

MY IMPORTANT ESTATE INFORMATION

I am providing the following information in order to assist with the handling of my affairs in the event I become disabled and cannot manage my own affairs, or ultimately, in the event of my death.

Personal Information:

Full Legal Name: _____

Previous Names Used: _____

Birthday / Social Security No.: _____

Essential Contacts		
Name	Relationship to Me	Phone / Email

Where I Have Placed My Will / Powers of Attorney: _____

Safe / Safe Deposit Access Details: _____

Organ Donation Wishes: _____

Guardians for my Children: _____

My Pets' Needs: _____

Primary Care Physician Contact Information (Me):

Primary Care Physician(s) Contact Information (Children):

Prescriptions / Allergies/ Medical Issues: _____

Financial Information:

Accountant / CPA Details: _____

Financial Advisor Details: _____

Insurance Agent Details: _____

Employer Information: _____

My sources of income are: (check all that apply)

Employment with _____

Social Security

Pension through _____

Rental Income from _____

Investment / Dividend Income from _____

SSI SSDI

Other: _____

Monies Owed to Me: _____

Financial Accounts (Assets):

Institution: _____ Account/Policy No. _____

Type of Account: _____

How Titled: _____ Beneficiaries: _____

Institution: _____ Account/Policy No. _____

Type of Account: _____

How Titled: _____ Beneficiaries: _____

Institution: _____ Account/Policy No. _____

Type of Account: _____

How Titled: _____ Beneficiaries: _____

Institution: _____ Account/Policy No. _____

Type of Account: _____

How Titled: _____ Beneficiaries: _____

Institution: _____ Account/Policy No. _____

Type of Account: _____

How Titled: _____ Beneficiaries: _____

Liability Accounts (Credit Cards, Mortgage, Loans, Installment Debts):

Institution: _____ Account/Policy No. _____

Type of Account: _____

Institution: _____ Account/Policy No. _____

Type of Account: _____

Institution: _____ Account/Policy No. _____

Type of Account: _____

Institution: _____ Account/Policy No. _____

Type of Account: _____

Insurance Policies (Medical, Life, Homeowners/Renters, Liability, Auto, Other):

Institution: _____ Account/Policy No. _____

Type of Account: _____

Agent Details: _____

Institution: _____ Account/Policy No. _____

Type of Account: _____

Agent Details: _____

Institution: _____ Account/Policy No. _____

Type of Account: _____

Agent Details: _____

Institution: _____ Account/Policy No. _____

Type of Account: _____

Agent Details: _____

Institution: _____ Account/Policy No. _____

Type of Account: _____

Agent Details: _____

Institution: _____ Account/Policy No. _____

Type of Account: _____

Agent Details: _____

Business Information:

I own interests in _____

Amount of Ownership Interests (Shares, Units, Other): _____

Other Owner(s): _____

Contact Person: _____ Phone/Email: _____

I own interests in _____

Amount of Ownership Interests (Shares, Units, Other): _____

Other Owner(s): _____

Contact Person: _____ Phone/Email: _____

Real Property:

Address of Property Owned: _____

County: _____ How Titled: _____

Location of Deed: _____

Insurance Policy Information: _____

Address of Property Owned: _____

County: _____ How Titled: _____

Location of Deed: _____

Insurance Policy Information: _____

Address of Property Owned: _____

County: _____ How Titled: _____

Location of Deed: _____

Insurance Policy Information: _____

