



LifeBook

PREFACE

The LifeBook is an organizing tool built to enable you to share the details of your financial life with your loved ones. We have lived through many transitions of our own, and think this will be helpful. The purpose of the Lifebook is to reduce stress when a family finds itself in crisis. It provides a step-by-step guide to keeping the critical financial function ongoing. You may add or remove sections, and it is not meant to replace your legal documents.

Although working on a project like this can seem daunting, take one step at a time, and recognize how much you are helping yourself, family and friends.

Your Sequoia Team

Primary Contact In Case of Emergency

Name	<input type="text"/>	Phone	<input type="text"/>	Relation	<input type="text"/>
Name	<input type="text"/>	Phone	<input type="text"/>	Relation	<input type="text"/>
Name	<input type="text"/>	Phone	<input type="text"/>	Relation	<input type="text"/>

FAMILY LETTER

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

I/we believe that the most important things in life are:

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

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

The most important values/traditions I/ we would like to pass on to my family are:

This is how I/we would like to be remembered:

FAMILY HISTORY

Name:

I was born in: Date:

My parents names:

Mother's maiden name:

My maternal grandparents names:

Maternal grandmother's maiden name:

My parental grandparents names:

Paternal grandmother's maiden name:

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

Name	Address	Phone	Birth date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

My children are:

Name	Address	Phone	Birth date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

My grandchildren are:

Name	Address	Phone	Birth date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

My great grandchildren are:

Name	Address	Phone	Birth date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I have no children ☐

Name:

Information about my adoption or my children’s adoption may be found:

I am a member of the following religious group:

I am a member of the following fraternal group(s):

I support the following charitable activities and my will reflects my wishes:

Some important facts about my family history:

Some important facts about my and my family’s medical history:

Details/notes:

FAMILY HISTORY

Name:

I was born in:

My parents names:

Mother's maiden name:

My maternal grandparents names:

Maternal grandmother's maiden:

My parental grandparents names:

Paternal grandmother's maiden name:

I have the following brothers and sisters (Including step and half-siblings):

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

My children are:

Name	Address	Phone	Birth date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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My grandchildren are:

Name	Address	Phone	Birth date
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

My great grandchildren are:

Name	Address	Phone	Birth date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I have no children ☐

Name:

Information about my adoption or my children’s adoption may be found:

I am a member of the following religious group:

I am a member of the following fraternal group(s):

I support the following charitable activities and my will reflects my wishes:

Some important facts about my family history:

Some important facts about my and my family’s medical history:

Details/notes:

LifeBook

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01

ADVISORS

ADVISORS

Financial Professional

Name			
Address			
Phone		Fax	
Email			
Special comments			

Estate Planning Attorney

Name			
Address			
Phone		Fax	
Email			
Special comments			

Business Attorney

Name			
Address			
Phone		Fax	
Email			
Special comments			

CPA/Accountant

Name			
Address			
Phone		Fax	
Email			
Special comments			

Banker

Name			
Address			
Phone		Fax	
Email			
Special comments			

Employer or Former Employer

Name			
Address			
Phone		Fax	Email
Special comments			

Employer or Former Employer

Name			
Address			
Phone		Fax	Email
Special comments			

Employer or Former Employer

Name			
Address			
Phone		Fax	Email
Special comments			

Employer or Former Employer

Name			
Address			
Phone		Fax	Email
Special comments			

Employer or Former Employer

Name			
Address			
Phone		Fax	Email
Special comments			

Insurance Advisor

Name			
Address			
Phone		Fax	Email
Special comments			

Doctor

Name

Address

Phone Fax Email

Special comments

Doctor

Name

Address

Phone Fax Email

Special comments

Doctor

Name

Address

Phone Fax Email

Special comments

Doctor

Name

Address

Phone Fax Email

Special comments

Other

Name

Address

Phone Fax Email

Special comments

Other

Name

Address

Phone Fax Email

Special comments

02

FINANCIAL

PRIMARY BANKING

Type of Account: ☐ Savings ☐ Checking ☐ Other

Financial Institution: **Contact name:**

Owner name: **Account number:** **Typical balance:**

Details/notes:

Type of Account: ☐ Savings ☐ Checking ☐ Other

Financial institution: **Contact name:**

Owner name: **Account number:** **Typical balance:**

Details/notes:

Type of Account: ☐ Savings ☐ Checking ☐ Other

Financial institution: **Contact name:**

Owner name: **Account number:** **Typical balance:**

Details/notes:

Type of Account: ☐ Savings ☐ Checking ☐ Other

Financial institution: **Contact name:**

Owner name: **Account number:** **Typical balance:**

Details/notes:

INVESTMENTS

Type of Account:

IRA: ☐ Traditional ☐ SEP ☐ Simple ☐ Inherited **EMPLOYER** ☐ 401k ☐ 403b ☐ 457
NON-RETIREMENT ☐ Brokerage ☐ Trust

Financial institution:

Advisory firm:

Owner name:

Account number:

Balance:

Date:

Beneficiaries: Primary:

Contingent:

Details/notes:

Type of Account:

IRA: ☐ Traditional ☐ SEP ☐ Simple ☐ Inherited **EMPLOYER** ☐ 401k ☐ 403b ☐ 457
NON-RETIREMENT ☐ Brokerage ☐ Trust

Financial institution:

Advisory firm:

Owner name:

Account number:

Balance:

Date:

Beneficiaries: Primary:

Contingent:

Details/notes:

Type of Account:

IRA: ☐ Traditional ☐ SEP ☐ Simple ☐ Inherited **EMPLOYER** ☐ 401k ☐ 403b ☐ 457
NON-RETIREMENT ☐ Brokerage ☐ Trust

Financial institution:

Advisory firm:

Owner name:

Account number:

Balance:

Date:

Beneficiaries: Primary:

Contingent:

Details/notes:

ANNUITIES

Type of Contract: ☐ Qualified ☐ Non-qualified

Insurance carrier:		Agent's name:	
Product name:		Term:	
Purchase date:		Maturity date:	
		Income rider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner name:		Contract number:	
Value:		Date:	
Beneficiaries: Primary:		Contingent:	
Details/notes:			

Type of Contract: ☐ Qualified ☐ Non-qualified

Insurance carrier:		Agent's name:	
Product name:		Term:	
Purchase date:		Maturity date:	
		Income rider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner name:		Contract number:	
Value:		Date:	
Beneficiaries: Primary:		Contingent:	
Details/notes:			

Type of Contract: ☐ Qualified ☐ Non-qualified

Insurance carrier:		Agent's name:	
Product name:		Term:	
Purchase date:		Maturity date:	
		Income rider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner name:		Contract number:	
Value:		Date:	
Beneficiaries: Primary:		Contingent:	
Details/notes:			

REAL ESTATE

Type of Property:

☐ Primary residence ☐ Vacation home ☐ Rental ☐ Commercial ☐ Other

Address/description:

Purchase date:

Purchase price:

Estimated current value:

Current mortgage balance:

Details/notes:

Type of Property:

☐ Primary residence ☐ Vacation home ☐ Rental ☐ Commercial ☐ Other

Address/description:

Purchase date:

Purchase price:

Estimated current value:

Current mortgage balance:

Details/notes:

Type of Property:

☐ Primary residence ☐ Vacation home ☐ Rental ☐ Commercial ☐ Other

Address/description:

Purchase date:

Purchase price:

Estimated current value:

Current mortgage balance:

Details/notes:

Type of Property:

☐ Primary residence ☐ Vacation home ☐ Rental ☐ Commercial ☐ Other

Address/description:

Purchase date:

Purchase price:

Estimated current value:

Current mortgage balance:

Details/notes:

OTHER ASSETS

Jewelry:

Owner name:		Contact person:	
Purchase price:		Purchase date:	
Est. current value:			
Location/notes:			

Collectibles:

Owner name:		Contact person:	
Purchase price:		Purchase date:	
Est. current value:			
Location/notes:			

Asset Description:

Owner name:		Contact person:	
Purchase price:		Purchase date:	
Est. current value:			
Location/notes:			

Asset Description:

Owner name:		Contact Person:	
Purchase price:		Purchase date:	
Est. current value:			
Location/notes:			

Asset Description:

Owner name:		Contact person:	
Purchase price:		Purchase date:	
Est. current value:			
Location/notes:			

OTHER ASSETS

Auto:

Owner name:		Contact person:	
Purchase price:		Purchase date:	
		Est. current value:	
Location/notes:			

Auto:

Owner name:		Contact person:	
Purchase price:		Purchase date:	
		Est. current value:	
Location/notes:			

Watercraft:

Owner name:		Contact person:	
Purchase price:		Purchase date:	
		Est. current value:	
Location/notes:			

Watercraft:

Owner name:		Contact Person:	
Purchase price:		Purchase date:	
		Est. current value:	
Location/notes:			

Recreational Vehicle:

Owner name:		Contact person:	
Purchase price:		Purchase date:	
		Est. current value:	
Location/notes:			

INCOME

Source: ☐ Employment ☐ Social Security ☐ RMD ☐ Portfolio withdrawal
☐ Business ☐ Annuity ☐ Alimony ☐ Royalty ☐ Other

Payee: **Payor:** **Receiving:** ☐ Yes ☐ No

Amount: (Net/Gross) **Frequency:** **Method:** ☐ Check ☐ ACH

Notes:

Source: ☐ Employment ☐ Social Security ☐ RMD ☐ Portfolio withdrawal
☐ Business ☐ Annuity ☐ Alimony ☐ Royalty ☐ Other

Payee: **Payor:** **Receiving:** ☐ Yes ☐ No

Amount: (Net/Gross) **Frequency:** **Method:** ☐ Check ☐ ACH

Notes:

Source: ☐ Employment ☐ Social Security ☐ RMD ☐ Portfolio withdrawal
☐ Business ☐ Annuity ☐ Alimony ☐ Royalty ☐ Other

Payee: **Payor:** **Receiving:** ☐ Yes ☐ No

Amount: (Net/Gross) **Frequency:** **Method:** ☐ Check ☐ ACH

Notes:

Source: ☐ Employment ☐ Social Security ☐ RMD ☐ Portfolio withdrawal
☐ Business ☐ Annuity ☐ Alimony ☐ Royalty ☐ Other

Payee: **Payor:** **Receiving:** ☐ Yes ☐ No

Amount: (Net/Gross) **Frequency:** **Method:** ☐ Check ☐ ACH

Notes:

Source: ☐ Employment ☐ Social Security ☐ RMD ☐ Portfolio withdrawal
☐ Business ☐ Annuity ☐ Alimony ☐ Royalty ☐ Other

Payee: **Payor:** **Receiving:** ☐ Yes ☐ No

Amount: (Net/Gross) **Frequency:** **Method:** ☐ Check ☐ ACH

Notes:

EXPENSES

Debt Type: ☐ Mortgage ☐ Auto ☐ Education ☐ Credit Card ☐ Other:

Balance: **As of:**

Is there insurance that pays this debt? ☐ Yes ☐ No

Creditor name: **Contact:**

Notes:

Debt Type: ☐ Mortgage ☐ Auto ☐ Education ☐ Credit Card ☐ Other:

Balance: **As of:**

Is there insurance that pays this debt? ☐ Yes ☐ No

Creditor name: **Contact:**

Notes:

Debt Type: ☐ Mortgage ☐ Auto ☐ Education ☐ Credit Card ☐ Other:

Balance: **As of:**

Is there insurance that pays this debt? ☐ Yes ☐ No

Creditor name: **Contact:**

Notes:

Debt Type: ☐ Mortgage ☐ Auto ☐ Education ☐ Credit Card ☐ Other:

Balance: **As of:**

Is there insurance that pays this debt? ☐ Yes ☐ No

Creditor name: **Contact:**

Notes:

Debt Type: ☐ Mortgage ☐ Auto ☐ Education ☐ Credit Card ☐ Other:

Balance: **As of:**

Is there insurance that pays this debt? ☐ Yes ☐ No

Creditor name: **Contact:**

Notes:

OTHER RESPONSIBILITIES

Obligation for:

Balance or payment amount: Frequency: Method:

Contact name: Phone: Email:

Details/notes:

Obligation for:

Balance or payment amount: Frequency: Method:

Contact name: Phone: Email:

Details/notes:

Obligation for:

Balance or payment amount: Frequency: Method:

Contact name: Phone: Email:

Details/notes:

Obligation for:

Balance or payment amount: Frequency: Method:

Contact name: Phone: Email:

Details/notes:

Obligation for:

Balance or payment amount: Frequency: Method:

Contact name: Phone: Email:

Details/notes:

OTHER MONTHLY PAYMENTS

These are the regular bills and payments that would need to continue in the event of my/ our incapacity:

☐ Utilities:

☐ Insurances:

☐ Subscriptions:

☐ Dues/donations:

☐ Other:

Be sure to include electronic payments.

SPECIAL CONSIDERATIONS

☐ Business ownership

☐ Stock options

☐ Lawsuits

☐

☐ Partnership

☐ Notes receivable

☐ Loans

☐

Details/Notes:

Include copy of all documents and their location

PERSONAL BALANCE SHEET

A personal balance sheet summarizes your assets and liabilities at a specific point in time. It's a snapshot of your net worth. Complete your balance sheet by totaling the value of assets listed on previous pages. When completing liabilities, use the amount of debt owed on on-going balances, not bill payment amounts or amounts that are paid off monthly. Add additional rows or totals to reflect your unique situation. If designing your own page, you can break down each total with additional account or holding detail.

Date

Assets

Banking	
	\$
	\$
	\$
	\$
	\$
	\$
Total banking	\$
Non-retirement investments	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Non-retirement	\$
Retirement investments	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Retirement	\$
Real estate	
	\$
	\$
	\$
	\$
Real Estate	\$
Other assets	
	\$
	\$
	\$
	\$
Total Other assets	\$
Total assets	\$

Liabilities

Short-term credit	
	\$
	\$
	\$
	\$
	\$
	\$
Total short-term credit	\$
Loans & mortgages	
	\$
	\$
	\$
	\$
	\$
	\$
Total loans & mortgages	\$
Other liabilities	
Other 1	\$
Other 2	\$
Other 3	\$
Total Other liabilities	\$
Total other liabilities	\$
Net worth = Assets - Liabilities	\$

PERSONAL CASH FLOW

A personal cash flow statement measures the income coming in to your household and the expenses going out, indicating the amount of surplus or deficit in your budget. This will help you understand how much additional spending or saving is available to you. Complete this personal cash flow statement by totaling income and expenses from previous pages. Evaluate cash flow from a monthly or annual perspective, whichever is most useful to you. Add additional lines to describe income and expenses in more detail, if you choose.

Inflows		
Income 1		
Income 2		
Income 3		
Income 4		
Total cash inflows		

Outflows		
Expense 1		
Expense 2		
Expense 3		
Expense 4		
Expense 5		
Expense 6		
Other payments		
Other responsibilities		
Total cash outflows		

Surplus or deficit =
Total cash inflows — Total cash outflows

03 TAXES

TAX RETURNS

Include a copy of a recent federal and state tax return, Income Tax Return (1040 and 1041) and Gift Tax Return (709) or explain where copies can be found.

Describe any special circumstance or instructions.

O4

LEGAL

LEGAL DOCUMENTS SUMMARY

Name:

Option: May attach document copies.

