

My Life and Estate Organizational Profile



I have prepared this document for my loves ones, beneficiaries and those who will assist in the disposition of my estate, I hope it provides clarity in what may be a time of sorrow and confusion.

Document Dated Date:				
My Life and Estate by:				
Spouse:				
Marriage Date:				
Current Residence:				
	Own		Rent	

FAMILY

	Date of Birth	Social Security #
Name:		
Drivers License # and State:		
Passport:		
Spouse		
Drivers License # and State:		
Passport:		

CHILDREN AND DEPENDENTS

	Date of Birth	Social Security #

CONTACT INFORMATION

	MY NAME	SPOUSE NAME
Cell		
Home		
Work		
Other		

EMERGENCY CONTACTS

Name		Phone:	
Address:		Relationship:	
Name		Phone:	
Address:		Relationship:	
Name		Phone:	
Address:		Relationship:	
Name		Phone:	
Address:		Relationship:	

ADVISOR AND PROFESSIONAL CONTACTS

Below is a list of all my Financial and Professional Contacts. These are people that I trusted to help and advise me. I have provided their contact information in hope that they will advise and comfort you while settling my affairs and possibly on additional matters in the future.

FINANCIAL PROFESSIONAL

Company Name:					
Advisor:					
Address:					
Phone:		Ext.		Fax:	
Email:					
Notes:					

ESTATE ATTORNEY

Company Name:					
Attorney:					
Address:					
Phone:		Ext.		Fax:	
Email:					
Notes:					

CPA / ACCOUNTANT

Company Name:					
Contact:					
Address:					
Phone:		Ext.		Fax:	
Email:					
Notes:					

IRA / RETIREMENT PLAN ADMINISTATOR

Company Name:					
Contact:					
Address:					
Phone:		Ext.		Fax:	
Email:					
Notes:					

INSURANCE / PROPERTY AND CASUAL

Company Name:					
Contact:					
Address:					
Phone:		Ext.		Fax:	
Email:					
Notes:					

OTHER PROFESSIONAL

Company Name:					
Contact:					
Address:					
Phone:		Ext.		Fax:	
Email:					
Notes:					

OTHER PROFESSIONAL

Company Name:					
Contact:					
Address:					
Phone:		Ext.		Fax:	
Email:					
Notes:					

SOURCES OF INCOME

This is a list of various income streams I am receiving. I have noted the ones that have a survivor benefit feature.

EMPLOYER/FORMER EMPLOYER

Name:					
Employer:					
Address:					
Phone:		Fax:			
Occupation:					
Hire Date:		Termination Date:			
Gross Salary \$:		Bonus \$:		Other:	

Name:					
Employer:					
Address:					
Phone:		Fax:			
Occupation:					
Hire Date:		Termination Date:			
Gross Salary:		Bonus:		Other:	

SOCIAL SECURITY

Name:					
Current Monthly Benefit Amount \$:					
Local SS Office Address:					
Local SS Office Contact:					
Is payment Direct Deposited?	Yes		No		
Bank Name:					
Account Number:					

Name:					
Current Monthly Benefit Amount \$:					
Local SS Office Address:					
Local SS Office Contact:					
Is payment Direct Deposited?	Yes		No		
Bank Name:					
Account Number:					

EMPLOYER PENSION

Traditional pensions, known as defined benefit plans guarantee a certain level of income for the rest of your life. Benefit amounts are calculated based on your term of service and level of compensation.

Name:							
Employer Name:							
Plan ID:							
Plan Sponsor Name:							
Co/Sponsor Contact:					Phone:		
Benefit Election:	Lump Sum		Life Time		Spousal		Other
Benefit Amount \$					Monthly		Annually
Is payment Direct Deposited?			Yes		No		
Bank Name:							
Account Number:							
Notes:							

Name:							
Employer Name:							
Plan ID:							
Plan Sponsor Name:							
Co/Sponsor Contact:					Phone:		
Benefit Election:	Lump Sum		Life Time		Spousal		Other
Benefit Amount \$					Monthly		Annually
Is payment Direct Deposited?			Yes		No		
Bank Name:							
Account Number:							
Notes:							

DEFERRED COMPENSATION

Details of any deferred compensation plans

Name:						
Company Owning Deferred Compensation:						
Company Contact:						
Amount in Deferred Compensation \$					Vested Percentage:	
Payable:	Upon My Death		Upon Retirement:		When Reaching Age:	
Is payment Direct Deposited?			Yes		No	
Bank Name:						
Account Number:						

Name:						
Company Owning Deferred Compensation:						
Company Contact:						
Amount in Deferred Compensation \$					Vested Percentage:	
Payable:	Upon My Death		Upon Retirement:		When Reaching Age:	
Is payment Direct Deposited?			Yes		No	
Bank Name:						
Account Number:						

STOCK OPTIONS

Gives the buyer the right to buy or sell a stock at an agreed upon price within a certain period of time or on a specific date.

