME	PHONE NUMBER	EMAIL ADDRESS
Attorney			
Executor of will			
Doctor(s)			
Religious advisor			
Accountant			
Financial Advisor			

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Pets
 Name: _____ Type of animal: _____

Name: _____ Type of animal: _____

Add another sheet if necessary with additional animals in your care.

Any special instructions on the care of your pets or livestock?

Vet Name and contact information:

Personal Possessions

ITEM NAME	LOCATION
Household inventory: make a list and attach it to this document	
Log-on's/user names and passwords	
Diplomas/certificates	
Family history/tree: relative information	
Employee ID cards	
House system instructions: e.g., electrical – solar, wind, water, generator, propane, water, maintenance schedules, etc.	
Appliance manuals & warranties	
Letters to family members: write the letters, enclose in envelopes and include with this package.	
Hidden items/buried treasure	
Other items of value	

Add sheet(s) if required to list your possessions.

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Club Memberships

NAME	PHONE NUMBER	EMAIL ADDRESS

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Other Important Legal Documents

TYPE	Account number	Institution Address Phone	Location of documents
Guardianship papers for children			
Trust fund information			
RRSPs			
RRIFs			
RESPs			
Pension, government and other			
Stocks/mutual funds			
Bonds			
Other papers which are important			

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Credit Cards

TYPE	Account number	Institution Address Phone	Location of documents/passwords

How much money is owing on the credit cards?

Financial Records

TYPE	Location of documents
Tax returns	
Irreplaceable receipts	

Debt/Outstanding Bills

TYPE	Account number	Institution Address Phone	Location of documents
Mortgage			
Loans			
Credit cards Which ones and how much			

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Additional information to help those responsible for your post death wishes

Create a list of people who **should be** contacted in the event your death:

Name/Relationship	Phone	Name/Relationship	Phone

Location of address book for more contacts and phone numbers:

Have you written your own obituary? yes no

Location: _____

If you are to be buried: what do you want your headstone/grave marker to look like and what do you want it to say?
 Have you arranged for this to be completed? Is it paid for? Tick any that apply and describe in more detail below:

- | | | |
|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Carved head stone | <input type="checkbox"/> Bench | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Natural stone | <input type="checkbox"/> Statue | |
| <input type="checkbox"/> Tree | <input type="checkbox"/> Bird bath | |

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Do you have favourite charities to which you would like donations to be made in your honour/memory?

yes

no

I prefer no gifts or donations of any kind

Organization	Phone/website	Organization	Phone/website

What do you want to happen to your pets when you die? Who will take care of them? Have you set aside money for their care?

Please sign and date this document:

Name (printed)

Signature

Date

If amended, please initial changes and date each one, each time a change is made.

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Official Government Forms

Advance Care Planning

An Advance Directive is a document that you complete. It gives your health care provider information on the health care treatment you consent to or refuse. This is important if you are unable to speak at the time you require medical assistance. It only applies when you are unable to speak for yourself. The copy attached is as current as we know, at the time this kit was put together. You can check here to make sure you have the most up to date copy.

<https://www2.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/advance-care-planning>

You can also speak with your health care provider about your wishes and they can assist you completing these forms.

Enduring Power of Attorney

This document authorizes another person to make decisions and take care of your financial affairs, regarding your business or property. The authorization to act on your behalf only comes into effect should you become incapacitated and unable to speak for yourself. When you die, the EPA becomes invalid and your executor takes over responsibility for overseeing your will. You will need either a lawyer or a notary public to help you prepare this document.

DNR (Do Not Resuscitate) Instructions/Form (Also see M.O.S.T.)

Please speak with your health care provider about this form. They will assist you. At the time of compiling this kit, the form was current. Check here for more the latest copy of this form:

<https://www2.gov.bc.ca/assets/gov/health/forms/302fil.pdf>

Representative Agreements (Section 7) RA7

This form allows you to stipulate who is authorized to make decisions on your behalf concerning: your finances, your personal care and your medical treatment. This person is NOT authorized to make decisions about accepting and /or refusing life sustaining medical treatment for you. This person may also obtain legal service and instruct legal counsel to begin, continue or terminate legal proceedings. This copy was legal when compiling this kit. Check here for the most current forms: https://www2.gov.bc.ca/assets/gov/health/managing-your-health/incapacity-planning/representation_agreement_s7.pdf

Representative Agreements (Section 9) RA9

A RA9 form is a more enhanced form than the standard RA7. Please consult with your health care provider to determine which form is best for you to complete. To find the RA9, check this link.

https://www2.gov.bc.ca/assets/gov/health/managing-your-health/incapacity-planning/representation_agreement_s9.pdf

Medical Orders for Scope of Treatment

In an emergency or urgent situation, if you are unable to express your wishes, a M.O.S.T will help ensure your health care treatment aligns with your wishes. Your health care provider can assist you with completing this form.

Information regarding this document is found here: http://www.viha.ca/advance_care_planning/most.htm

These forms are attached here for your use and/or reference.

SPEAK WITH YOUR HEALTH CARE PROVIDER IF YOU HAVE QUESTIONS.

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Additional Resources

There are a number of online resources that provide helpful information regarding end of life questions. The few listed here are a sampling of what is available. Please note that websites listed here are for information only and are the information provided by them is not necessarily endorsed by the Galiano Health Care Society.

Dying with Dignity Canada: www.dyingwithdignety.ca

Health Link BC: <https://www.healthlinkbc.ca/>

Advance Care planning:

<http://www.health.gov.bc.ca/library/publications/year/2013/MyVoice-AdvanceCarePlanningGuide.pdf>

<http://www.advancecareplanning.ca/>

Hospice Care

<https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care>

Death at Home: Information and forms

<https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care/expected-planned-home-deaths>

<http://www.solacebc.ca/Expected.pdf>

<http://www.bcfunerals.com/public-when-death-occurs/procedures-planned-home-death>