

SURVIVOR'S GUIDE

What you need to know about my life, my finances, my assets, and my final wishes

PROVIDED FOR YOU BY





Dear Friend:

The purpose of the Survivor's Guide is to help you organize all your personal and financial data in one convenient location. Eventually, someone will have to handle your affairs without you, and this will give them an easy way to find and access vital details about your contacts, legal matters, health information, financial affairs, and day-to-day practical matters. Getting organized for your family's sake is one of the nicest things you can do to relieve undue stress and uncertainty in an already grievous situation.

This document also provides a convenient place to list what arrangements you have made, and is a place to record where valuable documents are kept. You will undoubtedly want to talk with an attorney, your life insurance agent, and other financial advisors to help assemble your affairs. **This document in no way replaces a Will and/or Trust.**

Take the time to record your information now. It is a caring way to help your family through what will be one of the most trying periods of their lives. Your preparation will ease the burden of your survivors and allow them to focus their efforts on remembering the amazing memories you created for and with them.

We hope this Guide is a valuable tool for you.

NOTE: This Survivor's Guide IS NOT legally binding. It is not a will and its purpose is not to give assets to a benefactor. We are only providing suggestions that come from personal experiences. Consider reviewing this guide once a year and updating as necessary.

GETTING STARTED

The purpose of the Survivor's Guide, is to motivate you to make plans for an orderly transition. Eventually, someone will have to handle your affairs without you. Preparation will ease the burden on your loved ones.

This may seem like a huge undertaking and a bit daunting, but it will be well worth it. Here are a few helpful thoughts:

1. Don't worry about filling in every space on the first pass through. If a section or entire page is not important or doesn't apply to you, then just leave it blank or cross it out.
2. Some information is repeated in this Guide. That's ok, it will help your loved one find information more quickly.
3. Read the table of contents and then fill out the pages/sections that are important to you first.
4. You can keep this information in a 3-hole binder as you complete. This will allow you to update/add and delete information as necessary. This also allows you to add necessary papers/documents.
5. Add a statement for each credit card, bank loan, retirement plan, etc. and place in their respective section. Statements may not contain all the information a person might need, but it is a good starting place and you can add details later.
6. Feel free to add your own pages wherever it suits you. Some sections you may want to add plastic pockets to put actual documents into.
7. Your binder will contain personal information so you are going to need to properly and securely store this document. When storing important documents, you have two goals: keep the information close at hand, in case you need to access it and keep the information safe from theft, fire, or other emergencies.
8. **Notify one or more trusted loved ones of this Survivor's Guide contents and its location.**

NOTE TO FAMILY: Order at least 10 death certificates. A separate certified death certificate may be needed for each insurance policy, and each asset, (i.e., real estate, stocks, bonds, mutual funds, bank accounts, etc.) The funeral director will typically order them for you.

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ABOUT ME

Legal Name: _____

Birth Name: _____

Current address: _____

Date of Birth: _____ Place of Birth: _____

Social Security #: _____ Marital Status: _____

Occupation: _____

Spouse's Name: _____

Date of Birth: _____ Date of Death: _____

Father's name: _____ Father's Birthplace: _____

Date of Birth: _____ Date of Death: _____

Place of Internment: _____

Mother's name: _____ Mother's Birthplace: _____

Date of Birth: _____ Date of Death: _____

Place of Internment: _____

NOTES:

NOTE: Most of the information on this page will be needed for a death certificate.

ABOUT ME

Siblings:

Full Name	Date of Birth

Children:

Full Name	Date of Birth

NOTES:

ARMED SERVICES

Military Records

Branch of Service: _____

Service ID #: _____

Induction date: _____ Discharge date: _____

Type of discharge received: _____

Rank at discharge: _____

Location of discharge papers (DD-214): _____

Location of other Military documents: _____

V.A. claim #: _____

Notes on service:

Military Benefits

Currently collecting military pension: Yes No
(If yes, go to income page)

Are there survivor benefits from this pension? Yes No
Notes:

Life Insurance from Military service? Yes No
(If yes, go to insurance page)

Active Military Health Insurance benefits? Yes No
(If yes, go to insurance page)

ARMED SERVICES

NOTES:

KEY CONTACTS

ACCOUNTANT: _____

COMPANY: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

ATTORNEY: _____

COMPANY: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

CLERGY: _____

CHURCH: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

EXECUTOR OF ESTATE: _____

COMPANY: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

NOTES:

KEY CONTACTS

FINANCIAL ADVISOR: _____

COMPANY: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

INSURANCE AGENT: _____

COMPANY: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

POWER OF ATTORNEY FOR FINANCE AND PROPERTY: _____

COMPANY: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

POWER OF ATTORNEY FOR HEALTHCARE: _____

COMPANY: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

NOTES:

KEY CONTACTS

OTHER

TAX PREPARER: _____

COMPANY: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

NAME/SERVICE: _____

COMPANY: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

NAME/SERVICE: _____

COMPANY: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

NAME/SERVICE: _____

COMPANY: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

KEY CONTACTS-HEALTHCARE

(PHYSICIANS, DENTIST, OPTOMETRIST, ETC.):

PHYSICIAN: _____

SPECIALTY: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

PHYSICIAN: _____

SPECIALTY: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

PHYSICIAN: _____

SPECIALTY: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

PHYSICIAN: _____

SPECIALTY: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

NOTES:

KEY CONTACTS-HEALTHCARE

(PHYSICIANS, DENTIST, OPTOMETRIST, ETC.):

PHYSICIAN: _____
SPECIALTY: _____
ADDRESS: _____
PHONE #: _____ EMAIL: _____

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SPECIALTY: _____
ADDRESS: _____
PHONE #: _____ EMAIL: _____

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SPECIALTY: _____
ADDRESS: _____
PHONE #: _____ EMAIL: _____

PHYSICIAN: _____
SPECIALTY: _____
ADDRESS: _____
PHONE #: _____ EMAIL: _____

NOTES:

WILLS / TRUSTS

Wills/ Trusts

I have a will/trust.

I do not have a will/trust.

Exact name of the trust: _____

Original copy of my will/trust are located: _____

Copies of my will/trust are located: _____

Executor's name: _____

Telephone Number: _____ Email: _____

Name of Attorney: _____

Telephone Number: _____ Email: _____

NOTES:

DPOA / DPOH

Durable Power of Attorney (DPOA)

I have a DPOA

I DO NOT have a DPOA

Copy of my DPOA is attached: Yes No

Original and copies of my DPOA are located: _____

Designated Agent's Name: _____

Phone #: _____ Email: _____

Durable Power of Attorney for Healthcare (DPOH)

I have a DPOH

I DO NOT have a DPOH

Copy of my DPOH is attached: Yes No

Original and copies of my DPOH are located: _____

Designated Agent's Name: _____

Phone #: _____ Email: _____

NOTES:

FINANCIAL ASSETS

Sources of Immediate Cash

During the period immediately following my death, the best source(s) to obtain cash for immediate needs are as follows:

Bank Account Information

Financial Institution: _____

Type of Account: checking savings money market CD IRA other

Account #: _____

Location of checks for this account: _____

Location of statements and documents: _____

Are there any regular automatic or direct deposits into and/or payments from this account?

Yes No

Describe: _____

Describe all ATM, debit & other cards linked to this account: (include kind of card, number and location of card(s): _____

NOTES:

FINANCIAL ASSETS

Bank Account Information

Financial Institution: _____

Type of Account: checking savings money market CD IRA other

Account #: _____

Location of checks for this account: _____

Location of statements and documents: _____

Are there any regular automatic or direct deposits into and/or payments from this account?

Yes No

Describe: _____

Describe all ATM, debit & other cards linked to this account: (include kind of card, number and location of card(s): _____

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Are there any regular automatic or direct deposits into and/or payments from this account?

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Describe: _____

Describe all ATM, debit & other cards linked to this account: (include kind of card, number and location of card(s): _____

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Bank Account Information

Financial Institution: _____

Type of Account: checking savings money market CD IRA other

Account #: _____

Location of checks for this account: _____

Location of statements and documents: _____

Are there any regular automatic or direct deposits into and/or payments from this account?

Yes No

Describe: _____

Describe all ATM, debit & other cards linked to this account: (include kind of card, number and location of card(s): _____

NOTES:

FINANCIAL ASSETS

Brokerage and Mutual Funds

Financial Institution: _____

Type of Account: _____

Account #: _____

Location of statements and documents: _____

Are there any regular automatic or direct deposits into and/or payments from this account?

Yes

No

Describe: _____

Describe all ATM, debit & other cards linked to this account: (include kind of card, number and location of card(s): _____

NOTES:

NOTE: Include any IRA's and 401(k)s

FINANCIAL ASSETS

Brokerage and Mutual Funds

Financial Institution: _____

Type of Account: _____

Account #: _____

Location of statements and documents: _____

Are there any regular automatic or direct deposits into and/or payments from this account?

Yes

No

Describe: _____

Describe all ATM, debit & other cards linked to this account: (include kind of card, number and location of card(s): _____

NOTES:

NOTE: Include any IRA's and 401(k)s

FINANCIAL ASSETS

Brokerage and Mutual Funds

Financial Institution: _____

Type of Account: _____

Account #: _____

Location of statements and documents: _____

Are there any regular automatic or direct deposits into and/or payments from this account?

Yes

No

Describe: _____

Describe all ATM, debit & other cards linked to this account: (include kind of card, number and location of card(s): _____

NOTES:

NOTE: Include any IRA's and 401(k)s

FINANCIAL ASSETS

OTHER FINANCIAL ASSETS

Name and description of asset: _____

Name of Brokerage firm: _____

Contact Name: _____ Number: _____

Quantity of shares owned: _____

Location of certificates/documents/shares: _____

Notes: _____

Name and description of asset: _____

Name of Brokerage firm: _____

Contact Name: _____ Number: _____

Quantity of shares owned: _____

Location of certificates/documents/shares: _____

Notes: _____

Name and description of asset: _____

Name of Brokerage firm: _____

Contact Name: _____ Number: _____

Quantity of shares owned: _____

Location of certificates/documents/shares: _____

Notes: _____

NOTE: Include directly owned stocks, savings bonds, municipal bonds, stocks, and other passive financial ownership. Brokerage firm and Stockbroker can be listed under KEY CONTACTS

FINANCIAL ASSETS

Annuities

Insurance company who issued the annuity: _____

Address: _____

Telephone Number: _____

Location of the annuity documents and statements: _____

Notes: _____

Annuities

Insurance company who issued the annuity: _____

Address: _____

Telephone Number: _____

Location of the annuity documents and statements: _____

Notes: _____

NOTES:

ADDITIONAL FINANCIAL INFORMATION

Debt Owed to Me

Who owes this debt?: _____

Address: _____

Phone #: _____ Email: _____

Location of written Loan note/Agreement or other documents on this debt: _____

Terms for repaying this debt: _____

Notes: _____

Debt Owed to Me

Who owes this debt?: _____

Address: _____

Phone #: _____ Email: _____

Location of written Loan note/Agreement or other documents on this debt: _____

Terms for repaying this debt: _____

Notes: _____

NOTES:

ADDITIONAL FINANCIAL INFORMATION

Debt I Owe

Who I owe: _____

Address: _____

Phone #: _____ Email: _____

Location of written Loan note/Agreement or other documents on this debt: _____

Terms for repaying this debt: _____

Notes: _____

Debt I Owe

Who I owe: _____

Address: _____

Phone #: _____ Email: _____

Location of written Loan note/Agreement or other documents on this debt: _____

Terms for repaying this debt: _____

Notes: _____

NOTES:

CURRENT INCOME

Income Inventory	Amount	Frequency	Source/Contact	Payment Method
Wages/Salary				
Social Security				
VA Pension				
Pension (employment)				
Interest (checking, savings, loans)				
Rental				
Trust				
Alimony				
Stock Dividends				
IRA				
Annuities				
Insurance				
Disability				
Brokerage Account(s)				
TOTAL MONTHLY INCOME				

NOTES:

EMPLOYER BENEFITS AVAILABLE UPON MY DEATH

Employer: _____

Phone #: _____

Contact: _____

CHECK ALL THAT MAY APPLY:

Group life insurance

Voluntary Life Insurance

Deferred Compensation

Voluntary Benefits (i.e. Short-term disability, long-term disability, accident, critical illness, etc.)

Pension (survivor's benefits)

Profit-Sharing plan Survivor Benefits

COBRA (continuation coverage for dependents)

Unpaid Wages

401K

Notes: _____

If die on the job, additional benefits may be payable to my family from:

Worker's Compensation

Accidental Travel Insurance

Other

Past Employer: _____

Phone #: _____

Contact: _____

Benefits may include: _____

SAFE/STORAGE UNIT/PO BOX/SAFETY DEPOSIT BOX

Safe

Location of Safe: _____

Safe combination (or who has it) or key and where it is located: _____

Notes: _____

Storage Unit

Location of storage unit: _____

Unit # at storage facility: _____

How to access storage unit (combination lock, key and where located): _____

Notes: _____

Post Office Box

Location of post office box: _____

Number of post office box: _____

How to access post office box (combination lock, key and where located): _____

Notes: _____

SAFE/STORAGE UNIT/PO BOX/SAFETY DEPOSIT BOX

Safety Deposit Box

Location of safety deposit box: _____

Number of safety deposit box: _____

Location of safety deposit box key: _____

Name and contact information if there is a co-owner(s): _____

Notes: _____

NOTES:

NOTE: On accessing a safe deposit box: normally just the owner/co-owner have access. Owner’s agent can have access under the durable power of attorney for finances. Upon owner’s death, state law will determine access.

INSURANCE

HEALTH INSURANCE

(Include all health insurance policies, e.g. disability, accident, long-term care, medical, dental, vision, etc)

Health Insurance Policy #1

Type of Insurance: _____ Policy #: _____

Location of policy/documents: _____

Company who issued policy: _____

Contact Name: _____ Phone #: _____

Details: _____

Health Insurance Policy #2

Type of Insurance: _____ Policy #: _____

Location of policy/documents: _____

Company who issued policy: _____

Contact Name: _____ Phone #: _____

Details: _____

INSURANCE

HEALTH INSURANCE

(Include all health insurance policies, e.g. disability, accident, long-term care, medical, dental, vision, etc)

Health Insurance Policy #3

Type of Insurance: _____ Policy #: _____

Location of policy/documents: _____

Company who issued policy: _____

Contact Name: _____ Phone #: _____

Details: _____

Health Insurance Policy #4

Type of Insurance: _____ Policy #: _____

Location of policy/documents: _____

Company who issued policy: _____

Contact Name: _____ Phone #: _____

Details: _____

INSURANCE

HEALTH INSURANCE

(Include all health insurance policies, e.g. disability, accident, long-term care, medical, dental, vision, etc)

Health Insurance Policy #5

Type of Insurance: _____ Policy #: _____

Location of policy/documents: _____

Company who issued policy: _____

Contact Name: _____ Phone #: _____

Details: _____

Health Insurance Policy #6

Type of Insurance: _____ Policy #: _____

Location of policy/documents: _____

Company who issued policy: _____

Contact Name: _____ Phone #: _____

Details: _____

INSURANCE

LIFE INSURANCE

(Include Term, group, whole life, universal, Government, etc)

Life Insurance Policy #1

Type of Insurance: _____ Policy #: _____

Location of policy/documents: _____

Name of Insured: _____ Policy Owner: _____

Company who issued policy: _____

Contact Name: _____ Phone #: _____

Details/description of coverage: _____

Life Insurance Policy #2

Type of Insurance: _____ Policy #: _____

Location of policy/documents: _____

Name of Insured: _____ Policy Owner: _____

Company who issued policy: _____

Contact Name: _____ Phone #: _____

Details/description of coverage: _____

INSURANCE

LIFE INSURANCE

(Include Term, group, whole life, universal, Government, etc)

Life Insurance Policy #3

Type of Insurance: _____ Policy #: _____

Location of policy/documents: _____

Name of Insured: _____ Policy Owner: _____

Company who issued policy: _____

Contact Name: _____ Phone #: _____

Details/description of coverage: _____

Life Insurance Policy #4

Type of Insurance: _____ Policy #: _____

Location of policy/documents: _____

Name of Insured: _____ Policy Owner: _____

Company who issued policy: _____

Contact Name: _____ Phone #: _____

Details/description of coverage: _____

INSURANCE

DISABILITY INSURANCE

Type of Disability Insurance: _____	Policy #: _____
Location of policy/documents: _____	
Name of Insured: _____	Policy Owner: _____
Company who issued policy: _____	
Contact Name: _____	Phone #: _____
Details/description of coverage: _____	

LONG-TERM CARE INSURANCE

Type of Insurance (Indemnity, or other): _____	Policy #: _____
Location of policy/documents: _____	
Name of Insured: _____	Policy Owner: _____
Company who issued policy: _____	
Contact Name: _____	Phone #: _____
Details/description of coverage: _____	

NOTES:

INSURANCE

HOME OWNER/RENTER INSURANCE

Insurance Policy #1

Type of Insurance: _____ Policy #: _____

Location of policy/documents: _____

Address covered: _____

Company who issued policy: _____

Contact Name: _____ Phone #: _____

Details/description of coverage: _____

Insurance Policy #2

Type of Insurance: _____ Policy #: _____

Location of policy/documents: _____

Address covered: _____

Company who issued policy: _____

Contact Name: _____ Phone #: _____

Details/description of coverage: _____

INSURANCE

HOME OWNER/RENTER INSURANCE

Insurance Policy #3

Type of Insurance: _____ Policy #: _____

Location of policy/documents: _____

Address covered: _____

Company who issued policy: _____

Contact Name: _____ Phone #: _____

Details/description of coverage: _____

Insurance Policy #4

Type of Insurance: _____ Policy #: _____

Location of policy/documents: _____

Address covered: _____

Company who issued policy: _____

Contact Name: _____ Phone #: _____

Details/description of coverage: _____

NOTES:

INSURANCE

AUTO, BOAT & OTHER VEHICLE INSURANCE

Insurance Policy #1

Type of Insurance: _____ Policy #: _____

Location of policy/documents: _____

Vehicle(s) covered: _____

Company who issued policy: _____

Contact Name: _____ Phone #: _____

Details/description of coverage: _____

Insurance Policy #2

Type of Insurance: _____ Policy #: _____

Location of policy/documents: _____

Vehicle(s) covered: _____

Company who issued policy: _____

Contact Name: _____ Phone #: _____

Details/description of coverage: _____

NOTES:

INSURANCE

AUTO, BOAT & OTHER VEHICLE INSURANCE

Insurance Policy #3

Type of Insurance: _____ Policy #: _____

Location of policy/documents: _____

Vehicle(s) covered: _____

Company who issued policy: _____

Contact Name: _____ Phone #: _____

Details/description of coverage: _____

Insurance Policy #4

Type of Insurance: _____ Policy #: _____

Location of policy/documents: _____

Vehicle(s) covered: _____

Company who issued policy: _____

Contact Name: _____ Phone #: _____

Details/description of coverage: _____

NOTES:

INSURANCE

PERSONAL LIABILITY INSURANCE:

Insurance Policy #1

Type of Insurance: _____ Policy #: _____

Location of policy/documents: _____

Who is covered: _____

Company who issued policy: _____

Contact Name: _____ Phone #: _____

Details/description of coverage: _____

Insurance Policy #2

Type of Insurance: _____ Policy #: _____

Location of policy/documents: _____

Who is covered: _____

Company who issued policy: _____

Contact Name: _____ Phone #: _____

Details/description of coverage: _____

NOTES:

INSURANCE

OTHER INSURANCE (Include burial, flood, fire, earthquake, pet, etc.):

Insurance Policy #1

Type of Insurance: _____ Policy #: _____

Location of policy/documents: _____

Who or what is covered: _____

Company who issued policy: _____

Contact Name: _____ Phone #: _____

Details/description of coverage: _____

Insurance Policy #2

Type of Insurance: _____ Policy #: _____

Location of policy/documents: _____

Who or what is covered: _____

Company who issued policy: _____

Contact Name: _____ Phone #: _____

Details/description of coverage: _____

NOTES:

INSURANCE

OTHER INSURANCE (Include burial, flood, fire, earthquake, pet, etc.):

Insurance Policy #3

Type of Insurance: _____ Policy #: _____

Location of policy/documents: _____

Who or what is covered: _____

Company who issued policy: _____

Contact Name: _____ Phone #: _____

Details/description of coverage: _____

Insurance Policy #4

Type of Insurance: _____ Policy #: _____

Location of policy/documents: _____

Who or what is covered: _____

Company who issued policy: _____

Contact Name: _____ Phone #: _____

Details/description of coverage: _____

NOTES:

PERSONAL PROPERTY

REAL ESTATE:

Property #1

Address: _____

Location of mortgage/deed: _____

Location of keys: _____

Company who issued policy: _____

Co-Owner: _____ Phone #: _____

Mortgage Company: _____ Phone #: _____

If this is a rental property, provide tenant information: _____

Location of rental agreement or Rental company: _____

Desired Real Estate agent for sale of property: _____

Notes:

NOTE: Disposition of property is addressed in my Will.

