

**YOU**

(Best to use pencil when completing this form for easy amending and updating)

Developed by Chris Howell, 2010

Full Legal Name M__ F__	Social Security #	DOB/Place of Birth Certificate location	Address/Telephone
Father's Name	DOB/Place of Birth	Mother's Maiden Name	DOB/Place of Birth Certificate location

**SPOUSE**

Full Legal Name M__ F__	Social Security #	DOB/Place of Birth Certificate location	Address/Telephone
Father's Name	DOB/Place of Birth	Mother's Maiden Name	DOB/Place of Birth Certificate location

**EACH OTHER**

Date of Marriage	Place of Marriage City/State	Certificate location
Your Life Insurance Company	Policy Number	Agent's Name Agent's Telephone
Spouse's Life Insurance Company	Policy Number	Agent's Name Agent's Telephone

**CHILDREN**

Full Legal Name M__ F__	Social Security #	DOB/Place of Birth Certificate location	Address/Telephone
Full Legal Name M__ F__	Social Security #	DOB/Place of Birth Certificate location	Address/Telephone
Full Legal Name M__ F__	Social Security #	DOB/Place of Birth Certificate location	Address/Telephone
Full Legal Name M__ F__	Social Security #	DOB/Place of Birth Certificate location	Address/Telephone

**ADVISORS** (Attorney, Accountant, Financial Advisor, Tax Advisor, Tax Preparer, Doctors, etc.)

Advisor -	Name	Address	Telephone
Advisor -	Name	Address	Telephone
Advisor -	Name	Address	Telephone
Advisor -	Name	Address	Telephone
Advisor -	Name	Address	Telephone

Keep copy of important documents inside of this file such as: **Driver's License, Social Security Card, Medical Insurance Cards, Prescriptions, Passport, Birth Certificate, Marriage License and a recent color photograph**

**PHYSICAL ASSETS** (list all real estate, automobiles, boats, mobile homes, and any other assets with marketable value)

House #1	Address	Primary Residence Y__N__	Purchase Price	Market Value
House #2	Address	Second Home Y__N__ Rental Home Y__N__	Purchase Price	Market Value
Auto #1	Make/Model/Year	License Plate #	Purchase Price	Market Value
Auto #2	Make/Model/Year	License Plate #	Purchase Price	Market Value
			Purchase Price	Market Value
			Purchase Price	Market Value
			Purchase Price	Market Value

**FINANCIAL ASSETS**

List bank accounts, Stocks, Bonds, Mutual Funds, CD's, 401K, Traditional IRA, Roth IRA, Retirement Pension, Social Security Income, Life Insurance, Other Income

Type of Asset	Account #	Organization Name, Address, Telephone, Website	ID & Password	Market Value

**LIABILITIES**

Type	Account #	Organization Name , Address, Telephone, Website	ID & Password	Balance Owed
<b>ASSETS – LIABILITIES = NET WORTH</b>				

**INSURANCE**

Primary Health Insurance	Address and Telephone Number	Group#	ID#	ID and Password
Secondary Health Insurance	Address and Telephone Number	Group#	ID#	ID and Password
Location of Medical Records	Organ Donor? Y__ N__			
Long Term Care Insurance	Address and Telephone Number	Group#	ID#	ID and Password

# FOR SURVIVORS

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Emergency Contact Information		* (Do Not Necessitate or Physicians Order's, end of life wishes)		
Will	Y__N__	Location of Will	Advanced Care Directive	Y__N__
			DNR or POLST*	Y__N__
			Cremation: Authorization for Disposition?	Y__N__
Executor Name		Address		Telephone
POA Name		Address		Telephone
Trust	Y__N__	Location	Trustee Name	Address
			Trustee Name	Address
			Trustee Name	Address
Life Insurance	Y__N__	Location of Policy	Address	Telephone
Military Benefits	Y__N__	Agency Information	Address	Telephone
Discharge Papers		Location		
Safety Deposit Box	Information	List of contents location	Box #	Location of Key(s)
Location of:	Property Deeds	Vehicle Titles	Tax Return Files	

**TO DO LIST** 1) Make initial arrangements and decisions 2) Notifications 3) Collect documents 4) Financial obligations 5) Settle estate

## Initial Arrangements and Decisions

<input type="checkbox"/> Doctor/Coroner (Date/Time of death)	<input type="checkbox"/> burial location, casket, vault, crypt, clothing
<input type="checkbox"/> Death certificate info: Order Several from Funeral Director	<input type="checkbox"/> cremation <input type="checkbox"/> Authorization for Cremation
<input type="checkbox"/> Recent photo	<input type="checkbox"/> clergy for ceremony <input type="checkbox"/> information for eulogy
<input type="checkbox"/> # years a resident of this state? <input type="checkbox"/> At current address?	<input type="checkbox"/> service type, time, location
<input type="checkbox"/> Last employment title	<input type="checkbox"/> music
<input type="checkbox"/> # years of education	<input type="checkbox"/> scripture/program selection
<input type="checkbox"/> is there a will?	<input type="checkbox"/> flowers
<input type="checkbox"/> special requests in will?	<input type="checkbox"/> pallbearers
<input type="checkbox"/> notify family	<input type="checkbox"/> family transportation and lodging

## Notifications

<input type="checkbox"/> Funeral director	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Cemetery	<input type="checkbox"/> Attorney
<input type="checkbox"/> Relatives, friends and community	<input type="checkbox"/> Accountant <input type="checkbox"/> Stop automatic payments
<input type="checkbox"/> Employer	<input type="checkbox"/> Insurance Agent
<input type="checkbox"/> Executor of Will or Trust	<input type="checkbox"/> Veteran's Organization (may also be a burial benefit)
<input type="checkbox"/> Social Security	<input type="checkbox"/> Civic Groups (if member)

## Collect Documents

<input type="checkbox"/> Will or Trust (original if available)	<input type="checkbox"/> Life Insurance Policies
<input type="checkbox"/> Tangible Personal Property List (for gifts of personal property)	<input type="checkbox"/> Property Deeds
<input type="checkbox"/> Spouse Death Certificate (if applicable)	<input type="checkbox"/> Vehicle Titles
<input type="checkbox"/> Driver's License/Social Security Card	<input type="checkbox"/> Income Tax Returns and Files
<input type="checkbox"/> Birth Certificate (or Citizenship papers)	<input type="checkbox"/> Safety Deposit Box Contents

## Settle Estate

<input type="checkbox"/> Contact Attorney	<input type="checkbox"/> If TRUST and WILL, avoid probate, Executor distributes per details
<input type="checkbox"/> Notify Executor	<input type="checkbox"/> Executor s pays all bills, estate taxes
<input type="checkbox"/> Make final list of all assets and liabilities	<input type="checkbox"/> Final accounting will be required
<input type="checkbox"/> If WILL, file with court, estate distributed per Will	<input type="checkbox"/> Due any Inheritance?
<input type="checkbox"/> If NO WILL, file with court for probate proceedings	<input type="checkbox"/> Final settlement of estate (date) _____