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.

→ It is important that you begin!

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

02 Feel free to rewrite

→ Rewrite regulary 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 photoes

Sandwiching 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

P4 2 About my body

Be prepared in case of emergency

p5 | Chapter Two | In Case of Emergency

P5 1 If you are to be hospitalized

P7 2 If you need long term care

P9 3 When you die

P11 4 About organizing important things

P12 5 About property / assets

Write about your thoughts, about yourself and your loved ones

p15 | Chapter Three | About Myself

P15 1 The life I have walked

P16 2 My family tree

P17 3 The current me

P18 4 Message to loved ones

p19 | Chapter Four | Notice from Musashino City

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 Entered D M Y

Furigana

Name Maiden Name

Date of Birth D M Y

Address post code（〒）

Registered Domicile

Telephone Number

Cellphone Number

EMail Address Computer @

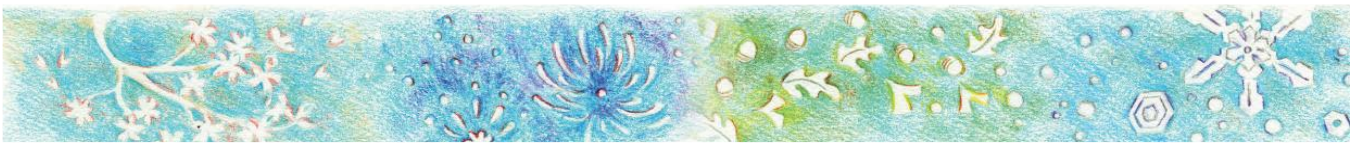
Cellphone @

Emergency Contact Name （Relationship）

post code（〒）

Address Phone Number

MEMO ＊Feel free to fill in what you are missing



2 About My Body

Date Entered D M Y

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:

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

You have someone who will process the hospializtion and payment

□ Yes Name （relationship ）

post code

Address Telephone

□ No

Hospilization 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

Do you know what to bring and the hospitalization fee?

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

□ Don't know 〔What you generally need〕

- ●Health insurance card ●Medicine notebook ●Deposit(About ¥50,000)
- ●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.

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

□ 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

□ Specimen registration Registrations：Contact Details：

□ I don't want to donate specimens nor organs

People who want their opinions to be respected when they can no longer judge

First Choice Name （Relationship ） Contact Details

Second Choice Name （Relationship ） Contact Details

MEMO ※Please feel free to fill in what is missing.

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 the 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 the family

□ Others _____

Long-term care cost

□ Prepared

□ Have insurance
Insurance Company Name：
Contact Telephone Number：

□ 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 telephone number：_____

□ I want to use the legal guardianship system

MEMO ※Please feel free to fill in what is missing

column

About the Adult Guardianship System

Q What is the Adult Guardian System?

A 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?

A ●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?

A 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?

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

❷ 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.

❸ 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.

❹ We manage the bankbook of the person in question and keep a record of the income and expenditure.

❺ 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

Flow of notification and procedures

Contacting close relatives

Transport of corpse

Meetings for funerals

Contact related parties

Wake, farewell ceremony, funeral

The first seven days

The memorial service on the 49th day

Bury the bones in the grave

Promptly

Within 7 days

Promptly

Within 7 days

Ahead of time

Within 4 months

Within 3 months ※

Submission of death notification

Especially promptly for unpaid persons

Payment to hospitals /facilities, etc.

Confirmation and payment of unpaid taxes and public dues

Procedures related to pensions and health insurance

It will be easy if you come to the city hall for consultation..

Lifeline cancellation procedure

Household goods arrangement

Cancellation of rental property・Evacuation procedure

Confirmation of wills・procedure

Confirmation of heirs, investigation of property, procedure

Decide whether to inherit or not so fa

※From the time the decedent died and learned that you would inherit

Various types of funerals

●General funeral: It is a 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.

●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.

