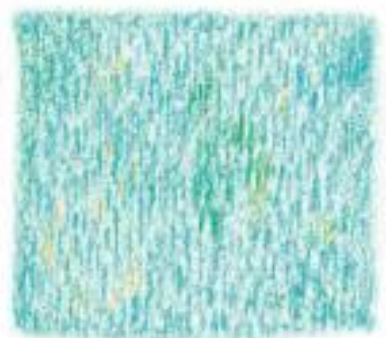


MY NOTEBOOK

Musashino City End of Life Planning Notes



♀

Introduction

When you hear the word “End of Life Planning,” you may have the image of waiting to get old and preparing for the end of your life.

It is very important not only for yourself but also for the people around you to think in advance what you should prepare for in your future life.

At the same time, we created “My Notebook”. We hope that it will give you an opportunity to think about how you would like to spend your life “in your own way” while looking back on your past.

Feel free to use it as needed, such as in case of emergency or to organize your own feelings. We hope this notebook will help you live a better life.



How To Use

01 Start from where you can write down.

→ It is important that you begin!

→ If you get lost, let's write in order.

02 Feel free to rewrite

→ Rewrite regularly and write the update date.

03 Tell someone you can trust about this note book.

→ So that the notes you wrote will not be used.

Pasting photos

Insert the material

Feel free to use it

You may write in consultation with your family and loved ones.



Table of Contents

Be sure to fill in

p3 | Chapter One | My Basic Information

P3 1 Basic Information

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Be prepared in case of emergency

P5 1 If you are to be hospitalized

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P9 3 After you die

P11 4 About organizing important things

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Write about your thoughts, about yourself and your loved ones

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Important Point

- This notebook has no legal effect. Please consult an expert (lawyer, judicial scrivener, administrative scrivener) for legal procedure.
- It contains personal information, so keep this notebook in a safe place. When telling the storage location of this notebook to others, please give sufficient consideration to management, such as giving hints on the storage location.



| Chapter One | My Basic Information

1 Basic Information

Date Entered D M Y

Furigana

Name

Maiden Name

Date of Birth

D

M

Y

Address

post code (〒)

Registered Domicile

post code (〒)

Telephone Number

Cellphone Number

E Mail Address

Computer @

Cellphone @

Emergency Contact

Name

(Relationship)

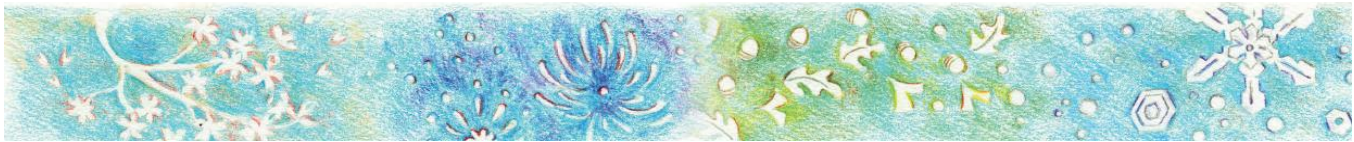
post code (〒)

Address

Phone Number

MEMO

* Feel free to fill in any missing information



2 About My Physical

Date Entered D M

Family Hospital

The name of the hospital • Department

.....

Telephone Number

.....

Doctor's Name

.....

Disease Name

.....

The name of the hospital • Department

.....

Telephone Number

.....

Doctor's Name

.....

Disease Name

.....

Major illness you ever had

Disease name • Symptoms

Onset time

.....

Disease name • Symptoms

Onset time

.....

Disease name • Symptoms

Onset time

.....

● Allergy Y Detail: _____
 N

● Medicine Notebook Storage Location: _____

● Health Insurance Card Type: _____ Storage Location: _____

● Long-term care Insurance Certificate Storage Location: _____

● Disability Certificate Type: _____ Storage Location: _____



| Chapter Two | In Case of Emergency

1-1 If you are to be hospitalized [About the Procedure] Date Entered D M Y

Someone who will process the hospitalization and payment

Yes

Name		(relationship)	

post code			
Address	Telephone		

No

Hospitalization Cost

I Prepared

Insurance Company Name:	
Contact Telephone Number:	

<input type="checkbox"/> I already Have Insurance	
Insurance Company Name:	
Contact Telephone Number:	

Financial Institution Name:	
<input type="checkbox"/> Saving (Deposit, Pension)	
Account Number:	

