



GUIDING YOU THROUGH LIFE TRANSITIONS

Providing guidance through times of loss or major illness with calm assurance and resourceful support.

**From ETC Companies:**

Your employer believes that investing in you, their most valued asset, is important. The ETC LOLA team has advocates available for a small fee to walk you through this booklet or you can watch the pre-recorded videos by Founder, Ms. Esther Pipoly on how to utilize the materials and give your family the best gift you can give them when the time comes. A roadmap!

Founder's note:

Are you prepared? I know I wasn't and when I found myself on the bathroom floor of my employer's office in 2014, I knew I had hit rock bottom in my grief. I lost my dad and my husband in a 63-day window. It was tough. I was overwhelmed and all it took was Human Resources and my boss to confront me about my job performance to realize no one was Advocating for me. I needed someone to help me navigate the after-loss process but when I looked around, I could not find anyone to help.

After 840 days of trying to wade through the paperwork of closing out two estates, I decided that I needed to find a way to take all these hard life lessons and the 20 plus years of my insurance experience and create a business.

That is why I created Loss of Life Advocates (LOLA) in 2017. I had reached the end of a legal battle and wanted to find a way to help others avoid what I had just gone through. So, we started with just two ideas:

1. Helping families get prepared before there is a diagnosis or tragedy.
2. Guiding families during a loss and afterwards, leaning on my own experience.

LOLA has grown from these two ideas to now providing various Advocacy services and family preparation classes to help those that might not have to go through what I went through. I am excited you have decided to invest in your family's future grieving time. If you get prepared, they will be more prepared. They will for sure be thankful that they left them with time to grieve and not move immediately into planning. By watching my video, I will walk you through each section and you can take some time to gather your thoughts. Use the guide as a resource to pull it together and reach out to the team if you need to be connected to a legal advisor to finish the process with the notarized legal documents.

I have taken time to partner with estate and probate attorneys that are willing to help for a fraction of the cost of the normal market pricing. I appreciate the opportunity to serve you as a trusted employee of your organization.

Sincerely,
Esther Pipoly,
Founder Loss of Life Advocates
Partner, ETC LOLA LLC

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"The greatest gift someone
can leave their family is
being prepared now,
so they can
mourn and grieve
in peace later."

— P. Gus Cardenas,
Former President of AARP Texas

To avoid getting overwhelmed, remember to ask yourself:



The proverbial
Elephant analogy?

Well, we think you
can dress up the
elephant to tackle
this project.



The playbook is broken into 4 sections meant to be taken one at a time to completion. Each section has a video instructional you will find on the ETC Advocate page. Feel free to listen to the video and take your time. Upon completion of this project, you will feel so much better prepared.

Section 1 Summary:

Personal information -where you live now, where you were born, marriages, children, and other dependents.

Section 2 Summary:

Financial information -banking, where you live, how you pay your bills.

Section 3 Summary:

Life Infrastructure - everything that makes you - You!

Section 4 Summary: Your Final Wishes

Where we will discuss how you want to be celebrated, your final wishes as well as reviewing different types of legal documents and how important it is to have them updated by a professional.

This is your guide. It will end with a final copy of this to be put somewhere secure or talk to ETC about storing for your loved ones. Add pages as you see fit, create a binder, and work through your own one stop shop preparation plan.

Copies of forms may be made for your personal use only, but the actual forms are copyright protected and not able to duplicate for other's use.

Step 1 – Personal Information

STEP 1 – PERSONAL INFORMATION 2

OTHER ITEMS TO INCLUDE: 3

PERSONAL INFORMATION – 4

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Step 1 – Personal Information

Personal Information

Children's Information

People Who Depend on Me

Guardians

Personal Representatives



Real Life Case Studies: A 42-year-old son is shot to death in a road rage incident in Houston, Texas. He is not married, no children and lived alone with his golden retriever.

His mom is contacted, and she had LOLA services through her employer. The employer reached out on her behalf. She does not know his benefits, how to get into his home and learns he does not have a Will.