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 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, 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

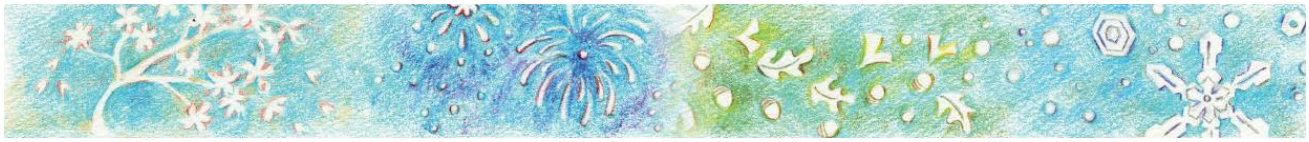
Disposal of houses and household goods, cancellation of rent, etc.

□ 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 ※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	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	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

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.	●The original is in the notary public office ●The original and certified copy 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"

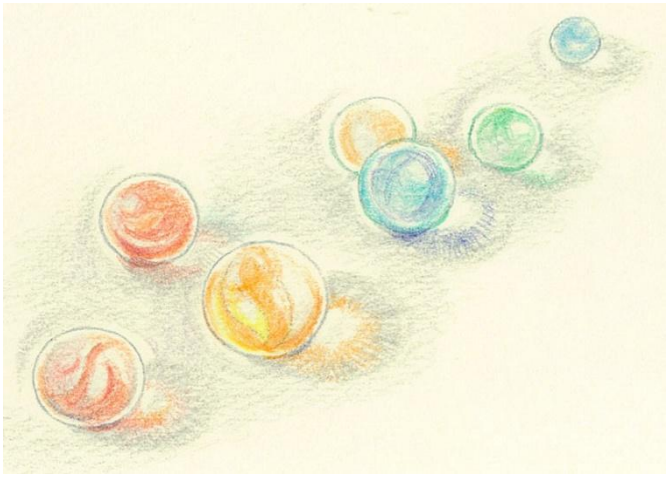
A In order to ensure that the contents of the will are realized, it is important to designate "executor" in the will. A will executor is a person who realizes the contents of a will after the testator dies.

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.

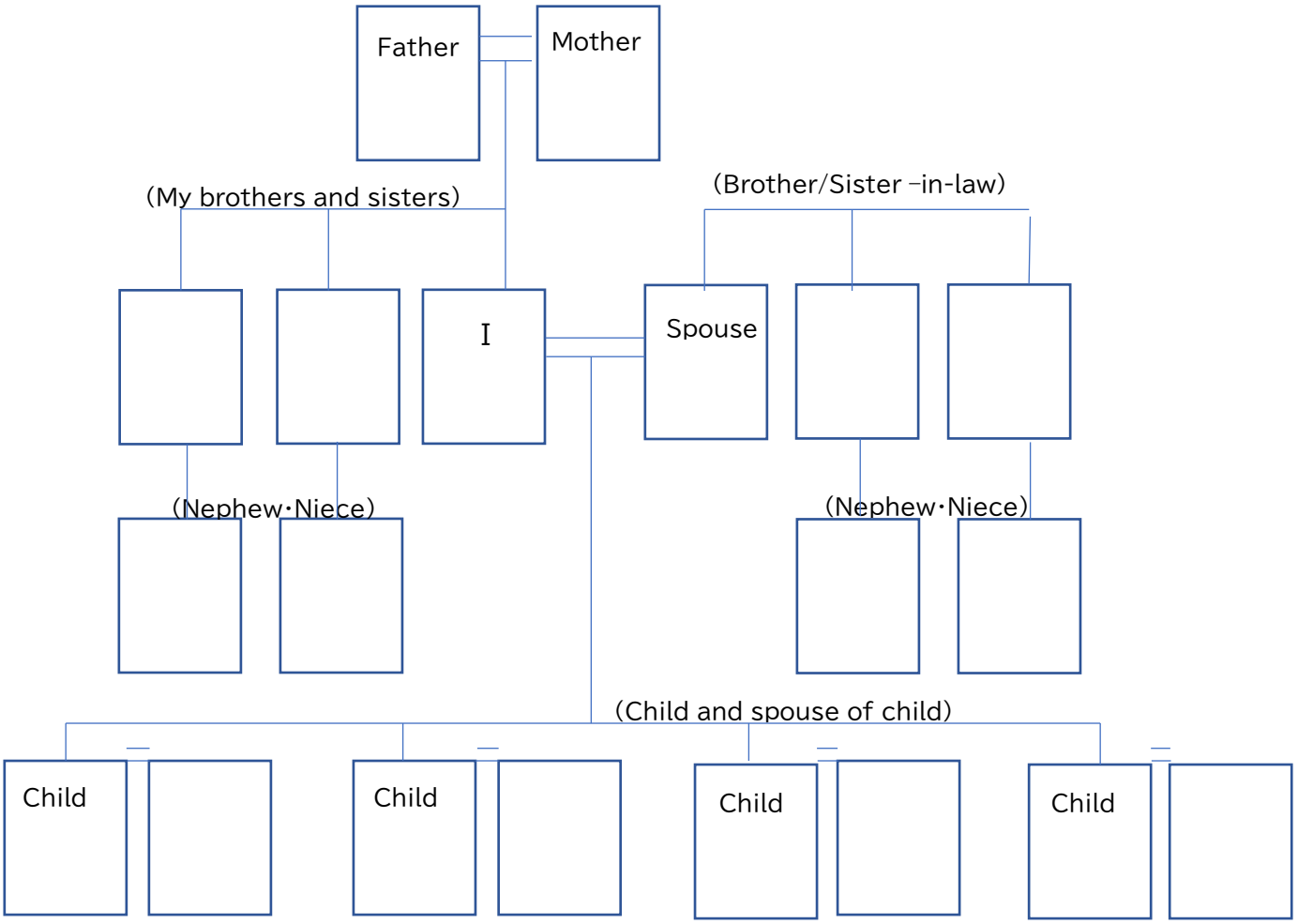
1 The life I have walked

Date Entered D M Y

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

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 when something happens to me

Name･Organization:_____ Relationship:_____

Contact Details:_____

3 The Current Me

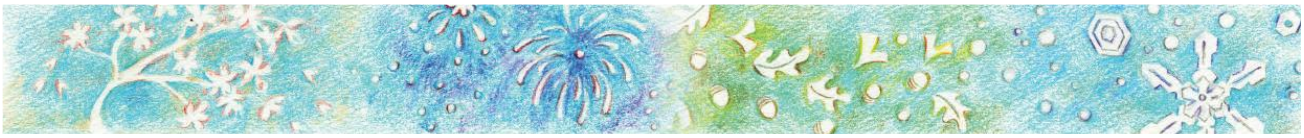
Date Entered D M Y

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

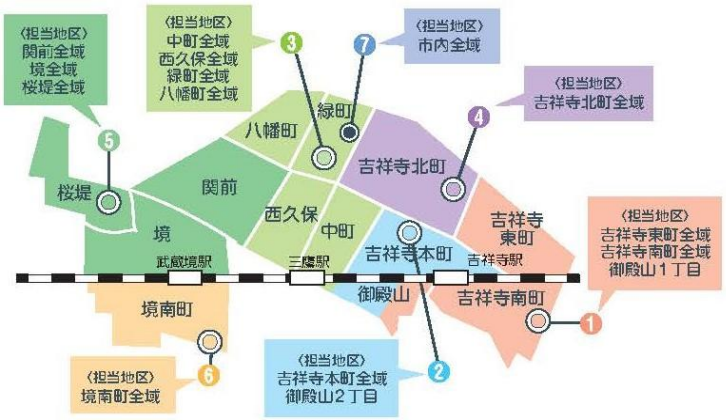
D M Y

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
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
②Kichijoji 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
③Elderly 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.
④Kichijoji 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.
⑤Sakurazutsumi 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.
⑥Musashino 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.
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. However, eligibility may be granted if five years have passed since the previous installation.

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.

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)☎60–1941

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 ☎66-2987

■Hospital Admission/Discharge and Post-Mortem Support Services

We provide the necessary service to enable elderly people who live alone or have no relatives nearby who can rely on, to continue living at home with peace of mind.

●Scheduled visits. Telephone contact.

●Hospital Admission and Discharge Support.

●Post-Mortem Support. ※（procedures after death, etc.）

※A deposit is required for “Hospital Admission and Discharge Support” and “Post-Mortem Support”

■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

② Daily money management services

④ Document storage service

Musashino City Adult Guardianship Support Center ☎66-2332

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) ☎ 66-2987

http://www.fukushikosha.jp

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