



BALLESTEROS LAW

# ORGANIZING YOUR LEGACY AND ASSETS

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*Ensuring Your Loved Ones are Supported and  
Preserving Your Legacy*

## Confidentiality Statement

Our Firm acknowledges the information you provide in this Estate Planning Intake Form is highly confidential. We collect various information about you from this form and from our consultations. You can be assured that all of the information that you share with us will stay private and confidential. Ballesteros Law does not disclose, sell, trade, or provide any information regarding your family or your assets.

third parties unless specifically authorized by you or required by applicable law.

Our Firm restricts access to non-public personal information about you to those employees of our law firm who need to know the information in order to provide legal services to you. We maintain physical, electronic, and procedural safeguards to protect your confidential information.

## Conflicts Of Interest

In the legal profession, it is generally unusual to represent more than one person as a party to any legal matter. Nevertheless, the nature of estate planning suggests that since spouses or partners usually have common goals, shared assets, and similar objectives, spouses or partners can sometimes act as a single client.

If you are single or if you do not share the same goals and objectives as your significant other, it is important that you have independent counsel.

## Professional Fees

Quality estate planning requires a complete review of your financial information and a candid discussion of your personal circumstances, needs, goals, and desires. Estate planning documents implemented through the planning process usually have significant legal and tax consequences.

Prior to your initial appointment, we will review the information provided. As a courtesy to you and your professional advisors, we will not bill for that time nor the time for a consultation appointment.

Sometimes clients choose to include family members, loved ones, and/or advisors in the planning process. You are welcome to make that decision if you are so inclined. However, it is important to remember that the attorney-client privilege, which protects the confidentiality of what is discussed, extends only between the attorney and the client. As a general rule, we would expect to meet with you individually or as a couple before family members or others are involved.

We rely on the information you provide to us in order to advise you regarding what we believe to be the most appropriate estate planning arrangements for your circumstances. By filling out this form, we consider your information to be accurate and complete.

Likewise, if a significant difference of opinion or a conflict occurs with your significant other after we have initiated representation, our Firm will be forced to stop the process and attempt to resolve that difference. In difficult situations, it may be necessary for our Firm to withdraw, and to advise you both to seek separate counsel.

After our initial meeting, we will provide you an outline of our recommended course of action along with the related fees based on complexity. At that time, we can usually provide a flat transactional fee amount for the entire estate plan.

**In all cases, the Firm's legal representation will not commence until the dual execution of a Contract for Legal Services by the Client(s) and the Firm, as well as receipt of your professional fees for the services rendered.**

## Legacy & Asset Organization Guide

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Organizing and centralizing family records is a common hurdle. The clutter from using various sources for vital personal details only adds to the challenge. However, having easy access to these records becomes crucial during unfortunate events like the death or incapacitation of a loved one.

This estate planner is crafted to ensure your assets and final wishes are honored. By diligently filling out this guide, you can minimize the risk of your heirs overlooking assets, thereby leaving a clear and thorough record. Remember to update and safely store these forms where your heirs can easily find them.



***Store a copy of your estate plan organizer in your a safe, secure location and accessible for your heirs.***

# Getting Your Estate in Order

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## What Information is Essential?

Managing your estate plan involves a plethora of details. The better organized this information, the smoother the process will be for your heirs and executors. Missing documents or details can equate to their non-existence, making it crucial to keep your records accessible, current, and known to those who will need them.

## Are You Ready?

Compiling the necessary documents and information for the distribution of your estate after your passing is a significant task. Use this checklist to gather your documents, which will help you fill out the rest of this guide and ensure your vital details are well-organized.

### Personal Documents

- Birth Certificates
- Adoption Papers
- Citizenship / Naturalization Papers
- Military Discharge Papers
- Last Will and Testament
- Trust Documents
- Burial Instructions
- Safety Net Boxes
- Powers of Attorney

### Financial Accounts

- Bank/ Credit Union Accounts
- Retirement Accounts
- Brokerage Statements
- Pension Statements
- Deferred Compensation Papers
- Credit Card Accounts
- U.S. Savings Bonds
- Money Market Accounts
- Certificates of Deposit
- Stock Certificates / Bonds
- Any Additional Financial Accounts

### Online Account Information

- Store your online account and credit card information in an accessible place for your heirs. For security reasons, this organizer does not contain a page for your online account passwords.

