

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. Whether you're a service member, military spouse, veteran or retiree, use this checklist as a guide. Click in the blue box to type in your information. You can also print the checklist and handwrite your answers. The important thing is that you get it done.

NOTIFY IMMEDIATELY UPON DEATH

MILITARY RETIREES

Defense Finance Accounting Service

<https://www.dfas.mil/RetiredMilitary/>

DFAS: Stop military pay.

DFAS: Submit Survivor Benefit Plan, if applicable.

Social Security Administration

<https://www.ssa.gov/><https://www.ssa.gov/benefits/survivors><https://www.ssa.gov/pubs/EN-05-10008.pdf>

Veterans Administration

<https://www.va.gov/survivors>https://benefits.va.gov/INSURANCE/resources_handbook_ins_chapter8.asp<https://www.va.gov/>**CIVILIAN EMPLOYEES**

Employer upon death (title, address, phone number)

Social Security Administration

<https://www.ssa.gov/><https://www.ssa.gov/benefits/survivors/>

PERSONAL AND FAMILY INFORMATION

PERSONAL

My full legal name

My address and phone numbers

My Social Security number

My Department of Defense identification number

Date and location of birth

BIRTH CERTIFICATE

Location of original birth certificate (Go to <https://www.cdc.gov/nchs/w2w/index.htm> to find your state of birth's State Vital Statistics Office to obtain more copies.)

Exact name on birth certificate

ADOPTION

Location of adoption records

Brief summary of adoption

CITIZENSHIP

Location of citizenship records

Location of naturalization records

Brief summary of citizenship history

PERSONAL AND FAMILY INFORMATION

MARRIAGES, DIVORCES

Names of current and/or past spouse(s)

Date(s) of marriage(s)

Date(s) of divorce(s)

Location of marriage certificate(s)

Location of divorce records

NAMES

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 and dates

Dates of any name changes

Name changes of children

Parents' names (include mother's maiden name)

Spouse's name, address and phone numbers

Spouse's parents' names

KEY CONTACTS

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

Name, address and phone numbers (if applicable)

KEY CONTACTS

PERSON AUTHORIZED TO DIRECT DISPOSITION OF MY REMAINS

(APPLIES ONLY TO SERVICE MEMBERS); NEEDS TO MATCH "RECORD OF EMERGENCY DATA" DD FORM 93
List PADD's name and contact info

PHYSICIANS

Names, addresses, phone numbers

Location of your copy of the "Record of Emergency Data" DD Form 93

Brief description of services provided

LEGAL DOCUMENTS

"DO NOT RESUSCITATE" ORDER

Location of DNR order

LIVING WILL

Location of original document

LAST WILL AND TESTAMENT

Location of original document

Location of copies

Location of copies

Preparer of document

Preparer of document

Date latest version was signed

Date latest version was signed

Brief summary of important document details

Details about any addendums

PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT

Location of order

LEGAL DOCUMENTS

POWERS OF ATTORNEY

Location of original document

Brief summary of important document details

Location of copies

Type (general, special, limited, durable, springing, termination, financial, medical)

Preparer of document

Date latest version was signed

Revocation orders or rescinding of POAs on file

INSURANCE POLICIES

ANNUITY/INSURANCE POLICIES

Insurance company name, phone number

DISABILITY INSURANCE

Insurance company name, phone number

Insurance agent name, phone number

Insurance agent name, phone number

Policy account number

Policy account number

Brief description of policy details (values, purchase date, face value, riders)

Brief description of policy details (waiting period, monthly benefits, term, riders)

Location of original policy papers

Location of original policy papers

Name of beneficiary

HOMEOWNERS/RENTERS INSURANCE

Insurance company name, phone number

BUSINESS INSURANCE

Insurance company name, phone number

Insurance agent name, phone number

Insurance agent name, phone number

Policy account number

Policy account number

Brief description of policy details (waiting period, monthly benefits, term, riders)

Brief description of policy details (values, purchase date, face value, riders)

Location of original policy papers

Location of original policy papers

INSURANCE POLICIES

LONG-TERM CARE INSURANCE

Insurance company name, phone number

Insurance agent name, phone number

Policy account number

Brief description of policy details (values, purchase date, face value, riders)

Location of original policy papers

MEDICAL INSURANCE – INCLUDING TRICARE

Company name, phone number

Insurance agent name, phone number

Group number, policy number

Location of original policy papers

Health savings account information, including account number and coverage details

MEDICAL INSURANCE – SUPPLEMENTAL

Company name, phone number

Insurance agent name, phone number

Policy account number

Location of original policy papers

VEHICLE INSURANCE

Insurance company name, phone number

Insurance agent name, phone number

Policy account number

Brief description of policy details (value, purchase date, face value, riders)

