

2. Location of important papers

Item		Location	Phone Number
Wills	yours		
	spouse's		
Power of attorney	yours		
	spouse's		
Living Will	yours		
	spouse's		
Letter of Instruction	yours		
	spouse's		
Health care power of attorney -	yours		
	spouse's		
Birth certificates	yours		
	spouse's		
Religious certificates	yours		
	spouse's		
Marriage license			
Divorce papers			
Death certificates			
Social Security cards			
Passports/Green cards			
Credit cards			
Health insurance identification cards			
Armed forces identification/records			
Funeral directions			
Memorial society membership			
Naturalization documents			
Location of most recent tax return			

Person completing this step:

Date completed:

3. Bank accounts and insurance

A. Bank accounts (checking, savings, etc.) and safe deposit box

Bank Name and Location	Exact Names on Accounts	Number on Each Account	Amount	POD (Payable on Death)

B. Life insurance policies

Company	How Owned (You, Spouse, or Joint)	Policy Number	Face Amount	Who is Insured? Who is the Beneficiary?	Cash Value & Any Outstanding Loan

C. Other insurance policies

Company	Type of Insurance	Policy Number	Deductible	Coverage	Other Details

Person completing this step:

Date completed:

4. Assets

A. Trusts

Type	Location	Trustee	Who Established	Beneficiary	Value of Trust Property

B. Real estate owned

Type of Property and Acres	How Titled (You, Spouse, or Joint)	Exact Names on Title	Location	Year Acquired	Cost	Market Value and Date

Person completing this step:

Date completed:

4. Assets, continued

C. Real estate owned by you and leased/rented to a lessee

Type of Property and Acres	Lessee's Name	Contact Information	Lease Type	Lease/Rental Rate	Duration of Lease	Rent Due (Month/Year)

D. Stocks and bonds

Description	Exact Name of Owner	When Purchased	Number	Face Value of Bonds	Purchase Price or Income Tax Basis

Person completing this step:

Date completed:

4. Assets, continued

E. Mutual funds (not held in retirement accounts)

Name of Company	How Owned (You, Spouse, or Joint)	When Purchased	Original Amount	Current Value	TOD (Transfer on Death)

F. Retirement benefits

Name of Company	How Owned (You, Spouse, or Joint)	Type of Plan 401(k), 403(b), 457	Beneficiary	Amount	How It Will Distribute (Annuity, Lump Sum)

Person completing this step:

Date completed:

4. Assets, continued

G. Personal property

Type	How Titled or Owned (You, Spouse, or Joint)	Location of Title, if Any	Cost	Market Value

H. Notes, mortgages owed to you, and accounts receivable

Description/Name of Person Who Owes You	Year Acquired	Value	Other

Person completing this step:

Date completed:

5. Liabilities

A. Mortgages and other real estate debt

Description and Account Number	Name of Creditor and Contact Information	Date Due	Amount Remaining to Be Paid and by Whom? (You, Spouse, or Joint)	If Insured, by Whom?

B. Real estate leased/rented by you from a different landowner

Type of Property and Acres	Landowner's Name	Contact Information	Lease type (Cash, Share, etc.)	Lease/Rental Rate	Rent Due (Month/Year)

Person completing this step:

Date completed:

5. Liabilities, continued

C. Liens against personal or business property (i.e. vehicle or machinery loans)

Description	Name of Creditor	Debt Balance	Payment Amount	Date Due (Month/Year)

D. Other personal liabilities (credit cards, money owed to others, etc.)

Name of Creditor	Account Number	Date Due	Amount Remaining to Be Paid	To be Paid by Whom? (You, Spouse, or Joint)	If Insured by, Whom?

Person completing this step:

Date completed:

6. Miscellaneous financial information

Income	Amount	Other Information
Your current wage income		
Spouse's wage income		
Your Social Security		
Spouse's Social Security		
Business/farm income		
Custom work income		
Veteran's income		

Person completing this step:

Date completed:

7. Professional advisors, guardian(s), personal representative(s), doctor(s), and dentist(s)

Name	Phone	E-mail	Address
Attorney			
Financial planner			
Trustee			
Personal representative(s)			
Guardian(s)			
Healthcare power of attorney			
Power of attorney			
Doctor(s)			
Dentist(s)			
Others			

Person completing this step:

Date completed:
