

My Lifetime Planner



Introduction



Your **Lifetime Planner** is designed to help you gather and organize important information about you and your family in a comprehensive format that is readily accessible.

Your **Lifetime Planner** is organized under the following categories:

- Personal Information
- Financial Information
- Medical Information
- Funeral Arrangements
- General Information

Completing this planner is a first step in developing your estate plan. It helps ensure that all your assets are accounted for and considered. An up-to-date inventory will prove invaluable to your surviving heirs, executors, trustees and advisors as your estate is settled.

This planner is also a useful reference when creating or updating your wealth management plan. It will help you step back and look at your overall financial situation and ensure you have considered all aspects of your financial affairs. It may also serve as a helpful resource to you in the event of emergency or natural disaster.

You should update this document whenever significant changes in your family's financial status occur. Due to the level of detail and personal information, be sure to keep the information secure by adding password protection to your electronic copy and storing any printed copies in a safe place. If you have any questions while using this document, please contact your advisor at Wellington Shields.

The information you provide for this planner does not supersede the information on your account statements, and/or trade confirmation, which are considered to be the official and accurate records of your account activity. The information you provide in this planner may not reflect all holdings or transactions, their cost, or proceeds in your account. Furthermore, if personal information on your account profile needs to be revised, please address this with your Financial Advisor. Please contact your Financial Advisor for further information.

Wellington Shields & Co. does not provide tax or legal advice. Be sure to consult with your own tax or legal advisors before taking any action that would have tax or legal implications.

Table of Contents

Part 1: Personal Data

Page 3

Part 1A: My Personal Data

General Information
Emergency Contacts
Travel Information
Employment Information
Employment Benefits

Medical Information
• Health Insurance
• Medicare
• Dental Insurance
• Vision Insurance

- Medical Allergies
- Medications and Dosage
- Medical Procedures
- Medical Issues
- Hospital Preference

Part 1B: Personal Data – My Spouse/Partner

General Information
Emergency Contacts
Travel Information
Employment Information
Employment Benefits

Medical Information
• Health Insurance
• Medicare
• Dental Insurance
• Vision Insurance

- Medical Allergies
- Medications and Dosage
- Medical Procedures
- Medical Issues
- Hospital Preference

Part 1C: Personal Data – Dependents

General Information
Travel Information

Medical Information
• Health Insurance
• Dental Insurance
• Vision Insurance

- Medical Allergies
- Medical Procedures
- Medical Issues
- Hospital Preference

Part 1D: Legal Documents Location

Part 2: Insurance

Page 25

Part 2A: My Insurance

Homeowner's Insurance
Life Insurance

Disability Insurance
Long-Term Care Insurance

Auto Insurance

Part 2A: Insurance – Spouse/Partner

Life Insurance
Disability Insurance

Long-Term Care Insurance
Auto Insurance

Part 3: Financial

Page 29

Financial Institution
Online Payments
Loans and Credit
Credit Cards

Money Owed to Me
Financial Assets
Stored Assets
Safety Deposit

Storage Unit
Loaned Assets
Real Estate Holding

Part 4: Funeral and Will

Page 38

Part 4A: My Funeral and Will

Funeral Preference
Pre-Planned Funeral

Funeral Expenses
Biographical Data

Will
Beneficiaries

Part 4B: Funeral and Will – Spouse/Partner

Funeral Preference
Pre-Planned Funeral

Funeral Expenses
Biographical Data

Will
Beneficiaries

Part 5: General Information

Page 46

Memberships / Subscriptions
Charities

Neighbors & Local Businesses
Professional Services

Additional Notes / Requests

Resources

Page 50

Glossary
Government Agencies

Part 1: Personal Data

Part 1A: My Personal Data			
My General Information			
Full Legal Name			
Known by Other Names			
Date of Birth		Social Security	
Place of Birth		Citizenship	
Home Phone		Mobile	
E-Mail Address			
Address			
My Emergency Contacts			
Name		Relationship	
Home Phone		Mobile	
E-Mail Address			
Address			
Name		Relationship	
Home Phone		Mobile	
E-Mail Address			
Address			
Name		Relationship	
Home Phone		Mobile	
E-Mail Address			
Address			
My Travel Information			
Driver's License Number		Expiration Date	
Passport Number		Expiration Date	
Passport Card Number		Expiration Date	
Global Entry/TSA Number		Expiration Date	
My Employment Information			
Employment Status	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired		
Employer Name			
Address			
My Direct Phone		Fax	
My E-Mail Address			
Manager Name		Phone	