<input type="checkbox"/> Others	

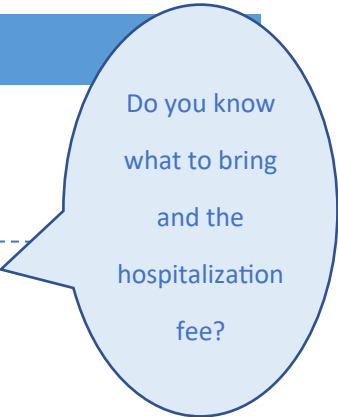
Not prepared in particular

What you need at the time of hospitalization

I know ▼Write down what you bring and want to bring when hospitalized

I don't know (What you generally need)

- Health insurance card ●Medicine notebook ●Deposit(About ¥50,000)
- Other daily necessities (Depending on the hospital. There is also lease.)



※Consider a guarantor and someone who manages your money.
 ※Only you or family can give consent for medical treatment such as surgery. Tell your family what you want.



1-2 If you are to be hospitalized **【About Treatment】** Date Entered D M Y

About Illness Notification

- Announce the name of illness and life expectancy Announce only the name of illness
- No need to announce the name of illness and life expectancy
- Leave it to my family I haven't decided yet

About Life-Prolonging Treatment

- I want to have life-prolonging treatment as much as possible I don't want life-prolonging treatment
- If there is no hope to be saved, I don't want life-prolonging treatment
- I want to take care of pain(palliative care) I haven't decided yet

About Life-Prolonging Treatment(Have you talked to anyone?)

- Yes **Who :** _____

Detail : _____
- No

How to spend the end of life

- I want to spend at home I want to receive nursing at the hospital I want to spend time in hospice
- Leave it to my family I haven't decided yet Others _____

About donating specimens and organs

- I have already registered for whole body donation doner
Registration : _____ **Contact Details :** _____
- I have a donor card
- I don't want to donate specimens nor organs

Names of people whose opinions you would like to have respected when you are no longer able to make decisions.

First Choice	Name	(Relationship)	Contact Details
Second Choice	Name	(Relationship)	Contact Details

MEMO * Feel free to fill in any missing information



2 If you need long-term care

Date Entered D M Y

Who do you want to ask for long-term care?

- Relatives Name : _____ (Relationship _____) Contact Details : _____
- Helpers and long-term care insurance services Leave it to the judgement of my family
- Others _____

Where do you want to be taken care of?

- At home as much as possible
- Hospitals and Facilities Name : _____ Place : _____
- Leave it to the judgement of my family
- Others _____

Long-term care cost

- Prepared
 - Have insurance Insurance Company Name : _____
Contact details : _____
 - Saving (Deposit · Pension) Financial Institution Name : _____
Account Number : _____
 - Others _____
- Not prepared in particular

Who do you want to ask for asset management when your judgement ability deteriorates?

First Choice Name _____ (Relationship _____) Contact Details _____

Second Choice Name _____ (Relationship _____) Contact Details _____

- Have a voluntary guardianship contract Name : _____ (Relationship _____) Contact details : _____
- I want to use the legal guardianship system

MEMO * Feel free to fill in any missing information



About the Adult Guardianship System

Q What is the Adult Guardian System ?

When you do not have sufficient ability to judge things due to dementia, intellectual disability, mental disorders, etc., it is a system that legally supports you by choosing "the principal's representation" who protects your rights.

A

Q What kind is there ?

In case of insufficient judgment ability in the future, it is a system that is decided in advance, "who" and "what kind of support you want to have" by contract.

A

- Legal guardian system

The family court selects the guardian, etc. as the "the principal's representative". In order to use it, a petition is required to the family court. According to the person's judgment ability, it is divided into types "guardian", "curator", and "assistance". Adult guardians, etc. provide personal protection (affairs related to life, medical care and nursing) and property management of the person.

Q Who will be the Adult Guardian ?

Any candidate such as an adult guardian can be, but the family court choose the most suitable person.

A

In addition to relatives, the adult guardian can also be a lawyer, judicial scrivener, social worker, and other professionals.

Q What is the role of the Adult Guardian ?

A

The role of an adult guardian is to respect the will of the person in question and protect the rights of his/her while taking into consideration the physical and mental condition as well as his/her living conditions.

Q What is the specific work description ?