### Financial Papers

- Real Estate Deeds
- Mortgage Documents
- Property Tax Records
- Inventory of Assets & Appraisals
- Vehicle Titles
- Income Tax Returns
- Rental & Lease Agreements
- Partnership Agreements
- Outstanding Loans & Debts
- Pending Legal Actions/ Lawsuits
- Prenuptial Agreement

### Medical & Insurance Information

- Health Care Provider & ID Number
- Organ Donor Information
- Living Will
- Life Insurance Policy Information
- VA Insurance Policy
- Mortgage Insurance Policy
- Property & Casualty Insurance Policy

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# You & Your Spouse's Information

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## Your Information

Please fill in your name as it appears on your birth certificate:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth (City, State & Country): \_\_\_\_\_

U.S. Citizen? Yes \_\_\_ No \_\_\_ If No, Please Explain: \_\_\_\_\_

Veteran? Yes \_\_\_ No \_\_\_ Branch/Dates (Do You Have Form DD-214?): \_\_\_\_\_

Military ID #: \_\_\_\_\_ Passport #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

## Spouse's Information

Please fill in your name as it appears on your birth certificate:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth (City, State & Country): \_\_\_\_\_

U.S. Citizen? Yes \_\_\_ No \_\_\_ If No, Please Explain: \_\_\_\_\_

Veteran? Yes \_\_\_ No \_\_\_ Branch/Dates (Do You Have Form DD-214?): \_\_\_\_\_

Military ID #: \_\_\_\_\_ Passport #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# Marriage Details & Children's Information

## Marriage Details

Date of Marriage: \_\_\_/\_\_\_/\_\_\_ Location: (City, State) \_\_\_\_\_

Did you sign a prenuptial contract/agreement? Yes \_\_\_ No \_\_\_ (If Yes, please attach copy)

Were you previously married? Yes \_\_\_ No \_\_\_ Maiden Name: \_\_\_\_\_

If Yes, please list prior marriages and location of divorce decrees: \_\_\_\_\_

## Children's Personal Information

**Child # 1** (Please indicate other parent if child is not from this marriage: \_\_\_\_\_)

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Children's Names and Birthdates: \_\_\_\_\_

**Child # 2** (Please indicate other parent if child is not from this marriage: \_\_\_\_\_)

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Children's Names and Birthdates: \_\_\_\_\_

**Child # 3** (Please indicate other parent if child is not from this marriage: \_\_\_\_\_)

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Children's Names and Birthdates: \_\_\_\_\_

*Please attach a separate sheet if you have more than 3 children*

# Family History

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## My Family History

### My Parents are/were:

Father's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_ / \_\_ / \_\_\_\_ Birthplace: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_ / \_\_ / \_\_\_\_ Birthplace: \_\_\_\_\_ Date of Death: \_\_\_\_\_

### My Maternal Grandparents are/were:

Grandfather's Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_ / \_\_ / \_\_\_\_ Birthplace: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Grandmother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_ / \_\_ / \_\_\_\_ Birthplace: \_\_\_\_\_ Date of Death: \_\_\_\_\_

### My Paternal Grandparents are/were:

Grandfather's Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_ / \_\_ / \_\_\_\_ Birthplace: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Grandmother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_ / \_\_ / \_\_\_\_ Birthplace: \_\_\_\_\_ Date of Death: \_\_\_\_\_

## Notes & Additional Information

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# Spouse's Family History

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## Spouse's Family History

### My Parents are/were:

Father's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_ / \_\_ / \_\_\_\_ Birthplace: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_ / \_\_ / \_\_\_\_ Birthplace: \_\_\_\_\_ Date of Death: \_\_\_\_\_

### My Maternal Grandparents are/were:

Grandfather's Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_ / \_\_ / \_\_\_\_ Birthplace: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Grandmother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_ / \_\_ / \_\_\_\_ Birthplace: \_\_\_\_\_ Date of Death: \_\_\_\_\_

### My Paternal Grandparents are/were:

Grandfather's Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_ / \_\_ / \_\_\_\_ Birthplace: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Grandmother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_ / \_\_ / \_\_\_\_ Birthplace: \_\_\_\_\_ Date of Death: \_\_\_\_\_

## Notes & Additional Information

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# Employment Information & Benefits

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## Employment Information

Employer Name: \_\_\_\_\_ Employee: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Employee Benefits

Do you have Group Life Insurance? Yes \_\_\_ No \_\_\_ If yes, what is the death benefit? \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Do you have a pension? Yes \_\_\_ No \_\_\_ If yes, what is your pension survivor benefit? \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Do you have a retirement savings plan with your employer? (check all that apply)

