

# Arm Yourself & Be BRAVE

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# Instructions

## How to Use These Worksheets

Congratulations on taking the first step toward organizing your estate! The work you do today is an act of love—love for your family as you make a future difficult time easier, and love for yourself in the form of peace of mind.

These worksheets are intended to help you organize all your important information in one place:

- In **Section 1**, you'll answer questions about experiences that have shaped you and the legacy you wish to leave.
- In **Section 2**, you'll document the facts: important financial and medical information that will be vital to your loved ones should something happen to you.
- In **Section 3**, you'll make sure your estate is in order and detail any final wishes.

Not every page may pertain to you, and that's OK! Just print the pages that are applicable to you. If you need more space in a particular category, print more copies of that page. Each page has space to be three-hole punched so you can easily store it in your **LIFE : List & File** binder. Feel free to switch up the order, or add additional forms or documents—this binder is your tool to customize.

It is important to fill this out with your spouse or partner. Together you will create the best plan to protect you and your family in any event. Some of the information you document may be the same, but some will not: By each of you completing these worksheets side by side, you can be confident you will have the information you need in the future.

## Where to Store Your Completed Binder

After you complete the following pages make sure to place them in your List & File binder. It's important to share this with your loved ones so they know it exists and where to find it. Consider a secure storage place such as a fireproof safe.

After you complete the following pages make sure to place them in your List & File binder. It's important to share this with your loved ones so they know it exists and where to find it. Consider a secure storage place such as a fireproof safe.

It's a good idea to revisit your binder once a year and update the information as needed. You may also wish to add personal letters or other notes for your family to treasure in the future.

# Information You'll Need

Here's a summary of the information you'll need to gather as you complete these worksheets. You might prefer to assemble everything at once, or you can look up information as the worksheets prompt you.

- ☐ Names, contact information and birth dates for your family members
- ☐ Employment details and information on your employee benefits: group life insurance, retirement, etc.
- ☐ The name(s) of your deceased or former spouse(s) and any documents that would help determine if he or she has any remaining inheritance rights
- ☐ A copy of any prenuptial or postnuptial agreement or divorce decree
- ☐ Important medical history and contact information for your medical providers
- ☐ Details of your existing insurance policies, financial accounts and retirement savings
- ☐ A listing of real estate: location, improvements, title, value, mortgages and the location of papers
- ☐ Details about business interests: estimated values, proportions owned by you and by others, and a copy of any buy-sell agreements
- ☐ The nature and value of royalties and/or patents owned by you
- ☐ Records distinguishing community property from noncommunity property, if applicable
- ☐ Details of any debts, including credit cards and loans
- ☐ Record of your computer passwords
- ☐ A copy of any existing will or trust agreement and its location
- ☐ The location of any gift tax returns
- ☐ A copy of any financial or health care power of attorney given by you
- ☐ The names and contact information for your professional advisors
- ☐ The nature of any premade funeral arrangements

# Reflective Questions

---

*Use this section to reflect on the experiences that have shaped you and the legacy you wish to leave.*

# Reflective Questions

## Thinking Back

1. What major events affected your view of life?

---

2. Who has been the biggest influence on your life? How have you influenced others during your lifetime?

---

3. What are you most grateful for personally and professionally?

---

4. What are the most important lessons you have learned from your loved ones, friends or colleagues?

---

5. How have you influenced others during your lifetime?

---

6. What values are most important to you? How do you follow these in your daily life?

---

7. What are your hopes and dreams for the future?

---

8. What advice do you want to leave to your loved ones?

---

## Planning Ahead

These questions can help you think through your values and the legacy you wish to leave behind. They can be helpful if you haven't yet met with an estate planning attorney, or to make sure your will still reflects your wishes.

1. Who would you like your estate plan to benefit? Are there charitable organizations that you would like to support?
- 

2. How and to whom do you want your assets to be distributed?
- 

3. If you and your spouse/partner die before your children are old enough to manage their own assets, who do you nominate to manage these assets for them? Who should be their guardian while they are minors?
- 

4. How do you want your investments managed after your lifetime? Should your spouse/partner manage them? If not, from whom should your spouse/partner seek help? Have you thought about trusts? If you are not survived by a spouse/partner or children, do you want to benefit other relatives?
-

# In Case of Emergency

---

*Use this section to record vital  
information that will be important to  
your loved ones in your absence.*



# About You

\_\_\_\_\_  
**Full name** (Please print above.)

\_\_\_\_\_  
Location of birth certificate

\_\_\_\_\_  
Other/former name

\_\_\_\_\_  
Location of adoption documents

\_\_\_\_\_  
County/state of residence

\_\_\_\_\_  
Driver's license number and state

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Military service

\_\_\_\_\_  
Birth date and location

\_\_\_\_\_  
Location of military documents

## Your Employer

Are you retired? ☐ Yes ☐ No

\_\_\_\_\_  
**Company name**

\_\_\_\_\_  
Position

\_\_\_\_\_  
Supervisor and phone

\_\_\_\_\_  
Start date (and end date, if applicable)

\_\_\_\_\_  
Employee benefits, e.g., health insurance, group life insurance, etc.

\_\_\_\_\_  
Employee benefits (continued)

\_\_\_\_\_  
**Company name**

\_\_\_\_\_  
Position

\_\_\_\_\_  
Supervisor and phone

\_\_\_\_\_  
Start date (and end date, if applicable)

\_\_\_\_\_  
Employee benefits, e.g., health insurance, group life insurance, etc.

\_\_\_\_\_  
Employee benefits (continued)

## Religion

\_\_\_\_\_  
Your religious or spiritual affiliation

\_\_\_\_\_  
Address

\_\_\_\_\_  
Church

\_\_\_\_\_  
City / State / ZIP

\_\_\_\_\_  
Notes

## Education

\_\_\_\_\_  
**School name**

\_\_\_\_\_  
Degree program

\_\_\_\_\_  
City / State

\_\_\_\_\_  
Year graduated

\_\_\_\_\_  
Favorite memories

\_\_\_\_\_  
**School name**

\_\_\_\_\_  
Degree program

\_\_\_\_\_  
City / State

\_\_\_\_\_  
Year graduated

\_\_\_\_\_  
Favorite memories

\_\_\_\_\_  
**School name**

\_\_\_\_\_  
Degree program

\_\_\_\_\_  
City / State

\_\_\_\_\_  
Year graduated

\_\_\_\_\_  
Favorite memories

## Volunteer Activities

Organization name

Volunteer role

City / State

Years served

Notes

Organization name

Volunteer role

City / State

Years served

Notes

Organization name

Volunteer role

City / State

Years served

Notes

## Hobbies

Activity

Activity

Activity

Activity

Activity

Activity

# Family

## Your Spouse or Partner

Full name (Please print above.)

Military service

Other/former name

Location of military documents

Social Security number

Date of marriage/location of certificate

Birth date and location

Prenuptial agreement/location of document

Location of birth certificate

Date of death/divorce/annulment/legal separation

Driver's license number and state

Location of documents

## Any Prior Marriages

Full name

Date of death/divorce/annulment/legal separation

Date of marriage/location of certificate

Location of documents

Prenuptial agreement/location of document

Full name

Date of death/divorce/annulment/legal separation

Date of marriage/location of certificate

Location of documents

Prenuptial agreement/location of document

## Your Children

If your children are minors, it's important to appoint a legal guardian in your will.

Child's full name

Birth date and location

Address

Location of birth certificate / adoption documents

City / State / ZIP

Social Security number

Phone number

Email address

Child's full name

Birth date and location

Address

Location of birth certificate / adoption documents

City / State / ZIP

Social Security number

Phone number

Email address

Child's full name

Birth date and location

Address

Location of birth certificate / adoption documents

City / State / ZIP

Social Security number

Phone number

Email address

Child's full name

Birth date and location

Address

Location of birth certificate / adoption documents

---

City / State / ZIP

---

Social Security number

---

Phone number

---

Email address

## Your parents

---

**Mother's full name**

---

Birth date and location

---

Any prior names

---

Location of birth certificate

---

Address

---

Social Security number

---

City / State / ZIP

---

Date of death / resting place

---

Phone number

---

Location of death certificate

---

Email address

---

**Father's full name**

---

Birth date and location

---

Any prior names

---

Location of birth certificate

---

Address

---

Social Security number

---

City / State / ZIP

---

Date of death / resting place

---

Phone number

---

Location of death certificate

---

Email address

## Other loved ones

Full name (Please print above.)

Relationship

Address

Birth date

City / State / ZIP

Email address

Phone number

Full name

Relationship

Address

Birth date

City / State / ZIP

Email address

Phone number

Full name

Relationship

Address

Birth date

City / State / ZIP

Email address

Phone number

---

**Full name**

---

Relationship

---

Address

---

Birth date

---

City / State / ZIP

---

Email address

---

Phone number

---

**Full name**

---

Relationship

---

Address

---

Birth date

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City / State / ZIP

---

Email address

---

Phone number

---

**Full name**

---

Relationship

---

Address

---

Birth date

---

City / State / ZIP

---

Email address

---

Phone number

---

**Full name**

---

Relationship

---

Address

---

Birth date

---

City / State / ZIP

---

Email address

---

Phone number



# Pets

## Veterinarian

Primary vet (Please print above.)

Emergency vet

Address

Address

City / State / ZIP

City / State / ZIP

Phone

Phone

## Pets

**Pet's name**

Physical description

Type of Animal / Breed

Microchip / License no.

Feeding and care instructions

Medications

**Pet's name**

Physical description

Type of Animal / Breed

Microchip / License no.

Feeding and care instructions

Medications

---

**Pet's name**

---

Physical description

---

Type of Animal / Breed

---

Microchip / License no.

---

Feeding and care instructions

---

Medications

---

**Pet's name**

---

Physical description

---

Type of Animal / Breed

---

Microchip / License no.

---

Feeding and care instructions

---

Medications

## **Pet Caretaker**

Have you named a caretaker for your pet(s) in your will? ☐ Yes ☐ No

Have you created a pet trust? ☐ Yes ☐ No

---

**Pet caretaker's name**

---

Pets they will care for

---

Address

---

Phone number

---

City / State / ZIP

---

Email address

---

**Pet caretaker's name**

---

Pets they will care for

---

Address

---

Phone number

---

City / State / ZIP

---

Email address

# Health Information

---

**Medical notes** (Please print above; include major surgeries and dates, diagnoses, etc.)

---

**Allergies**

---

**Prescriptions**

---

**Pharmacy name**

---

Address

---

Phone

---

City / State

---

**Primary care provider's name**

---

Clinic name

---

Address

---

Phone

---

City / State

---

**Specialist's name**

---

Clinic name

---

Area of specialty

---

Address

---

Phone

---

City / State

---

**Specialist's name**

---

Clinic name

---

Area of specialty

---

Address

---

Phone

---

City / State

---

**Specialist's name**

---

Clinic name

---

Area of specialty

---

Address

---

Phone

---

City / State

---

**Specialist's name**

---

Clinic name

---

Area of specialty

---

Address

---

Phone

---

City / State

---

**Specialist's name**

---

Clinic name

---

Area of specialty

---

Address

---

Phone

---

City / State

---

**Specialist's name**

---

Clinic name

---

Area of specialty

---

Address

---

Phone

---

City / State

---

**Dentist's name**

---

Clinic name

---

Address

---

Phone

---

City / State

---

**Optometrist's name**

---

Clinic name

---

Address

---

Phone

---

City / State

# Insurance Coverage

## Health Insurance Information

Enter details on your health insurance coverage, including any specialty plans you may have, such as cancer insurance.

**Health insurance company**

Medical plan

Policyholder

Group name / number

Policy number

Phone

**Supplemental health insurance company**

Medical plan

Policyholder

Group name / number

Policy number

Phone

**Dental insurance company**

Dental plan

Policyholder

Group name / number

Policy number

Phone

**Vision insurance company**

Vision plan

Policyholder

Group name / number

Policy number

Phone

---

**Additional insurance company**

---

Plan

---

Policyholder

---

Group name / number

---

Policy number

---

Phone

---

**Additional insurance company**

---

Plan

---

Policyholder

---

Group name / number

---

Policy number

---

Phone

## Long-Term Care Insurance

Do you have a long-term care insurance policy? ☐ Yes ☐ No

---

**Insurance company**

---

Policy number

---

Phone number

---

Coverage details

## Home Insurance

---

**Insurance company**

---

Policy number

---

Paid with escrow? ☐ Y ☐ N

---

Phone number

---

Coverage details

---

**Insurance company**

---

Policy number

---

Paid with escrow? ☐ Y ☐ N

---

Phone number

---

Coverage details

## Auto Insurance

Insurance company

Policy number

Phone number

Coverage details

Insurance company

Policy number

Phone number

Coverage details

## Life Insurance

Name of insured person

Insurance company name

Employer name (if policy is an employee benefit)

Insurance company phone number

Policy number

Primary beneficiary

Coverage amount      Type: ☐ Whole ☐ Term

Contingent beneficiary

Name of insured person

Insurance company name

Employer name (if policy is an employee benefit)

Insurance company phone number

Policy number

Primary beneficiary

Coverage amount      Type: ☐ Whole ☐ Term

Contingent beneficiary



---

**Name of insured person**

---

Insurance company name

---

Employer name (if policy is an employee benefit)

---

Insurance company phone number

---

Policy number

---

Primary beneficiary

---

Coverage amount      Type: ☐ Whole ☐ Term

---

Contingent beneficiary

---

**Name of insured person**

---

Insurance company name

---

Employer name (if policy is an employee benefit)

---

Insurance company phone number

---

Policy number

---

Primary beneficiary

---

Coverage amount      Type: ☐ Whole ☐ Term

---

Contingent beneficiary

---

**Name of insured person**

---

Insurance company name

---

Employer name (if policy is an employee benefit)

---

Insurance company phone number

---

Policy number

---

Primary beneficiary

---

Coverage amount      Type: ☐ Whole ☐ Term

---

Contingent beneficiary

---

**Name of insured person**

---

Insurance company name

---

Employer name (if policy is an employee benefit)

---

Insurance company phone number

---

Policy number

---

Primary beneficiary

---

Coverage amount      Type: ☐ Whole ☐ Term

---

Contingent beneficiary

## Other Insurance Policies (Pet, boat, etc.)

---

**Insurance company**

---

Type of policy

---

Phone number

---

Policy number

---

Coverage details

---

**Insurance company**

---

Type of policy

---

Phone number

---

Policy number

---

Coverage details

---

**Insurance company**

---

Type of policy

---

Phone number

---

Policy number

---

Coverage details

---

**Insurance company**

---

Type of policy

---

Phone number

---

Policy number

---

Coverage details

# Bank Accounts

**Account** ☐ Checking ☐ Savings ☐ Other

Bank name (Please print above.)

Online banking website

Account number

Website username

Phone

Website password / PIN

Notes (Note any joint account holders or payable-on-death (POD) beneficiaries)

**Account** ☐ Checking ☐ Savings ☐ Other

Bank name (Please print above.)

Online banking website

Account number

Website username

Phone

Website password / PIN

Notes

**Account** ☐ Checking ☐ Savings ☐ Other

Bank name (Please print above.)

Online banking website

Account number

Website username

Phone

Website password / PIN

Notes

**Account**   ☐ Checking   ☐ Savings   ☐ Other

Bank name (Please print above.)

Online banking website

Account number

Website username

Phone

Website password / PIN

Notes

**Account**   ☐ Checking   ☐ Savings   ☐ Other

Bank name (Please print above.)

Online banking website

Account number

Website username

Phone

Website password / PIN

Notes

**Account**   ☐ Checking   ☐ Savings   ☐ Other

Bank name (Please print above.)

Online banking website

Account number

Website username

Phone

Website password / PIN

Notes

# Retirement Plans

## Pensions

---

**Employer name**

---

Benefits

---

Contact name

---

Phone

---

**Employer name**

---

Benefits

---

Contact name

---

Phone

---

**Employer name**

---

Benefits

---

Contact name

---

Phone

## Retirement Savings

---

**Investment company**

---

Description of retirement plan (401(k), IRA, etc.)

---

Employer name, if employee benefit

---

Investment website, if access account online

---

Investment company phone

---

Website username

---

Account number

---

Website password / PIN

<b>Investment company</b>	Description of retirement plan (401(k), IRA, etc.)
Employer name, if employee benefit	Investment website, if access account online
Investment company phone	Website username
Account number	Website password / PIN
<b>Investment company</b>	Description of retirement plan (401(k), IRA, etc.)
Employer name, if employee benefit	Investment website, if access account online
Investment company phone	Website username
Account number	Website password / PIN
<b>Investment company</b>	Description of retirement plan (401(k), IRA, etc.)
Employer name, if employee benefit	Investment website, if access account online
Investment company phone	Website username
Account number	Website password / PIN

# Other Assets

## Annuities

Do you have any annuities? ☐ Yes ☐ No

\_\_\_\_\_  
**Annuity company**

\_\_\_\_\_  
Contract or policy number

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Annuity details

\_\_\_\_\_  
**Annuity company**

\_\_\_\_\_  
Contract or policy number

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Annuity details

\_\_\_\_\_  
**Annuity company**

\_\_\_\_\_  
Contract or policy number

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Annuity details

## Investments

Do you have non-retirement investments? ☐ Yes ☐ No

\_\_\_\_\_  
**Investment company**

\_\_\_\_\_  
Description of investments

\_\_\_\_\_  
Broker name, if applicable

\_\_\_\_\_  
Brokerage website, if access account online

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Website username

\_\_\_\_\_  
Account number

\_\_\_\_\_  
Website password / PIN

---

**Investment company**

---

Description of investments

---

Broker name, if applicable

---

Brokerage website, if access account online

---

Phone

---

Website username

---

Account number

---

Website password / PIN

---

**Investment company**

---

Description of investments

---

Broker name, if applicable

---

Brokerage website, if access account online

---

Phone

---

Website username

---

Account number

---

Website password / PIN

## Real Estate

Do you own any property? ☐ Yes ☐ No  
Type of ownership: ☐ Individual ☐ Joint

---

**Property address** (Please print above.)

---

Purchase price and date

---

City / State / ZIP

---

Estimated current value

---

Location of deed

---

Property tax ID      Paid with escrow? ☐ Y ☐ N

---

Mortgage company

---

Property tax classification

---

Improvements



\_\_\_\_\_  
**Property address** (Please print above.)

\_\_\_\_\_  
Type of property (e.g., second home, investment)

\_\_\_\_\_  
City / State / ZIP

\_\_\_\_\_  
If rental, location of current rental contract

\_\_\_\_\_  
Location of deed

\_\_\_\_\_  
Estimated current value

\_\_\_\_\_  
Mortgage company

\_\_\_\_\_  
Property tax ID      Paid with escrow? ☐ Y ☐ N

\_\_\_\_\_  
Purchase price and date

\_\_\_\_\_  
Property tax classification

\_\_\_\_\_  
Improvements

\_\_\_\_\_  
**Property address** (Please print above.)

\_\_\_\_\_  
Type of property (e.g., second home, investment)

\_\_\_\_\_  
City / State / ZIP

\_\_\_\_\_  
If rental, location of current rental contract

\_\_\_\_\_  
Location of deed

\_\_\_\_\_  
Estimated current value

\_\_\_\_\_  
Mortgage company

\_\_\_\_\_  
Property tax ID      Paid with escrow? ☐ Y ☐ N

\_\_\_\_\_  
Purchase price and date

\_\_\_\_\_  
Property tax classification

\_\_\_\_\_  
Improvements

# Inventory of Assets and Liabilities

Document the current market value for every major item you own and the face value of any life insurance. Don't strive for exact amounts; rounded numbers are fine.

	Owned by you alone	Owned by your spouse/partner	Owned jointly (or in community)
<b>Assets</b>			
Residence	\$	\$	\$
Other real estate			
Bank accounts, certificates of deposit, money market funds			
Stocks, bonds, mutual funds			
Closely held business interests			
Partnership ventures			
Notes, mortgages owed to you			
Retirement funds			N/A
Life insurance face value			
Furniture, jewelry, collections, etc.			
Automobiles, boats, etc.			
Annuities, revocable trusts			
Other assets			
<b>Total assets</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Liabilities</b>			
Mortgages	\$	\$	\$
Loans, installment debts			
Current bills			
Taxes owed			
All other liabilities			
<b>Total liabilities</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>NET ESTATE</b> (subtract total liabilities from total assets)	<b>\$</b>	<b>\$</b>	<b>\$</b>

# Bill Tracker

Record your monthly bills here so family members know what to pay and when.

---

**Biller name**

---

Website (if pay online)

---

Account number

---

Website username

---

Monthly due date      Auto-pay: ☐ Yes ☐ No

---

Website password

---

Pay from account

---

Phone

---

**Biller name**

---

Website

---

Account number

---

Website username

---

Monthly due date      Auto-pay: ☐ Yes ☐ No

---

Website password

---

Pay from account

---

Phone

---

**Biller name**

---

Website

---

Account number

---

Website username

---

Monthly due date      Auto-pay: ☐ Yes ☐ No

---

Website password

---

Pay from account

---

Phone

---

**Biller name**

---

Website

---

Account number

---

Website username

---

Monthly due date      Auto-pay: ☐ Yes ☐ No

---

Website password

---

Pay from account

---

Phone

---

**Biller name**

---

Website

---

Account number

---

Website username

---

Monthly due date      Auto-pay: ☐ Yes ☐ No

---

Website password

---

Pay from account

---

Phone

---

**Biller name**

---

Website

---

Account number

---

Website username

---

Monthly due date      Auto-pay: ☐ Yes ☐ No

---

Website password

---

Pay from account

---

Phone

# Credit Cards and Loans

## Credit Cards

---

**Credit card company**

---

Website username

---

Account number

---

Website password

---

Website

---

Phone

---

**Credit card company**

---

Website username

---

Account number

---

Website password

---

Website

---

Phone

---

**Credit card company**

---

Website username

---

Account number

---

Website password

---

Website

---

Phone

---

**Credit card company**

---

Website username

---

Account number

---

Website password

---

Website

---

Phone

## Loans

---

**Loan company**

---

Online banking website

---

Account number

---

Website username

---

Type of loan

---

Website password / PIN

---

Phone

---

Notes

---

**Loan company**

---

Online banking website

---

Account number

---

Website username

---

Type of loan

---

Website password / PIN

---

Phone

---

Notes

---

**Loan company**

---

Online banking website

---

Account number

---

Website username

---

Type of loan

---

Website password / PIN

---

Phone

---

Notes

# Passwords

("Keeper Security" is a cloud based online option)

---

Cell phone: Number (Please print above.)

---

Password

---

Computer: Login

---

Password

---

Email accounts: Login

---

Password

---

Email account: Login

---

Password

---

Social media accounts: Login

---

Password

---

Social media accounts: Login

---

Password

---

Entertainment accounts: Login

---

Password

---

Entertainment accounts: Login

---

Password

---

Other product / Service / Account name

---

Password

---

Other product / Service / Account name

---

Password

---

Other product / Service / Account name

---

Password

---

Other product / Service / Account name

---

Password

---

Other product / Service / Account name

---

Password

---

Other product / Service / Account name

---

Password

# Considering Your Legacy

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*Use this section to ensure your estate plan is in order and plan the legacy you wish to leave.*



# A Successful Estate Plan

Proper estate planning not only ensures financial stability *during* your lifetime, but also allows you to choose how your assets will be distributed *after* your lifetime. Here are six elements to consider for a successful estate plan.

- ☐ **A will.** A will is the cornerstone of an estate plan, and every person needs one. An up-to-date will can ensure that your estate will be distributed the way you intend, providing financial security to your dependents and support for charitable organizations that are important to you.
- ☐ **A living trust.** If you establish and fund a trust during your lifetime, your estate may avoid probate. In some cases, probate can be a time-consuming and expensive process.

Should you become incapacitated and no longer able to make your own decisions, a living trust appoints a trustee you choose to handle your affairs for you. And if you provide care for another individual, perhaps a disabled loved one, a trust can be established to appoint a guardian to care for the individual and take care of his or her financial needs.

- ☐ **Financial power of attorney.** A durable power of attorney allows someone to conduct financial matters on your behalf while you are living. This document remains in effect even if you become incapacitated or disabled. The power ends, however, at your passing.
- ☐ **Health care power of attorney.** A recommended companion document is the health care power of attorney. This allows you to appoint someone to make medical decisions on your behalf should you become unable to do so.
- ☐ **Life insurance coverage.** A general rule is to have life insurance coverage that equals five times your annual salary. Depending on your individual circumstances, your need for life insurance may be more—or less—significant.
- ☐ **Charitable gifts.** There are many different types of charitable legacy gifts and each offers unique advantages. Some gifts are revocable—a gift in your will or living trust, for example—so you can change your mind at any time. Or, they can be irrevocable, so that you benefit from an income tax charitable deduction when you itemize. The key feature of charitable gifts is that they provide important benefits to you as well as to organizations that are meaningful to you.

# Estate Planning Team

## Will Planning Attorney

\_\_\_\_\_  
Will planning attorney's name

\_\_\_\_\_  
Company name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City / State / ZIP

\_\_\_\_\_  
Email

## CPA/Tax Professional

\_\_\_\_\_  
Tax professional's name

\_\_\_\_\_  
Company name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City / State / ZIP

\_\_\_\_\_  
Email

## Financial Advisor

\_\_\_\_\_  
Financial advisor's name

\_\_\_\_\_  
Company name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City / State / ZIP

\_\_\_\_\_  
Email

## Insurance Professional

Insurance professional's name

Company name

Address

Phone

City / State / ZIP

Email

## Trust Officer

Trust officer's name

Company name

Address

Phone

City / State / ZIP

Email

## Charitable Gift Planning Officer

Gift planning officer's name

Charitable organization

Address

Phone

City / State / ZIP

Email

Gift planning officer's name

Charitable organization

Address

Phone

City / State / ZIP

Email

# Documents

## **Tax Documents** (You can responsibly dispose of tax documents after seven years.)

\_\_\_\_\_  
Location of tax documents (Please print above.)

\_\_\_\_\_  
Prepared by (name, title, contact information)

## **Will and Trust**

Do you have a will? ☐ Yes ☐ No

Are you the creator or beneficiary of any trusts? ☐ Yes ☐ No

\_\_\_\_\_  
**Document title**

\_\_\_\_\_  
Location of copies

\_\_\_\_\_  
Date prepared

\_\_\_\_\_  
Executor, trustee or personal representative

\_\_\_\_\_  
Prepared by (name, title, contact information)

\_\_\_\_\_  
Alternate executor, trustee or personal representative

\_\_\_\_\_  
Location of document

\_\_\_\_\_  
Additional notes

\_\_\_\_\_  
**Document title**

\_\_\_\_\_  
Location of copies

\_\_\_\_\_  
Date prepared

\_\_\_\_\_  
Executor, trustee or personal representative

\_\_\_\_\_  
Prepared by (name, title, contact information)

\_\_\_\_\_  
Alternate executor, trustee or personal representative

\_\_\_\_\_  
Location of document

\_\_\_\_\_  
Additional notes

## **Health Care Directives**

Do you have a living will/advanced health care directive? ☐ Yes ☐ No

Do you have a health care power of attorney for someone to act on your behalf? ☐ Yes ☐ No

\_\_\_\_\_  
Name of person appointed to act on your behalf

\_\_\_\_\_  
Names of alternates to act on your behalf

## Power of Attorney

Have you signed a financial durable power of attorney for someone to act on your behalf?