I am currently:

- ☐ Trustee for a trust ☐ Beneficiary of a trust ☐ Attorney in fact, under GDPOA for another person
☐ Patient Advocate for another person ☐ Legal guardian for another person or conservator

Details/notes:

Document

Date Signed

Location of Original

- ☐ Last Will and Testament
- ☐ Living Trust
- ☐ Living Will
- ☐ Medical Power of Attorney
- ☐ General Power of Attorney
- ☐ Limited Power of Attorney
- ☐ Life Insurance Trust
- ☐ Charitable Trust
- ☐ Minor's Trust
- ☐ Section 529 or Other Education Plan
- ☐ Custodial Account
- ☐ Guardianship Papers
- ☐ Organ Donation Form
- ☐ Other Medical Directive
- ☐ Family Partnership or LLC
- ☐ Deeds to Real Property
- ☐ Marriage License
- ☐ Domestic Partner Agreement
- ☐ Cohabitation Agreement
- ☐ Pre-Nuptial Agreement
- ☐ Post-Nuptial Agreement
- ☐ Divorce or Separation Agreement

Name:

Document	Date Signed	Location of Original
<input type="checkbox"/> Child Support Agreement		
<input type="checkbox"/> Birth Certificates		
<input type="checkbox"/> Adoption Papers		
<input type="checkbox"/> Automobile Title		
<input type="checkbox"/> Boat and/or Airplane Title		
<input type="checkbox"/> Citizenship Papers		
<input type="checkbox"/> Burial or Pre-Need Agreement		
<input type="checkbox"/> Life Insurance Beneficiary Form		
<input type="checkbox"/> Military Discharge Papers (DD214)		
<input type="checkbox"/> Employment or Contractor Contract		
<input type="checkbox"/> Real Estate Title/Deed		
<input type="checkbox"/> Other		

Power of Attorney over my Assets

Type of POA: ☐ Immediate ☐ Springing

Power of Attorney for Medical Decisions

Trustee (s)

Guardian (s) for Minor Children

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

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

Original or copies of above document(s) are located

Details/notes:

LEGAL DOCUMENTS SUMMARY

Name:

Option: May attach document copies.

I am currently:

- ☐ Trustee for a trust ☐ Beneficiary of a trust ☐ Attorney in fact, under GDPOA for another person
☐ Patient Advocate for another person ☐ Legal guardian for another person or conservator

Document

- ☐ Last Will and Testament
☐ Living Trust
☐ Living Will
☐ Medical Power of Attorney
☐ General Power of Attorney
☐ Limited Power of Attorney
☐ Life Insurance Trust
☐ Charitable Trust
☐ Minor's Trust
☐ Section 529 or Other Education Plan
☐ Custodial Account
☐ Guardianship Papers
☐ Organ Donation Form
☐ Other Medical Directive
☐ Family Partnership or LLC
☐ Deeds to Real Property
☐ Marriage License
☐ Domestic Partner Agreement
☐ Cohabitation Agreement
☐ Pre-Nuptial Agreement
☐ Post-Nuptial Agreement
☐ Divorce or Separation Agreement

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<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Name:

- ☐ Child Support Agreement
- ☐ Birth Certificates
- ☐ Adoption Papers
- ☐ Automobile Title
- ☐ Boat and/or Airplane Title
- ☐ Citizenship Papers
- ☐ Burial or Pre-Need Agreement
- ☐ Life Insurance Beneficiary Form
- ☐ Military Discharge Papers (DD214)
- ☐ Employment or Contractor Contract
- ☐ Real Estate Title/Deed
- ☐ Other

☐ Springing

taking into account the cost.