LOLA works with the mom (client) to get his body released to the funeral home, assigns life insurance for funeral, gets connected with police to enter home, rehome his dog, provide direction on mail, bills and working with employer to transfer benefits from work and pick up his office personal belongings. LOLA made the list of tough things palatable.

LOLA picks up remains in urn and delivers to mom and leaves the advocate number if she needs more support in her own processing of her grief.

Step 1 – Personal Information

Other Items to Include:

- ☐ Copies of Birth Certificates
 - Your Birth Certificate
 - Spouse Birth Certificate
 - Children's Birth Certificate
- ☐ Marriage License
- ☐ Divorce or Separation Papers
- ☐ Adoption Papers
- ☐ Military Entry/Discharge Papers
- ☐ Copies of Drivers Licenses
- ☐ Copies of SS Cards (Ink out main # leave last 4 digits)
Name a location where original can be found
- ☐ Special Needs of Children/Grandchildren/Family – Emergency contact
- ☐ Vet/Pet Information
- ☐ Pet Food/Servings and times of Day to feed
- ☐ Needs of Pets – Emergency contact
- ☐ Agreements or Arrangements with Individuals

Copies of other pertinent information not found in the Individual Plan or the list above. List below the name of each document included.

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Personal Information

Personal Information –

The following is important information about me, and those individuals close to me. Use this information to prepare my death certificate, filing tax returns, planning my final arrangements and the distribution of assets.

Self

First Name: Middle Name: Last Name: Maiden Name:

Date of Birth: Place of Birth (City/ ST/County): SSN: Driver's License:

Natural Born Citizen? ☐ Yes ☐ No Citizenship Received: ☐ Yes ☐ No

Country of Origin:

Home Phone: Mobile Phone: Work Phone:

Home Address: City: State: Zip Code:

Parents

Father

First Name: Middle Name: Last Name: Date of Birth:

Place of Birth (City/ST/County): Date of Death:

Mother

First Name: Middle Name: Last Name: Date of Birth:

Place of Birth (City/ST/County): Date of Death:

Maiden Name: Marriage Date:

If Stepparents, add Info here:

Personal Information

Employment

Occupation: Name of Employer: Number of Years Employed:

Office Address: City: State: Zip Code:

Name of Supervisor: Phone Number:

Education

Degree: Institution Graduation Date:

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

Marriages

Spouse #1

First Name: Middle Name: Last Name: Suffix:

Birthdate: Place of Birth (City/ST/County): SSN: Driver's License #

Marriage Date: City/State/County Where Married: Date of Divorce / Annulment: Date of Death:

Occupation: Name of Employer:

Additional Information:

Personal Information



Spouse #2

First Name: Middle Name: Last Name: Suffix:

Birthdate: Place of Birth (City/ST/County): SSN: Driver's License #

Marriage Date: City/State/County Where Married: Date of Divorce / Annulment: Date of Death:

Occupation: Name of Employer:

Additional Information:

Spouse #3

First Name: Middle Name: Last Name: Suffix:

Birthdate: Place of Birth (City/ST/County): SSN: Driver's License #

Marriage Date: City/State/County Where Married: Date of Divorce / Annulment: Date of Death:

Occupation: Name of Employer:

Additional Information:

Personal Information

Children's Information – Don't forget those adult children, in-law children, adopted children and, Ohana children.



Child #1

Birth Date: _____ Sex: ☐ M ☐ F Adopted: ☐ Yes ☐ No Stepchild: ☐ Yes ☐ No

Place of Birth (City, State): _____ Deceased: ☐ Yes ☐ No

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

SSN: _____ Driver's License: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____ Email: _____

Father's Name: _____ Mother's Name (Include Maiden Name): _____

Child #1 Spouse

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Birth Date: _____ Place of Birth (City, State): _____ Marriage Date: _____ Marriage Recorded (City/ST) _____