Part 1A: My Personal Data, continued

My Employment Benefits

I have the following disability and/or death benefits where I work or have worked

Benefit	Notes
Retirement Plan	
Military Retirement Benefits	
Military Survivor Benefits	
Life Insurance	
Health Insurance	
Long-Term Care Insurance	
Disability Insurance	
Deferred Compensation	
Stock Ownership	
Flexible Spending Account	
Other	

My Medical Data

Health Insurance Information

Health Insurance Name		Phone Number	
Policy/ID Number		Group Number	
Primary Care Physician		PCP ID Number	
Phone		Fax	
Address			
Office Hours			
Referrals Required		Deductible	
		Co-Payment	
Medicare			
Medicare Number		Phone Number	
Policy/ID Number		Medigap Number	
Note			
Specialist			
Name		ID Number	
Phone		Fax	
Address			
Office Hours			
Referrals Required		Deductible	
		Co-Payment	

Part 1A: My Personal Data, continued**My Medical Data, continued**

Specialist				
Name		ID Number		
Phone		Fax		
Address				
Office Hours				
Referrals Required		Deductible		Co-Payment
Specialist				
Name		ID Number		
Phone		Fax		
Address				
Office Hours				
Referrals Required		Deductible		Co-Payment
Specialist				
Name		ID Number		
Phone		Fax		
Address				
Office Hours				
Referrals Required		Deductible		Co-Payment
Dental Insurance Information				
Dental Insurance Name		Phone Number		
Policy/ID Number		Group Number		
Dentist		ID Number		
Dentist Phone		Fax		
Address				
Office Hours				
Dentures, Bridge, etc.				
Vision Insurance Information				
Vision Insurance Name		Phone Number		
Policy/ID Number		Group Number		
Optometrist Name		ID Number		
Phone		Fax		
Address				
Office Hours				
Glasses, Contacts				

Part 1A: My Personal Data, continued

My Medical Data, continued

My Medical Allergies

Allergy	Reaction

My Medications and Dosage

Medicine Name	Purpose	Dosage	Prescribed By	Pharmacy

My Medical Procedures

Date	Procedure	Hospital	Doctor

My Medical Issues (i.e. high blood pressure, diabetes, headaches, hypothyroidism, etc.)

Part 1A: My Personal Data, continued

My Medical Data, continued

My Hospital Preference

Name	Address

NOTES:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Part 1B: Personal Data – My Spouse/Partner

General Information - Spouse/Partner

Full Legal Name			
Date of Birth		Social Security	
Place of Birth		Citizenship	
Home Phone		Mobile	
E-Mail Address			
Address			

Travel Information - Spouse/Partner

Driver's License Number		Expiration Date	
Passport Number		Expiration Date	
Passport Card Number		Expiration Date	
Global Entry/TSA Number		Expiration Date	

Employment Information - Spouse/Partner

Employment Status	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired			
Employer Name				
Address				
Direct Phone		Fax		
E-Mail Address				
Manager Name		Phone		

Employment Benefits – Spouse/Partner

I have the following disability and/or death benefits where I work or have worked

Benefit	Notes
Retirement Plan	
Military Retirement Benefits	
Military Survivor Benefits	
Life Insurance	
Health Insurance	
Long-Term Care Insurance	
Disability Insurance	
Deferred Compensation	
Stock Ownership	
Flexible Spending Account	
Other	

Part 1B: Personal Data – My Spouse/Partner, continued

Medical Information - Spouse/Partner

Health Insurance Information – Spouse/Partner

Health Insurance Name				Phone Number	
Policy/ID Number				Group Number	
Primary Care Physician				PCP ID Number	
Phone				Fax	
Address					
Office Hours					
Referrals Required		Deductible		Co-Payment	
Medicare					
Medicare Number				Phone Number	
Policy/ID Number				Medigap Number	

Specialist					
Name				ID Number	
Phone				Fax	
Address					
Office Hours					
Referrals Required		Deductible		Co-Payment	
Specialist					
Name				ID Number	
Phone				Fax	
Address					
Office Hours					
Referrals Required		Deductible		Co-Payment	
Specialist					
Name				ID Number	
Phone				Fax	
Address					
Office Hours					
Referrals Required		Deductible		Co-Payment	

Part 1B: Personal Data – My Spouse/Partner, continued**Medical Information - Spouse/Partner continued****Dental Insurance Information – Spouse/Partner**

Dental Insurance Name		Phone Number	
Policy/ID Number		Group Number	
Dentist		ID Number	
Dentist Phone		Fax	
Address			
PCP Office Hours			
Dentures, Bridge, etc.			

Vision Insurance Information – Spouse/Partner

Vision Insurance Name		Phone Number	
Policy/ID Number		Group Number	
Optometrist Name		ID Number	
Phone		Fax	
Address			
Office Hours			
Glasses, Contacts			

Medical Allergies - Spouse/Partner

Allergy	Reaction

Medications and Dosage - Spouse/Partner

Medicine Name	Purpose	Dosage	Prescribed By	Pharmacy

Part 1B: Personal Data – My Spouse/Partner, continued**Medical Information - Spouse/Partner continued****Medical Procedures - Spouse/Partner**

Date	Procedure	Hospital	Doctor

Medical Issues - Spouse/Partner (i.e. high blood pressure, diabetes, headaches, hypothyroidism, etc.)

Hospital Preference - Spouse/Partner

Name	Address

NOTES

Part 1C: Personal Data - Dependent 1

Dependent 1 - General Information

Full Legal Name			
Relationship			
Date of Birth		Social Security	
Place of Birth		Citizenship	

Dependent 1 - Travel Information

Driver's License Number		Expiration Date	
Passport Number		Expiration Date	
Passport Card Number		Expiration Date	
Global Entry/TSA Number		Expiration Date	

Day Care Provider		Phone	
Address			
School Name		Phone	
Address			
Employer		Phone	
Address			
Spouse/Partner		Phone	

Dependent 1 – Medical Information

Health Insurance Information

Health Insurance Name		Phone Number	
Policy/ID Number		Group Number	
Primary Care Physician		PCP ID Number	
Phone		Fax	
Address			
Office Hours			
Referrals Required		Deductible	
		Co-Payment	
Specialist			
Name		ID Number	
Phone		Fax	
Address			
Office Hours			
Referrals Required		Deductible	
		Co-Payment	

Part 1C: Personal Data - Dependent 1 continued**Dependent 1 – Medical Information, continued**

Specialist				
Name		ID Number		
Phone		Fax		
Address				
Office Hours				
Referrals Required		Deductible		Co-Payment
Dental Insurance Information				
Dental Insurance Name		Phone Number		
Policy/ID Number		Group Number		
Dentist		ID Number		
Dentist Phone		Fax		
Address				
PCP Office Hours				
Vision Insurance Information				
Vision Insurance Name		Phone Number		
Policy/ID Number		Group Number		
Optometrist Name		ID Number		
Phone		Fax		
Address				
Office Hours				
Glasses/Contacts				

Dependent 1 - Medical Allergies

Allergy	Reaction

Dependent 1 - Medications and Dosage

Medicine Name	Purpose	Dosage	Prescribed By	Pharmacy

Part 1C: Personal Data - Dependent 1, continued

Dependent 1 – Medical Information, continued

Dependent 1 - Medical Procedures

Date	Procedure	Hospital	Doctor

Dependent 1 - Medical Issues (i.e. high blood pressure, diabetes, headaches, hypothyroidism, etc.)

Dependent 1 - Hospital Preference

Name	Address

NOTES:

Part 1C: Personal Data - Dependent 2

Dependent 2 - General Information

Full Legal Name			
Relationship			
Date of Birth		Social Security	
Place of Birth		Citizenship	

Dependent 2 - Travel Information

Driver's License Number		Expiration Date	
Passport Number		Expiration Date	
Passport Card Number		Expiration Date	
Global Entry/TSA Number		Expiration Date	

Day Care Provider		Phone	
Address			
School Name		Phone	
Address			
Employer		Phone	
Address			
Spouse/Partner		Phone	

Dependent 2 – Medical Information

Health Insurance Information

Health Insurance Name		Phone Number	
Policy/ID Number		Group Number	
Primary Care Physician		PCP ID Number	
Phone		Fax	
Address			
Office Hours			
Referrals Required		Deductible	
		Co-Payment	
Specialist			
Name		ID Number	
Phone		Fax	
Address			
Office Hours			
Referrals Required		Deductible	
		Co-Payment	

Part 1C: Personal Data - Dependent 2, continued**Dependent 2 – Medical Information, continued**

Specialist				
Name		ID Number		
Phone		Fax		
Address				
Office Hours				
Referrals Required		Deductible		Co-Payment
Dental Insurance Information				
Dental Insurance Name		Phone Number		
Policy/ID Number		Group Number		
Dentist		ID Number		
Dentist Phone		Fax		
Address				
PCP Office Hours				
Vision Insurance Information				
Vision Insurance Name		Phone Number		
Policy/ID Number		Group Number		
Optometrist Name		ID Number		
Phone		Fax		
Address				
Office Hours				
Glasses/Contacts				

Dependent 2 - Medical Allergies

Allergy	Reaction

Dependent 2 - Medications and Dosage

Medicine Name	Purpose	Dosage	Prescribed By	Pharmacy

Part 1C: Personal Data - Dependent 2, continued

[illegible]

Dependent 2 - Medical Procedures

[illegible]

Dependent 2 - Medical Issues (i.e. high blood pressure, diabetes, headaches, hypothyroidism, etc.)

[illegible]

Dependent 2 - Hospital Preference

Name	Address

NOTES:

[illegible]

Part 1C: Personal Data - Dependent 3

Dependent 3 - General Information

Full Legal Name			
Relationship			
Date of Birth		Social Security	
Place of Birth		Citizenship	

Dependent 3 - Travel Information

Driver's License Number		Expiration Date	
Passport Number		Expiration Date	
Passport Card Number		Expiration Date	
Global Entry/TSA Number		Expiration Date	

Day Care Provider		Phone	
Address			
School Name		Phone	
Address			
Employer		Phone	
Address			
Employer		Phone	
Spouse/Partner		Phone	

Dependent 3 – Medical Information

Health Insurance Information

Health Insurance Name		Phone Number	
Policy/ID Number		Group Number	
Primary Care Physician		PCP ID Number	
Phone		Fax	
Address			
Office Hours			
Referrals Required		Deductible	
		Co-Payment	
Specialist			
Name		ID Number	
Phone		Fax	
Address			
Office Hours			
Referrals Required		Deductible	
		Co-Payment	

Part 1C: Personal Data - Dependent 3, continued**Dependent 3 – Medical Information, continued**

Specialist				
Name		ID Number		
Phone		Fax		
Address				
Office Hours				
Referrals Required		Deductible		Co-Payment
Dental Insurance Information				
Dental Insurance Name		Phone Number		
Policy/ID Number		Group Number		
Dentist		ID Number		
Dentist Phone		Fax		
Address				
PCP Office Hours				
Vision Insurance Information				
Vision Insurance Name		Phone Number		
Policy/ID Number		Group Number		
Optometrist Name		ID Number		
Phone		Fax		
Address				
Office Hours				
Glasses/Contacts				

Dependent 3 - Medical Allergies

Allergy	Reaction

Dependent 3 - Medications and Dosage

Medicine Name	Purpose	Dosage	Prescribed By	Pharmacy

Part 1C: Personal Data - Dependent 3, continued

[illegible]

Dependent 3 - Medical Procedures	
1	Dependent 3 - Medical Procedures

[illegible]

Dependent 3 - Medical Issues (i.e. high blood pressure, diabetes, headaches, hypothyroidism, etc.)

[illegible]

Dependent 3 - Hospital Preference	
1	1
2	2
3	3
4	4
5	5
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93	93
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95	95
96	96
97	97
98	98
99	99
100	100

Name	Address

NOTES:

[illegible]

Part 1C: Personal Data - Dependent 4**Dependent 4 – General Information**

Full Legal Name			
Relationship			
Date of Birth		Social Security	
Place of Birth		Citizenship	

Dependent 4 - Travel Information

Driver's License Number		Expiration Date	
Passport Number		Expiration Date	
Passport Card Number		Expiration Date	
Global Entry/TSA Number		Expiration Date	

Day Care Provider		Phone	
Address			
School Name		Phone	
Address			
Employer		Phone	
Address			
Spouse/Partner		Phone	

Dependent 4 – Medical Information**Health Insurance Information**

Health Insurance Name		Phone Number	
Policy/ID Number		Group Number	
Primary Care Physician		PCP ID Number	
Phone		Fax	
Address			
Office Hours			
Referrals Required		Deductible	
		Co-Payment	
Specialist			
Name		ID Number	
Phone		Fax	
Address			
Office Hours			
Referrals Required		Deductible	
		Co-Payment	

Part 1C: Personal Data - Dependent 4 continued**Dependent 4 – Medical Information, continued**

Specialist				
Name		ID Number		
Phone		Fax		
Address				
Office Hours				
Referrals Required		Deductible		Co-Payment
Dental Insurance Information				
Dental Insurance Name		Phone Number		
Policy/ID Number		Group Number		
Dentist		ID Number		
Dentist Phone		Fax		
Address				
PCP Office Hours				
Vision Insurance Information				
Vision Insurance Name		Phone Number		
Policy/ID Number		Group Number		
Optometrist Name		ID Number		
Phone		Fax		
Address				
Office Hours				
Glasses/Contacts				

Dependent 4 - Medical Allergies

Allergy	Reaction

Dependent 4 - Medications and Dosage

Medicine Name	Purpose	Dosage	Prescribed By	Pharmacy

Part 1C: Personal Data - Dependent 4, continued**Dependent 4 – Medical Information, continued****Dependent 4 - Medical Procedures**

Date	Procedure	Hospital	Doctor

Dependent 4 - Medical Issues (i.e. high blood pressure, diabetes, headaches, hypothyroidism, etc.)

Dependent 4 - Hospital Preference

Name	Address

NOTES:

Part 1D: Legal Documents

Legal Documents Location

Living Will, Medical Proxy, DNR, Donor, Certificates, Etc.

	Document Name	Location	Notes
1	My Will (Original)		
2	Spouse/Partner's Will		
3	Trust Agreements		
4	Power of Attorney		
5	Living Will/Medical POA		
6	Birth Certificate		
7	Passports		
8	Social Security Card		
9	Driver's License		
10	Marriage Certificate		
11	Divorce/Separation Papers		
12	Adoption Papers		
13	Military Papers		
14	Family Death Certificates		
15	Employment Record		
16	Vehicle Titles		
17	Property Deeds		
18	Appraisals		
19	Tax Returns		
20	Insurance Policies		
21	IRAs, 401(k), 403(b), 457		
22	529		
23			
24			
25			

Part 2: Insurance

Part 2A: My Insurance			
My Homeowner's Insurance			
Insured Name(s)			
Insurance Company			
Address			
Agent Name		Phone	
Agent E-Mail			
Policy Number		Umbrella Policy	
Property Address			
Terms			
NOTES			

My Life Insurance			
Insured Name(s)			
Insurance Company			
Address			
Agent Name		Phone	
Agent E-Mail			
Policy Number		Umbrella Policy	
Terms			

My Disability Insurance			
Insured Name(s)			
Insurance Company			
Address			
Agent Name		Phone	
Agent E-Mail			
Policy Number		Umbrella Policy	
Terms			

Part 2A: My Insurance, continued**My Long-Term Care Insurance**

Insured Name(s)			
Insurance Company			
Address			
Agent Name		Phone	
Agent E-Mail			
Policy Number		Umbrella Policy	
Terms			

My Auto Insurance

Insured Name(s)			
Insurance Company			
Address			
Website			
Agent Name		Phone	
Agent E-Mail			
Policy Number		Umbrella Policy	
Terms			
Car License Plate		VIN Number	
Car Color		Car Model	
Car Type		New/Used	

Part 2B : Insurance - Spouse/Partner

Spouse/Partner Life Insurance

Insured Name(s)			
Insurance Company			
Address			
Agent Name		Phone	
Agent E-Mail			
Policy Number		Umbrella Policy	
Terms			
NOTES			

Spouse/Partner Disability Insurance

Insured Name(s)			
Insurance Company			
Address			
Agent Name		Phone	
Agent E-Mail			
Policy Number		Umbrella Policy	
Terms			

Spouse/Partner Long-Term Care Insurance

Insured Name(s)			
Insurance Company			
Address			
Agent Name		Phone	
Agent E-Mail			
Policy Number		Umbrella Policy	
Terms			

Part 2B : Insurance - Spouse/Partner, continued**My Spouse/Partner Auto Insurance**

Insured Name(s)			
Insurance Company			
Address			
Website			
Agent Name		Phone	
Agent E-Mail			
Policy Number		Umbrella Policy	
Terms			
Car License Plate		VIN Number	
Car Color		Car Model	
Car Type		New/Used	
Car Type		New/Used	

Part 3: Financial

Part 3: Financial			
Financial Institution			
Bank Name		Phone	
Bank Address			
Website			
Checking Account Name			
Checking Account Number			
Savings Account Name			
Savings Account Number			
Certificate of Deposit Name			
Certificate of Deposit Account Number			
ATM Card / Pin			

Bank Name		Phone	
Bank Address			
Website			
Checking Account Name			
Checking Account Number			
Savings Account Name			
Savings Account Number			
Certificate of Deposit Name			
Certificate of Deposit Account Number			
ATM Card / PIN			

Bank Name		Phone	
Bank Address			
Website			
Checking Account Name			
Checking Account Number			
Savings Account Name			
Savings Account Number			
Certificate of Deposit Name			
Certificate of Deposit Account Number			
ATM Card / PIN			

Part 3: Financial, continued

Online Payments

Automatic Payments: The below payments are automatically withdrawn from my bank account. Please do not close my account without ensuring payments are made

Payment Made To	Account Number	Paid from Bank Account	Frequency

Loans and Credit

Mortgage Holder		Phone	
Address			
Account		Loan amount	\$
Terms			
Notes			

Second Mortgage Holder		Phone	
Address			
Account		Loan amount	\$
Terms			
Notes			

Part 3: Financial, continued

Loans and Credit, continued

Home Equity Holder		Phone	
Address			
Account		Loan amount	\$
Terms			
Notes			

Car Loan Holder		Phone	
Address			
Account		Loan amount	\$
Terms			
Notes			

Car Loan Holder		Phone	
Address			
Account		Loan amount	\$
Terms			
Notes			

Other Loan Holder		Phone	
Address			
Account		Loan amount	\$
Terms			
Notes			

Notes:

Part 3: Financial, continued

Credit Cards

Card Type				
Card Holder Name				
Card Number			PIN	
Expiration		CVV	4 Digit #	
Credit Limit				
Card Type				
Card Holder Name				
Card Number			PIN	
Expiration		CVV	4 Digit #	
Credit Limit				
Card Type				
Card Holder Name				
Card Number			PIN	
Expiration		CVV	4 Digit #	
Credit Limit				
Card Type				
Card Holder Name				
Card Number			PIN	
Expiration		CVV	4 Digit #	
Credit Limit				
Card Type				
Card Holder Name				
Card Number			PIN	
Expiration		CVV	4 Digit #	
Credit Limit				
Card Type				
Card Holder Name				
Card Number			PIN	
Expiration		CVV	4 Digit #	
Credit Limit				

Part 3: Financial, continued

Money Owed to Us (me and/or my spouse/partner)

Name		Phone	
Address			
E-Mail Address			
Amount			
Loan is in a signed writing			
Documents are located			

Name		Phone	
Address			
E-Mail Address			
Amount			
Loan is in a signed writing			
Documents are located			

Name		Phone	
Address			
E-Mail Address			
Amount			
Loan is in a signed writing			
Documents are located			

Name		Phone	
Address			
E-Mail Address			
Amount			
Loan is in a signed writing			
Documents are located			

Name		Phone	
Address			
E-Mail Address			
Amount			
Loan is in a signed writing			
Documents are located			

Part 3: Financial, continued

Financial Assets

Below is a list of my investments such as real property, mutual funds, stocks, bonds, collectibles, antiques, etc. I have listed a contact person and telephone number for each item, as well as the location of any documentation.

1	Investment Description			
	Contact Name		Phone	
	Title/Documents are located			
	Beneficiary			
	Value			
2	Investment Description			
	Contact Name		Phone	
	Title/Documents are located			
	Beneficiary			
	Value			
3	Investment Description			
	Contact Name		Phone	
	Title/Documents are located			
	Beneficiary			
	Value			
4	Investment Description			
	Contact Name		Phone	
	Title/Documents are located			
	Beneficiary			
	Value			
5	Investment Description			
	Contact Name		Phone	
	Title/Documents are located			
	Beneficiary			
	Value			

Part 3: Financial continued

Financial Assets continued

6	Investment Description			
	Contact Name		Phone	
	Title/Documents are located			
	Beneficiary			
	Value			
7	Investment Description			
	Contact Name		Phone	
	Title/Documents are located			
	Beneficiary			
	Value			
8	Investment Description			
	Contact Name		Phone	
	Title/Documents are located			
	Beneficiary			
	Value			
9	Investment Description			
	Contact Name		Phone	
	Title/Documents are located			
	Beneficiary			
	Value			
10	Investment Description			
	Contact Name		Phone	
	Title/Documents are located			
	Beneficiary			
	Value			

Part 3: Financial, continued

Stored Assets

I have assets stored at the below locations

Asset Description	Storage Location	Phone

Safety Deposit

Location	
Address	
Safe Deposit Box Number	
Location of Key to Box	
Location	
Address	
Safe Deposit Box Number	
Location of Key to Box	

Storage Unit

Storage Company		Phone	
Address			
Storage Unit Number			
Location of Key to Unit			

Part 3: Financial, continued

Loaned Assets

I have loaned the below personal property (furniture, art, collectibles, tools, etc.)

Item	Person Holding Item	Phone

Real Estate Holdings

Type of Real Estate	
Address	
Name on Deed	
Location of Deed	

Type of Real Estate	
Address	
Name on Deed	
Location of Deed	

Type of Real Estate	
Address	
Name on Deed	
Location of Deed	

Type of Real Estate	
Address	
Name on Deed	
Location of Deed	

Part 4: Funeral and Will

Part 4A: My Funeral and Will

My Funeral

My Religious Affiliation			
Place of Worship			
Clergy Contact Name		Phone	
Clergy Address			

My Funeral Preference

- | | | | |
|--------------------------------------|------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> No Ceremony | <input type="checkbox"/> Burial | <input type="checkbox"/> Funeral Service | <input type="checkbox"/> Bequeathal |
| <input type="checkbox"/> A Ceremony | <input type="checkbox"/> Cremation | <input type="checkbox"/> Memorial Service | |
-
- | | | | |
|-------------------------------------|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> No Viewing | <input type="checkbox"/> Open Casket | <input type="checkbox"/> Embalming | <input type="checkbox"/> Flowers |
| <input type="checkbox"/> A Viewing | <input type="checkbox"/> Closed Casket | <input type="checkbox"/> No Embalming | <input type="checkbox"/> No Flowers |
| | <input type="checkbox"/> No Casket | | |

Pre-Planned Funeral

Funeral Home			
Address			
Contact Name		Phone	
Contact E-mail			
Memorial Society			
Address			
Contact Name		Phone	
Contact E-mail			
Bequeathal Arrangements With			
Address			
Contact Name		Phone	
Contact E-mail			
Other Arrangements With			
Address			
Contact Name		Phone	
Contact E-mail			
Preferred Cemetery			
Cemetery Address			
Plot Location			
Deed Location			
Details			

Part 4A: My Funeral and Will, continued

My Funeral, continued

If Service will be held, I prefer the following:

Music	
Reading	
Participants	
Pallbearers	

If Cremation

I would like my ashes to be handled as follows:

Funeral Expenses

I prefer no more than the following to be spent on my funeral

\$

I have a Prepaid Funeral

☐

No

☐

Yes

Biographical Data (for Obituaries and Death Notices)

Educational	
Civic Affiliations	
Political Affiliations	
Religious Affiliations	
Military Service	
Honors/Awards/Achievements	
Employment Highlights	
Survivors (Immediate Family)	

Notes:

Part 4A: My Funeral and Will, continued

My Will

Date of Last Will			
Will Location			
Lawyer		Phone	
Lawyer E-Mail			
Lawyer Address			
Executor(s)/Trustee(s)		Phone	
E-Mail			
Address			
Co-Executor(s)/Trustee(s)		Phone	
E-Mail			
Address			

Will Instructions/Special Clauses:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Part 4A: My Funeral and Will, continued

My Will, continued

My Beneficiaries

Name		Phone	
E-Mail			
Address			
Name		Phone	
E-Mail			
Address			
Name		Phone	
E-Mail			
Address			
Name		Phone	
Address			
Name		Phone	
Address			
Name		Phone	
E-Mail			
Address			
Name		Phone	
E-Mail			
Address			
Name		Phone	
Address			
Name		Phone	
Address			

Notes:

[illegible]

Part 4B: Funeral and Will - Spouse/Partner

Funeral – Spouse/Partner

Religious Affiliation			
Place of Worship			
Clergy Contact Name		Phone	
Clergy Address			

Funeral Preference – Spouse/Partner

- | | | | |
|--------------------------------------|------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> No Ceremony | <input type="checkbox"/> Burial | <input type="checkbox"/> Funeral Service | <input type="checkbox"/> Bequeathal |
| <input type="checkbox"/> A Ceremony | <input type="checkbox"/> Cremation | <input type="checkbox"/> Memorial Service | |
-
- | | | | |
|-------------------------------------|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> No Viewing | <input type="checkbox"/> Open Casket | <input type="checkbox"/> Embalming | <input type="checkbox"/> Flowers |
| <input type="checkbox"/> A Viewing | <input type="checkbox"/> Closed Casket | <input type="checkbox"/> No Embalming | <input type="checkbox"/> No Flowers |
| | <input type="checkbox"/> No Casket | | |

Pre-Planned Funeral – Spouse/Partner

Funeral Home			
Address			
Contact Name		Phone	
Contact E-mail			
Memorial Society			
Address			
Contact Name		Phone	
Contact E-mail			
Bequeathal Arrangements With			
Address			
Contact Name		Phone	
Contact E-mail			
Other Arrangements With			
Address			
Contact Name		Phone	
Contact E-mail			
Preferred Cemetery			
Cemetery Address			
Plot Location			
Deed Location			
Details			

Part 4B: Funeral and Will - Spouse/Partner, continued

Funeral – Spouse/Partner, continued

If Service will be held, I prefer the following:

Music	
Reading	
Participants	
Pallbearers	

If Cremation

I would like my ashes to be handled as follows:

Funeral Expenses

I prefer no more than the following to be spent on my funeral

\$

I have a Prepaid Funeral

☐

No

☐

Yes

Biographical Data (for Obituaries and Death Notices)

Educational	
Civic Affiliations	
Political Affiliations	
Religious Affiliations	
Military Service	
Honors/Awards/Achievements	
Employment Highlights	
Survivors (Immediate Family)	

Notes:

Part 4B: Funeral and Will - Spouse/Partner, continued

Will – Spouse/Partner

Date of Last Will			
Will Location			
Lawyer		Phone	
Lawyer E-Mail			
Lawyer Address			
Executor(s)/Trustee(s)		Phone	
E-Mail			
Address			
Co-Executor(s)/Trustee(s)		Phone	
E-Mail			
Address			

Will Instructions/Special Clauses:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Part 4B: Funeral and Will - Spouse/Partner, continued

Will – Spouse/Partner, continued	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
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37	38
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41	42
43	44
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47	48
49	50
51	52
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83	84
85	86
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89	90
91	92
93	94
95	96
97	98
99	100

Spouse/Partner Beneficiaries	
1	
2	
3	
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100	

Name		Phone	
E-Mail			
Address			
Name		Phone	
E-Mail			
Address			
Name		Phone	
E-Mail			
Address			
Name		Phone	
Address			
Name		Phone	
Address			
Name		Phone	
E-Mail			
Address			
Name		Phone	
E-Mail			
Address			
Name		Phone	
Address			
Name		Phone	
Address			

Notes:

[illegible]

Part 5: General Information

Memberships / Subscriptions				
Gyms, Country Club, Other				
	Membership Name	Account Number	Address	Locker Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Charities			
	Charitable Organization	Phone Number	Address
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Part 5: General Information, continued

Neighbors and Local Businesses

[illegible]

Part 5: General Information, continued

Professional Services

Professional Service Name			
Agent Name		Phone	
E-Mail Address			
Address			
Account Number			
Notes:			

Professional Service Name			
Agent Name		Phone	
E-Mail Address			
Address			
Account Number			
Notes:			

Attorney Firm Name			
Attorney Name		Phone	
E-Mail Address			
Address			
Account Number			
Notes:			

Tax Professional Name			
Accountant Name		Phone	
E-Mail Address			
Address			
Account Number			
Notes:			

Additional Notes/Requests

Resources

Glossary

Beneficiary: a person (or organization or charity) who receives a benefit under a will or trust

Capital Gain: profit realized on the sale of an asset or the profit deemed to be realized if the asset has been sold at the time of the owner's death

Codicil: a formal amendment which modifies the terms of a will Estate - the total sum of a person's assets

Executor: the person or trust company appointed in a will to control and protect the estate's assets, pay off any debts and distribute property as directed by the will

Guardian: the person or person(s) appointed in a will or by the court to have custody of minor children or their assets

Inter-Vivos Trust (living trust): a trust created by a trust deed to take effect during the lifetime of the creator of the trust

Intestate: dying with a will or the person who dies without a will

Issue: descendants of a person, including not only children but grandchildren, great grandchildren and more remote descendants

Personal Property: all property except for real estate and buildings; also known as "personality" (as opposed to "real property" or "realty")

Personal Representative: the individual administering the estate, whether an executor or administrator

Probate: the official confirmation of a will by the courts, confirming the executor's legal right

Real Property: land and buildings; also known as "real estate" or "realty"

Residuary Beneficiary: the beneficiary to whom the residue of the estate is left

Residue: that portion of an estate remaining after all debts, taxes and expenses have been paid and all specific bequests and specific devises have been made

Specific Bequest: a gift under a will of a specific item of personal property or a specific amount of cash

Specific Devise: a gift under a will of a specific parcel of real property

Testator or Testatrix: the person who makes the will

Testamentary Trust: a trust created by a will

Trustee: one who manages property or money for another

Will: the legal statement of a person's wishes concerning the disposal of his or her property after death

Government Agencies

Agency	Phone	Website
Social Security Administration	800-772-1213	www.ssa.gov
FEMA (Federal Emergency Management Association)	800-621-3362	www.fema.gov
IRS	800-829-1040	www.irs.gov