

**My Will**

My will is located \_\_\_\_\_.

The personal representative [executor (trix)] who is designated to carry out the provisions of my will is \_\_\_\_\_.

If he/she declines or cannot serve, the alternate representative is \_\_\_\_\_.

My attorney is \_\_\_\_\_ and should be consulted to assist you in settling any legal matters.

In the event estate accounting is required, I suggest my accountant \_\_\_\_\_ be contacted.

Two other people (financial advisors) I recommend to assist you with financial matters are \_\_\_\_\_ and \_\_\_\_\_.

The main provisions of the will are:

**My Heirs**

Name	Age	Relationship	Amount of Bequest (% of Estate)

## My Trusts

Here are brief descriptions of my trusts:

I. This trust is \_\_\_\_\_ in my will \_\_\_\_\_ a separate instrument.

Trustee: \_\_\_\_\_

Assets in the trust:

*(See Trust agreement for details.)*

## Banking

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

My account number(s):

Dependents' name and account number(s):

Location of checkbooks and statements:

**Banking** (cont.)

Information pertaining to my savings account(s):

	Account Number	Name of Institution
1		
2		
3		

Passbooks are located at \_\_\_\_\_.

Special instructions relating to these accounts in the event of my death:

**Investments**

My stockbroker, \_\_\_\_\_,

with \_\_\_\_\_ Company

(address: \_\_\_\_\_), has given me a complete list of our

stocks and bonds as of \_\_\_\_\_, which is attached. This list and values often change.

Notify the broker of my death so the records can be changed.

Title to the stocks and bonds is as follows:

The actual certificates are located:

**Documents**

The deed to the home is located \_\_\_\_\_  
 and is registered in the following name(s):

I estimate the value is approximately \$ \_\_\_\_\_.

The mortgage balance is \$ \_\_\_\_\_ as of \_\_\_\_\_.

The files which pertain to the home such as cost of purchase, improvements, original closing, etc.,  
 are marked \_\_\_\_\_ and located \_\_\_\_\_.

I made an inventory of our household furnishings and their approximate values.  
 That inventory is located \_\_\_\_\_.

The attached photocopy shows the contents of my wallet. You will want to notify the credit card companies if the cards have been lost. Just a reminder about safe deposit box(es):

	Box Number	Location
1		
2		

The key(s) is/are kept \_\_\_\_\_.

Contents:

**Documents** *(cont.)*

Important documents and their locations are as follows:

Document/Important Item	Location
Automobile titles/registrations	
Birth certificate/adoption records	
Income tax records	
Keys	
Military records	
Naturalization/citizenship papers	
Patents and copyrights	
Title insurance	
Death certificate for spouses/relatives	
Veterans' administration information	
Social Security Card	
Person(s) with keys to my house	

**Your Income**

Here is the summary of the income you will have. These figures will of course need to be updated as income and expenses change.

Monthly Income	Amount
Retirement income	\$
Investment income	\$
Your salary	\$
Other income	\$
Social Security payments	\$
<b>TOTAL INCOME</b>	\$

Monthly Expenses	Amount
Mortgage or rental (insurance and taxes too)	\$
Utilities	\$
Household/yard/furnishings	\$
Auto expenses (including insurance, repair, license)	\$
Clothing and personal care	\$
Education	\$
Charitable contributions	\$
Gifts and allowances	\$
Medical and dental	\$
Vacation and recreation	\$
Life insurance	\$
Other:	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL INCOME</b>	\$

**Your Income** (cont.)

I. You will begin receiving **retirement benefits** \_\_\_\_\_.

If you have questions, contact \_\_\_\_\_.

II. To receive **Social Security benefits**, you will need to contact the S. S. office to make an appointment. The S. S. office number is \_\_\_\_\_. Take care of this promptly because if you delay, you may miss some benefits.

