After a Death
A practical guide for the days and weeks ahead

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. Read 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: ___________________________________________

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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: ___________________________________________

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

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- **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:  __________________________________________
  _______________________________________________
  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:  ___________________________________________

- 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:  ___________________________________________

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:  __________________________________________

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**Debit card:**

Date you made the call:  _______________________________

Name of person you spoke with:  _________________________

Notes:  __________________________________________

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**Safe deposit box:**

Date you made the call:  _______________________________

Name of person you spoke with:  _________________________

Notes:  __________________________________________

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**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: ___________________________________________
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 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: ___________________________________________
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Other: ______________________________________

Notes: ______________________________________

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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. Please call us if you have questions or concerns.

- **UWMC Social Work and Care Coordination:**
  - Montlake Campus: 206.598.4370
  - Northwest Campus: 206.668.1304

- **HMC Social Work:** 206.744.8030