☐ Yes ☐ No

Effective date of power holder to act: ☐ Immediately ☐ Upon your incapacity ☐ Other

\_\_\_\_\_  
**Document title** (Please print above.)

\_\_\_\_\_  
Names of alternates to act on your behalf

\_\_\_\_\_  
Date prepared

\_\_\_\_\_  
Location of document

\_\_\_\_\_  
Prepared by (name, title, contact information)

\_\_\_\_\_  
Location of copies

\_\_\_\_\_  
Name of person appointed to act on your behalf

\_\_\_\_\_  
Additional notes

## Your Secure Locations

\_\_\_\_\_  
Safe deposit box number

\_\_\_\_\_  
Bank address

\_\_\_\_\_  
Key location

\_\_\_\_\_  
City / State / ZIP

\_\_\_\_\_  
Bank name

# Additional Asset Considerations

## Assets Not Covered in Your Will

Some components of your estate plan are distributed by means other than your will and may require additional strategies. Be sure to review your plans for these three categories:

- ☐ **Title arrangements.** These can supersede the terms of your will. For example, you may hold bank accounts, securities or your home in a form of joint tenancy with someone else, which entitles the survivor to full ownership of that asset.
- ☐ **Retirement plans.** After your lifetime, retirement plan assets will be paid to the beneficiaries you have designated in the plan. (Survivor Benefit Plan for military)
- ☐ **Life insurance.** Proceeds are payable to the beneficiaries you have named. (Military consider SGLI & Death Gratuity on the DD93)

## Making Changes to Your Beneficiaries

Here are quick steps for updating your beneficiary designations:

- ☐ Contact your retirement plan administrator or life insurance company, or visit their website, for a simple change-of-beneficiary form.
- ☐ Decide what percentage (1 to 100) you would like your beneficiary to receive.
- ☐ Name your beneficiary and the gift percentage on the form.
- ☐ Return the properly executed form to your plan administrator. You should also keep a copy for your records.
- ☐ Notify your beneficiaries of your decision.

**TIP:** Please consider having all conversations with your spouse or primary next of kin. Having these courageous conversations will provide the guidance you need to care for yourself and your family no matter what the situation. It will bring confidence and reduce any anxiety you may have and will set your family up for success.

# Important Possessions

## Items of Sentimental or Financial Value

Note any items of particular sentimental or financial value here. To make sure important personal property goes to the person or charity you intend, be sure to itemize it in your will.

Item	Value	Instructions
Item	Value	Instructions
Item	Value	Instructions
Item	Value	Instructions
Item	Value	Instructions
Item	Value	Instructions
Item	Value	Instructions
Item	Value	Instructions
Item	Value	Instructions
Item	Value	Instructions
Item	Value	Instructions
Item	Value	Instructions

# Final Arrangements

## Funeral Preferences

Type of preparation   ☐ Cremation   ☐ Burial   ☐ Donation of body

Funeral home preference

Casket bearer 1

Location of memorial service

Casket bearer 2

Type of service (religious, secular, etc.)

Casket bearer 3

Cemetery preference

Casket bearer 4

Casket and vault preference

Casket bearer 5

Preferred eulogist(s)

Casket bearer 6

## Music Preferences

Song/Hymn 1

Song/Hymn 3

Song/Hymn 2

Song/Hymn 4

Soloist name(s)

Musician name(s)

## Favorite Scriptures/Readings

Reading 1

Reading 3

Reading 2

Reading 4



## Other Preferences

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Favorite flowers

---

Headstone preference

---

Memorial ideas

---

Burial clothing preference

---

Any other preferences

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Obituary (Things you want included and newspapers where you want it published)