Take with you:

- a. My Social Security Card
- b. Death certificate
- c. Birth certificate for each of the children under 18 or those attending college under 22
- d. Marriage certificate
- e. Your birth certificate

III. You \_\_\_\_\_ are \_\_\_\_\_ are not eligible for **veterans' benefits**. To receive these benefits, do the following:

**IV. Investment Income**

Don't hesitate to consult your financial advisors about investment decisions. I recommend the following person(s) to advise you:

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

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

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

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

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

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

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

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

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

**Your Income** (cont.)

I project the funds you will have available to invest as follows:

Source	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL</b>	\$
(Less estimated cost of estate administration, funeral, medical, and taxes)	-\$
<b>NET AVAILABLE FOR INVESTMENT</b>	\$

**My Military History**

Service Number: \_\_\_\_\_  
 Branch of Service: \_\_\_\_\_  
 Length of Service: \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_  
 Rank: \_\_\_\_\_

I do  I do not have a service-connected disability.

Location of special papers:

Document	Location



**Other Real Estate We Own**

Nature of Title <i>(Joint ownership, Tenants-in-common)</i>	Mortgage Balance	Date of Purchase	Cost	Approximate Value

The file where more information is kept about this property is located \_\_\_\_\_.

**My Business Interests**

Business information: Proprietorship, Partnership, Corporation

Description	Source of Ownership

The following persons can help you with the business matters:

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

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

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

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

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

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

## Funeral Instructions

Funeral Home: \_\_\_\_\_

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

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

1. I direct that my body be used for medical purposes as follows:

2. I request postmortem examination be made if desirable.

3. I direct cremation of remains.

No ashes to remain

Disposition of ashes as follows:

4. I request burial in the following manner:

Place of burial: \_\_\_\_\_

Address \_\_\_\_\_

5. I wish memorial service with no casket present.

**Funeral Instructions** (cont.)

6. I desire a funeral with remains present:

Closed casket

Open casket

Special Information:

7. Service:

Location \_\_\_\_\_

Officiator \_\_\_\_\_

Music \_\_\_\_\_

Other:

8. I request that memorial gifts be given to the following:

Charitable institution(s):

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Other information:

## Insurance

Below on this page is a list of my life insurance policies. You will want to receive the proceeds as soon as possible.

Call my agent \_\_\_\_\_ with \_\_\_\_\_  
at \_\_\_\_\_ to help you or have your  
financial advisor or attorney help you. You may write the companies directly, enclosing a copy of the death certificate.

The homeowner's policy is with \_\_\_\_\_.

The policy (# \_\_\_\_\_) is located \_\_\_\_\_.

The automobile insurance is with \_\_\_\_\_.

The policy (# \_\_\_\_\_) is located \_\_\_\_\_.

My medical insurance is with \_\_\_\_\_.

The policy (# \_\_\_\_\_) is located \_\_\_\_\_.

## List of Insurance Policies on My Life

1. Company \_\_\_\_\_  
Policy # \_\_\_\_\_  
Face Amount \$ \_\_\_\_\_  
Loan Balance \$ \_\_\_\_\_  
Net Amount Due You \$ \_\_\_\_\_
2. Company \_\_\_\_\_  
Policy # \_\_\_\_\_  
Face Amount \$ \_\_\_\_\_  
Loan Balance \$ \_\_\_\_\_  
Net Amount Due You \$ \_\_\_\_\_
3. Company \_\_\_\_\_  
Policy # \_\_\_\_\_  
Face Amount \$ \_\_\_\_\_  
Loan Balance \$ \_\_\_\_\_  
Net Amount Due You \$ \_\_\_\_\_
4. Company \_\_\_\_\_  
Policy # \_\_\_\_\_  
Face Amount \$ \_\_\_\_\_  
Loan Balance \$ \_\_\_\_\_  
Net Amount Due You \$ \_\_\_\_\_

**My Employment Record**

Dates (From-to)	Name of Employer	Approximate Annual Income
		\$
		\$
		\$
		\$
		\$
		\$

**Debts Owed Me**

Description and Terms	Present Balance	Location of Documents
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

**Debts I Owe**

Description and Terms	Present Balance	Location of Documents
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Other information:

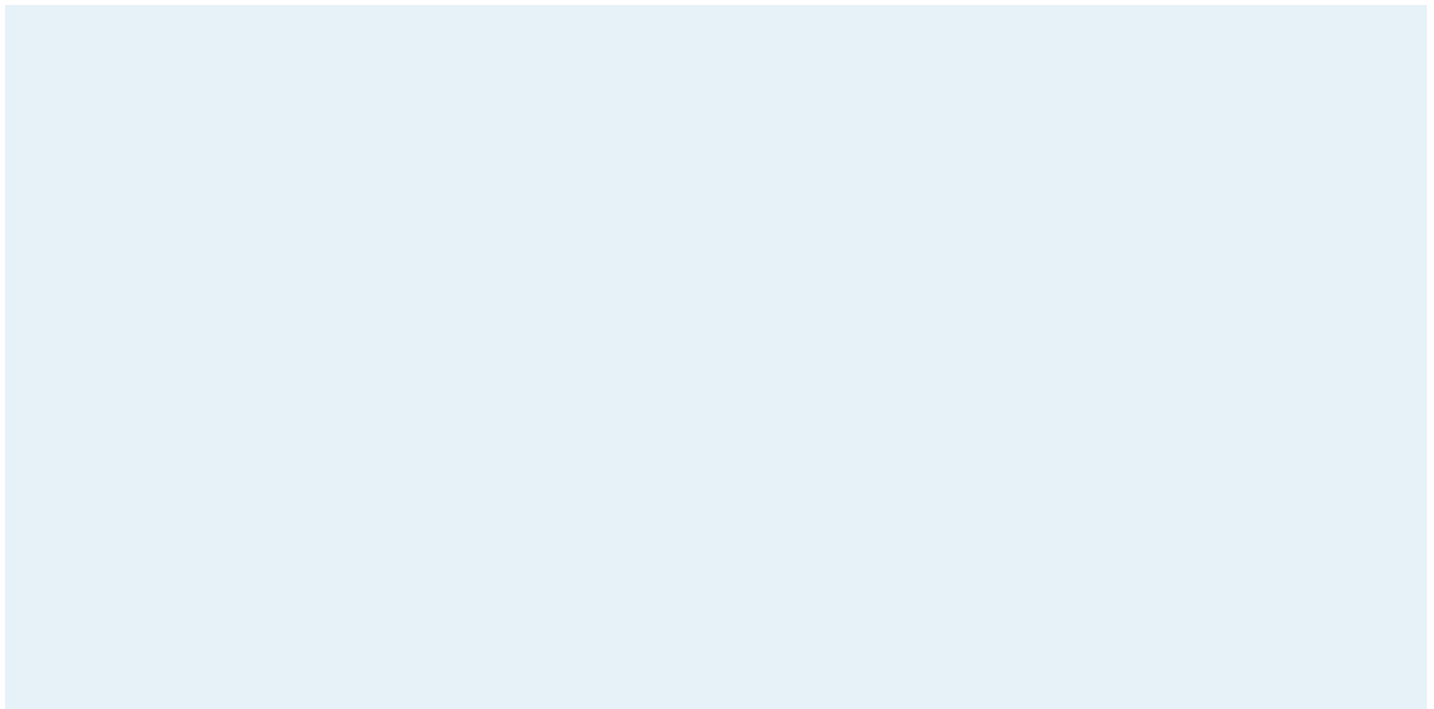
## List of Passwords

List of passwords to my computer, accounts online, etc.:



## List of Preferred Providers

List of providers—doctor, dentist, insurance agent, etc.:



## Other Information

Please list any other instructions or information that has not been covered at this point.