05

SPECIAL NEEDS FAMILY MEMBER

SPECIAL NEEDS FAMILY MEMBER

Name:

Relationship:

Nature of disability:

Special services they receive:

Primary physician: Phone:

There is a Trust for such person: ☐ Yes ☐ No Trust documents are located:

I have been appointed Legal Guardian for such person: ☐ Yes ☐ No

I have named:

as contingent Legal Guardian in the event I cannot fulfill my obligations

I have provided information on the accounts I handle for this person:

Pertinent documents: ☐ Are attached ☐ Can be found here:

Details/notes:

06

INSURANCES

HEALTH INSURANCE

Medical, dental, vision, prescription

Name:

Carrier name: Policy name:

Policy number: Customer service phone:

Plan type to include: ☐ Employer ☐ Retiree ☐ Medicare

Details/notes:

Medical, dental, vision, prescription

Name:

Carrier name: Policy name:

Policy number: Customer service phone:

Plan type to include: ☐ Employer ☐ Retiree ☐ Medicare

Details/notes:

Medical, dental, vision, prescription

Name:

Carrier name: Policy name:

Policy number: Customer service phone:

Plan type to include: ☐ Employer ☐ Retiree ☐ Medicare

Details/notes:

Medical, dental, vision, prescription

Name:

Carrier name: Policy name:

Policy number: Customer service phone:

Plan type to include: ☐ Employer ☐ Retiree ☐ Medicare

Details/notes:

LIFE INSURANCE

Life Insurance

Carrier name:		Owner name:	
Beneficiary name:			
Face value:		Cash value:	
		Loans:	
Policy number:		Annual cost:	
		Automatic debit:	
Details/notes:			

Life Insurance

Carrier name:		Owner name:	
Beneficiary name:			
Face value:		Cash value:	
		Loans:	
Policy number:		Annual cost:	
		Automatic debit:	
Details/notes:			

Life Insurance

Carrier name:		Owner name:	
Beneficiary name:			
Face value:		Cash value:	
		Loans:	
Policy number:		Annual cost:	
		Automatic debit:	
Details/notes:			

Life Insurance

Carrier name:		Owner name:	
Beneficiary name:			
Face value:		Cash value:	
		Loans:	
Policy number:		Annual cost:	
		Automatic debit:	
Details/notes:			

LONG TERM CARE INSURANCE

Long Term Care Policy

Carrier Name:		Owner Name:	
Waiting period:		Daily benefit:	
Term of benefit:		Home care provider:	<input type="checkbox"/> Yes <input type="checkbox"/> No
% of daily benefit used for Home Care:		% Inflation Rider:	<input type="checkbox"/> simple: <input type="checkbox"/>
Compounded maximum to:		Used for home care provider:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indemnity feature:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spousal discount and premium wavier:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spousal special premium consideration:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unused benefit transferred to a surviving spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of account Premium payments are automatically withdrawn from:			
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Investment		
Instructions and/or policy (ies) are located:			

Long Term Care Policy

Carrier Name:		Owner Name:	
Waiting period:		Daily benefit:	
Term of benefit:		Home care provider:	<input type="checkbox"/> Yes <input type="checkbox"/> No
% of daily benefit used for Home Care:		% Inflation Rider:	<input type="checkbox"/> simple: <input type="checkbox"/>
Compounded maximum to:		Used for home care provider:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indemnity feature:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spousal discount and premium wavier:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spousal special premium consideration:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unused benefit transferred to a surviving spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of account Premium payments are automatically withdrawn from:			
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Investment		
Instructions and/or policy (ies) are located:			

CAR INSURANCE

Automobile:

Carrier name:

Owner Name:

Policy number:

Annual cost:

Automatic debit:

Details/notes:

Automobile:

Carrier name:

Owner Name:

Policy number:

Annual cost:

Automatic debit:

Details/notes:

Automobile:

Carrier name:

Owner Name:

Policy number:

Annual cost:

Automatic debit:

Details/notes:

Automobile:

Carrier name:

Owner Name:

Policy number:

Annual cost:

Automatic debit:

Details/notes:

OTHER INSURANCE

Disability:

Carrier Name:

Owner Name:

☐ Employer ☐ Retiree ☐ Military ☐ Government ☐ Other

Details/notes:

Disability:

Carrier Name:

Owner Name:

☐ Employer ☐ Retiree ☐ Military ☐ Government ☐ Other

Details/notes:

Property:

Carrier Name:

Owner Name:

☐ Employer ☐ Retiree ☐ Military ☐ Government ☐ Other

Details/notes:

Homeowners:

Carrier Name:

Owner Name:

☐ Employer ☐ Retiree ☐ Military ☐ Government ☐ Other

Details/notes:

Umbrella:

Carrier Name:

Owner Name:

☐ Employer ☐ Retiree ☐ Military ☐ Government ☐ Other

Details/notes:

07

PETS

PETS

Type:

Pet's name: Age

Special Notes:

Veterinarian name: Address: Phone:

Groomer name: Address: Phone:

Sitter name: Address: Phone:

Insurance:

Pet Trust: ☐ Yes ☐ No Pet Trust is located:

Details/notes:

Type:

Pet's name: Age

Special Notes:

Veterinarian name: Address: Phone:

Groomer name: Address: Phone:

Sitter name: Address: Phone:

Insurance:

Pet Trust: ☐ Yes ☐ No Pet Trust is located:

Details/notes:

Type:

Pet's name: Age

Special Notes:

Veterinarian name: Address: Phone:

Groomer name: Address: Phone:

Sitter name: Address: Phone:

Insurance:

Pet Trust: ☐ Yes ☐ No Pet Trust is located:

Details/notes:

08

FUNERAL DETAILS

UPON DEATH

Name:

I have the following final wishes:

Funeral home:

Location:

Cemetery:

Plot/drawer#:

I have prepaid my burial costs ☐ Yes ☐ No ☐ For my burial plot ☐ For my casket

Details, instructions and/or policy(ies) are located:

I have a deceased: ☐ Spouse ☐ Parent ☐ Child Who is buried at:

I wish to be buried next to such person: ☐ Yes ☐ No

I want to be cremated: ☐ Yes ☐ No Crematory:

I want a memorial service/celebration of life: ☐ Yes ☐ No

Military Funeral Honors:

Military branch of services:

SVS#

SS#:

Grade or rank:

Dates of service from:

To:

Dates of service from:

To:

Military status: ☐ Veteran ☐ Retired veteran Medal of honor: ☐ Recipient ☐ General

Copy of separation or military discharge form can be found: (DD214 or DD215)

Upon my death, I would like the American Flag presented to:

Details/notes:

Special Requests:

Name:

Organs for donation:

Priest/Minister/Rabbi to preform service:

Pallbearers:

I would like the following person(s) to give the eulogy at my service:

Obituary reading:

Tombstone engraving:

In lieu of flowers, please ask for donations to:

Other special requests:

I would like the following songs, music, poetry, etc., at my funeral:

My most memorable photos/videos are located:

I would like the following people be notified at my death*:

*also list hairdressers, barber, manicurist and other personal care professionals.

I would like the following people to attend my service:

It is my wish that the following person(s) do not attend my service:

In the event of my death, the following is important additional information for family and advisors:

UPON DEATH

Name:

I have the following final wishes:

Funeral home:

Location:

Cemetery:

Location:

I have prepaid my burial costs ☐ Yes ☐ No ☐ For my burial plot ☐ For my casket

Details, instructions and/or policy(ies) are located:

I have a deceased: ☐ Spouse ☐ Parent ☐ Child

Who is buried at:

I wish to be buried next to such person: ☐ Yes ☐ No

I want to be cremated: ☐ Yes ☐ No

Crematory:

I want a memorial service/celebration of life: ☐ Yes ☐ No

Military Funeral Honors:

Military branch of services:

SVS#

SS#:

Grade or rank:

Dates of service from:

To:

Dates of service from:

To:

Military status: ☐ Veteran

☐ Retired veteran

Medal of honor: ☐ Recipient

☐ General

Copy of separation or military discharge form can be found: (DD214 or DD215)

Upon my death, I would like the American Flag presented to:

Details/notes:

Special Requests:

Name:

Organs for donation:

Priest/Minister/Rabbi to preform service:

Pallbearers:

I would like the following person(s) to give the eulogy at my service:

Obituary reading:

Tombstone engraving:

In lieu of flowers, please ask for donations to:

Other special requests:

I would like the following songs, music, poetry, etc., at my funeral:

My most memorable photos/videos are located:

I would like the following people be notified at my death*:

*also list hairdressers, barber, manicurist and other personal care professionals.

I would like the following people to attend my service:

It is my wish that the following person(s) do not attend my service:

In the event of my death, the following is important additional information for family and advisors:

09

OTHER

LOCATION OF VALUABLE/ NECESSARY ITEMS

My General Information:

Name:

I have a safe deposit box: ☐ Yes ☐ No It may be found:

The key may be found:

People with signature authority to open the box:

I have a personal safe: ☐ Yes ☐ No The combination is:

The safe may be found:

Phone number/access codes:

Phone	Phone number	Access code or password	Voice mail retrieval number
Cell	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tablet	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home alarm code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office alarm code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

People* to contact in an emergency:

*Listed in my cell phone as ICE 1, ICE 2 etc. (ICE — In case of emergency)

Other important numbers:

Item	Number	Original documents located
My social security number:	<input type="text"/>	<input type="text"/>
My spouse's/partner's social security number:	<input type="text"/>	<input type="text"/>
My driver's license:	<input type="text"/>	<input type="text"/>
Expiration date: <input type="text"/>		
My spouse's/partner's driver's license:	<input type="text"/>	<input type="text"/>
Expiration date: <input type="text"/>		
My Medicare number:	<input type="text"/>	<input type="text"/>
My spouse's/partner's Medicare number:	<input type="text"/>	<input type="text"/>
Expiration date: <input type="text"/>		
My passport number:	<input type="text"/>	<input type="text"/>
Expiration date: <input type="text"/>		
My spouse's/partner's passport number:	<input type="text"/>	<input type="text"/>
Expiration date: <input type="text"/>		
Other expires:	<input type="text"/>	<input type="text"/>
Other expires:	<input type="text"/>	<input type="text"/>

Instructions and/or original document(s) (or copies) of above information is located:

DIGITAL ASSETS

Name:

The password to my computer is:

My email address is: Password:

My Internet account is with: Account #:

User name: Password:

Other important websites/passwords include:

Websites, accounts, apps, software	User ID	Password/pin#	Security questions/answers

LOCATION OF VALUABLE/ NECESSARY ITEMS

My General Information:

Name:

I have a safe deposit box: ☐ Yes ☐ No It may be found:

The key may be found:

People with signature authority to open the box:

I have a personal safe: ☐ Yes ☐ No The combination is:

The safe may be found:

Phone number/access codes:

Phone	Phone number	Access code or password	Voice mail retrieval number
Cell			
Tablet			
Work			
Home			
Home alarm code			
Office alarm code			
Other			

People* to contact in an emergency:

*Listed in my cell phone as ICE 1, ICE 2 etc. (ICE — In case of emergency)

Other important numbers:

Item

My social security number:

My spouse's/partner's social security number:

My driver's license:

Expiration date:

My spouse's/partner's driver's license:

Expiration date:

My spouse's/partner's Medicare number:

Expiration date:

My passport number:

Expiration date:

My spouse's/partner's passport number:

Expiration date:

Other expires:

Other expires:

Instructions and/or original document(s) (or copies) of above information is located:

DIGITAL ASSETS

Name:

The password to my computer is:

My email address is:

My Internet account is with:

User name:

Other important websites/passwords include:

Websites, accounts, apps, software	User ID	Password/pin#	Security questions/answers

OTHER

☐ Education:

☐ Other:
