
Care Kit

Building A Legacy Of Love



sonny
smiles

FOUNDATION

P459 County Road 3A • McClure, OH 43534

419 748-7459

www.sonnysmiles.org • sonnysmiles@me.com



Thank you for your interest in a Sonny Smiles Foundation Care Kit. We have learned, first hand, how important it is to be organized when tragedy strikes those you love. This kit was designed to be your manual; a place to find your important documents, plans, wishes and much more.

Sonny Smiles Foundation was created out of our pain - to help others realize that anything can happen at anytime, and being prepared is crucial.

Many people have asked how to help the Sonny Smiles Foundation. We are a non-profit, tax exempt organization (*under Section 501(c)(3) of the Internal Revenue Code*) and rely on your generosity. Donations to the foundation are appreciated for fees related to Care Kits and Seminars. Contributions to the Sonny Smiles Foundation are deductible for computing income and estate taxes. Consult your tax adviser.

Please write checks made payable to:
Sonny Smiles Foundation

Mail to:
Sonny Smiles Foundation
P459 County Road 3A
McClure, OH 43534

Care Kit Building A Legacy Of Love!

In the middle of the night on June 15, 2007, the horrifying knock came to my door. My husband, Kevin Sonnenberg was reported missing in action. After six heart-wrenching hours, it was reported that the F-16 he was flying in a combat mission crashed shortly after takeoff near Balad, Iraq.

My life changed in an instant, and I was overcome by grief. Kevin and I had never really talked about what I should do if the unthinkable happened. The day before he left, he showed me a drawer and said, "If anything happens, this is what you need".

Many people are shocked to hear that we never talked about the possibilities of him dying. After all, he had a dangerous job flying a single-seat, single-engine aircraft. However, since talking to many people across the country, I have found that Kevin and I were not alone.

Several weeks after Kevin's funeral, I was walking home from the cemetery on our country road. I distinctly remember the day, as the corn was growing so high, and Kevin would have been so thrilled anticipating the fall harvest. As I pondered my future, I thought about the immense pressure and stress I was under from his untimely death. I couldn't imagine the pain he would be experiencing if he could see me in these circumstances. At that point, I decided to do something significant to help other Americans prepare for the loss of a loved one.

So much of what Kevin did to prepare me was a true gift of love. He was organized, thoughtful, and generous. However, if he had known then what I know now, he would have prepared me that much more.

As the saying goes, there are two things certain in life, death and taxes. Why don't we spend as much time preparing for our death as we do our taxes? The Sonny Smiles Foundation was started to encourage people across America to put down the remote, cancel a dinner with friends, or take a "sick day" and complete a Care Kit. It is a true gift of love and commitment to your family.

Once you complete a kit, please share your story with me. We will be so touched to learn how you honored yourself, your family, and Sonny.

God bless,



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Check #1 Point Legal Matters

As you complete each item, place the papers in an easily accessible fireproof container. Any additional items can be placed with your Care Kit. Make sure you notify trusted individuals where your fireproof container and Care Kit are located.

MEET WITH A LAWYER TO ESTABLISH THE FOLLOWING DOCUMENTS:

*A list of recommended Board Certified Specialists in Ohio is attached.

LIVING TRUST

Your Living Trust is the centerpiece of your estate plan. It is a contract between the Grantor and Trustee, which creates a fiduciary relationship, instructing the Trustee as to the management and distribution of your assets. In order to avoid probate, however, you must register assets in the name of the Trustee or set beneficiary designations and payable on death designations transferring the title to the Trustee upon your death.

WILL

Your Last Will and Testament instructs the probate court and your Executor on how to distribute your probate property.

POWER OF ATTORNEY

Your Power of Attorney creates a legal relationship, effective immediately by which your "attorney-in-fact" is authorized to conduct certain business on your behalf. This POA may be revoked in writing at any time. In addition, your POA is a durable power of attorney. This means that your attorney-in-fact is authorized to continue to act on your behalf if you become incompetent.

LIVING WILL/DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Your Living Will is to document your wish that life-sustaining treatment, be withheld or withdrawn if you are unable to make informed medical decisions and are in a terminal condition or in a permanently unconscious state. The Durable Power of Attorney for Health Care designates another person to make medical decisions for you if you are unable to do so.

Give one copy of the Living Will to your doctor, and give copies to each person named.

IF YOU CHECK INTO A HOSPITAL, YOU WILL NEED TO HAVE THESE DOCUMENTS WITH YOU. THEREFORE, YOU MUST KEEP THEM WHERE YOU OR YOUR FAMILY CAN READILY OBTAIN THEM. LET THE INDIVIDUALS NAMED IN THE DOCUMENTS KNOW WHERE YOU KEEP THEM SO THEY CAN FIND THEM EASILY, IF NECESSARY.

ORGAN DONATION (OPTIONAL)

Decide if you would like to become an organ donor and discuss your wishes with those who will survive you. Each state has different procedures, so contact your local agencies or visit www.donatelife.net.

The Sonny Smiles Foundation is not qualified to give legal advice. Please contact an attorney for your estate planning needs.

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Check #2 *Point* Financial Information

Copy a recent statement/record from the following and place in your Care Kit. Any additional items can be placed in your fireproof container.

MAKE SURE THAT ALL OF YOUR BENEFICIARIES HAVE BEEN UPDATED!

FINANCIAL ADVISOR/PLANNER _____

BANK STATEMENTS *(Include user names and passwords)*

Checking Account(s) _____

Savings Account(s) _____

Certificates of Deposit (CDs) _____

INVESTMENT ACCOUNTS *(Include user names and passwords)*

IRA(s) _____

401K(s) _____

Mutual Funds _____

Stock Portfolio _____

Social Security _____

Real Estate Holdings _____

Other Assets/Investments _____

EVERY YEAR WHEN YOU DO YOUR TAXES, UPDATE THE ABOVE INFORMATION.

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Check #2 *Point* Financial Information

BILLS *(Include user names and passwords)*

Electric _____

Heating/Cooling _____

Phone(s) _____

Cable _____

Credit Card(s) _____

Water _____

Mortgage(s) _____

Automobile(s) _____

BUSINESSES/EMPLOYERS *(Include user names and passwords)*

Pay stubs _____

Handbooks _____

Other information _____

TAXES

Tax returns for the last 5 years _____

EVERY YEAR WHEN YOU DO YOUR TAXES, UPDATE THE ABOVE INFORMATION.

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Check #3 Insurance

Copy a recent statement/record from the following and place in your Care Kit. Any additional items should be placed in your fireproof container.

Be sure to include the **ENTIRE** copy of each policy!

- LIFE INSURANCE _____
- HEALTH INSURANCE _____
- CAR INSURANCE _____
- HOME INSURANCE _____
- BUSINESS INSURANCE _____
- DISABILITY INSURANCE _____
- RECREATION VEHICLE INSURANCE _____
- _____
- _____
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Check #4 Additional Documents

Place copies in Care Kit and originals in Fire Proof Container.

- PASSPORTS _____
- BIRTH CERTIFICATES _____
- SOCIAL SECURITY CARDS _____
- ADOPTION PAPERS _____
- CITIZENSHIP PAPERS _____
- MARRIAGE CERTIFICATES _____
- DIVORCE DOCUMENTS _____
- IMMUNIZATION RECORDS *(including pets)* _____
- TITLES *(vehicle, boat, trailer, etc.)* _____
- DEEDS _____
- CHILDREN'S INFORMATION *(doctors, medical records, etc.)* _____
- SAFE DEPOSIT BOX/LOCATION: _____
- FIRE PROOF CONTAINER/LOCATION: _____
- _____
- _____
- _____

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Check #5 Point Family Information

Space has been provided for spouse and children. (Attach additional pages if necessary.)
Keep your dependent records updated with healthcare and other benefit programs.

SPOUSE PERSONAL AND MEDICAL INFORMATION

Name of Spouse _____
Complete current address (if different) _____

Phone _____ Email _____
Social Security Number _____
Date of Marriage _____ Date and Place of Birth _____
If not US Citizen, Country of Birth _____ Immigration Date _____
Date and Place of Naturalization _____
Naturalization Certificate Number _____
Physician Last Visited _____ Phone _____
Dentist Last Visited _____ Phone _____
Other Physician Visited _____ Phone _____
Other Physician Visited _____ Phone _____
Other Physician Visited _____ Phone _____
Location of Birth, Medical and Dental Records _____

CHILD PERSONAL AND MEDICAL INFORMATION

Name of Child _____ Male Female
Complete current address (if different) _____

Phone _____ Email _____
Social Security Number _____
Date and Place of Birth _____
If not US Citizen, Country of Birth _____ Immigration Date _____
Date and Place of Naturalization _____
Naturalization Certificate Number _____
Physician Last Visited _____ Phone _____
Dentist Last Visited _____ Phone _____
Other Physician Visited _____ Phone _____
Other Physician Visited _____ Phone _____
Location of Birth, Medical and Dental Records _____

Name of School _____ Phone _____
Name of Childcare Provider _____ Phone _____

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CHILD PERSONAL AND MEDICAL INFORMATION

Name of Child _____ Male Female

Complete current address (if different) _____

Phone _____ Email _____

Social Security Number _____

Date and Place of Birth _____

If not US Citizen, Country of Birth _____ Immigration Date _____

Date and Place of Naturalization _____

Naturalization Certificate Number _____

Physician Last Visited _____ Phone _____

Dentist Last Visited _____ Phone _____

Other Physician Visited _____ Phone _____

Other Physician Visited _____ Phone _____

Location of Birth, Medical and Dental Records _____

Name of School _____ Phone _____

Name of Childcare Provider _____ Phone _____

CHILD PERSONAL AND MEDICAL INFORMATION

Name of Child _____ Male Female

Complete current address (if different) _____

Phone _____ Email _____

Social Security Number _____

Date and Place of Birth _____

If not US Citizen, Country of Birth _____ Immigration Date _____

Date and Place of Naturalization _____

Naturalization Certificate Number _____

Physician Last Visited _____ Phone _____

Dentist Last Visited _____ Phone _____

Other Physician Visited _____ Phone _____

Other Physician Visited _____ Phone _____

Location of Birth, Medical and Dental Records _____

Name of School _____ Phone _____

Name of Childcare Provider _____ Phone _____

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Check #6 Special Plans/Wishes

Include copies of specific arrangements that have been made or briefly describe your wishes.

Strongly consider making these arrangements to take the pressure off of your loved ones.

BURIAL/CREMATION

Name of cemetery. Purchase arrangements. Remains.

OBITUARY INFORMATION

Family information. Personal and educational information. Professional history.

VISITATION/FUNERAL SERVICES

Funeral home. Pallbearers. Individuals you would like to include. Flowers. Bible verses. Hymns. Photos/Special requests. Important dates - Baptism, Confirmation, Wedding, etc.

MESSAGE TO LOVED ONES

Letters, CDs, video tapes, etc.

KEEPSAKES/HEIRLOOMS

List personal possessions you would like to distribute to family and friends.
(Attach additional pages if necessary.)

Item _____ For _____

Item _____ For _____

Item _____ For _____

Item _____ For _____

Item _____ For _____

SPECIAL STORIES

CHARITABLE CONTRIBUTIONS

Organizations you would like to benefit with donations in your honor.

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Check #7 **Point** Military (Optional)

MILITARY SERVICE INFORMATION

Branch of Service _____ Current Rank _____

Military ID Number _____

Current Job Title and Description _____

Date of Enlistment _____ Date of Most Recent Deployment _____

Date of Eligibility for Retirement _____

Name of Commanding Officer _____

Phone _____ Email _____

Unit _____ Base _____ Location _____

Military Pay: Gross _____ Net _____

Payroll Deductions _____

PAY AND BENEFITS CONTACTS

Name and Pay Office Contact _____

Phone _____ Email _____

Name of Benefits Contact _____

Phone _____ Email _____

Name of Family Assistance Contact _____

Phone _____ Email _____

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Check #7 Point Military (Optional)

UNDERSTANDING DEATH BENEFITS

If you die while on Active Duty or if your death is the result of injuries sustained while on Active Duty.

CASUALTY ASSISTANCE

A Casualty Assistance Officer (CAO) or Family Liaison Officer (FLO) is assigned to help survivors of Service Members who die while on Active Duty. The CAO or FLO assist with burial arrangements and survivor benefits.

DEATH GRATUITY AND PAY

If a Service Member dies while on Active Duty, the designated next of kin will receive his or her pay for the previous month. In addition, survivors are eligible for a sum of money – a “death gratuity” – which is not taxable. ****Make sure the designated next of kin is current as well as the life insurance beneficiaries.****

DEPENDENT’S EDUCATIONAL ASSISTANCE (DEA)

Education Benefits are available for the spouse and dependent children of Service Members who have died on Active Duty.

DEPENDENCY AND INDEMNITY COMPENSATION (DIC)

Dependents are eligible for monthly payments if the Service Member died while on Active Duty. This is a set amount for spouses and for each dependent unmarried child under 18 years of age.

BURIAL RIGHTS AND BENEFITS

Burial benefits are provided by the military for Active Duty, Active Duty National Guard or Reserve, and retired Service Members.

- An American flag to be draped over the casket.
- Transportation of the body/remains with a military escort.
- Financial assistance for burial fees, such as the cost of an urn or casket.
- Burial in a national or military installation cemetery.
- A headstone or marker for use in civilian cemeteries.

HEALTH BENEFITS FOR SURVIVORS

TRICARE (www.tricare.mil) is available to the spouse and dependent children of Service Members who died while on Active Duty or as a result of injuries sustained while on Active Duty.

TRAGEDY ASSISTANCE PROGRAM (TAPS)

TAPS (www.taps.org) is a national non-profit organization serving families, friends and military service members who have been affected by a death in the armed services. TAPS offers peer support, crisis response and intervention, grief care and counseling resources, casework assistance, long-term survivor wellness, and community and military outreach.

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