Additional Information: _____

Personal Information

Child #2

Birth Date: _____ Sex: ☐ M ☐ F Adopted: ☐ Yes ☐ No Stepchild: ☐ Yes ☐ No

Place of Birth (City, State): _____ Deceased: ☐ Yes ☐ No

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

SSN: _____ Driver's License: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____ Email: _____

Father's Name: _____ Mother's Name (Include Maiden Name): _____

Child #2 Spouse

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Birth Date: _____ Place of Birth (City, State): _____ Marriage Date: _____ Marriage Recorded (City/ST) _____

Additional Information: _____

Personal Information

Child #3

Birth Date: _____ Sex: ☐ M ☐ F Adopted: ☐ Yes ☐ No Stepchild: ☐ Yes ☐ No

Place of Birth (City, State): _____ Deceased: ☐ Yes ☐ No

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

SSN: _____ Driver's License: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____ Email: _____

Father's Name: _____ Mother's Name (Include Maiden Name): _____

Child #3 Spouse

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Birth Date: _____ Place of Birth (City, State): _____ Marriage Date: _____ Marriage Recorded (City/ST) _____

Additional Information: _____

Personal Information

Child #4

Birth Date: _____ Sex: ☐ M ☐ F Adopted: ☐ Yes ☐ No Stepchild: ☐ Yes ☐ No

Place of Birth (City, State): _____ Deceased: ☐ Yes ☐ No

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

SSN: _____ Driver's License: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____ Email: _____

Father's Name: _____ Mother's Name (Include Maiden Name): _____

Child #4 Spouse

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Birth Date: _____ Place of Birth (City, State): _____ Marriage Date: _____ Marriage Recorded (City/ST) _____

Additional Information: _____

Personal Information

People Who Depend on Me

The following are individuals, other than immediate family, who depend on me.

Individual #1

Name: _____ Date of Birth: _____ Relationship: _____ Phone Number: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Type of Care I Provide: _____

Who Should Succeed Me with Care or Support for This Individual?

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Additional Information:

Individual #2

Name: _____ Date of Birth: _____ Relationship: _____ Phone Number: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Type of Care I Provide: _____

Who Should Succeed Me with Care or Support for This Individual?

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Additional Information:

Personal Information

Individual #3

Name: _____ Date of Birth: _____ Relationship: _____ Phone Number: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Type of Care I Provide: _____

Who Should Succeed Me with Care or Support for This Individual?

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Additional Information:

Individual #4

Name: _____ Date of Birth: _____ Relationship: _____ Phone Number: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Type of Care I Provide: _____

Who Should Succeed Me with Care or Support for This Individual?

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Additional Information:

Personal Information

Guardians - Children

It is my preference those listed below should be the primary caretakers for my children or pets in my incapacity or death.

Child #1

Name: _____ DOB: _____ Relationship: _____

Guardian Documents Exists? ☐ Yes ☐ No Type of Document Appointing Guardian: _____ Location of Guardian Documents: _____

Guardian Name: _____ Phone #: _____

Alternate Guardian Name: _____ Phone #: _____

Child's Financial Manager: _____ Phone #: _____

Child's Financial Manager Document Exists? ☐ Yes ☐ No Type of Document Appointing Child's Financial Manager: _____ Location of Document: _____

Additional Information:

Personal Information

Child #2

Name:

DOB:

Relationship:

Guardian Documents Exists?

☐ Yes ☐ No

Type of Document Appointing
Guardian:

Location of Guardian Documents:

Guardian Name:

Phone #:

Alternate Guardian Name:

Phone #:

Child's Financial Manager:

Phone #:

Child's Financial Manager Document
Exists?

☐ Yes ☐ No

Type of Document Appointing Child's
Financial Manager:

Location of Document:

Additional Information:

Personal Information

Child #3

Name:

DOB:

Relationship:

Guardian Documents Exists?

☐ Yes ☐ No

Type of Document Appointing
Guardian:

Location of Guardian Documents:

Guardian Name:

Phone #:

Alternate Guardian Name:

Phone #:

Child's Financial Manager:

Phone #:

Child's Financial Manager Document
Exists?

☐ Yes ☐ No

Type of Document Appointing Child's
Financial Manager:

Location of Document:

Additional Information:

Personal Information

Child #4

Name:

DOB:

Relationship:

Guardian Documents Exists?

☐ Yes ☐ No

Type of Document Appointing
Guardian:

Location of Guardian Documents:

Guardian Name:

Phone #:

Alternate Guardian Name:

Phone #:

Child's Financial Manager:

Phone #:

Child's Financial Manager Document
Exists?

☐ Yes ☐ No

Type of Document Appointing Child's
Financial Manager:

Location of Document:

Additional Information:



! !

"Don't wait until
you're in a crisis to
come up with a
crisis plan."

- Phil McGraw (Dr. Phil) |

Guardians - Pets

The direction for my pets is listed below.

Pet #1

Type of Animal:

Breed:

Pet Name:

Veterinarian Name:

Phone #:

Is There a Document that Appoints the Pet Caretaker? ☐Yes ☐No

Location of Document Appointing Caretaker:

Other Wishes for Placement of Pet:

Additional Information:

Pet #2

Type of Animal:

Breed:

Pet Name:

Veterinarian Name:

Phone #:

Is There a Document that Appoints the Pet Caretaker? ☐Yes ☐No

Location of Document Appointing Caretaker:

Other Wishes for Placement of Pet:

Additional Information:

Pet #3

Type of Animal:

Breed:

Pet Name:

Veterinarian Name:

Phone #:

Is There a Document that Appoints the Pet Caretaker? ☐Yes ☐No

Location of Document Appointing Caretaker:

Other Wishes for Placement of Pet:

Additional Information:

Pet #4

Type of Animal:

Breed:

Pet Name:

Veterinarian Name:

Phone #:

Is There a Document that Appoints the Pet Caretaker? ☐Yes ☐No

Location of Document Appointing Caretaker:

Other Wishes for Placement of Pet:

Additional Information:

Personal Representatives



Personal Representatives

Executors of My Will:

Phone Number:

Additional Information

Guardian/Representative:

Attorney:

Accountant:

Tax Professional (if different):

Personal Representatives

Physician(s):

Phone Number:

Additional Information:

Insurance Agent(s):

Minister / Priest / Rabbi:

Business Partner(s):

Others (Specify):

Other People in My Life –

Siblings, Grandchildren, Friends, Etc. – Remember all your groups

Individual #1

First Name:	Middle Name:	Last Name:	Suffix:
Home Address:	City:	State:	Zip Code:
Relationship:	Sex? ☐ Male ☐ Female	Date of Birth:	Date of Death:
Home Address:	City:	State:	Zip Code:
Phone Number:	Additional Information:		



Individual #2

First Name:	Middle Name:	Last Name:	Suffix:
Home Address:	City:	State:	Zip Code:
Relationship:	Sex? ☐ Male ☐ Female	Date of Birth:	Date of Death:
Home Address:	City:	State:	Zip Code:
Phone Number:	Additional Information:		

Individual #3

First Name:	Middle Name:	Last Name:	Suffix:
Home Address:	City:	State:	Zip Code:
Relationship:	Sex? ☐ Male ☐ Female	Date of Birth:	Date of Death:
Home Address:	City:	State:	Zip Code:
Phone Number:	Additional Information:		

Individual #4

First Name:	Middle Name:	Last Name:	Suffix:
Home Address:	City:	State:	Zip Code:
Relationship:	Sex? ☐ Male ☐ Female	Date of Birth:	Date of Death:
Home Address:	City:	State:	Zip Code:
Phone Number:	Additional Information:		

Individual #5

First Name:	Middle Name:	Last Name:	Suffix:
Home Address:	City:	State:	Zip Code:
Relationship:	Sex? ☐ Male ☐ Female	Date of Birth:	Date of Death:
Home Address:	City:	State:	Zip Code:
Phone Number:	Additional Information:		



Open Notes:
