

Estate Plans

I/We understand that in the time following death, grief and shock can take over. Therefore, I/we have prepared this document to assist you and to ensure that my/our wishes are known.

In the following pages, you will find contact information for family, friends, and important persons to contact after my/our death as well as important information related to my/our estate. I/We pray that you will find this tool helpful during this time.

## SECTION ONE - IMPORTANT CONTACTS

The following are persons who should be notified at the time of my/our death.

### **Church/Pastor**

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### **Funeral Home**

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### **Family/Friends**

---

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Family/Friends**

---

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Family/Friends**

---

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Family/Friends**

---

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Family/Friends**

---

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Family/Friends**

---

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Family/Friends**

---

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Family/Friends**

---

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

## SECTION TWO – ADVISORS & FINANCIAL INFORMATION

### MY ADVISORS

Having the right advisors is critical in the planning process and ensuring that my/our wishes are followed. Some of the people you may need to contact are listed below:

#### **Financial Advisor**

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### **Attorney**

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### **CPA/Accountant**

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### **Stockbroker**

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### **Pension Benefits Officer**

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Employer**

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Mortgage Holder**

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Property and Casualty Insurance Advisor**

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Banker**

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Other**

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**MY ASSETS**

Here is a list of all my/our retirement accounts, stocks, bonds, and other investments, including real property. Because sometimes it is difficult to locate the information, I/We have listed where copies are located and have listed a contact person and telephone number for each item.

My/Our insurance policies will be included in the Section 3.

A financial statement is  is not  attached.

***RETIREMENT ACCOUNTS***

There is a wide range of retirement plans available today, including government-sponsored plans, personal plans, annuities, and employer-sponsored plans. Listed below are ALL of my/our retirement plans.

**UNITED METHODIST RETIREMENT PLAN**

The retirement plan for United Methodist Church offers death benefits as well as pension opportunities. Details and benefits can be obtained through the Conference Benefits Officer or by calling the General Board of Pensions and Health Benefits (GBPHB).

I am  am not  entitled to benefits in the United Methodist Retirement Plan.

Account Balance:	_____
Benefits Officer:	_____ Rev. Rick VanGiesen _____
Phone Number:	_____ 217-529-2132 _____
GBPHB:	_____ 1-800-851-2201 _____

**OTHER QUALIFIED RETIREMENT PLANS**

Listed below are other Qualified Retirement Plans that I/we received while working. I/We have listed contact information for each plan.

<b>Type of Plan:</b>	_____
Account Balance:	_____
Company Name:	_____
Phone Number:	_____
Plan Sponsor Name:	_____
Customer Service Number:	_____
Email Address:	_____
Documents Are Located:	_____

**Type of Plan:** \_\_\_\_\_

Account Balance: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Plan Sponsor Name: \_\_\_\_\_

Customer Service Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Documents Are Located: \_\_\_\_\_

**Type of Plan:** \_\_\_\_\_

Account Balance: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Plan Sponsor Name: \_\_\_\_\_

Customer Service Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Documents Are Located: \_\_\_\_\_

**SOCIAL SECURITY**

The Social Security program is a government-operated retirement plan that provides monthly income to retirees and those disabled, medical care, and survivor benefits. Keep in mind that most people need 70-80% of their pre-retirement incomes to maintain the same standards of living, and Social Security income is typically much lower than that.

One unique feature for clergy is the ability to opt out of Social Security. If you are clergy, it is important for your loved ones to know whether or not you are enrolled in Social Security or not.

- I am enrolled in Social Security and entitled to benefits.
- I opted out of Social Security and am not entitled to any benefits.

- I am currently receiving Social Security Benefits.
- I am not currently receiving Social Security Benefits but will at retirement.

- My spouse is enrolled in Social Security and entitled to benefits.
- My spouse opted out of Social Security and am not entitled to any benefits.

- My spouse is currently receiving Social Security Benefits.
- My spouse is not currently receiving Social Security Benefits but will at retirement.

Monthly Benefit Amount: \_\_\_\_\_  
S.S. Office Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Local S.S. Office Address: \_\_\_\_\_  
Is Payment Direct Deposited?       Yes    No  
Bank Name/Account No.: \_\_\_\_\_

For more information regarding Social Security benefits, you may call 800-772-1213 or go to [www.socialsecurity.gov/mystatement](http://www.socialsecurity.gov/mystatement).

### **INDIVIDUAL RETIREMENT ACCOUNTS (IRAS, ROTH IRAS, SEP)**

The most common personal plan, IRAs are tax-deferred retirement accounts. They can be set up using money markets, mutual funds, or annuities. There are several types of IRAs:

- Traditional IRAs – used primarily by individuals without pensions or 401(k)s and funded with pre-tax dollars.
- Rollover IRAs – in which funds from another qualified retirement plan (401(k) or profit-sharing plan) have been placed in a pension IRA.
- Roth IRAs – often supplement 401(k)s and are funded with after-tax dollars; many people have more than one IRA account and have accumulated sizeable sums for retirement income.
- SEP (Simplified Employee Pension Plan) IRAs – an employer-sponsored plan; it can be opened by the smallest of businesses, even if there is only one employee, and enables individual to contribute the most toward their own and their employees’ retirement, without getting involved in a more complex qualified plan.
- SIMPLE (Savings Incentive Match Plan for Employees) IRAs – similar to the SEP IRA; a small business retirement plan used primarily in companies with less than 100 employees who want to provide an alternative to a qualified profit-sharing plan.

**Type of IRA:** \_\_\_\_\_  
Account Balance: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Plan Administrator: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**Type of IRA:** \_\_\_\_\_  
Account Balance: \_\_\_\_\_  
Company Name: \_\_\_\_\_

Plan Administrator: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**Type of IRA:** \_\_\_\_\_  
Account Balance: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Plan Administrator: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**ANNUITIES**

Another type of personal plan, annuities are taxed-deferred retirement savings vehicles. An annuity is a contract between you and an insurance company or organization in which you pay money into an account in exchange for a payment later.

**Annuity Company Name:** \_\_\_\_\_  
Account Value: \_\_\_\_\_  
Contract Number: \_\_\_\_\_  
Annuitant Name: \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
Beneficiary Name: \_\_\_\_\_  
Death Benefit: \_\_\_\_\_  
Customer Service Number: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_  
Type of Annuity: \_\_\_\_\_

**Annuity Company Name:** \_\_\_\_\_  
Account Value: \_\_\_\_\_  
Contract Number: \_\_\_\_\_  
Annuitant Name: \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
Beneficiary Name: \_\_\_\_\_  
Death Benefit: \_\_\_\_\_



Customer Service Number: \_\_\_\_\_

Documents Are Located: \_\_\_\_\_

Type of Annuity: \_\_\_\_\_

**Annuity Company Name:** \_\_\_\_\_

Account Value: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Annuitant Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_

Death Benefit: \_\_\_\_\_

Customer Service Number: \_\_\_\_\_

Documents Are Located: \_\_\_\_\_

Type of Annuity: \_\_\_\_\_

### **MILITARY RETIREMENT BENEFITS**

The Armed Forces offer qualified persons a pension with benefits that start the day of retirement. Many veterans of wartime service are completely unaware of the fact that if they are 65 or older and on a limited income they may qualify for a Veterans Disability Pension or a Veterans Pension without being disabled.

Monthly Pension Benefit: \_\_\_\_\_

Electronically Deposited?  Yes  No

Name of Bank/Account: \_\_\_\_\_

Benefits Contact Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Local Benefits Office Address: \_\_\_\_\_

For more information, call Military OneSource at 800-342-9647.

### **MILITARY SURVIVOR BENEFITS**

When a military retiree dies, their retirement pay stops. This means the surviving spouse will be left without a substantial income source. If you are a retiree, you need to give serious thought to how you can protect your spouse from hardships caused by the loss of your military retirement pay. One option available is the Survivor Benefit Plan (SBP). The SBP is an insurance plan that helps pay surviving spouses a monthly payment (annuity) to help make up for the lost of retirement income.

Do you have a Survivor Benefit Plan?  Yes  No

Monthly Benefit Amount: \_\_\_\_\_

Benefits Contact Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Local Benefits Office Address: \_\_\_\_\_

For more information, call Military OneSource at 800-342-9647. The following two websites may be helpful as well:

[www.militaryonesource.com](http://www.militaryonesource.com) Search "Survivor Benefit Plan"

[www.military.com/benefits/survivor-benefits/survivor-benefit-plan-explained](http://www.military.com/benefits/survivor-benefits/survivor-benefit-plan-explained)

## **STOCK OPTIONS/STOCK PURCHASE PLANS/ STOCKS**

A stock option gives the recipient the right to buy a certain number of shares in the granting company at a fixed price for a certain number of years. Stock options are used in both private companies and public companies.

A related type of plan is the employee stock purchase plan (ESPP), which is used mainly in public companies. An ESPP gives employees the chance to buy stock, many times through payroll deductions, over a 3- to 27-month offering period. The price is usually discounted, meaning that it is sold below market value.

Stocks are shares in the ownership of a company issued to raise capital. The value of the stock will rise and fall.

It is very important for my loved ones to know of these plans, their values, and where the documents are located. I have included additional sheets as needed.

### **STOCK OPTIONS**

**Number of Options:** \_\_\_\_\_

Company Name: \_\_\_\_\_

Grant Date: \_\_\_\_\_

Exercise Price: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Exercise Period: \_\_\_\_\_

Death Benefit: \_\_\_\_\_

Customer Service Number: \_\_\_\_\_

Documents Are Located: \_\_\_\_\_

**Number of Options:** \_\_\_\_\_

Company Name: \_\_\_\_\_

Grant Date: \_\_\_\_\_  
Exercise Price: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Exercise Period: \_\_\_\_\_  
Death Benefit: \_\_\_\_\_  
Customer Service Number: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**STOCK PURCHASE PLANS/STOCKS**

**Number of Shares:** \_\_\_\_\_  
Name of Corporation: \_\_\_\_\_  
Share Price: \_\_\_\_\_  
Name of Shareholder: \_\_\_\_\_  
One-Time Purchase/Stock Purchase Plan: \_\_\_\_\_  
Payment Interval: \_\_\_\_\_  
Bank/Account Number: \_\_\_\_\_  
Customer Service/Stock Broker Number: \_\_\_\_\_  
Documents/Stock Certificates Are Located: \_\_\_\_\_

**STOCK PURCHASE PLANS/STOCKS**

**Number of Shares:** \_\_\_\_\_  
Name of Corporation: \_\_\_\_\_  
Share Price: \_\_\_\_\_  
Name of Shareholder: \_\_\_\_\_  
One-Time Purchase/Stock Purchase Plan: \_\_\_\_\_  
Payment Interval: \_\_\_\_\_  
Bank/Account Number: \_\_\_\_\_  
Customer Service/Stock Broker Number: \_\_\_\_\_  
Documents/Stock Certificates Are Located: \_\_\_\_\_

**STOCK PURCHASE PLANS/STOCKS**

**Number of Shares:** \_\_\_\_\_

Name of Corporation: \_\_\_\_\_  
Share Price: \_\_\_\_\_  
Name of Shareholder: \_\_\_\_\_  
One-Time Purchase/Stock Purchase Plan: \_\_\_\_\_  
Payment Interval: \_\_\_\_\_  
Bank/Account Number: \_\_\_\_\_  
Customer Service/Stock Broker Number: \_\_\_\_\_  
Documents/Stock Certificates Are Located: \_\_\_\_\_

### **STOCK PURCHASE PLANS/STOCKS**

**Number of Shares:** \_\_\_\_\_  
Name of Corporation: \_\_\_\_\_  
Share Price: \_\_\_\_\_  
Name of Shareholder: \_\_\_\_\_  
One-Time Purchase/Stock Purchase Plan: \_\_\_\_\_  
Payment Interval: \_\_\_\_\_  
Bank/Account Number: \_\_\_\_\_  
Customer Service/Stock Broker Number: \_\_\_\_\_  
Documents/Stock Certificates Are Located: \_\_\_\_\_

### **BONDS**

A bond is issued by the government, city, state, or corporation to raise capital, and generally pays a fixed rate for a specific amount of time when the bond matures. Bonds generally are less volatile than stocks but generally do not yield as high a return over the long term. Among the types of bonds you can choose from are: US government securities, municipal bonds, corporate bonds, mortgage and asset-back bonds, foreign government bonds, and federal agency securities bonds. You can buy individual bonds, bond funds, or unite investment trusts.

**Amount of Bond:** \_\_\_\_\_  
Type of Bond: \_\_\_\_\_  
Issuer: \_\_\_\_\_  
Maturity Date: \_\_\_\_\_  
Customer Service/Stock Broker Number: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**Amount of Bond:** \_\_\_\_\_  
Type of Bond: \_\_\_\_\_  
Issuer: \_\_\_\_\_  
Maturity Date: \_\_\_\_\_  
Customer Service/Stock Broker Number: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**Amount of Bond:** \_\_\_\_\_  
Type of Bond: \_\_\_\_\_  
Issuer: \_\_\_\_\_  
Maturity Date: \_\_\_\_\_  
Customer Service/Stock Broker Number: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

### **MONEY MARKET ACCOUNTS**

Money Market accounts invest in short-term, low-risk/low-return securities, such as certificates of deposit (CDs) and U.S. Treasury notes. These investments generally are low-risk, low-return investments.

**Account Balance:** \_\_\_\_\_  
Company/Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Customer Service Number: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**Account Balance:** \_\_\_\_\_  
Company/Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Customer Service Number: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**Account Balance:** \_\_\_\_\_  
Company/Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Customer Service Number: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**Account Balance:** \_\_\_\_\_  
Company/Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Customer Service Number: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

## MUTUAL FUNDS

Mutual Funds are investment companies that pool money from many people and invest in stocks, bonds, or other assets. The combined holdings of stocks, bonds, or other assets that funds own are known as portfolios. Each investor in the fund owns shares, which represent a part of these holdings. Mutual funds can be made up of any of the above investment classes.

**Fund Name:** \_\_\_\_\_  
Investment Amount: \_\_\_\_\_  
Number of Shares: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Customer Service/Stock Broker Number: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**Fund Name:** \_\_\_\_\_  
Investment Amount: \_\_\_\_\_  
Number of Shares: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Customer Service/Stock Broker Number: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**Fund Name:** \_\_\_\_\_  
Investment Amount: \_\_\_\_\_  
Number of Shares: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Customer Service/Stock Broker Number: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**REAL ESTATE/PROPERTY OWNED**

You may own different types of real estate, including residential (your main or second home), commercial, industrial, or agricultural property. Keep in mind rental and investment properties, time shares, automobiles, motorcycles, and boats as you complete this sections.

**Type of Property:** \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Name of Broker (if any): \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Documents Are Located: \_\_\_\_\_

**Type of Property:** \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Name of Broker (if any): \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Documents Are Located: \_\_\_\_\_

**Type of Property:** \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Name of Broker (if any): \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**Type of Property:** \_\_\_\_\_  
Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Name of Broker (if any): \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**Type of Property:** \_\_\_\_\_  
Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Name of Broker (if any): \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**Type of Property:** \_\_\_\_\_  
Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_



Name of Broker (if any): \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Documents Are Located: \_\_\_\_\_

### **FREQUENT FLYER MILES**

I have the following Frequent Flyer miles:

<b>Airline</b>	<b>Frequent Flyer Number</b>	<b>Total Miles</b>

Read the promotional material and any membership information from the airline. Policies regarding transferability of frequent flyer miles vary.

### **MONEY OWED**

**Money is Owed to Us By:** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_

This Loan is in a Signed Writing:     Yes     No

Documents Are Located: \_\_\_\_\_

**Money is Owed to Us By:** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_

This Loan is in a Signed Writing:     Yes     No

Documents Are Located: \_\_\_\_\_

**Money is Owed to Us By:** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_

This Loan is in a Signed Writing:     Yes     No

Documents Are Located: \_\_\_\_\_

**LOANS FORGIVEN**

I want the following loan(s) forgiven at the time of my death (*note: your will or promissory note should be changed to reflect this forgiveness and make it legally enforceable*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I want the following loan(s) to be forgiven as a part of the bequest I am leaving to the borrower at the time of my death (*i.e., the debt will be one of the assets used to satisfy my bequest to such heir in my will, but will not increase their inheritance*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LAW SUITS**

I am  am not  currently a plaintiff or defendant in a lawsuit.

**Explanation:** \_\_\_\_\_

---

---

**Contact Information for Attorney Handling Suit:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**DEPOSITS**

I have  have not  made any substantial deposits on certain accounts.  
If applicable, the accounts are:

---

---

---

**LOANED AND STORED ASSETS**

I have assets stored at the following locations: \_\_\_\_\_

The key to the storage facility is at: \_\_\_\_\_

I have loaned the following personal property (furniture, art, jewelry, heirlooms, photographs, collectibles, etc.):

Objects	Person Holding Item(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**OTHER ASSETS**

If you have any significant assets which are not described above, complete this section.

**Asset:** \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**Asset:** \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**Asset:** \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**Asset:** \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

### **MY LIABILITIES**

Here is a list of all our liabilities, including mortgages, loans (home equity, auto, lines of credit, etc.), leases, liens, borrowed items, etc. A contact person and telephone number is listed for each item, as well as the location of any documents.

**Mortgage Company:** \_\_\_\_\_  
Type of Mortgage: \_\_\_\_\_  
Amount Owed: \_\_\_\_\_  
Collateral: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**Mortgage Company:** \_\_\_\_\_  
Type of Mortgage: \_\_\_\_\_  
Amount Owed: \_\_\_\_\_  
Collateral: \_\_\_\_\_  
Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**Loan Company:** \_\_\_\_\_  
Type of Loan: \_\_\_\_\_  
Amount Owed: \_\_\_\_\_  
Collateral: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**Loan Company:** \_\_\_\_\_  
Type of Loan: \_\_\_\_\_  
Amount Owed: \_\_\_\_\_  
Collateral: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**Borrowed Item:** \_\_\_\_\_  
Owner: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Item Is Located: \_\_\_\_\_

**Borrowed Item:**

Owner: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Item Is Located: \_\_\_\_\_

**Additional Liability:**

Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

Do you have something in place (i.e. life insurance, mortgage insurance, loan insurance, etc.) to cover the debt listed here?  Yes  No

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am also a guarantor of the following debt:

**Liability:**

Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**Liability:**

Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents Are Located: \_\_\_\_\_

**MY RESPONSIBILITIES**

Do you have ongoing personal financial obligations that you want maintained? Examples may include certain expenses for a parent, payments to a child, contributions to an education fund.

**Be sure to note how these obligations are paid (i.e. automatic checking withdrawal, credit cards, etc.) so payments are not interrupted due to account closings.**

**Type of Obligation:** \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Payment Method: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Documents Are Located: \_\_\_\_\_

**Type of Obligation:** \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Payment Method: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Documents Are Located: \_\_\_\_\_

I presently carry the following credit cards:

<b>Credit Card</b>	<b>Account Number</b>	<b>Payment Method</b>	<b>Phone Number</b>	<b>Life or Credit Protection?</b>

As long as a credit card is not maxed out, your spouse can have a source of funds for emergencies while waiting for insurance proceeds. Remember, though, that interest will accrue if the amount owed is not paid off when due.

Do you have something in place (life insurance, life protection, etc.) to cover the debts listed above?  Yes  No

Describe:

---

---

---

I lease the following assets:

<b>Asset</b>	<b>Payment</b>	<b>Lessor</b>	<b>Phone Number</b>
	\$		
	\$		
	\$		
	\$		

Do you have something in place (life insurance, etc.) to cover the debts listed above?  
 Yes  No

Describe:

---

---

---

With regard to my assets and liabilities, the following is additional information which I think is important for my family and advisors to know:

---

---

---



## SECTION THREE – INSURANCE & BENEFITS

### MY INSURANCE COVERAGE

Please make sure the premiums on these policies continue to be paid if I become disabled.

I have the following **life insurance** policies (including company owed) on my life:

Type	Owner	Beneficiary	Face Value	Loans	Cash Value
Carrier	Policy Number	Premium	Payment Interval	Automatic Withdrawal Bank	Additional Riders

Type	Owner	Beneficiary	Face Value	Loans	Cash Value
Carrier	Policy Number	Premium	Payment Interval	Automatic Withdrawal Bank	Additional Riders

Type	Owner	Beneficiary	Face Value	Loans	Cash Value
Carrier	Policy Number	Premium	Payment Interval	Automatic Withdrawal Bank	Additional Riders

Type	Owner	Beneficiary	Face Value	Loans	Cash Value
Carrier	Policy Number	Premium	Payment Interval	Automatic Withdrawal Bank	Additional Riders

These insurance policies can be found at \_\_\_\_\_

I  have  have not attached a policy in-force statement for the above life insurance policies.

If I am disabled, my life insurance policy  allows  does not allow for pre-payment of death benefits to support me.

If I am disabled, my life insurance policy  allows  does not allow you to stop making premium payments.

**Note: Be sure important papers, policies, and other documents are sealed in plastic to protect them in case of flooding.**

I have the following **disability insurance** policies:

Carrier	Policy Located At	Policy Number	Premium	This Policy Is Paid by the Business	Payment Interval	Automatic Withdrawal Bank
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If I am disabled, my disability insurance policy  allows  does not allow for pre-payment of death benefits to support me.

I have the following **long-term care insurance** policies:

<b>Carrier</b>	<b>Policy Located At</b>	<b>Policy Number</b>	<b>Premium</b>	<b>This Policy Is Paid by the Business</b>	<b>Payment Interval</b>	<b>Automatic Withdrawal Bank</b>
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		

I have the following **long-term insurance** policies:

<b>Carrier</b>	<b>Policy Located At</b>	<b>Policy Number</b>	<b>Premium</b>	<b>This Policy Is Paid by the Business</b>	<b>Payment Interval</b>	<b>Automatic Withdrawal Bank</b>
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Please not that premiums may be paid on a monthly, quarterly, semiannual, or annual basis.**

## MEDICARE INSURANCE AND PRESCRIPTION DRUG COVERAGE

Medicare health care and prescription drug coverage is available through different plans, including:

- **Original Medical Plan:** This is a fee-for-service plan that covers many health care services and certain drugs. You can go to any doctor or hospital that accepts Medicare.
- **Medicare Advantage Plans and other Medicare Health Plans:** These plans, which include HMOs, PPOs, and PFFS plans, may cover more services and lower out-of-pocket costs than the Original Medicare Plan. However, in some plans, like HMOs, you may only be able to see certain doctors or go to certain hospitals.
- **Medicare Drug Plans:** Medicare prescription drug coverage started January 1, 2006. You can get prescription drug coverage no matter how you get your Medicare health care.

Do you have Medicare Insurance?  Yes  No

Type of Medicare Insurance  Part A  Part B  
(Note: some people have both plans)

Type of Medicare Plan: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Documents/Medicare Card Is Located: \_\_\_\_\_

## MEDIGAP INSURANCE

A Medigap policy is a health insurance policy sold by private insurance companies. They must follow federal and state laws. These laws protect you. The front of the Medigap policy must clearly identify it as “Medicare Supplement Insurance.”

Do you have Medigap Insurance?  Yes  No

Policy Number: \_\_\_\_\_

Documents/Medicare Card Is Located: \_\_\_\_\_

I have the following other policies:

	<b>Carrier</b>	<b>Policy Located At</b>	<b>Policy Number</b>	<b>Premium</b>	<b>This Policy Is Paid by the Business</b>	<b>Payment Interval</b>	<b>Automatic Withdrawal Bank</b>
Auto				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Umbrella				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Boat				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Jewelry				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If insurance premiums are paid automatically from my bank account, please make sure you do not close my account without making sure the premiums are still being paid on those policies that need to remain in effect.

**Please not premiums may be paid on a monthly, quarterly, semiannual, or annual basis.**

I am paying the premiums for the following insurance policies for others:

<b>Carrier</b>	<b>Policy Located At</b>	<b>Policy Number</b>	<b>Premium</b>	<b>This Policy Is Paid by Business</b>	<b>Payment Interval</b>	<b>Automatic Withdrawal Bank</b>

			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Type of Insurance</b>				<b>My Relation to This Person</b>		

Carrier	Policy Located At	Policy Number	Premium	This Policy Is Paid by Business	Payment Interval	Automatic Withdrawal Bank
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Type of Insurance</b>				<b>My Relation to This Person</b>		

Carrier	Policy Located At	Policy Number	Premium	This Policy Is Paid by Business	Payment Interval	Automatic Withdrawal Bank
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Type of Insurance</b>				<b>My Relation to This Person</b>		

### **MY EMPLOYMENT BENEFITS**

I have the following benefits where from where I work or worked (briefly describe):

Retirement Plan(s): \_\_\_\_\_ See Section 2

Military Retirement Benefits: \_\_\_\_\_ See Section 2

Military Survivor Benefits: \_\_\_\_\_ See Section 2

Life Insurance: \_\_\_\_\_

Health Insurance: \_\_\_\_\_  
Long-Term Care Insurance: \_\_\_\_\_  
Voluntary Coverage (vision, dental  
cancer, dismemberment etc.) \_\_\_\_\_  
Disability Insurance: \_\_\_\_\_  
Deferred Compensation: \_\_\_\_\_  
Stock Ownership: \_\_\_\_\_ See Section 2  
Stock Options: \_\_\_\_\_ See Section 2  
Cafeteria Plan: \_\_\_\_\_  
Flexible Spending Accounts: \_\_\_\_\_  
Other: \_\_\_\_\_

I  am  am not entitled to military and/or governmental benefits.

List the Benefits:

\_\_\_\_\_

I  have  have not a Veterans Administrative Advocate.

Contact Information:

\_\_\_\_\_

I  am  am not entitled to other benefits.

List the Benefits:

\_\_\_\_\_

With regard to my insurance and employment benefits, the following is additional information which I think is important for my advisors to know:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION FOUR – DOCUMENTS & OTHER INFORMATION

### MY DOCUMENTS

I have set up the following documents and you can find them where noted:

<b>Document</b>	<b>Date Signed</b>	<b>Location</b>	<b>Check If Not Applicable</b>
Will			
Estate Plans			
Living Will			
Medical Power of Attorney			
Medical Directive			
General Power of Attorney			
Living Trust			
Insurance Trust			
Charitable Trust			
Minor's Trust			
Custodial Account			
Organ Donation			
Children Adoption Papers			
Section 529 Education Plans			
Pre-Nuptial Agreement			
Post-Nuptial Agreement			
Divorce Decree or Settlement			



Marriage License			
Birth Certificates			
Automobile Title Papers			
Citizenship Papers			
Burial Agreement			
Retirement Plan Beneficiary Designation			
Insurance Beneficiary Designation			
Military Discharge Papers (DD214)			
Employment or Independent Contractor Contract			
Domestic Partnership			
Cohabitation Agreement			
Other:			

My important records can generally be found at:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Home filing cabinet | <input type="checkbox"/> Home safe         | <input type="checkbox"/> Accountant's office        |
| <input type="checkbox"/> Safety deposit box  | <input type="checkbox"/> Attorney's office | <input type="checkbox"/> Financial planner's office |
| <input type="checkbox"/> Other (list):       |  |   |

---

**Note: Be sure important papers, policies, and other documents are sealed in plastic to protect them in case of flooding.**

I  have  do not have a divorce decree which may require certain payments to continue after I am disabled or after my death.

I may receive an inheritance from:

---

The amount of the inheritance may be as much as \$ \_\_\_\_\_

Upon my death, my heirs  will  will not receive a distribution or benefits from a trust.

If yes, the trust instrument was created by: \_\_\_\_\_

The trust instrument can be found: \_\_\_\_\_

I  am  am not currently the Trustee for a trust. If yes, the trust document is located at:

---

I am currently the legal guardian for the following person(s): \_\_\_\_\_

Documents appointing me legal guardian can be found at: \_\_\_\_\_

My most recent personal and any business tax returns can be found at:

I have ownership and/or buy-sell agreements for the following businesses in which I have an ownership:

<b>Business</b>	<b>Date Signed</b>	<b>Located</b>	<b>Partner</b>

I have buy-out insurance for the following businesses:

I have a buy-sell agreement for the following businesses:

I currently am paying state and/or federal quarterly estimated taxes:  Yes  No

I currently am paying quarterly payroll taxes:  Yes  No

### **MY GENERAL INFORMATION**

I  do  do not have a safe deposit box.

It can be found: \_\_\_\_\_

The key can be found: \_\_\_\_\_

The following people have signature authority to open the box:

I  do  do not have a personal safe.

The safe can be found: \_\_\_\_\_

The combination is: \_\_\_\_\_

The password to my computer is: \_\_\_\_\_

My email address is: \_\_\_\_\_ Password: \_\_\_\_\_

Other passwords: \_\_\_\_\_

My internet account is with: \_\_\_\_\_ Account number: \_\_\_\_\_

Other important passwords include:

<b>Item, Program, or Bank</b>	<b>Access Name</b>	<b>Password</b>

Other important information:

<b>My Social Security Number:</b>	<b>My Spouse/Partner Social Security Number:</b>
<b>My Driver's License Number:</b>	<b>My Spouse/Partner Driver's License Number:</b>
<b>My Medicare Number:</b>	<b>My Spouse/Partner Medicare Number:</b>
<b>My Passport Number:</b>	<b>My Spouse/Partner Passport Number:</b>
<b>My Passport Can Be Found:</b>	<b>My Spouse/Partner Passport Can Be Found:</b>

I have provided the following for the education of my family in the following manner:

\_\_\_\_\_

I am supporting a child or charity through the following organization(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have a special needs family member or friend whom I take care of:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_

Nature of Disability: \_\_\_\_\_

Special Services Person(s) Receive: \_\_\_\_\_

Primary Physician and Phone: \_\_\_\_\_

Is there a trust for such a person(s):  Yes  No

Trust documents are located: \_\_\_\_\_

I believe the following person(s) should take over this responsibility:

\_\_\_\_\_

Please provide information on any accounts you handle for this person(s):

\_\_\_\_\_

I currently have the following pets: \_\_\_\_\_

The person(s) I would like to care for the pets: \_\_\_\_\_

Amount from estate to care for the life of the pets: \_\_\_\_\_

In the event of my death, the following additional information which I think is important for my family and advisors to know:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

With regard to my general information, the following additional information which I think is important for my family and advisors to know:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **MY PERSONAL PROPERTY**

List here important personal property you own and the names of those loved ones you would like to receive this property. Include belongings like furniture, jewelry, artwork, family heirlooms, photographs, etc. You may consider having these types of items appraised.

<b>Property Description</b>	<b>Property Location</b>	<b>Photo Included</b>	<b>Name of Person to Receive</b>	<b>Phone Number</b>

**Note: As you are gathering and sorting out your personal possessions, it is recommended that you have jewelry, art, collectibles, etc. appraised to determine their “market value.”**

**IN THE EVENT OF MY INCAPACITY**

I have appointed the following person to act on my behalf if I become disabled:

Power of attorney over my assets:	1 <sup>st</sup> :	_____
	2 <sup>nd</sup> :	_____
	3 <sup>rd</sup> :	_____
Power of attorney for medical decisions:	1 <sup>st</sup> :	_____
	2 <sup>nd</sup> :	_____
	3 <sup>rd</sup> :	_____
Guardian over my property:	1 <sup>st</sup> :	_____
	2 <sup>nd</sup> :	_____
	3 <sup>rd</sup> :	_____
Guardian over my person:	1 <sup>st</sup> :	_____
	2 <sup>nd</sup> :	_____
	3 <sup>rd</sup> :	_____

It is my desire that the persons having the above powers of attorney act on my behalf rather than a guardian being appointed, unless my family believes guardianship is necessary.

In the event of my incapacity, I  do  do not want to be kept home as long as possible, taking into account the cost.

In the event of my incapacity, the following additional information which I think is important for my family and advisors to know:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IN THE EVENT OF MY DEATH**

I have the following final wishes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Funeral Home:  
Location:  
Cemetery:

Plot/Drawer Number:

I  have  have not prepaid the following costs:

Funeral Costs       My Burial Cost       My Burial Plot       My Casket

I have a deceased  Spouse  Parent  Child who is buried at \_\_\_\_\_.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I  wish  do not wish to be buried next to that person.

I  do  do not wish to be cremated.

### MEMORIAL SERVICE PLANNING

Based on availability, I have the following requests for my Funeral Service:

Pastor to Perform Service: \_\_\_\_\_

Location of the Service:  Church  Funeral Home  Grave Side  Other: \_\_\_\_\_

Scripture Readings: \_\_\_\_\_

Organists/Pianists: \_\_\_\_\_

Soloists: \_\_\_\_\_

Hymns/Songs: \_\_\_\_\_

Readings, Poetry, etc. to be Read: \_\_\_\_\_

Other Requests: \_\_\_\_\_

### SPECIAL REQUESTS

Pallbearers: \_\_\_\_\_

Obituary Reading: \_\_\_\_\_

Tombstone Engraving: \_\_\_\_\_

Organs for Donation: \_\_\_\_\_

Memorial Gifts to Go To: \_\_\_\_\_

Other Special Requests: \_\_\_\_\_

## **SECTION FIVE – FAMILY HISTORY & ETHICAL WILL**

### **MY FAMILY HISTORY**

I was born in (City and State): \_\_\_\_\_

Date of Birth (Month, Day, Year): \_\_\_\_\_

My Parents' Full Names: \_\_\_\_\_

My Maternal Grandparents' Full Names: \_\_\_\_\_

My Paternal Grandparents' Full Names: \_\_\_\_\_

I have the following brothers and sisters, including step and half-siblings:

<b>Name:</b>	<b>DOB:</b>
--------------	-------------



<b>Address:</b>	<b>Phone:</b>
<b>Name:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Phone:</b>
<b>Name:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Phone:</b>
<b>Name:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Phone:</b>
<b>Name:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Phone:</b>

My children are:

<b>Name:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Phone:</b>
<b>Name:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Phone:</b>
<b>Name:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Phone:</b>
<b>Name:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Phone:</b>
<b>Name:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Phone:</b>

My grandchildren are:

<b>Name:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Phone:</b>

<b>Name:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Phone:</b>
<b>Name:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Phone:</b>
<b>Name:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Phone:</b>
<b>Name:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Phone:</b>

I have no children.

I was adopted and my birth mother and father are:

---

Information about my adoption or my children's adoption can be found at:

---

I  have  do not have detailed information on my family's history. It is located:

---

I am a member of the following religious organizations: \_\_\_\_\_

I am a member of the following fraternal organizations: \_\_\_\_\_

Some important facts about my family history:

---



---



---

Some important facts about my medical history (include blood type, allergies, medical conditions that may be hereditary, including cancer, heart disease, diabetes, etc.):

---

---

---

---

**MY ETHICAL WILL**

When I am gone, I hope my family will learn from my experiences:

---

---

---

I believe that the most important things in life are:

---

---

---

The most important thing I have done in my life is:

---

---

---

It is my hope that my family will use its inheritance from me to accomplish the following goals in their lives:

---

---

---

How I would like to be remembered:

---

---

---

I have attached to this document my favorite:

Quote

Poem

Story

Other:

---

This document is not intended to replace or supersede my will or any other estate planning documents signed by me. However, it is my express desire that each family member, power holder, executor, trustee, and guardian will use this document and other documents signed by me in making discretionary decisions for me and my family.

---

Signature

---

Print Name

---

Date

Copies of this document were delivered to:

---

---

---

---

---

---

---

---

---

---

---

**CAUTION: Identity theft has become a major problem in the United States. This document is purposely designed to provide your family and advisors as much information as possible about you and your personal and financial situation. *It is also information which, in the wrong hands, could help someone to steal your identity and/or your assets.* You are **STRONGLY** advised to**

- 1) Keep all copies of this document in a locked location which is only accessible by people you fully trust and**
- 2) Provide copies of this document to persons who you are confident can be trusted to maintain the secrecy of your information.**

I have attached the following documents to this document:

- My current financial statement
- A copy of my current life insurance
- A policy in-force statement for my life insurance policies
- A personal property ownership list
- A personal property disposition list
- A more detailed Ethical Will
- Personal property agreements