457 \_\_\_ 403(b) \_\_\_ 401(k) \_\_\_ Other: \_\_\_\_\_

## Spouse's Employment Information

Employer Name: \_\_\_\_\_ Employee: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Spouse's Employee Benefits

Group Life Insurance? Yes \_\_\_ No \_\_\_ If yes, what is the death benefit? \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Does your spouse have a pension? Yes \_\_\_ No \_\_\_

If yes, what is the pension survivor benefit? \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Does your spouse have a retirement savings plan with his/her employer? (check all that apply)

457 \_\_\_ 403(b) \_\_\_ 401(k) \_\_\_ Other: \_\_\_\_\_

# Beneficiaries & Successor Trustees

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## Beneficiaries

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Successor Trustees

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*If you have more than three beneficiaries and/or successor trustees, add an additional copy of this page.*

# Power of Attorneys (POAs)

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## Financial Power of Attorneys

Person Named POA: \_\_\_\_\_ POA For: \_\_\_\_\_  
Date of POA: \_\_\_\_\_ Attorney: \_\_\_\_\_ Location of Records: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Person Named POA: \_\_\_\_\_ POA For: \_\_\_\_\_  
Date of POA: \_\_\_\_\_ Attorney: \_\_\_\_\_ Location of Records: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Medical Power of Attorneys

Person Named POA: \_\_\_\_\_ POA For: \_\_\_\_\_  
Date of POA: \_\_\_\_\_ Attorney: \_\_\_\_\_ Location of Records: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Person Named POA: \_\_\_\_\_ POA For: \_\_\_\_\_  
Date of POA: \_\_\_\_\_ Attorney: \_\_\_\_\_ Location of Records: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# Outside Trust Information

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## Trustee Information I

Are you or your spouse currently the Trustee for someone else's Trust? Yes \_\_\_ No \_\_\_

If yes, the Trust document is located: \_\_\_\_\_ Trustee Name: \_\_\_\_\_

Beneficiary of Trust: \_\_\_\_\_ Phone: \_\_\_\_\_

Successor Trustee: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently the beneficiary of a Trust? Yes \_\_\_ No \_\_\_

If yes, the Trust document is located: \_\_\_\_\_

I have distribution rights related to the following (e.g. business arrangement, estate, etc.):

\_\_\_\_\_

## Trustee Information II

Are you or your spouse currently the Trustee for anyone else's Trust? Yes \_\_\_ No \_\_\_

If yes, the Trust document is located: \_\_\_\_\_ Trustee Name: \_\_\_\_\_

Beneficiary of Trust: \_\_\_\_\_ Phone: \_\_\_\_\_

Successor Trustee: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently the beneficiary of a Trust? Yes \_\_\_ No \_\_\_

If yes, the Trust document is located: \_\_\_\_\_

I have distribution rights related to the following (e.g. business arrangement, estate, etc.):

\_\_\_\_\_

# Insurance Policies

INSURED	COMPANY	POLICY #	PHONE	RENEWAL DATE
<i>Auto</i>				
<i>Homeowners</i>				
<i>Umbrella</i>				
<i>Personal Property</i>				
<i>Life</i>				
<i>Long-Term Care</i>				
<i>Dental</i>				
<i>Medicare</i>		<i>Identification #</i>		
<i>Other (boat, renter's, office, etc.)</i>				

# Financial Accounts

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## Bank Accounts

INSTITUTION	TYPE OF ACCOUNT	ACCOUNT #	PHONE #

## Investments

IN WHOSE NAME	TYPE OF INVESTMENT	ACCOUNT #	PHONE #

# Liabilities

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## Auto Loans

Institution: \_\_\_\_\_ Loan #: \_\_\_\_\_ Phone: \_\_\_\_\_

Auto Type: \_\_\_\_\_ Model: \_\_\_\_\_ Owner: \_\_\_\_\_

Institution: \_\_\_\_\_ Loan #: \_\_\_\_\_ Phone: \_\_\_\_\_

Auto Type: \_\_\_\_\_ Model: \_\_\_\_\_ Owner: \_\_\_\_\_

## Mortgage

Institution: \_\_\_\_\_ Loan #: \_\_\_\_\_ Phone: \_\_\_\_\_

Institution: \_\_\_\_\_ Loan #: \_\_\_\_\_ Phone: \_\_\_\_\_

## Home Equity

Institution: \_\_\_\_\_ Loan #: \_\_\_\_\_ Phone: \_\_\_\_\_

Institution: \_\_\_\_\_ Loan #: \_\_\_\_\_ Phone: \_\_\_\_\_

## Credit Cards

Institution: \_\_\_\_\_ Account #: \_\_\_\_\_ Owner: \_\_\_\_\_

Institution: \_\_\_\_\_ Account #: \_\_\_\_\_ Owner: \_\_\_\_\_

Institution: \_\_\_\_\_ Account #: \_\_\_\_\_ Owner: \_\_\_\_\_

Institution: \_\_\_\_\_ Account #: \_\_\_\_\_ Owner: \_\_\_\_\_

## Personal Loans

Institution: \_\_\_\_\_ Loan #: \_\_\_\_\_ Phone: \_\_\_\_\_

Institution: \_\_\_\_\_ Loan #: \_\_\_\_\_ Phone: \_\_\_\_\_

## Student Loans

Institution: \_\_\_\_\_ Loan #: \_\_\_\_\_ Phone: \_\_\_\_\_

Institution: \_\_\_\_\_ Loan #: \_\_\_\_\_ Phone: \_\_\_\_\_



# Memberships & Subscriptions

MEMBERSHIPS			
<i>Organization</i>	<i>Member Name</i>	<i>Phone #</i>	<i>Membership #</i>

  

SUBSCRIPTIONS			
<i>Subscription</i>	<i>Subscriber</i>	<i>Phone #</i>	<i>Account #</i>

## Notes

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# Location of Important Documents

## Important Documents

Document / Information	Location of Document / Policy / Records
<i>Personal Documents</i>	
• Adoption Papers	_____
• Birth Certificates	_____
• Burial Instructions	_____
• Citizenship/Naturalization Papers	_____
• Death Certificates	_____
• Divorce/Separation/Annulment Papers	_____
• Drivers License/ID	_____
• Guardianship Papers	_____
• Last Will & Testament	_____
• Marriage Certificate	_____
• Military Discharge Papers	_____
• Military ID Card	_____
• Passport	_____
• Powers of Attorney	_____
• Social Security Card	_____
• Trust Documents	_____
<i>Financial Accounts</i>	
• Bank/Credit Union Accounts	_____
• Brokerage Statements	_____
• Certificates of Deposit	_____
• Credit Card Accounts	_____
• Deferred Compensation Papers	_____
• Money Market Accounts	_____
• Pension Statements	_____

# Location of Important Documents

## Important Documents

Document / Information	Location of Document / Policy / Records
<ul style="list-style-type: none"><li>• Retirement Accounts</li><li>• Stock Certificates/Bonds</li><li>• US Savings Bonds</li><li>• Any Additional Financial Accounts</li></ul>	<hr/> <hr/> <hr/> <hr/>
<b><i>Financial Papers</i></b>	
<ul style="list-style-type: none"><li>• Bank Statements</li><li>• Income Tax Returns</li><li>• Inventory of Assets &amp; Appraisals</li><li>• Investment Statements</li><li>• Outstanding Loans &amp; Debts</li><li>• Partnership Agreements</li><li>• Pending Legal Actions/Lawsuits</li><li>• Prenuptial Agreement</li><li>• Stock Certificates</li><li>• Trust Documents</li><li>• Vehicle Titles</li></ul>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<b><i>Real Estate</i></b>	
<ul style="list-style-type: none"><li>• Grant Deeds</li><li>• Mortgage Documents</li><li>• Property Tax Records</li><li>• Rental &amp; Lease Agreements</li><li>• Trust Deed</li></ul>	<hr/> <hr/> <hr/> <hr/> <hr/>

# Location of Important Documents

## Important Documents

Document / Information	Location of Document / Policy / Records
<p><i>Medical Information</i></p> <ul style="list-style-type: none"><li>• Healthcare Power of Attorney</li><li>• Healthcare Provider &amp; ID</li><li>• Medical Directives</li><li>• Organ Donor Information</li></ul>	<hr/> <hr/> <hr/> <hr/>
<p><i>Insurance Information</i></p> <ul style="list-style-type: none"><li>• Disability Insurance Policy</li><li>• Life Insurance Policy Information</li><li>• Long-Term Care Insurance Policy</li><li>• Property/Casualty Insurance Policy</li><li>• Mortgage Insurance Policy</li><li>• VA Insurance Policy</li></ul>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><i>Additional Documents</i></p> <ul style="list-style-type: none"><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li></ul>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