Name:					
Company Issuing Options:					
Address:					
Company Contact:				Phone:	
Number of Stock Options:			100 % Vested:		Unvested as of:
Grant Date:		Exercise Price \$			
Expiration Date:		Vesting Period:		Exercise Period:	
Certificates/Documents are located:					

Name:					
Company Issuing Options:					
Address:					
Company Contact:				Phone:	
Number of Stock Options:			100 % Vested:		Unvested as of:
Grant Date:		Exercise Price \$			
Expiration Date:		Vesting Period:		Exercise Period:	
Certificates/Documents are located:					

BANK ACCOUNTS AND INVESTMENTS

Titling of Assets is very important. It is important to review with your financial professional and tax advisor how your assets are titled. Are they titled in a manner that will allow the assets to transfer in the manner you want? Are your beneficiaries and contingent beneficiaries updated on your retirement plans, ira's and insurance policies.

BANK AND INVESTMENT ASSETS

BANK ACCOUNT(S)				
Name of Bank / Institution:				
Address:				
Phone:				
Account Title:				
Type of Account	Checking		Savings/Money Market	
	CD		Other	
Account Number:				
Notes:				

Name of Bank / Institution:				
Address:				
Phone:				
Account Title:				
Type of Account	Checking		Savings/Money Market	
	CD		Other	
Account Number:				
Notes:				

Name of Bank / Institution:				
Address:				
Phone:				
Account Title:				
Type of Account	Checking		Savings/Money Market	
	CD		Other	
Account Number:				
Notes:				

SAFE DEPOSIT

Location of Safe Deposit:

Address:

Who/How to access:

Information kept in safe:

Notes:

HOME SAFE DEPOSIT

Location of Safe Deposit:

Combination/Key:

Location of Key:

Information kept in safe:

Notes:

ELECTRONIC SAFE DEPOSITORY

Web Address of Depository

Username / Password

Information kept in safe:

Notes:

QUALIFIED PLAN ACCOUNTS

Type of Plan	401K		Profit Sharing		ESOP	
	Pension		Other			
Name/Title:						
Employer Name:						
Plan Sponsor Name:						
Sponsor Contact:					Phone:	
Account Balance:			as of:			
Account Number:						
Primary Beneficiary:						
Contingent Beneficiary:						

Type of Plan	401K		Profit Sharing		ESOP	
	Pension		Other			
Name/Title:						
Employer Name:						
Plan Sponsor Name:						
Sponsor Contact:					Phone:	
Account Balance:			as of:			
Account Number:						
Primary Beneficiary:						
Contingent Beneficiary:						

IRA / QUALIFIED ACCOUNTS

Type of Account:	Traditional IRA:		Rollover		Spousal	
	Roth		SEP		Simple	
Name/Title:						
Investment/Sponsor Name:						
Account Balance:			as of:			
Account Number:						
Primary Beneficiary:						
Contingent Beneficiary:						
Plan Custodian/ Rep Name:						

IRA / QUALIFIED ACCOUNTS, continued

Type of Account:	Traditional IRA:			Rollover		Spousal	
	Roth		SEP		Simple		
Name/Title:							
Investment/Sponsor Name:							
Account Balance:				as of:			
Account Number:							
Primary Beneficiary:							
Contingent Beneficiary:							
Plan Custodian/ Rep Name:							

Type of Account:	Traditional IRA:			Rollover		Spousal	
	Roth		SEP		Simple		
Name/Title:							
Investment/Sponsor Name:							
Account Balance:				as of:			
Account Number:							
Primary Beneficiary:							
Contingent Beneficiary:							
Plan Custodian/ Rep Name:							

Type of Account:	Traditional IRA:			Rollover		Spousal	
	Roth		SEP		Simple		
Name/Title:							
Investment/Sponsor Name:							
Account Balance:				as of:			
Account Number:							
Primary Beneficiary:							
Contingent Beneficiary:							
Plan Custodian/ Rep Name:							

MUTUAL FUND ACCOUNTS

Name/Title:								
Registration	Indiv		Joint		Trust		TOD	
	Other							
Company/Investment Firm:								
Rep Name:					Phone:			
Account Balance:				as of:				
Account Number:								

Name/Title:								
Registration	Indiv		Joint		Trust		TOD	
	Other							
Company/Investment Firm:								
Rep Name:					Phone:			
Account Balance:				as of:				
Account Number:								

