## **ESTATE INFORMATION PACKET CHECKLIST:**

## Making Sure Your Affairs Are in Order

Assembling an Estate Information Packet can bring you peace of mind and eliminate stress for your loved ones. Use this Word document as a guide. Click on the box to check off or handwrite it. The important thing is that you get it done.

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Date Estate Information Packet was last upo	dated
Personal and family information	Names
My full legal name My address and phone numbers Social Security number Date and location of birth  Birth certificate Location of original birth certificate Exact name on birth certificate  Adoption Location of adoption records Brief summary of adoption	List of all prior names, legal or otherwise  Any other nicknames you have gone by, or any that might appear on documents or legal papers  Prior names from marriages  Dates of any name changes  Name changes of children  Parents' names (include mother's maiden name)  Spouse's name, address and phone numbers  Children's names, addresses and phone numbers
Citizenship	Key contacts
Location of citizenship records Location of naturalization records Brief summary of citizenship history  Marriages, divorces  Names of current and past spouse(s) Dates of marriage Date of divorce Location of marriage certificate Location of divorce records	Accountants (if applicable)  Names, addresses, phone numbers Description of services used  Attorneys (if applicable)  Names, addresses, phone numbers Description of services used List of important documents drawn by attorney List of original documents in attorney's possession List and location of legal documents that are not included in this packet



Executor	Insurance policies
<ul><li>Name, address and phone numbers (if applicable)</li></ul>	Annuity insurance policies
Person authorized to direct disposition of my remains (applies only to service members; needs to match DD Form 93)	☐ Insurance company name, phone number ☐ Insurance agent name, phone number ☐ Policy account number ☐ Brief description of policy details
Physicians	(values, purchase date, face value)
Names, addresses, phone numbers  Brief description of services provided	<ul><li>Location of original policy papers</li><li>Name of benefactor</li></ul>
Legal documents	Automobile insurance
"Do not resuscitate" order	Insurance company name, phone number
Last will and testament	Insurance agent name, phone number
<ul><li>Location of original document</li><li>Location of copies</li></ul>	Policy account number Location of original policy papers
Preparer of document	Business insurance
<ul><li>Date latest version was signed</li><li>Details about any addendums</li></ul>	Insurance company name, phone number
Living will	Insurance agent name, phone number
Location of original document Location of copies	Policy account number Location of original policy papers
Preparer of document  Date latest version was signed	Disability insurance
Brief summary of important document details	Insurance company name, phone number
Power of attorney	<ul><li>Insurance agent name, phone number</li><li>Policy account number</li></ul>
<ul><li>Location of original document</li><li>Location of copies</li><li>Preparer of document</li></ul>	<ul><li>□ Brief description of policy details</li><li>(waiting period, monthly benefits, term)</li><li>□ Location of original policy papers</li></ul>
Date latest version was signed	Homeowners insurance
Brief summary of important document details	Insurance company name, phone number
Type (general, durable, financial)	<ul><li>Insurance agent name, phone number</li><li>Policy account number</li><li>Location of original policy papers</li></ul>



Long-term care insurance	Exact name(s) on title
Insurance company name, phone	Vehicle identification number and
number	license plate information
Insurance agent name, phone number	Location of maintenance records
Policy account number	Location of registration
Brief description of policy details	
	Businesses
Location of original policy papers	Location of businesses
Medical insurance in addition to	Contact information for key partners or
TRICARE	employees
	Contact information for accountant
Company name, phone number	Location of important business
Insurance agent name, phone number	paperwork
Group number, policy number	Name of trusted person to oversee or
Location of original policy papers	advise business operations during any
Complemental modical incomes	transition
Supplemental medical insurance	Your desires for the future of the
Company name, phone number	business
Insurance agent name, phone number	business
Policy account number	Checking and savings accounts
Location of original policy papers	
	Bank name, branch name, address,
Term life insurance (in addition to	phone number
Servicemembers Group Life Insurance)	Account numbers
Insurance company name, phone	Account types
number	Date each account was opened
Insurance agent name, phone number	Name(s) on each account
Policy account number	Location of statements and blank checks
Policy value	Computors
Location of original policy papers	Computers
Name of benefactor	Description of important documents or
Nume of benefactor	information on each computer
Umbrella insurance	Log-on names and passwords, or where
	password list is kept
Insurance company name, phone	List of accounts you access and pay
number	online, with account numbers and
Insurance agent name, phone number	access information
Policy account number	List of auto-pay items, with account
Location of original policy papers	numbers and access information
Accounts, assets and liabilities	List of people who have access to each
Accounts, assets and natinities	computer
Automobiles	List of computers that contain family or
Location of original title	personal photographs
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Locations of any backup disks, tapes and	How home is titled (sole ownership,
drives	joint tenancy, joint tenancy with right of
List of computers that contain sensitive	survivorship, tenancy in common, etc.)
information you wouldn't want	Exact name(s) on title or deed
accessed if computers are given away	Property tax information
Credit Lines	Investment accounts
Lending institution name, address,	Name of financial institution
phone number	Broker name, address, phone number
Account numbers	Account numbers
Exact name(s) on account	Account types
Location of paperwork	Date each account was opened
	Location of account paperwork
Creditors and liabilities	Location of statements
Utility companies (electricity, gas, water,	☐ Brief description of account and its use
sewer, garbage)	
Cable TV	Loans
Internet	Lending institution name, address,
Credit cards	phone number
Home mortgage	Account numbers
Commercial loans	Exact name(s) on account
Loans from family or friends	Location of paperwork
Lines of credit	Brief description of each loan (original
Physician, dentist and other health care	date, amount, terms)
providers	
Insurance companies	Real estate
	List of real estate holdings, rental
Home mortgage	properties and timeshares
Current mortgage company name	Location of records
(where payments go), address, phone	Names of any brokers, partners,
number	corporations and other important
Account number	contacts
Exact name(s) on account	
Location of paperwork for financing loan	Safe
Location of paperwork for monthly	Location of safe
payments	Detailed description of contents,
	including list of important documents
Home ownership	How to access contents
Location of deed, title, mortgage	List of people who know how to access
satisfaction proof	contents



Safe deposit box	Brief description of benefits
Name of institution, address and phone	Social Security
number  Box number  Location of key  Names of authorized co-signers  Detailed description of contents, including list of important documents	Location of any Social Security records Social Security number Exact name on Social Security account  Tax returns Location of past tax returns
Important paperwork	Name of tax preparer
List of family heirlooms	■ Veterans benefits
Description and history of each item	Location of Veterans Affairs records
My desires about what should happen to each item	<b>☐</b> Voter registration
Memberships  AAA number	<ul><li>Location of card</li><li>Local voter registration office address and phone number</li></ul>
Contact names and phone numbers  List of unions, book and record clubs, service organizations, fraternal organizations, professional groups and	My final wishes  Desires for guardianship of my children (if applicable)
boards  Military service  Location of military records, including discharge papers	Desires for pet care (if applicable)  Funeral and burial (consider storing a copy of this section with your last will and testament, or in a location where it
☐ Brief description of service ☐ Brief description of any ongoing benefits ☐ Ranks, awards	will be quickly and easily found)  Burial instructions  Burial location
Miscellaneous	Preferences for funeral service
Retail store memberships, ID numbers and phone numbers Subscription information Tax ID numbers Passport	<ul><li>Officiate</li><li>Music</li><li>Poems, readings</li><li>Speakers</li><li>Pallbearers</li></ul>
Location of current passport	Desires for organ or body donation
Pension plan	(consider noting on ID card and driver's license)
Location of pension plan records	



Preference for casketed or cremated remains; if cremated, preference of ground burial or inurnment in a columbarium (niche)
List of people who should be notified upon my death, and personal contacts
Location of address book
Obituary
Write out basic information found in most obituaries
Full name, including nickname Birth date and place Parents' full names Siblings' full names Marriages Education Designations, awards, recognitions Employment Places of residence Survived by (list spouse, children, grandchildren, siblings, others) Memorial funds or donation suggestions
List of places to publish obituary  Local newspaper
Hometown newspaper Professional organization newsletter
Religious contacts
Names, phone number