PERSONAL PROPERTY

REAL ESTATE:

Property #2

Address: _____

Location of mortgage/deed: _____

Location of keys: _____

Company who issued policy: _____

Co-Owner: _____ Phone #: _____

Mortgage Company: _____ Phone #: _____

If this is a rental property, provide tenant information: _____

Location of rental agreement or Rental company: _____

Desired Real Estate agent for sale of property: _____

Notes:

PERSONAL PROPERTY

REAL ESTATE:

Property #3

Address: _____

Location of mortgage/deed: _____

Location of keys: _____

Company who issued policy: _____

Co-Owner: _____ Phone #: _____

Mortgage Company: _____ Phone #: _____

If this is a rental property, provide tenant information: _____

Location of rental agreement or Rental company: _____

Desired Real Estate agent for sale of property: _____

Notes:

PERSONAL PROPERTY

VEHICLES:

Vehicle #1

Make: _____ Model: _____

Year: _____ License #: _____

Location of keys: _____

Creditor: _____ Phone #: _____

Notes: _____

Vehicle #2

Make: _____ Model: _____

Year: _____ License #: _____

Location of keys: _____

Creditor: _____ Phone #: _____

Notes: _____

Vehicle #3

Make: _____ Model: _____

Year: _____ License #: _____

Location of keys: _____

Creditor: _____ Phone #: _____

Notes: _____

PERSONAL PROPERTY

RECREATIONAL VEHICLE(S) (Boat, motorcycle, golf cart, ATV, etc)

Type of vehicle: _____

Make: _____ Model: _____

Year: _____ License #: _____

Location of keys: _____

Creditor: _____ Phone #: _____

Notes: _____

Type of vehicle: _____

Make: _____ Model: _____

Year: _____ License #: _____

Location of keys: _____

Creditor: _____ Phone #: _____

Notes: _____

NOTES:

PERSONAL PROPERTY

RECREATIONAL VEHICLE(S) (Boat, motorcycle, golf cart, ATV, etc)

Type of vehicle: _____	
Make: _____	Model: _____
Year: _____	License #: _____
Location of keys: _____	
Creditor: _____	Phone #: _____
Notes: _____	

Type of vehicle: _____	
Make: _____	Model: _____
Year: _____	License #: _____
Location of keys: _____	
Creditor: _____	Phone #: _____
Notes: _____	

NOTES:

NOTE: If more boxes are needed, copy this page.

PERSONAL PROPERTY

GUN

Type of gun: _____	Model: _____
Location: _____	
Registration #: _____	
Notes on disposition: _____	

Type of gun: _____	Model: _____
Location: _____	
Registration #: _____	
Notes on disposition: _____	

Type of gun: _____	Model: _____
Location: _____	
Registration #: _____	
Notes on disposition: _____	

NOTES:

NOTE: If more boxes are needed, copy this page.
--

PERSONAL PROPERTY

OTHER

Item: _____

Location: _____

Notes on disposition: _____

NOTES:

NOTE: If more boxes are needed, copy this page.

LOCATION OF IMPORTANT PAPERS/DOCUMENTS

Document	Location	N/A
Address Book		
Adoption Certificates		
Automobile Title/Registration		
Bank Statements		
Birth Certificate		
Bonds		
Burial Plan/Pre-paid Contract		
Business Agreement(s)/Contract(s)		
Canceled Checks		
Checks/Check Book		
Death Certificate(s) (Family Members)		
Divorce Documentation		
Driver's License		
Household Improvement Records		
Judgements For or Against Me		
Lifetime Warranties		
Marriage Certificate		
Medical/Insurance Card(s)		
Military Service Records		
Naturalization Documents		
Organ/Body Donation Records		
Passport		
Pension/Profit Sharing/Other Retirement Death Benefits		
Property Tax Statements		
Real Estate Deed/Mortgage		
Social Security Card		
Stocks Certificates		
Tax Returns/Current Tax Information		
Vehicle Registration/Title		
Veterans Discharge Certificate		
W-2/Earnings Records		

NOTE TO FAMILY: Remember to cancel credit cards, memberships, etc.

Document	Location	N/A
Other:		

NOTES:

CREDIT CARDS

Name of card: _____

Card number (or last 4 digits): _____

Issuing bank or other institution: _____

Customer service phone number: _____

Location of card: _____

Location of statements & records: _____

If there is an annual fee, how much and what month is this due?: _____

List any automatic charges to this card:

What	Amount	When

Describe any ancillary card benefits (e.g. frequent flyer miles, accidental death benefits, cash back rebates, etc):

CREDIT CARDS

Name of card: _____

Card number (or last 4 digits): _____

Issuing bank or other institution: _____

Customer service phone number: _____

Location of card: _____

Location of statements & records: _____

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List any automatic charges to this card:

What	Amount	When

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Name of card: _____

Card number (or last 4 digits): _____

Issuing bank or other institution: _____

Customer service phone number: _____

Location of card: _____

Location of statements & records: _____

If there is an annual fee, how much and what month is this due?: _____

List any automatic charges to this card:

What	Amount	When

Describe any ancillary card benefits (e.g. frequent flyer miles, accidental death benefits, cash back rebates, etc):

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Name of card: _____

Card number (or last 4 digits): _____

Issuing bank or other institution: _____

Customer service phone number: _____

Location of card: _____

Location of statements & records: _____

If there is an annual fee, how much and what month is this due?: _____

List any automatic charges to this card:

What	Amount	When

Describe any ancillary card benefits (e.g. frequent flyer miles, accidental death benefits, cash back rebates, etc):

CREDIT CARDS

Name of card: _____

Card number (or last 4 digits): _____

Issuing bank or other institution: _____

Customer service phone number: _____

Location of card: _____

Location of statements & records: _____

If there is an annual fee, how much and what month is this due?: _____

List any automatic charges to this card:

What	Amount	When

Describe any ancillary card benefits (e.g. frequent flyer miles, accidental death benefits, cash back rebates, etc):

CREDIT CARDS

Name of card: _____

Card number (or last 4 digits): _____

Issuing bank or other institution: _____

Customer service phone number: _____

Location of card: _____

Location of statements & records: _____

If there is an annual fee, how much and what month is this due?: _____

List any automatic charges to this card:

What	Amount	When

Describe any ancillary card benefits (e.g. frequent flyer miles, accidental death benefits, cash back rebates, etc):

REOCCURRING EXPENSES/CONTRACTS

EXPENSE	VENDOR	CONTACT #	WHEN AND HOW PAID
Alarm System			
Alimony			
Association Dues/Fees			
Auto Club			
Auto Insurance			
Cable/Satellite			
Car Payment			
Cell Phone			
Church Donations			
Dental Insurance			
Electricity			
Entertainment Subscription			
Gardner/Yard Care			
Gas			
Gym Membership			
Health Insurance			
Home Improvement Contract			
Home Owner's Dues			
Housekeeper			
Insurance-Other			
Internet			
Life Line Services			
Magazine(s)			
Mail Order Pharmacy			
Mortgage/Rent			
Newspaper(s)			
Pest Control			
Plumbing			
P.O. Box			
Pool Service			
Professional Membership Dues			
Safety Deposit Box			
Storage Unit			
Telephone			

REOCCURRING EXPENSES/CONTRACTS

EXPENSE	VENDOR	CONTACT #	WHEN AND HOW PAID
Toll Road			
Trash			
Vision Insurance			
Window Washer			
Others:			

NOTES:

NOTE: You may want to consider attaching a copy of bills/invoices after this section.

NOTE TO FAMILY: Cancellation or transfer of some of these services may require a death certificate. Try to use a copy instead of original.

PROFESSIONAL ASSOCIATION MEMBERSHIPS

ASSOCIATION	CONTACT	DUES/FEES	SHOULD BE NOTIFIED/ CANCELLED

NOTES:

NOTE: One or more of these may already be listed in the Reoccurring Expenses section.

EMAIL/SOCIAL MEDIA

EMAIL

Email Address: _____

Password: _____

Notes: _____

FACEBOOK

Email Login: _____

Password: _____

Notes: _____

INSTAGRAM

Email Login/User Name: _____

Password: _____

Notes: _____

LINKEDIN

Email Login: _____

Password: _____

Notes: _____

EMAIL/SOCIAL MEDIA

TWITTER

Email Login: _____

Password: _____

Notes: _____

SNAPCHAT

User Name: _____

Password: _____

Notes: _____

OTHER

What: _____ User Name: _____

Password: _____

Notes: _____

OTHER

What: _____ User Name: _____

Password: _____

Notes: _____

NOTE: Check the Terms of Service for each to learn what happens to your account on death. Consider saving important emails, photos etc., separately.

ABOUT MY PETS

Pet Name: _____ Age/Date of Birth: _____
Type: _____ Breed: _____
Veterinarian: _____ Phone: _____
Food Brand: _____
Medications: _____
Allergies: _____
Any arrangements made for someone to take?: _____

Pet Name: _____ Age/Date of Birth: _____
Type: _____ Breed: _____
Veterinarian: _____ Phone: _____
Food Brand: _____
Medications: _____
Allergies: _____
Any arrangements made for someone to take?: _____

Pet Name: _____ Age/Date of Birth: _____
Type: _____ Breed: _____
Veterinarian: _____ Phone: _____
Food Brand: _____
Medications: _____
Allergies: _____
Any arrangements made for someone to take?: _____

NOTE: Copy if additional pages needed.