Name/Title:								
Registration	Indiv		Joint		Trust		TOD	
	Other							
Company/Investment Firm:								
Rep Name:					Phone:			
Account Balance:				as of:				
Account Number:								

Name/Title:								
Registration	Indiv		Joint		Trust		TOD	
	Other							
Company/Investment Firm:								
Rep Name:					Phone:			
Account Balance:				as of:				
Account Number:								

Name/Title:								
Registration	Indiv		Joint		Trust		TOD	
	Other							
Company/Investment Firm:								
Rep Name:					Phone:			
Account Balance:				as of:				
Account Number:								

MUTUAL FUND ACCOUNTS, continued

Name/Title:								
Registration	Indiv		Joint		Trust		TOD	
	Other							
Company/Investment Firm:								
Rep Name:					Phone:			
Account Balance:				as of:				
Account Number:								

Name/Title:								
Registration	Indiv		Joint		Trust		TOD	
	Other							
Company/Investment Firm:								
Rep Name:					Phone:			
Account Balance:				as of:				
Account Number:								

Name/Title:								
Registration	Indiv		Joint		Trust		TOD	
	Other							
Company/Investment Firm:								
Rep Name:					Phone:			
Account Balance:				as of:				
Account Number:								

Name/Title:								
Registration	Indiv		Joint		Trust		TOD	
	Other							
Company/Investment Firm:								
Rep Name:					Phone:			
Account Balance:				as of:				
Account Number:								

CUSTODIAL ACCOUNTS

Type of Account:	Custodial/UTMA:		529 Plan		Minor's Trust	
	Other					
Name/Title:						
For the Benefit of:				Acct #		
Company/Investment Firm:						
Account Balance:			as of:			
Contact/Rep Name:				Phone:		

Type of Account:	Custodial/UTMA:		529 Plan		Minor's Trust	
	Other					
Name/Title:						
For the Benefit of:				Acct #		
Company/Investment Firm:						
Account Balance:			as of:			
Contact/Rep Name:				Phone:		

Type of Account:	Custodial/UTMA:		529 Plan		Minor's Trust	
	Other					
Name/Title:						
For the Benefit of:				Acct #		
Company/Investment Firm:						
Account Balance:			as of:			
Contact/Rep Name:				Phone:		

Type of Account:	Custodial/UTMA:		529 Plan		Minor's Trust	
	Other					
Name/Title:						
For the Benefit of:				Acct #		
Company/Investment Firm:						
Account Balance:			as of:			
Contact/Rep Name:				Phone:		

ANNUITIES

Annuity Company:			
Type of Annuity:		Contract Number:	
Owner Name:		Annuitant Name:	
Death Benefit \$		Add'l Riders:	
Rep Name:		Phone:	
Beneficiary Name(s)			
Contingent Beneficiary Name(s)			

Annuity Company:			
Type of Annuity:		Contract Number:	
Owner Name:		Annuitant Name:	
Death Benefit \$		Add'l Riders:	
Rep Name:		Phone:	
Beneficiary Name(s)			
Contingent Beneficiary Name(s)			

Annuity Company:			
Type of Annuity:		Contract Number:	
Owner Name:		Annuitant Name:	
Death Benefit \$		Add'l Riders:	
Rep Name:		Phone:	
Beneficiary Name(s)			
Contingent Beneficiary Name(s)			

Annuity Company:			
Type of Annuity:		Contract Number:	
Owner Name:		Annuitant Name:	
Death Benefit \$		Add'l Riders:	
Rep Name:		Phone:	
Beneficiary Name(s)			
Contingent Beneficiary Name(s)			

INDIVIDUAL STOCKS

Name/Title:						
Company Name:						
Shares held in:	Stock Certificate:		Statement/Book Entry:		Other	
Number of Shares:				Certificate/Account Number:		

Name/Title:						
Company Name:						
Shares held in:	Stock Certificate:		Statement/Book Entry:		Other	
Number of Shares:				Certificate/Account Number:		

Name/Title:						
Company Name:						
Shares held in:	Stock Certificate:		Statement/Book Entry:		Other	
Number of Shares:				Certificate/Account Number:		

Name/Title:						
Company Name:						
Shares held in:	Stock Certificate:		Statement/Book Entry:		Other	
Number of Shares:				Certificate/Account Number:		

INDIVIDUAL BONDS

Name/Title:							
Type of Bond:	Corporate		State Government		Municipal		
	Federal		Other				
Company / Issuer:							
Address:							
Contact/Rep Name:				Phone:			
Amount of Bond \$			Interest Rate %		Number of Bonds		
Maturity Date:			Certificate/Account Number:				
Bonds held in:	Certificate:		Statement/Book Entry:		Other		

Name/Title:							
Type of Bond:	Corporate		State Government		Municipal		
	Federal		Other				
Company / Issuer:							
Address:							
Contact/Rep Name:				Phone:			
Amount of Bond \$			Interest Rate %		Number of Bonds		
Maturity Date:			Certificate/Account Number:				
Bonds held in:	Certificate:		Statement/Book Entry:		Other		

Name/Title:							
Type of Bond:	Corporate		State Government		Municipal		
	Federal		Other				
Company / Issuer:							
Address:							
Contact/Rep Name:				Phone:			
Amount of Bond \$			Interest Rate %		Number of Bonds		
Maturity Date:			Certificate/Account Number:				
Bonds held in:	Certificate:		Statement/Book Entry:		Other		

BANKING AND INVESTMENT NOTES:

REAL ESTATE/PROPERTY

A listing of all of my property and real estate holdings, including residential (first and/or second home), commercial investment property, time shares, automobiles, motorcycles, boats. List other valuable assets, antiques, art, jewelry.

REAL ESTATE

Type of Property:	Personal Residence		Commercial	
	Rental		Other	
Owner(s) / Title:				
Address:				
Estimated Current Value \$		Estimated Mortgage \$		
Monthly Mtg Payment \$		Years Remaining on mtg		
Mortgage Company:				
Address:				
Contact Name:		Phone:		
Notes:				

Type of Property:	Personal Residence		Commercial	
	Rental		Other	
Owner(s) / Title:				
Address:				
Estimated Current Value \$		Estimated Mortgage \$		
Monthly Mtg Payment \$		Years Remaining on mtg		
Mortgage Company:				
Address:				
Contact Name:		Phone:		
Notes:				

Type of Property:	Personal Residence		Commercial	
	Rental		Other	
Owner(s) / Title:				
Address:				
Estimated Current Value \$		Estimated Mortgage \$		
Monthly Mtg Payment \$		Years Remaining on mtg		
Mortgage Company:				
Address:				
Contact Name:		Phone:		
Notes:				

AUTOMOBILES/BOATS/MOTORCYCLES

Automobile		Motorcycle		Boat		Other	
Make/Model/Year							
Owner(s) / Title:							
Estimated Current Value \$				Monthly Payment \$			
Estimated Loan Amt \$				Payoff Date:			
Institution Holding the Loan:							
Address:							
Contact Name:				Phone:			
Insured held with:							
Contact Name:				Phone:			
Notes:							

Automobile		Motorcycle		Boat		Other	
Make/Model/Year							
Owner(s) / Title:							
Estimated Current Value \$				Monthly Payment \$			
Estimated Loan Amt \$				Payoff Date:			
Institution Holding the Loan:							
Address:							
Contact Name:				Phone:			
Insured held with:							
Contact Name:				Phone:			
Notes:							

Automobile		Motorcycle		Boat		Other	
Make/Model/Year							
Owner(s) / Title:							
Estimated Current Value \$				Monthly Payment \$			
Estimated Loan Amt \$				Payoff Date:			
Institution Holding the Loan:							
Address:							
Contact Name:				Phone:			
Insured held with:							
Contact Name:				Phone:			
Notes:							

Automobile		Motorcycle		Boat		Other	
Make/Model/Year							
Owner(s) / Title:							
Estimated Current Value \$				Monthly Payment \$			
Estimated Loan Amt \$				Payoff Date:			
Institution Holding the Loan:							
Address:							
Contact Name:				Phone:			
Insured held with:							
Contact Name:				Phone:			
Notes:							

OTHER VALUABLE ASSETS

Asset Description:			
Owner(s):			
Estimated Value \$		Asset is collateral for:	
Location of Asset:			
Notes:			

Asset Description:			
Owner(s):			
Estimated Value \$		Asset is collateral for:	
Location of Asset:			
Notes:			

Asset Description:			
Owner(s):			
Estimated Value \$		Asset is collateral for:	
Location of Asset:			
Notes:			

Asset Description:			
Owner(s):			
Estimated Value \$		Asset is collateral for:	
Location of Asset:			
Notes:			

NET WORTH

The following is a net worth profile - include all income, assets, and liabilities.

Balances/Values Updated on date:

CURRENT ANNUAL INCOME		
Description	Name	Annual Amount
Salary:		
Salary:		
Social Security Income:		
Social Security Income:		
Pension:		
Dividends/Interest:		
Rental Income after Expenses:		
Trust Income:		
Annuity Income:		
Other:		
Other:		

TOTAL ANNUAL INCOME

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INVESTMENT ASSETS		LIABILITIES	
Checking		Mortgage Loans	
Savings		2nd Mortgage	
Money Market		Auto Loan	
CDs (1) Mat. Date		Auto Loan	
(2) Mat. Date		Credit Card(s)	
Stocks		Student Loan	
Bonds		Misc. Debt	
		Other	
Mutual Funds			
Qualified Plans (Name)			
Qualified Plans (Name)			
Qualified Plans (Name)		TOTAL LIABILITIES	
IRA Assets - Name			
IRA Assets - Name			
Annuities			
Life Insurance (Cash Value)			
REITs			
Limited Partnerships			
OTHER ASSETS			
Personal Residence(s)			
Auto 1			
Auto 2			
Auto 3			
Antiques/Furniture			
Other			
Other			
TOTAL ASSETS			

NET WORTH	
Total Assets	
Total Liabilities	
NET WORTH	

PERSONAL DEBT

A listing of all loans, lines of credit, leases and debts

PERSONAL DEBT

Type of Debt:			
Name(s) listed on the debt:			
Creditor Name:			
Address:			
Contact Name:		Phone:	
Full Loan Amount \$		Monthly Payment \$	
Estimated Payoff Date:			
Collateral:			
Notes:			

Type of Debt:			
Name(s) listed on the debt:			
Creditor Name:			
Address:			
Contact Name:		Phone:	
Full Loan Amount \$		Monthly Payment \$	
Estimated Payoff Date:			
Collateral:			
Notes:			

Type of Debt:			
Name(s) listed on the debt:			
Creditor Name:			
Address:			
Contact Name:		Phone:	
Full Loan Amount \$		Monthly Payment \$	
Estimated Payoff Date:			
Collateral:			
Notes:			

CREDIT/DEBIT CARDS

Card Type:	Visa		Master Card		Amer Express		Other	
Name(s) on the account:								
Bank or Financial Institution:								
Account Number:					Customer Service #			
Approximate Balance \$					Payment Method:			
Notes:								

Card Type:	Visa		Master Card		Amer Express		Other	
Name(s) on the account:								
Bank or Financial Institution:								
Account Number:					Customer Service #			
Approximate Balance \$					Payment Method:			
Notes:								

Card Type:	Visa		Master Card		Amer Express		Other	
Name(s) on the account:								
Bank or Financial Institution:								
Account Number:					Customer Service #			
Approximate Balance \$					Payment Method:			
Notes:								

Card Type:	Visa		Master Card		Amer Express		Other	
Name(s) on the account:								
Bank or Financial Institution:								
Account Number:					Customer Service #			
Approximate Balance \$					Payment Method:			
Notes:								

Card Type:	Visa		Master Card		Amer Express		Other	
Name(s) on the account:								
Bank or Financial Institution:								
Account Number:					Customer Service #			
Approximate Balance \$					Payment Method:			
Notes:								

OTHER OBLIGATIONS/ GUARANTEES

Description of Obligation:			
Responsible Party Name(s):			
Amount Due \$		Payment Method:	
Contact Name:		Phone:	

Description of Obligation:			
Responsible Party Name(s):			
Amount Due \$		Payment Method:	
Contact Name:		Phone:	

Description of Obligation:			
Responsible Party Name(s):			
Amount Due \$		Payment Method:	
Contact Name:		Phone:	

LEASES

Description:				
Responsible Party Name(s):				
Lessor Name:		Phone:		
Address:				
Payment \$		Payment Method:		
Do you have something in place (i.e. life insurance, etc.) to cover the debt listed above?	Yes		No	
Notes:				

Description:				
Responsible Party Name(s):				
Lessor Name:		Phone:		
Address:				
Payment \$		Payment Method:		
Do you have something in place (i.e. life insurance, etc.) to cover the debt listed above?	Yes		No	
Notes:				

INSURANCE SUMMARY

List all insurance policies (in-force) for Life, Disability, Long Term Care. Other insurance policies that cover auto, home, boat, umbrella, Jewelry/Art, other.

LIFE/TERM POLICIES

Type of Policy:					
Insurance Company:					
Address:					
Contact:				Phone:	
Insured:				Policy Number:	
Face Amt \$		Annual Premium \$		Cash Value \$	
Beneficiary Name(s)					
Contingent Beneficiary Name(s)					
Notes:					

Type of Policy:					
Insurance Company:					
Address:					
Contact:				Phone:	
Insured:				Policy Number:	
Face Amt \$		Annual Premium \$		Cash Value \$	
Beneficiary Name(s)					
Contingent Beneficiary Name(s)					
Notes:					

Type of Policy:					
Insurance Company:					
Address:					
Contact:				Phone:	
Insured:				Policy Number:	
Face Amt \$		Annual Premium \$		Cash Value \$	
Beneficiary Name(s)					
Contingent Beneficiary Name(s)					
Notes:					

