MY NOTEBOOK

Musashino City Life Design Notes





Introduction

When you hear the word "Ending Note," you may have the image of waiting to get old and preaparing 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 this "My Notebook" with the 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 life.

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

How To Use



- 01 Start from where you can write down.
 - \rightarrow It is important that you begin!
 - \rightarrow If you get lost, let's write in order.
- 02 Feel free to rewrite
 - \rightarrow Rewrite regulary and write the update date.
- 03 Tell someone you can trust about this note book.
 - \rightarrow So that the notes you wrote will not be used.

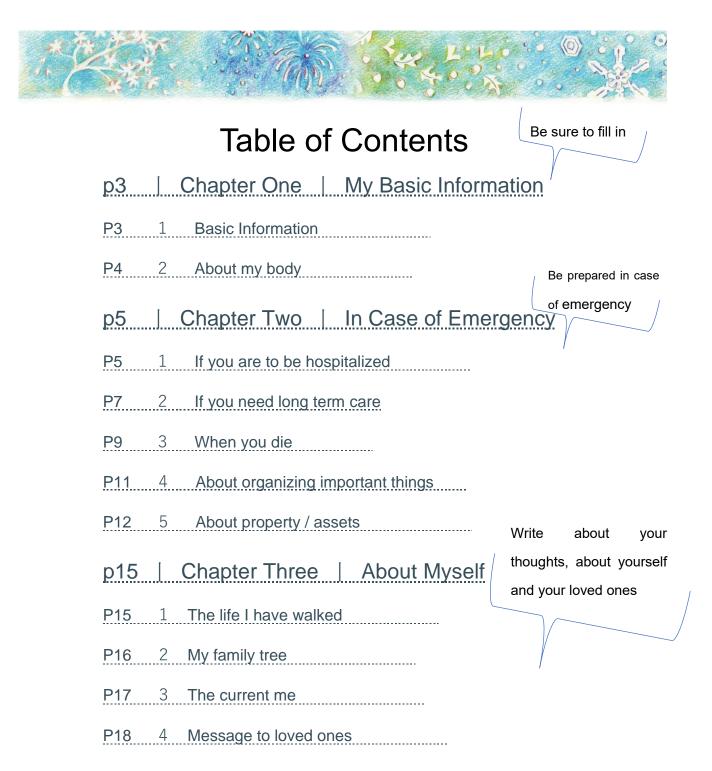
Pasting photoes

Sandwiching the

material

Feel free to use it

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



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Important Point

- This notebook has no legal effect. Please consult an expert (lawer,judical scrivener,adminstrative scrivener) for legal procedure
- It contains personal information, so keep it in a safe place.
 When telling the storage location 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	Date Entered D M					
Furigana								
Name		Ν	Maiden Name					
Date of Birth		D	Μ	Y				
Address	post code (\mathbf{T})							
Registered Domicile								
Telephone Number								
Cellphone Number								
	Computer	@						
EMail Address								
	Cellphone	@						
	Name		(Relati	onship)				
Emergency Contact	post code (\overline{T})							
	Address		Phor	ne Number				
MEMO * Fee	l free to fill in what you are r	missing						



2 About My Body	Date Entered	D	М	Y
Family Hospital				
The name of the hospital \cdot 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 L	ocation:			
Disability Certificate Type:	Storage Location:			



You have someone who will process the hospializtion and payment Yes Name (relationship) post code Address Telephone No Hospilization Cost	Y
post code Address Telephone	
post code Address Telephone No)
Heenilization Cost	
Prepared Insurance Company Name:	
Contact Telephone Number :	
□ Have Insurance	
Insurance Company Name :	
Contact Telephone Number:	
Financial Institution Name:	
□ Saving (Deposit, Pension)	
Account Number:	
□ Others	
Not prepared in particular	
What you need at the time of hospitalization	

Other daily necessities (There is also lease depending on the hospital)
Consider a guarantor and someone who manages your money.
Only the person or family can give consent for medical treatment such as surgery. Tell your family what you want.

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

•Health insurance card •Medicine notebook •Deposit(About ¥50,000)

(What you generally need)

□ Know

Don't know

Do you know

what to bring

and the

hospitalization

fee?



1-2 If you are to be hospilized [About Treatment] Date Entered D M Y

About Illness Notification

□ Announce the name of illness and life expectancy

Announce only the name of illness

 $\hfill\square$ 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

Detail:

Who:

□ 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

Specimen regis	stration Registrations :		_Contact Details :		
I don't want to donate specimens nor organs					
People wh longer jud		nions to be res	pected when they can	no	
First Choice	Name	(Relationship) Contact Details		
Second Choice	Name	(Relationship) Contact Details		
	ase feel free to fill in what is missin	a			



2 If yo	u need long-te	erm care	ate Entered	D	N	Y
Who do yo	ou want to ask for l	ong-term care?				
□ Helpers and lo	me:(Reland					
Where do	you want to be tak	en care of?				
□ Leave it to the	uch as possible Facilities Name : judgement of the family					
Long-term	n care cost					
□ Prepared	PreparedInsurance Company Nar• Have insuranceContact Telephone Nur					
	□ Saving (Deposit · Pension) Financial Institution Name : Account Number :					
	□ Others					
□ Not prepared i	n particular					
	ou want to ask for a teriorates?	asset manageme	nt when y	our jı	ndae	ement
First Choice	Name	(Relationship) Contact D	etails		
Second Choice	Name	(Relationship) Contact De	etails		
	ary guardianship contract Na	ame:	_ (Relationship	D)	Contact

 $\hfill\square$ I want to use the legal guardianship system

MEMO **Please feel free to fill in what is missing

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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 the person by choosing a "representative of the person in question" who protects the rights.

Q What kind is there?

Column

Α

Voluntary guardian system

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

•Legal guardian system

The family court selects the guardian, etc. as the "representative of the person in question". 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", "retention", 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.

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

Q The role of the Adult Guardian?

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

Q What is the specific work content?

• We will clarify the person's savings and property, make a future income and expenditure plan, and report it to the family court.

2 We will respect the intentions of the person in question and plan for support for the way of life that is unique to the person.

3 We will support you so that you can live a safe life while visiting the person regularly, communicating and cooperating with related parties. We 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 We manage the bankbook of the person in question and keep a record of the income and expenditure.

6 We regularly report work as an adult guardian, etc. to the family court and receive supervision and advice as appropriate.



3 When you die

Date Entered D M Y

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

Flow of funerals and memorial services Contacting close relatives Transport of corpse Meetings for funerals Contact related parties	Promptly	Within 7 days Promptly	Flow of notification and procedures Submission of death notification Especially promptly for unpaid persons Payment to hospitals / facilities, etc.
Wake, farewell ceremony, funeral			Confirmation and payment of unpaid taxes and public dues Procedures related to pensions and health insurance Lifeline cancellation procedure
The first seven days	Within 7 days	Ahead of time	Household goods arrangement Cancellation of rental property · Evacuation procedure Confirmation of wills · procedure Confirmation of heirs, investigation of property,
The memorial service on the 49 th day Bury the bones in the grave	Within 4 months	Within 3 months ※	Decide whether to inherit or not so fa
Various types of funerals • General funeral: It is a funeral that is h people who attend as before. • Family funeral: It is a compact funeral acquaintances.		would inh	

• Direct funeral (Jikisou): It is a funeral etc. that do not hold wakes, funerals, farewell ceremonies, and end only with cremation.

•Self-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, and splurges that scatter finely crushed ashes on the sea or mountains.

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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 partiqular

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 Μ γ

About things you want to give to someone				
What:				
Who:	Storage location:			
What:				
Who:	Storage location:			
What:				
Who:	Storage location:			

© Think in advance about important information, privacy-related content(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 rent, etc.					
Asking 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.					

 $MEMO \hspace{0.1in} \mbox{ \ensuremath{\mathbb{X}}} {\sf Please feel free to fill in what is missing}$





5 About Property

Date Entered D M Y

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

□ Telling someone Name:_____(Relationship) Contact Details:__

I haven't told anyone

Deposits and Savings

Financial Institution Name	Branch	Туре	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

Туре	Location	Share	Remarks
House Land		Single Shared	
House Land		Single Shared	
House Land		Single Shared	



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

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

)

Will

□ Prepared Date : _____ Location : _____

Executor _____ (Relationship

Contact _____

□ Not Prepared



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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
	It may be the person himself/	•The original is in the notary public office
Custodian	herself, the presumptive heir,	•The original and certified copy may be the
	the executor of the will, etc.	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"

Α

In order to ensure that the contents of the will are realized, it is important to designate "executor"

in the will. A will executor is a person who realizes the contents of a 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. It is important to consult with and prepare for how to inform.