# Safe Deposit Box

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## Safe Deposit Box / Personal Safe

Do you have a safety deposit box? Yes \_\_\_ No \_\_\_

It is located: \_\_\_\_\_

The key is located: \_\_\_\_\_

Individuals that have signature authority on the box: \_\_\_\_\_

Do you have a personal safe? Yes \_\_\_ No \_\_\_

It is located: \_\_\_\_\_

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

# House & Pet Information

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## Important Locations

Alarm system shut off: \_\_\_\_\_ Thermostat: \_\_\_\_\_  
Electrical breaker box: \_\_\_\_\_ Water main: \_\_\_\_\_  
Extra house keys: \_\_\_\_\_ Other: \_\_\_\_\_  
Gas shut off: \_\_\_\_\_ Other: \_\_\_\_\_

## Pet Care

Pet Name: \_\_\_\_\_ Type of Pet: \_\_\_\_\_  
Current Medicine: \_\_\_\_\_ Pet Food: \_\_\_\_\_  
Veterinarian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Other Info: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Type of Pet: \_\_\_\_\_  
Current Medicine: \_\_\_\_\_ Pet Food: \_\_\_\_\_  
Veterinarian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Other Info: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Type of Pet: \_\_\_\_\_  
Current Medicine: \_\_\_\_\_ Pet Food: \_\_\_\_\_  
Veterinarian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Other Info: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Type of Pet: \_\_\_\_\_  
Current Medicine: \_\_\_\_\_ Pet Food: \_\_\_\_\_  
Veterinarian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Other Info: \_\_\_\_\_

# Contacts

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Auto Ins. Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Babysitter: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Children's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Clergy: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Daycare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Disability Ins. Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Electrician: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gardener: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Hair Dresser: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Handyman: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Health Insurance Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Housekeeper: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Newspaper: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Pet Sitter: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Pharmacist: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Plumber: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Pool Maintenance: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Post Office: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Realtor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# Personal Contacts

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_



# Personal Contacts

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# Trusted Personal Advisors

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## *Financial Advisor*

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

## *Attorney*

Attorney Type: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

## *Employer/Benefits Dept.*

Employee: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Type of Benefit: \_\_\_\_\_ Location of Records: \_\_\_\_\_

## *Insurance Advisor*

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

## *Accountant/ Tax Preparer*

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

## **Social Security Administration**

(800) 772-1213 | <http://ssa.gov>

Local Office Phone: \_\_\_\_\_

# Military Contacts

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## **MyPay**

(888) 332-7411

MyPay offers a limited access password for another person, allowing that individual to view your pay and tax statements without making any changes to your account.

## **Local Veterans of Foreign Wars** *(honor guard for funeral)*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

## **Local Personnel Office** *(for obtaining benefits)*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

## **Defense Enrollment Eligibility Reporting System**

(800) 538-9552

## **Department of Defense**

(877) 645-4667

*Military funeral honors*

## **Department of Veterans Affairs (VA)**

(800) 827-1000

*If the retiree received disability compensation & for funeral or burial benefits*

## **Office of Personnel Management**

(888) 767-6738

*If the military retiree also was a current or retired federal civilian employee*

## **VA**

(800) 669-8477

*If the retiree was enrolled in a VA-sponsored life insurance policy, such as Veterans' Group Life Insurance or National Service Life Insurance*