ORGAN/BODY DONATION

My wish is to donate the following:

The following organs and tissue: _____

My whole body to medical science

Preferred institution: _____

Location of documents if prearranged: _____

Nothing, I do not want to donate my organs, tissue or body.

NOTES:

NOTE: This will help communicate your wishes, however, each state has its own legal donor card form you must sign and carry in order to be legally binding and to ensure your wishes are carried out.

FUNERAL AND BURIAL PREFERENCES

PREARRANGED FUNERAL PLAN

Yes, a "prepaid" plan	Yes, though not a "prepaid" plan	No
Location of documents if prearranged: _____		
Business providing the prepaid funeral services: _____		
Contact Name : _____	Phone: _____	

MEMBERSHIP IN A FUNERAL OR CREMATION ORGANIZATION

Membership in a Funeral or Cremation Organization?	Yes	No
If Yes: Name of organization: _____		
Contact Name : _____	Phone: _____	
Location of document: _____		
Details about membership: _____		

MILITARY BURIAL & MEMORIAL BENEFITS

Eligible for burial and memorial benefits from the U.S. Department of Veterans Affairs	
Yes	No
If Yes, benefits I am interested in are: _____	

NOTE: To learn what benefits are available, visit the Department of Veterans Affairs website at www.cem.va.gov . Depending on eligibility, these benefits may include Military Funeral Honors, free burial in a national cemetery, Government headstone or grave marker, a U.S. flag to drape the casket or accompany the urn, and a Presidential Memorial certificate.	

NOTE TO FAMILY: Detailed military information, including location of DD-214 discharge papers can be found in the ARMED SERVICES section of this document.

FUNERAL AND BURIAL PREFERENCES

Who should take charge and carry out my final arrangements:

PRIMARY

Name : _____ Relationship: _____

Telephone : _____ Email: _____

SECONDARY

Name : _____ Relationship: _____

Telephone : _____ Email: _____

Body Preparation (check all that apply):

Embalming

Burial

Cremation

Type of Vessel:

Casket

Preference type: _____

Urn

Preference type: _____

None

Comments: _____

NOTE: If you have a pacemaker or any other implanted device, or have received any radioactive medical treatment, the crematorium will need to know.

FUNERAL AND BURIAL PREFERENCES

Disposition of Body/Cremated Remains (check only 1):

In the ground

Location: _____

Above ground (mausoleum, columbarium, crypt, etc.)

Location: _____

Scattering of ashes

Location: _____

Other

Comments: _____

Gravestone/Headstone/Marker):

Not applicable

Military/Veteran

Flat ground marker

Upright Headstone

Double/Companion Marker

Already purchased (details in contract, located: _____)

Inscription/Epitaph: _____

NOTE: Some cemeteries restrict certain types of markers.

FUNERAL AND BURIAL PREFERENCES

Viewing, Wake, Visitation, Funeral, Memorial Services: (Check all that apply)

I want a viewing, wake, visitation

Yes No

Private - immediate family only

Semi-private – close friends and family

Community welcome

I want a funeral/memorial service

Yes No

Private - immediate family only

Semi-private – close friends and family

Community welcome

Graveside services only

Yes No

Private - immediate family only

Semi-private – close friends and family

Community welcome

Military Services

Yes No

Private - immediate family only

Semi-private – close friends and family

Community welcome

No preference

Religious Services

NOTES:

FUNERAL AND BURIAL PREFERENCES

Details regarding music, hymns, prayers, readings, eulogy, etc.:

Location of service: _____

Obituary

Yes

No

Publication(s): _____

Preferred Charity for Memorial Donations: _____

NOTES:

OBITUARY INFORMATION

This biographical information and my reflections will be of help in preparing an obituary news story about me:

NOTE: A resume or CV can be attached if applicable.

NOTIFICATION OF RELATIVES / FRIENDS / OTHERS

Name: _____

Relationship: _____

Address: _____

Telephone: _____

NOTIFICATION OF RELATIVES / FRIENDS / OTHERS

Name: _____

Relationship: _____

Address: _____

Telephone: _____

NOTIFICATION OF RELATIVES / FRIENDS / OTHERS

Name: _____

Relationship: _____

Address: _____

Telephone: _____

NOTIFICATION OF RELATIVES / FRIENDS / OTHERS

Name: _____

Relationship: _____

Address: _____

Telephone: _____

NOTIFICATION OF RELATIVES / FRIENDS / OTHERS

Name: _____

Relationship: _____

Address: _____

Telephone: _____

NOTES: