This handout provides a checklist to help you organize the many tasks that need to be done after a death. You may also want to read “When a Loved One Dies in the Hospital.” That handout gives answers to common questions about what happens in the hospital after a death. You can find it online at https://healthonline.washington.edu (use the search word “grief”).

In the Days Ahead

Patient and Family Advisors at UW Medicine have found this checklist useful when handling the affairs of someone who has died. We hope this checklist will also help you.

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

- **Get copies of the death certificate.**
  
  The funeral home or cremation service will order copies of the death certificate for you. Or, you can buy copies from the King County Vital Statistics Department. Call 206.897.5100 or visit their website at www.kingcounty.gov/healthservices/health/vitalstats.aspx.

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

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

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

Notify the Social Security Administration (www.ssa.gov or 800.772.1213).
When you talk with Social Security, you will need:
• A copy of the death certificate
• Social Security number of the deceased
• Proof of your relationship to the deceased, such as marriage or birth certificate
Also ask about the one-time death benefit payment.
Date you made the call: _______________________________
Name of person you spoke with: _______________________
Notes: __________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
If the deceased is a veteran, notify the Veterans Administration (www.va.gov or 800.827.1000).

Date you made the call:  _______________________________
Name of person you spoke with:  _________________________
Notes:  ___________________________________________

Notify the deceased’s employer, union, or any other group or professional organization they may have been a member of. Many of these organizations have insurance policies. Most likely you will need to provide a copy of the death certificate.

Notify all utility companies (phone, gas, electricity, etc.).

Name of company: ___________________________________
Date you made the call:  _______________________________
Name of person you spoke with:  _________________________
Notes:  ___________________________________________

Name of company: ___________________________________
Date you made the call:  _______________________________
Name of person you spoke with:  _________________________
Notes:  ___________________________________________

Name of company: ___________________________________
Date you made the call:  _______________________________
Name of person you spoke with:  _________________________
Notes:  ___________________________________________
- **Find passwords and transfer online accounts.** Be sure to note if there are any automatic payment plans for monthly bills, such as electric, heating, phone, cell phones, water, sewer, garbage, home mortgage, car loan, etc.
  
  Notes:  __________________________________________
  __________________________________________
  __________________________________________
  __________________________________________

- **Contact the post office with forwarding information.**
  
  Date you made the call: _______________________________
  
  Name of person you spoke with: _________________________
  
  Notes:  __________________________________________
  __________________________________________

- **Stop delivery of newspapers and magazines.**
  
  Name of company: _________________________________
  
  Date you made the call: _______________________________
  
  Name of person you spoke with: _________________________
  
  Notes:  __________________________________________
  __________________________________________
  __________________________________________
  __________________________________________

- **Cancel home-care services such as meal delivery or nursing services.**
  
  Name of company: _________________________________
  
  Date you made the call: _______________________________
  
  Name of person you spoke with: _________________________
  
  Notes:  __________________________________________
  __________________________________________
Cancel services that are no longer needed, such as cell phone, internet, and cable TV.

- Name of company: ___________________________________
  Date you made the call:  _______________________________
  Name of person you spoke with:  _________________________
  Notes:  ___________________________________________
  ________________________________________________
  ________________________________________________

Contact the major credit bureaus to help avoid possible identity theft:

- Equifax – www.equifax.com
- Experian – www.experian.com
- TransUnion – www.transunion.com

- Name of company: ___________________________________
  Date you made the call:  _______________________________
  Name of person you spoke with:  _________________________
  Notes:  ___________________________________________
  ________________________________________________
  ________________________________________________
Name of company: ________________________________
Date you made the call: ___________________________
Name of person you spoke with: _____________________
Notes: __________________________________________

Name of company: ________________________________
Date you made the call: ___________________________
Name of person you spoke with: _____________________
Notes: __________________________________________

☐ Notify all insurance companies. Most likely, you will need to send a certified copy of the death certificate to each company.