Type of Policy:						
Insurance Company:						
Address:						
Contact:				Phone:		
Insured:			Policy Number:			
Face Amt \$			Annual Premium \$			Cash Value \$
Beneficiary Name(s)						
Contingent Beneficiary Name(s)						
Notes:						

DISABILITY POLICIES

Type of Policy:			
Insurance Company:			
Address:			
Contact:		Phone:	
Insured:		Policy Number:	
Monthly Benefit \$		Premiums Paid by?	
Premium Frequency		Waiting Period	
Notes:			

Type of Policy:			
Insurance Company:			
Address:			
Contact:		Phone:	
Insured:		Policy Number:	
Monthly Benefit \$		Premiums Paid by?	
Premium Frequency		Waiting Period	
Notes:			

LONG TERM CARE POLICIES

Type of Policy:						
Insurance Company:						
Address:						
Contact:				Phone:		
Insured:			Policy Number:			
Daily Benefit \$		Inflation Rider:	Yes		No	
Premium Frequency			Waiting Period			
Benefit Period Years			At Home Benefit %			
Notes:						

Type of Policy:						
Insurance Company:						
Address:						
Contact:				Phone:		
Insured:			Policy Number:			
Daily Benefit \$		Inflation Rider:	Yes		No	
Premium Frequency			Waiting Period			
Benefit Period Years			At Home Benefit %			
Notes:						

HOMEOWNERS POLICIES

Insurance Company:						
Address:						
Agent Name:		Phone:				
Coverage On Property Address:						
Policy Number:		Deductible \$				
Annual Premium \$		Premium Frequency				
Limited Liability \$		Replacement Value:	Yes		No	
Notes:						

Insurance Company:						
Address:						
Agent Name:		Phone:				
Coverage On Property Address:						
Policy Number:		Deductible \$				
Annual Premium \$		Premium Frequency				
Limited Liability \$		Replacement Value:	Yes		No	
Notes:						

AUTO / OTHER POLICIES

Insurance Company:			
Address:			
Agent Name:		Phone:	
Coverage On:			
Policy Number:		Deductible \$	
Annual Premium \$		Premium Frequency	
Notes:			

Insurance Company:			
Address:			
Agent Name:		Phone:	
Coverage On:			
Policy Number:		Deductible \$	
Annual Premium \$		Premium Frequency	
Notes:			

Insurance Company:			
Address:			
Agent Name:		Phone:	
Coverage On:			
Policy Number:		Deductible \$	
Annual Premium \$		Premium Frequency	
Notes:			

Insurance Company:			
Address:			
Agent Name:		Phone:	
Coverage On:			
Policy Number:		Deductible \$	
Annual Premium \$		Premium Frequency	
Notes:			

Any additional information regarding Insurance that may be important to my family and advisors.

NOTES

MEDICAL / HEALTH

List all medical professionals, vision, dental. A list of all health insurance coverage.
Medications and health history.

MEDICAL PROFESSIONAL

Company/Practice Name:			
Doctor Name:		Patient Name:	
Address:			
Phone:		Type of Practice/Specialty:	
Notes:			

Company/Practice Name:			
Doctor Name:		Patient Name:	
Address:			
Phone:		Type of Practice/Specialty:	
Notes:			

Company/Practice Name:			
Doctor Name:		Patient Name:	
Address:			
Phone:		Type of Practice/Specialty:	
Notes:			

Company/Practice Name:			
Doctor Name:		Patient Name:	
Address:			
Phone:		Type of Practice/Specialty:	
Notes:			

DENTIST

Company/Practice Name:			
Dentist Name:		Patient Name:	
Address:			
Phone:			
Notes:			

Company/Practice Name:			
Dentist Name:		Patient Name:	
Address:			
Phone:			
Notes:			

VISION

Company/Practice Name:			
Doctor Name:		Patient Name:	
Address:			
Phone:		Type of Practice/Specialty:	
Notes:			

Company/Practice Name:			
Doctor Name:		Patient Name:	
Address:			
Phone:		Type of Practice/Specialty:	
Notes:			

HEALTH COVERAGE

Insurance Carrier:						
Address:						
Type of Coverage:						
Contact:				Phone:		
Insured:			Policy Number /ID:			
Annual Premium \$		Payment Frequency		Paid by?		
Notes:						

Insurance Carrier:						
Address:						
Type of Coverage:						
Contact:				Phone:		
Insured:			Policy Number /ID:			
Annual Premium \$		Payment Frequency		Paid by?		
Notes:						

Insurance Carrier:						
Address:						
Type of Coverage:						
Contact:				Phone:		
Insured:			Policy Number /ID:			
Annual Premium \$		Payment Frequency		Paid by?		
Notes:						

Insurance Carrier:						
Address:						
Type of Coverage:						
Contact:				Phone:		
Insured:			Policy Number /ID:			
Annual Premium \$		Payment Frequency		Paid by?		
Notes:						

MEDICARE INSURANCE AND PRESCRIPTION DRUG COVERAGE

Insurance Carrier:						
Type of Medicare Plan:						
Type of Coverage:	Part A		Part B		Part D	some people have both plans
Contact:					Phone:	
Insured:				Policy Number /ID:		
Annual Premium \$			Payment Frequency			
Do You Have Medigap Ins?		Yes		No		
Insurance Carrier:						
Contact:					Phone:	
Policy Number/ID:						
Notes:						

Insurance Carrier:						
Type of Medicare Plan:						
Type of Coverage:	Part A		Part B		Part D	some people have both plans
Contact:					Phone:	
Insured:				Policy Number /ID:		
Annual Premium \$			Payment Frequency			
Do You Have Medigap Ins?		Yes		No		
Insurance Carrier:						
Contact:					Phone:	
Policy Number/ID:						
Notes:						

HEALTH INFORMATION AND HISTORY

Medical History for (Name):			
Type of Surgery:		Date:	
Type of Surgery:		Date:	
Diagnosed/treated for the following conditions:			
Allergies to any medications:			
Notes:			

Medical History for (Name):			
Type of Surgery:		Date:	
Type of Surgery:		Date:	
Diagnosed/treated for the following conditions:			
Allergies to any medications:			
Notes:			

ORGAN DONATIONS

I _____ wish to be an organ donor:	Yes		No	
I am listed with my state organ donation registry:	Yes		No	
The following are my wishes for organ donation:				
I _____ wish to be an organ donor:	Yes		No	
I am listed with my state organ donation registry:	Yes		No	
The following are my wishes for organ donation:				

MEDICATIONS / PERSCRIPTION DRUGS

Name	Description of Medication	When/How much	Doctor

In the event of my incapacity, the following is additional information that I think is important for my family and advisors.

MILITARY RETIREMENT BENEFITS

Fill out this section if you are receiving Military Pension Benefits

Current Monthly Benefit Amount \$:							
Branch of Service:					Dates of Service:		
Local Benefits Office Address							
Benefits Contact Number:							
Is payment Direct Deposited?	Yes		No				
Bank Name:							
Account Number:							

I have a Survivor Benefit Plan:	Yes		No				
Current Monthly Benefit Amount \$:							
Branch of Service:					Dates of Service:		
Local Benefits Office Address							
Benefits Contact Number:							
Is payment Direct Deposited?	Yes		No				
Bank Name:							
Account Number:							

OTHER MILITARY BENEFITS

List any other Veterans or Military Benefits you are receiving.

Type of Benefit:							
Current Monthly Benefit Amount \$:							
Branch of Service:					Dates of Service:		

ESTATE

A list of all wills, trusts, power of attorney, and any other legal documents.

WILLS AND TRUSTS

I have a Last Will and Testament:	Name:	
Date Signed:	Attorney Drafted:	

I have a Last Will and Testament:	Name:	
Date Signed:	Attorney Drafted:	

I have a Living Will:	Name:	
Date Signed:	Person Authorized:	

I have a Living Will:	Name:	
Date Signed:	Person Authorized:	

Name of Trust:		
Trustee:		
Successor Trustee:		
Date Signed:	Attorney Drafted:	

Name of Trust:		
Trustee:		
Successor Trustee:		
Date Signed:	Attorney Drafted:	

I have a signed Power of Attorney:			
Date Signed:		Attorney Drafted:	
Person Authorized:			
Type of Authority:			

I have a signed Power of Attorney:			
Date Signed:		Attorney Drafted:	
Person Authorized:			
Type of Authority:			

Other:			
Date Signed:		Attorney Drafted:	
Person Authorized:			
Type of Authority:			

Other:			
Date Signed:		Attorney Drafted:	
Person Authorized:			
Type of Authority:			

MISC KEY CONTACTS

List any services or professionals that you use to perform routine or other services. Lawn Service, Plumbers, Electricians, etc.

Service or Professional	
-------------------------	--

Address/Location	
------------------	--

Contact Information	
---------------------	--

Briefly describe how/when this service is used:

Service or Professional	
-------------------------	--

Address/Location	
------------------	--

Contact Information	
---------------------	--

Briefly describe how/when this service is used:

Service or Professional	
-------------------------	--

Address/Location	
------------------	--

Contact Information	
---------------------	--

Briefly describe how/when this service is used:

Service or Professional	
-------------------------	--

Address/Location	
------------------	--

Contact Information	
---------------------	--

Briefly describe how/when this service is used:

Service or Professional	
-------------------------	--

Address/Location	
------------------	--

Contact Information	
---------------------	--

Briefly describe how/when this service is used:

FUNERAL ARRANGEMENTS

Funeral arrangements and final requests.

FUNERAL ARRANGEMENTS

Arrangements for:

I have

I have not

Prepaid my burial costs

I do

I do not

Wish to be cremated

My final wishes are:

Funeral Home:

Location:

Cemetery:

Plot #

I would like the following to give my Eulogy:

In Lieu of flowers, I would like donations to:

I would like the following songs, poetry, etc.

Information can be found at:

Arrangements for:

I have

I have not

Prepaid my burial costs

I do

I do not

Wish to be cremated

My final wishes are:

Funeral Home:

Location:

Cemetery:

Plot #

I would like the following to give my Eulogy:

In Lieu of flowers, I would like donations to:

I would like the following songs, poetry, etc.

Information can be found at:

IMPARTING THOUGHTS

Name:

I believe the most important things in life are:

The most important things I have done in my life:

My hope that my family will use their inheritance from me to accomplish the following goals:

The values I would like to pass on:

How I would like to be remembered:

Name:

I believe the most important things in life are:

The most important things I have done in my life:

My hope that my family will use their inheritance from me to accomplish the following goals:

The values I would like to pass on:

How I would like to be remembered:

FAMILY HISTORY

My Family History

I was born in City/State:

My Parents are/were:

They resided at:

My Maternal Grandparents:

They resided at:

My Paternal Grandparents:

My brothers and sisters (including step and half siblings):

Name	Address	Phone

My Children are:

Name	Address	Phone

My Grandchildren are:

Name	Address	Phone

My Great Grandchildren are:		
Name	Address	Phone
I was adopted and my birth mother and father are:		
Information about my adoption can be found:		

My Great Grandchildren are:		
Name	Address	Phone
I was adopted and my birth mother and father are:		
Information about my adoption can be found:		

MY PETS

Pet Name:		Description:	
Veterinarian:		Phone:	
Kennel:		Phone:	
Groomer:		Phone:	
Medical Conditions:			
Food:			
Likes/Dislikes:			

Pet Name:		Description:	
Veterinarian:		Phone:	
Kennel:		Phone:	
Groomer:		Phone:	
Medical Conditions:			
Food:			
Likes/Dislikes:			

If I become incapacitated or die it is my desire that my pet(s) are taken care of by:

--

As a debt of my estate, I leave the following sum to provide for the care of my pets:

DOCUMENT LOCATION/WEBSITES/PASSWORDS

Where to locate important documents, account statements, insurance, titles, etc.

LOCATION OF IMPORTANT DOCUMENTS AND STATEMENTS

Type of Document	Location
Wills:	
Power of Attorney:	
Trust Documents:	
Living Will:	
Healthcare POA:	
Deed to House:	
Titles to Vehicle(s):	
Tax Documents:	
Bank Statements:	
Investments Accts:	
Pension Documents:	
401k:	
Individual Stock Certificates:	
Bond Certificates/Stmts:	
Social Security Statements:	
Insurance Policies:	
Auto and P&C:	
Medical:	
VA Documents/Benefits:	
Passport(s):	
Birth Certificates:	
Marriage Certificate:	

WEBSITES/PASSWORDS

The Password to my Computer:

Email Address:		Provider:	
UserName:		Password:	
Email Address:		Provider:	
UserName:		Password:	

Internet Provider:		Contact:	
UserName:		Password:	

ATM Card:		Pin:	
ATM Card:		Pin:	
ATM Card:		Pin:	
ATM Card:		Pin:	

Airline Frequent Flyer Acct:			
Acct #:		Pin	
Airline Frequent Flyer Acct:			
Acct #:		Pin	
Airline Frequent Flyer Acct:			
Acct #:		Pin	

Memberships -Golf, Gym, etc.			
Address:		Contact:	
Acct #:		Note:	

Memberships -Golf, Gym, etc.			
Address:		Contact:	
Acct #:		Note:	

Memberships -Golf, Gym, etc.			
Address:		Contact:	
Acct #:		Note:	

SPECIAL NEEDS FAMILY MEMBER

I have a special needs family member who I care for:

Name:					
Relationship:					
Disability:					
Primary Physician:		Phone:			
Has there been a trust set up for their care:	Yes		No		
Trust documents are located:					
I have been appointed Legal Guardian:	Yes		No		
I believe the following person should assume responsibility:					
I have entrusted detailed information on accounts I handle to:					
Attorney or any other person believed to have information regarding relevant care:					