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| Chapter Three | About "Me"

1 The life I have walked

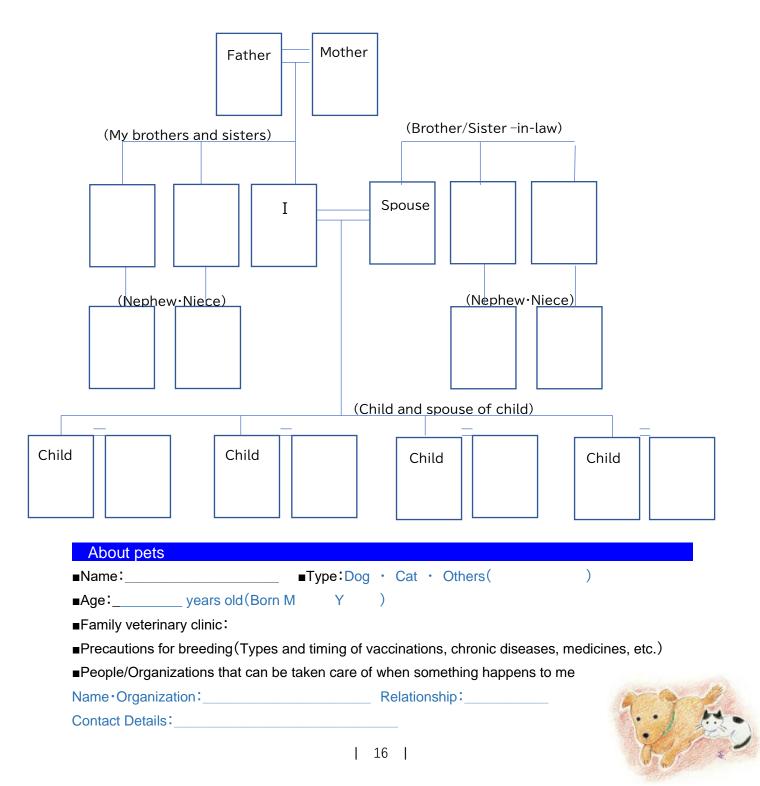
Date Entered D M Y

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



2 My Family Tree

Date Entered D M Y





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

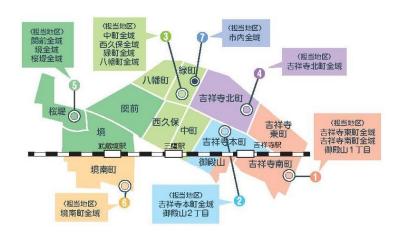
To D M Y	(Relationship) Date Entered
To D M Y	_(Relationship) Date Entered
To D M Y	_(Relationship) Date Entered
To Entered D M Y	_ (Relationship) Date



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 longterm 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
①Yutorie 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
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
Elderly General Center Home Care and Community Comprehensive Support Center (Musashino City Welfare Corporation)	2 - 4 - 1 Midoricho 251-1974	 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 232-3155	 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.
⑦Musashino City Regional Comprehensive Support Center (Core type)	2 - 2 – 28 Midoricho (Inside the city hall) ☎60-1947	•Monday~Saturday •8 :30 am~5:15 pm



Introduction of Musashino City's original projects

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

Contents In the event of a sudden illness or injury, a helper is dispatched for up to 4 hours per week, up to 2 weeks, for physical care (hospital assistance*, bathing assistance, excretion assistance, etc.), and housework assistance (cleaning, washing, cooking, shopping, etc.). For those who want to use the service, we will conduct a 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.

Target 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

(Exemption of usage fee for welfare households, usage fee for households exempt from resident tax reduced by one-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 ask elderly people who live alone in the city every week to see if they have ever changed to their bodies or lives or have any problems. In addition, if necessary, we will contact the emergency contact information registered in advance. For those who wish to provide services, we will conduct a visit survey by the district staff of the Home Care and Community Comprehensive Support Center, and decide on use based on the results.

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

Target 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.

Target 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) 260–1846

Welfare Division for Persons with Disabilities(2-2-28 Midorimachi, Musashino City City Hall 1F) 260–1904

Emergency Medical Information Kit

Contents Information on family medical institutions and emergency contact information **mathematical second secon**

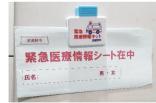
Target Anyone living in the city

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 Midorimachi, Musashino City City Hall 1F) 260–1941







Musashino City Welfare 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

Connection Support Business

We help elderly people who live alone or have no relatives who can rely on them 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.)

XSeparate contract

Adult Guardianship Business

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

- Property/Assets management
- •Personal protection (we will do contracts, etc. so that the person himself 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
- Daily money management services
- ③ Document storage service

Musashino City Adult Guardianship Support Center

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) 27-5070

http://www.fukushikosha.jp



223-1165





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