Life insurance: ________________________________
Date you made the call: ___________________________
Name of person you spoke with: _____________________
Notes: __________________________________________

Employer’s or pension insurance: __________________
Date you made the call: ___________________________
Name of person you spoke with: _____________________
Notes: __________________________________________

Funeral insurance or other death-related benefit plans: __________________
Date you made the call: ___________________________
Name of person you spoke with: _____________________
Notes: __________________________________________

Mortgage and/or credit insurance:__________________
Date you made the call: ___________________________
Name of person you spoke with: _____________________
Notes: __________________________________________
**Credit card insurance:**

Date you made the call: 

Name of person you spoke with: 

Notes: 

**Health insurance (including Medicare, Medicaid, Medigap, private), dental insurance, and long-term care:**

Name of company: 

Date you made the call: 

Name of person you spoke with: 

Notes: 

Name of company: 

Date you made the call: 

Name of person you spoke with: 

Notes: 

**Property insurance:**

Date you made the call: 

Name of person you spoke with: 

Notes: 

**Worker’s compensation insurance:**

Date you made the call: 

Name of person you spoke with: 

Notes: 
Contact banks and investment firms.

Savings accounts or CDs: ____________________________
Date you made the call: ____________________________
Name of person you spoke with: ______________________
Notes: __________________________________________
_______________________________________________

Checking account: ____________________________
Date you made the call: ____________________________
Name of person you spoke with: ______________________
Notes: __________________________________________
_______________________________________________

Debit card: ____________________________
Date you made the call: ____________________________
Name of person you spoke with: ______________________
Notes: __________________________________________
_______________________________________________

Safe deposit box: ____________________________
Date you made the call: ____________________________
Name of person you spoke with: ______________________
Notes: __________________________________________
_______________________________________________

Retirement accounts (IRA, 401-K, etc.): ______________
Date you made the call: ____________________________
Name of person you spoke with: ______________________
Notes: __________________________________________
_______________________________________________

Stocks and bonds: ____________________________
Date you made the call: ____________________________
Name of person you spoke with: ______________________
Notes: __________________________________________
_______________________________________________
Other investments and brokerage accounts: ______________
Date you made the call: _______________________________
Name of person you spoke with: _______________________
Notes: ___________________________________________

☐ Contact credit card companies.

Card name and number: __________________________
Date you made the call: _______________________________
Name of person you spoke with: _______________________
Notes: ___________________________________________

Card name and number: __________________________
Date you made the call: _______________________________
Name of person you spoke with: _______________________
Notes: ___________________________________________

Card name and number: __________________________
Date you made the call: _______________________________
Name of person you spoke with: _______________________
Notes: ___________________________________________

☐ Transfer ownership of deeds and titles.

☐ Property deeds

☐ Mortgage documents and loan notes

☐ Vehicle titles and registrations (for car, boat, RV, and others). Get forms from state offices.

☐ Department of Licensing

☐ Membership certificates

☐ Other: __________________________________________
Notes: __________________________________________

_____________________________________________________________________________________________
In the Coming Weeks and Months

- **File all required tax forms.** The IRS has a free booklet called “Tax Information for Survivors and Executors and Administrators,” publication 559.

- **Accept support for your grief.** Help is available through individual counseling, support groups, bereavement books, websites, and especially from family and friends. People want to reach out to you – please accept their support and love.

- **Be gentle with yourself.** The death of a loved one is one of the most powerful events we go through in life. Grieving takes time, so allow yourself the time you need to adapt to this major life change. It may help to read the booklet called “Guide through Grief,” which you can find at [https://healthonline.washington.edu](https://healthonline.washington.edu) (use the search word “grief”).

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**Late Fragment**

And did you get what
you wanted from this life, even so?

I did.

And what did you want?

To call myself beloved, to feel myself
beloved on the earth.

- Raymond Carver

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**Questions?**

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

- UWMC Social Work and Care Coordination: 206.598.4370
- HMC Social Work Department: 206.744.8030