## **Office of Servicemember's Group Life Insurance**

(800) 419-1473

*If the retiree was enrolled in Servicemember's Group Life Insurance*

# My Family Medical History

*Include parents, grandparents, sisters, brothers, uncles, aunts and children*

- Alcoholism**  
Name: \_\_\_\_\_
- Alzheimer's Disease**  
Name: \_\_\_\_\_
- Arthritis**  
Name: \_\_\_\_\_
- Birth Defects**  
Name: \_\_\_\_\_
- Blood Disorder**  
Name: \_\_\_\_\_  
Describe, e.g. hemophilia, thalassemia: \_\_\_\_\_
- Breast Cancer**  
Name: \_\_\_\_\_
- Colon Cancer**  
Name: \_\_\_\_\_
- Melanoma**  
Name: \_\_\_\_\_
- Other Cancer**  
Name: \_\_\_\_\_  
Describe: \_\_\_\_\_
- Chromosomal Disorder**  
Name: \_\_\_\_\_  
Describe, e.g. Down syndrome: \_\_\_\_\_
- Collagen Vascular Disease**  
Name: \_\_\_\_\_  
Describe, e.g. lupus erythematosus, Raynaud's disease, rheumatoid arthritis: \_\_\_\_\_
- Cystic Fibrosis**  
Name: \_\_\_\_\_
- Diabetes**  
Name: \_\_\_\_\_
- Endometriosis**  
Name: \_\_\_\_\_
- Eczema**  
Name: \_\_\_\_\_
- Epilepsy (seizures)**  
Name: \_\_\_\_\_
- Glaucoma**  
Name: \_\_\_\_\_
- Gout**  
Name: \_\_\_\_\_
- Hay Fever**  
Name: \_\_\_\_\_
- High Blood Pressure**  
Name: \_\_\_\_\_
- High Cholesterol**  
Name: \_\_\_\_\_
- Other Heart Disorder**  
Name: \_\_\_\_\_  
Describe, e.g. Marfan syndrome: \_\_\_\_\_
- Inflammatory Bowel Disease**  
Name: \_\_\_\_\_
- Kidney Stones**  
Name: \_\_\_\_\_
- Lung Disease**  
Name: \_\_\_\_\_
- Intellectual Disability**  
Name: \_\_\_\_\_
- Muscular Dystrophy**  
Name: \_\_\_\_\_
- Neurological Disorder**  
Name: \_\_\_\_\_
- Osteoporosis**  
Name: \_\_\_\_\_
- Psoriasis**  
Name: \_\_\_\_\_
- Psychiatric Disorder**  
Name: \_\_\_\_\_  
Describe: \_\_\_\_\_
- Scoliosis**  
Name: \_\_\_\_\_
- Sickle Cell Disease or Trait**  
Name: \_\_\_\_\_
- Stroke**  
Name: \_\_\_\_\_
- Thyroid Disorder**  
Name: \_\_\_\_\_  
Describe: \_\_\_\_\_
- Ulcers**  
Name: \_\_\_\_\_
- Other Hereditary Disorder**  
Name: \_\_\_\_\_  
Describe: \_\_\_\_\_

# Prescription Medication & Pharmacy Info

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## Prescriptions

Prescription Belongs to: \_\_\_\_\_ Type: \_\_\_\_\_

Refills (*monthly, quarterly, etc*): \_\_\_\_\_ Pharmacy: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Prescription Belongs to: \_\_\_\_\_ Type: \_\_\_\_\_

Refills (*monthly, quarterly, etc*): \_\_\_\_\_ Pharmacy: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Prescription Belongs to: \_\_\_\_\_ Type: \_\_\_\_\_

Refills (*monthly, quarterly, etc*): \_\_\_\_\_ Pharmacy: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Prescription Belongs to: \_\_\_\_\_ Type: \_\_\_\_\_

Refills (*monthly, quarterly, etc*): \_\_\_\_\_ Pharmacy: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

## Doctor's Information

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

Company: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

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

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

Company: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

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

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

Company: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

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

# Final Wishes

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## In the Event of My Death

I have the following final wishes

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

Cemetery: \_\_\_\_\_

Plot/Drawer #: \_\_\_\_\_

Minister/Rabbi: \_\_\_\_\_

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

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

Have you prepaid the burial costs for your funeral plot? Yes \_\_\_ No \_\_\_

If Yes, Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Have you prepaid the burial costs for your casket? Yes \_\_\_ No \_\_\_

If Yes, Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

The information can be found: \_\_\_\_\_

\_\_\_\_\_

Do you wish for the casket to be open \_\_\_ or closed \_\_\_?

Do you have the right to be buried in a military cemetery? Yes \_\_\_ No \_\_\_

Do you wish to be cremated? Yes \_\_\_ No \_\_\_

Crematory: \_\_\_\_\_

Do you wish for the services to be held at (mark all that apply)

Funeral Home \_\_\_ Church \_\_\_ Graveside \_\_\_ Other \_\_\_

## If You Have a Deceased Spouse, Parent or Child

If so, please include the following details:

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

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

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

Do you wish to be buried next to any of the above mentioned individuals? Yes \_\_\_ No \_\_\_

If yes, please specify: \_\_\_\_\_

# Special Requests

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## Special Requests

**Obituary Reading:**

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**Tombstone Engraving:**

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**Organs for Donation:**

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**In Lieu of Flowers, Please Ask For Donations From:**

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**Other:**

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