A

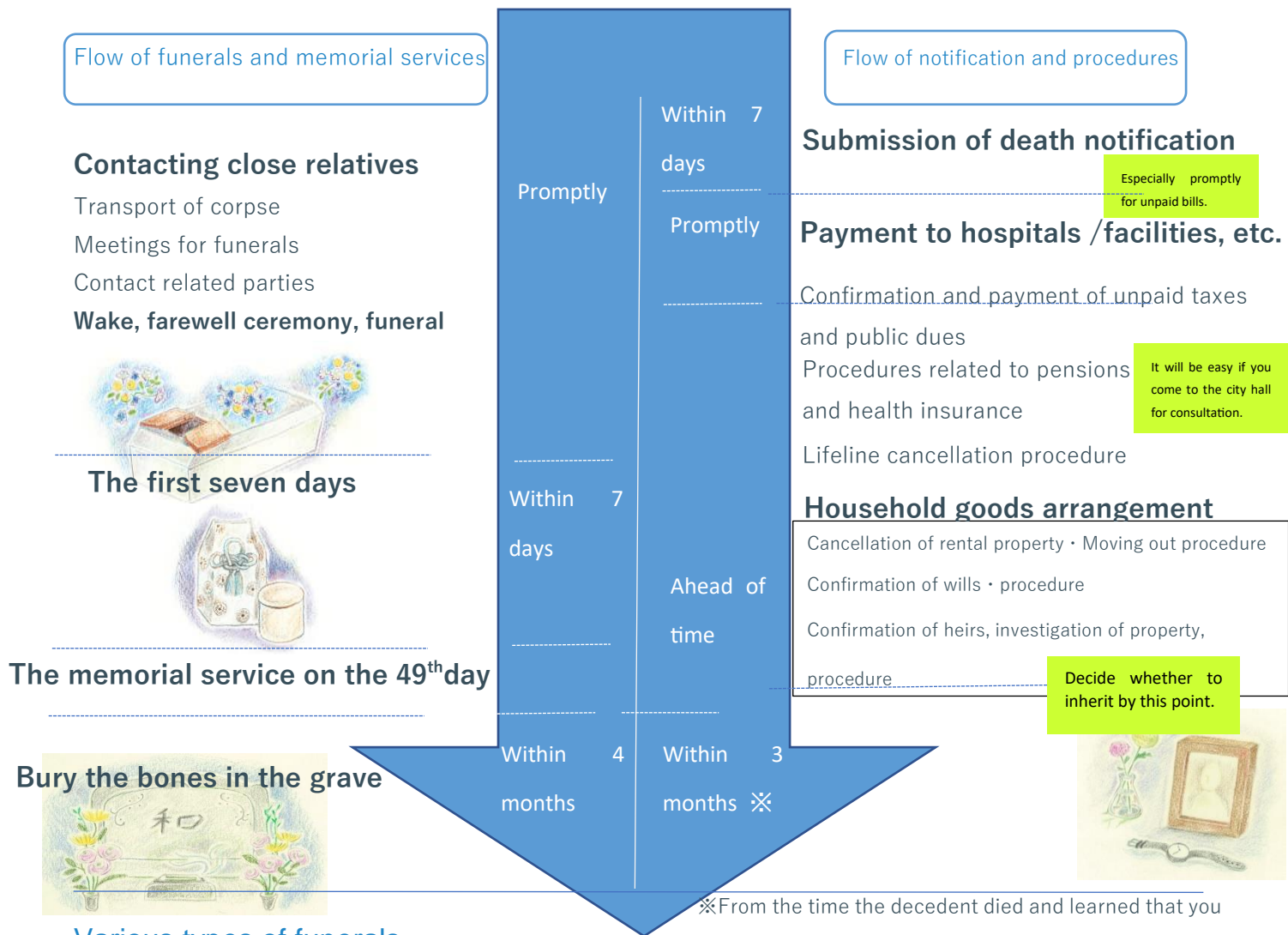
- ① Adult guardian will clarify the person's savings and property, make a future income and expenditure plan, and report it to the family court.
- ② Adult guardian will respect the intentions of the person and make plans to support his/her of life.
- ③ Adult guardian will support the person so that he/she can live a safe life, while visiting the person regularly, communicating and cooperating with related parties. The adult guardian will carry out daily affairs such as contracts and changes in medical care and nursing care services, and procedures related to entering and leaving facilities for the elderly.
- ④ Manage the bankbook of the person and keep a record of the income and expenditure.
- ⑤ Regularly report work as an adult guardian, etc. to the family court and receive supervision and advice as appropriate.



3 After you die

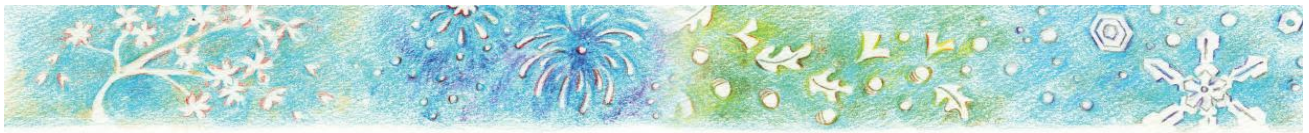
Date Entered D M Y

Do you know the flow of funerals and procedures after you die?



Various types of funerals

- General funeral: It is a conventional funeral that is held by calling people who attend as before.
- Family funeral: It is a compact funeral performed only by family members or relatives and very close acquaintances.
- Direct funeral (*Jikisou*): It is a funeral etc. that do not hold wakes, funerals, farewell ceremonies, and end only with cremation.
- Natural-funeral: It is a general term for the funeral method of returning the remains to the natural circulation. There are tree burials that do not make tombstones but make gravestones such as afforestation, piles, flowers and trees, Also splurges that scatter finely crushed ashes on the sea or mountains.



Those who want to be contacted at the funeral

Name (Relationship) Contact Details

Name (Relationship) Contact Details

Name (Relationship) Contact Details

Funeral location and scale

- I have a plan Place·Scale·Funera Company, etc.: _____
- Leave it to my family
- Others (e.g. ... Already contracted with a funeral company)

Funeral denominations

- Have decided _____
- Have not decided

Funeral fee

- Prepared (Budget ¥) _____
 - Saving (Deposit·Pension) Financial Institution Name : _____
Account Number : _____
 - Others _____
- Not prepared in particular

Grave location

- Already decided Name·Location·Contact Information: _____
- Leave it to my family
- Others _____

Other things to note about funerals and graves (e.g. :Portrait, Chief mourner, etc.)



4 About organizing important things Date Entered D M Y

About things you want to give to someone

I have something I want to give

What:

Who:

Storage location:

What:

Who:

Storage location:

What:

Who:

Storage location:

© Think in advance about important information, private information(blogs, diaries, photos, etc.), and how to handle the data stored in your mobile phone or computer in case of emergency.

Not particularly

Expenses for disposing of homes and household goods

Prepared (Budget ¥ _____)

Saving (Deposit·Pension) Financial Institution Name _____ :

Account Number: _____

Others

Not prepared in particular

Disposal of houses and household goods, cancellation of leases, etc.

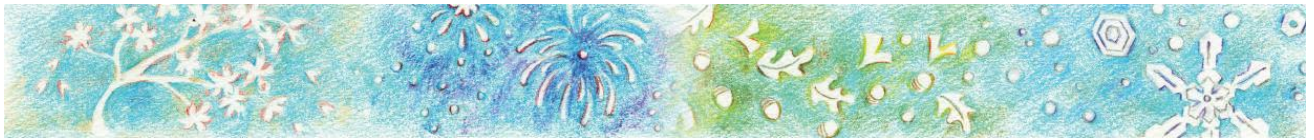
Already asked someone Name: _____ (Relationship _____) Contact Details: _____

I haven't asked anyone

© If you have regular expenses(rent, utilities, etc.)or items that are automatically deducted from your account, record them in advance.

MEMO ※Please feel free to fill in what is missing





5 About Property

Date Entered D M Y

Location of things necessary for various procedures such as passbooks and seals

I have already told someone Name: _____ (Relationship _____) Contact Details: _____

I haven't told anyone

Deposits and Savings

Financial Institution Name	Branch	Type	Remarks (Account No. · Amount of money, etc.)
		Saving Account Fixed-term account Others	
		Saving Account Fixed-term account Others	
		Saving Account Fixed-term account Others	

Pension

Name	Symbol·Number, etc.	Remarks

Real Estate

Type	Location	The real estate holdings	Remarks
House Land		Sole-owener Co-owener	
House Land		Sole-owener Co-owener	
House Land		Sole-owener Co-owener	



Other Assets(Stocks, Securities, Precious Metals, etc.)

Name	Contents·Amount	Storage location	Remarks

Insurance(Life Insurance, Fire Insurance, Accident Insurance, etc.)

Insurance Company	Type·Content	Insurance Beneficiary	Remarks(Contact Details)

Borrowing·Loan

Lender	Amount of Money	Repayment Method	Remarks(Repayment details, etc.)





column

About Will

Wills are stipulated in the Civil Code and have strict rules. In addition, the types of wills are roughly divided into two, and from there, you will leave them in a format that suits you.

It can be said that it is a proof of love for an important person to leave your feelings in a will so that the remaining family does not fight or have a hard time after you die.

	A Self-Written Will	Notarized Will
Person to sign or seal	The testator himself	Testators, Witnesses, Notaries
Expense	Unnecessary	Notarized government office fees
Witness	Unnecessary	2 or more people required
Custodian	It may be the person himself/herself, the presumptive heir, the executor of the will, etc.	<ul style="list-style-type: none"> •The original(<i>genpon</i>) is in the notary public office •The custodian of the authenticated copy(<i>shohon</i>)and certified copy(<i>tohon</i>) may be the person himself/herself, the presumptive heir, the executor of the will, etc.
Family Court Probate	Required※	Unnecessary

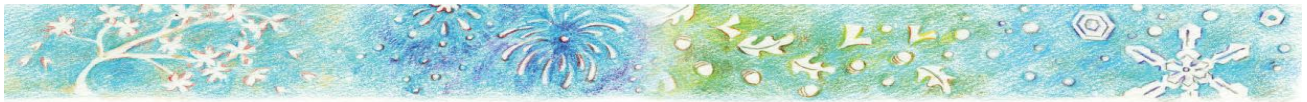
※Due to the establishment of the will retention system (from July Reiwa 2), there is no probate procedure for wills kept by the Legal Affairs Bureau using this system.

Q What is a "Executor"

A In order to ensure that the terms of the will are carried out, it is important to designate "executor" in the will. A will executor is a person who executes the stated wishes in the will after the testator dies. If there is no designation of an executor, you may petition the family court for the appointment of the executor.

However, inheritance proceedings cannot be made unless the executor knows that the testator has died. Therefore, It is important to consult with the executor on how he/she will be informed of the testator's death while preparing the will.



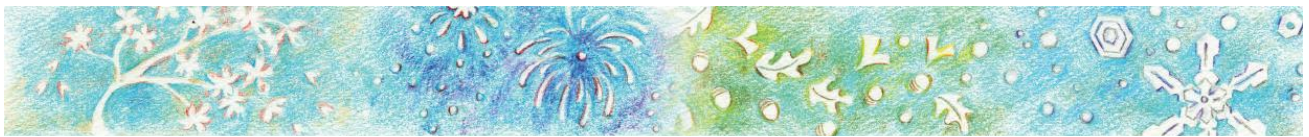


| Chapter Three | About “Me”

1 The life I have walked

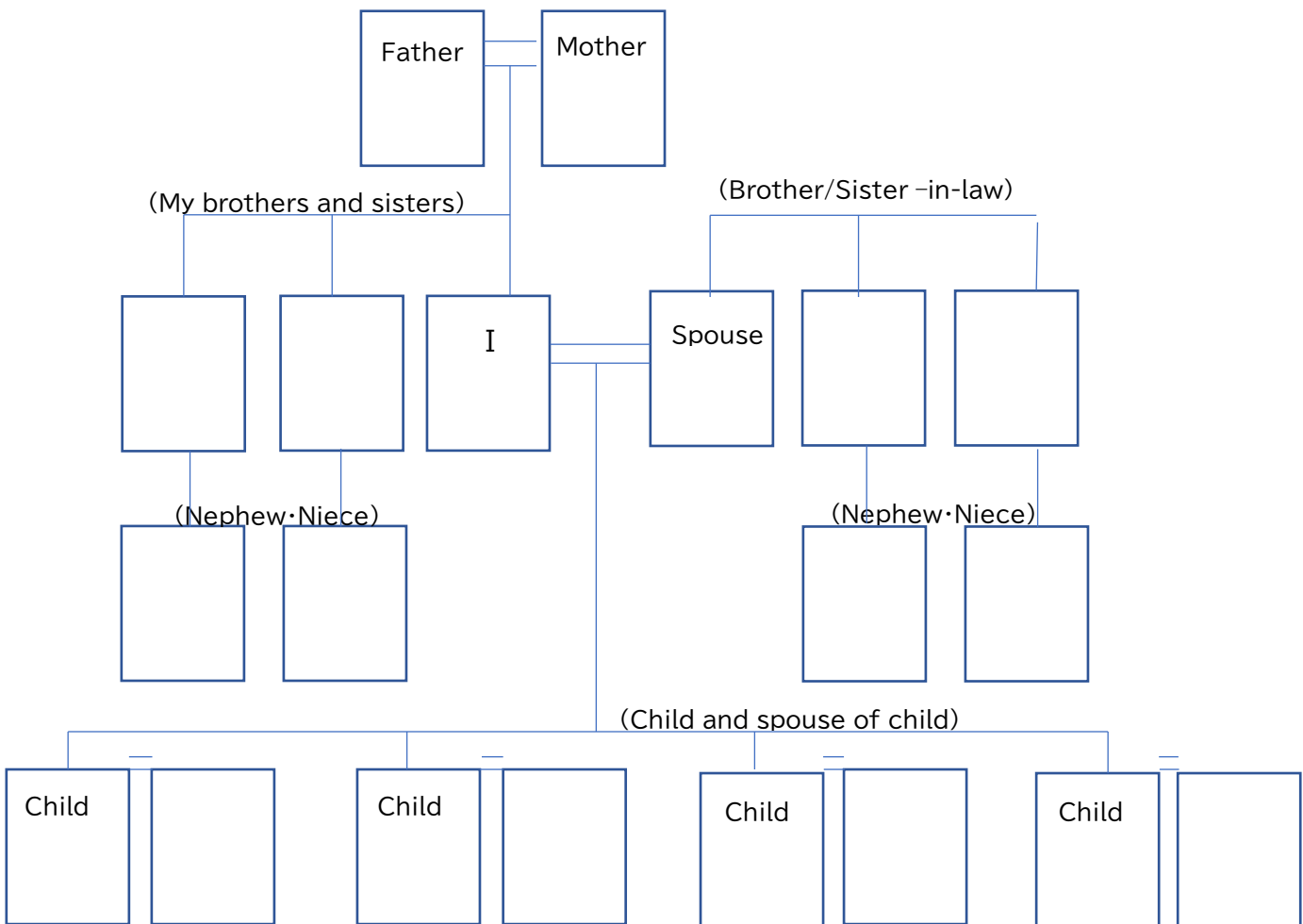
Date Entered D M Y

Age	Life Events	Would you like to write something like the following?
e.g.) Birth	Born in _____ . _____ child of brothers/sisters.	·Childhood ·What you were enthusiastic about ·Hometown memories ·Final Education ·Work Episode ·Marriage, Parenting ·Memories of travel, etc.
Teens · 20s		
30s		
40s		
50s		
60s		
70s		
Now		



2 My Family Tree

Date Entered D M Y



About pets

■Name: _____ ■Type: Dog · Cat · Others()

■Age: ___ years old (Born M Y)

■Family veterinary clinic:

■Precautions for breeding (Types and timing of vaccinations, chronic diseases, medicines, etc.)

■People/Organizations that can be taken care of the pets when something happens to me

Name·Organization: _____ Relationship: _____

Contact Details: _____





3 The Current Me

Date Entered D M Y

Hobbies & Skills

My favorite _____ (e.g. Food, Music, Color, etc.)

Let's write episodes related to it.



What you want to do, where you want to go, people you want to meet, etc.





4 Message to loved ones

To _____ (Relationship) Date Entered D M Y

To _____ (Relationship) Date Entered D M Y

To _____ (Relationship) Date Entered D M Y

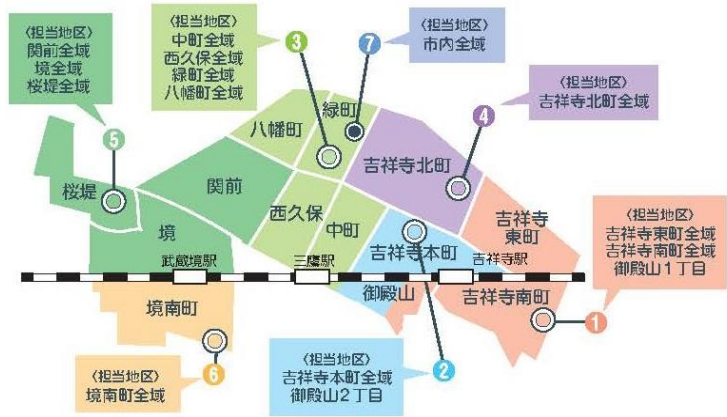
To _____ (Relationship) Date Entered D M Y



| Chapter four | Notice from Musashino City

List of Musashino City Home Care and Community Comprehensive Support Center

It is a consultation desk for the elderly.
 We receive consultations on the elderly, provide information such as long-term care services to those who need it, and make comprehensive adjustments.
 If you have any problems, please feel free to contact the center near you.



Facility Name	Add・Phone	Business Hours
① Yutorie Home Care and Community Comprehensive Support Center (Social Welfare Corporation Musashino)	4 - 25 - 5 Minamicho Kichijouji ☎72-0313	● Monday~Saturday ● 8 : 30 am~5 : 15 pm After the above hours, it is transferred to "Special Nursing Home Yutorie" It will be a telephone consultation
② Kichijoji Honcho Home Care and Community Comprehensive Support Center (Npo Japan Abilities Association)	4 - 20 - 13 Honcho, Kichijoji ☎23-1213	● Monday~Saturday ● 8 : 30 am~5 : 15 pm After the above hours, it is transferred to a mobile phone and it will be a telephone consultation
③ Elderly General Center Home Care and Community Comprehensive Support Center (Musashino City Welfare Corporation)	2 - 4 - 1 Midoricho ☎51-1974	● Monday~Saturday ● 8 : 30 am~5 : 15 pm After the above hours, it is transferred to a mobile phone and it will be a telephone consultation.
④ Kichijoji Nursing Home Home Care and Community Comprehensive Support Center (Social Welfare Corporation Shisei Gakusha Tokyo)	2 - 9 - 2 Kitamachi Kichijoji ☎20-0847	● Monday~Saturday ● 8 : 30 am~5 : 15 pm After the above hours, it is transferred to "Special nursing home for the elderly Kichijoji Nursing Home" It will be a telephone consultation.
⑤ Sakurazutsumi Care House Home Care and Community Comprehensive Support Center (Social Welfare Corporation Musashino)	1 - 9 - 9 Sakurazutsumi ☎36-5133	● Monday~Saturday ● 8 : 30 am~5 : 15 pm After the above hours, it is transferred to "Special Nursing Home Yutorie" It will be a telephone consultation.
⑥ Musashino Red Cross Home Care and Community Comprehensive Support Center (Japanese Red Cross Society, Tokyo Branch)	1 - 26 -1 Kyounancho ☎32-3155	● Monday~Saturday ● 8 : 30 am~5 : 15 pm After the above hours, it is transferred to a mobile phone and it will be a telephone consultation.
⑦ Musashino City Regional Comprehensive Support Center (Core type)	2 - 2 - 28 Midoricho (Inside the city hall) ☎60-1947	● Monday~Friday ● 8 : 30 am~5 : 15 pm



Introduction of Musashino City's original projects

Rescue helper(emergency home nursing care for the elderly, etc.)

Contents In case of a sudden illness or injury, a helper is dispatched for up to 4 hours per week, up to 2 weeks, for physical care (medical escort*, bathing assistance, toileting assistance, etc.), and housework assistance (cleaning, laundry, cooking, shopping, etc.). For those who want to use the service, we will conduct a home-visit survey by the local staff of the Home Care and Community Comprehensive Support Center, and decide on use based on the results.

*In principle, assistance in the hospital is excluded.

Eligible person Generally 65 years of age or older living alone or belonging to a household of only the elderly living in the city who temporarily need support due to sudden illness or injury of the person or caregiver (excluding those who use services such as home-visit nursing care of long-term care insurance and those who can use it)

Fee 250 yen per 30 minutes

(House hold on welfare will be exempt from usage fee.Exempt from resident tax-holds' usage fee will be reduced in half.)

Inquiries Home Care and Community Comprehensive Support Center for Each Region (see page 19)
Elderly Support Division (2-2-28 Midorimachi, Musashino City City Hall 1F) ☎60-1846

Elderly person relief call

Contents We will call elderly people who live alone※in the city every week to see if there is any change in their physical or lives or if they have any problems. In addition, if necessary, we will contact the emergency contact information registered in advance. For those who request the services, we will conduct a home-visit survey by the district staff of the Home Care and Community Comprehensive Support Center, and decide on use based on the results of the survey.

Date and time of We will call you once a week on a fixed day and time of day.

Eligible person Those who live alone in the city and over 65 years old* (excluding welfare households)

※This includes cases where it is considered equivalent to living alone due to the situation of the household.

Fee 500yen per month

Inquiries Home Care and Community Comprehensive Support Center for Each Region (see page 19)

Elderly Support Division (2-2-28 Midorimachi, Musashino City City Hall 1F)

☎60-1846





Installation of furniture fall prevention metal fittings, etc.

Contents Up to four furnitures (chests, cupboards, bookshelves, etc.) can install fall prevention fittings, etc. (Up to 2 types of fittings can be attached to one furniture)

Musashino City Silver Human Resources Center will visit to install it.

※When fixing furniture to a rental property such as an apartment, consent from the landlord etc. is required.

Eligible person Those who fall under any of the following

- ① Those who live alone in the city and are over 65 years old, or households only for the elderly
- ② Physically handicapped persons with disabilities 1st and 2nd grade, mentally handicapped persons with health and welfare notebooks 1st and 2nd grade,
- ③ Or a household with a disability certificate of Tokyo Metropolitan “Ai-no-Techo” 1 or 2 degree

※Households that have already been installed or paid for metal fittings due to projects implemented by the city are not eligible.

Fee Free of charge

Inquiries Home Care and Community Comprehensive Support Center for Each Region (see page 19)

Elderly Support Division (2-2-28 Midorimachi, Musashino City City Hall 1F)

☎60-1846

Welfare Division for Persons with Disabilities(2-2-28 Midorimachi, Musashino City City Hall 1F)

☎60-1904



Emergency Medical Information Kit

Contents Information on family medical institutions and emergency contact information when suddenly falling at home. It is a kit to prepare regularly so that it is transmitted correctly to the emergency service.

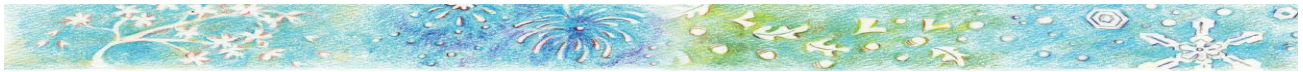
Eligible person Anyone living in the city

Distribution location Elderly Support Division, Community Support Division, Welfare Division for Persons with Disabilities(2-2-28 Midorimachi, Musashino City City Hall 1F), City Administration Center, Home Care and Community Comprehensive Support Center for Each Region (see page 19)

Fee Free of charge

Inquiries Community Support Division (2-2-28 Midori-cho, Musashino City City Hall 1F)☎60-1941





Musashino City Welfare Public Corporation



Do you know ? Musashino City Welfare Corporation is a public interest incorporated foundation established by Musashino City.

We are conducting various projects so that citizens can live with peace of mind in "Musashino", which citizens are accustomed to living in.

Advocacy Center 23-1165

■Connection Support Business

We help elderly people who live alone or without relatives, to continue to live at home with peace of mind.

- Daily consultation ●Visits when necessary
- Hospitalization and admission support services
- Post-mortem support service※(procedures after death, etc.)

※Separate contract

■Adult Guardianship Business

We will be appointed as guardians, etc., and will comprehensively support your lives by respecting the will of the person himself/ herself.

- Property/Assets management
- Personal protection (we will do contracts, etc. so that the person him/herself can live a safe life)

■Community Welfare Rights Advocacy Project

We will help those who have difficulty selecting and using the necessary welfare services at their own discretion.

- ① Welfare service use assistance
- ② Daily money management services
- ③ Document storage service

Musashino City Adult Guardianship Support Center 27-1238

We conduct enlightenment activities and consultation services on adult guardianship system!


■Initiatives related to adult guardianship system

- ① General consultation desk for adult guardianship and advocacy of Musashino City
- ② Dissemination and enlightenment of adult guardianship and advocacy
- ③ Training and support for guardians, etc.

Please feel free to contact us if you have any questions about the adult guardianship system
or if you are considering a complaint by your relatives!

Musashino City Welfare Corporation



Hours: Monday to Friday 8:30 a.m. to 5:00 p.m. (closed on weekends and holidays)  23-1165

<http://www.fukushikosha.jp>



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