Location of original policy papers

LIFE INSURANCE POLICIES

Insurance agent name, phone number

Policy account number

Brief description of policy details (value, purchase date, face value, riders)

Location of original policy papers

Name of benefactor

UMBRELLA INSURANCE

Insurance company name, phone number

Insurance agent name, phone number

Policy account number

Brief description of policy details (value, purchase date, face value, riders)

Location of original policy papers

ACCOUNTS, ASSETS AND LIABILITIES

BUSINESSES

Location of business

Contact information for key partners or employees

Contact information for accountant

Location of important business paperwork

Name of trusted person to oversee or advise business operations during any transition

Your desires for the future of the business

Business vehicle identification number and license

CHECKING AND SAVINGS ACCOUNTS

Banks and/or credit union names, branch name, address, phone number

Account numbers

Account types

Date each account was opened

Name(s) on each account

Location of statements and blank checks

INVESTMENTS, INCLUDING RETIREMENT ACCOUNTS AND ANNUITIES

Account type(s)

Account number(s)

Name(s) on account

Approximate value

Beneficiary

Location of statements

COMPUTERS AND ELECTRONIC DEVICES

Description of important documents or information on each computer or electronic device

Logon names and passwords, or where password list is kept

List of accounts you access and pay online, with account numbers and access information

List of auto-pay items, with account numbers and access information

List of people who have access to each computer or electronic device

List of computers or electronic devices that contain family or personal photographs

Locations of any backup disks, tapes and drives

List of computers or electronic devices that contain sensitive information you wouldn't want accessed if they are given away

ACCOUNTS, ASSETS AND LIABILITIES

CREDITORS AND LIABILITIES

Utility companies (electricity, gas, water, sewer, garbage)

Cable TV, satellite, streaming services, cellphone, landline

Internet

Credit cards

Home mortgage

Commercial loans

Loans from family or friends

Lines of credit

Physician, dentist and other health care providers

Insurance companies

CREDIT LINES

Lending institution name, address, phone number

Account numbers

Exact name(s) on account

Location of paperwork

LOANS

Lending institution name, address, phone number

Account numbers

Exact name(s) on account

Location of paperwork

Brief description of each loan (original date, amount, terms)

MOTOR VEHICLES, INCLUDING BOATS, ETC.

Location of original title or lien holder information

Vehicle identification number and plate information

Location of maintenance records

Location of registration

REAL ESTATE

List of real estate holdings, rental properties and timeshares

Location of records

Names of any brokers, partners, corporations and other important contacts

ACCOUNTS, ASSETS AND LIABILITIES

SAFE

Location of safe

Detailed description of contents, including list of important documents

How to access contents

List of people who know how to access contents

SAFE DEPOSIT BOX

Name of institution, address and phone number

Box number

Location of key

Names of authorized cosigners

Detailed description of contents, including list of important documents

SECURITY SYSTEM

Name of company

Password to alarm and disarm

Key phrase for emergencies

SOCIAL MEDIA ACCOUNTS

Name, username, email and password for each social media account

Legacy contacts and instructions for deleting, deactivating or memorializing accounts

STORAGE UNITS

Name of company

Payment information

Location of unit or units

Location of key or code for entry

IMPORTANT PAPERWORK

PERSONAL PROPERTY

Jewelry

Art

Collectibles

Other

Description, history, receipts and value of each item

My desires about what should happen to each item

LIST OF FAMILY HEIRLOOMS

Description and history of each item

My desires about what should happen to each item

MEMBERSHIPS

Organization name and membership number

Contact names and phone numbers

List of unions, book and record clubs, service organizations, fraternal organizations, professional groups and boards

MILITARY SERVICE

Location of military records, including discharge papers

Brief description of service

Brief description of any ongoing benefits

Ranks, awards

MISCELLANEOUS

Retail store memberships, ID numbers and phone numbers

Subscription information

IMPORTANT PAPERWORK

PASSPORT

Location of current passport

VETERANS BENEFITS

Location of Veterans Affairs records

PENSION

Location of records

VOTER REGISTRATION

Location of card

Brief description of benefits

Local voter registration office address and phone numbers

ADDITIONAL NOTES:

SOCIAL SECURITY

Location of any Social Security records

Social Security number

Exact name on Social Security account

TAX RETURNS

Location of past tax returns

Location of current-year tax records, receipts, forms

Name of tax preparer

Tax ID numbers

Type of software used for at-home taxes

Location of software, website, password and past taxes

MY FINAL WISHES

DESIRES FOR GUARDIANSHIP OF MY CHILDREN IF APPLICABLE

Location for guardianship arrangements

LIST OF PEOPLE WHO SHOULD BE NOTIFIED UPON MY DEATH, AND PERSONAL CONTACTS

Location of address book

DESIRES FOR PET CARE IF APPLICABLE

Location for pet care arrangements

RELIGIOUS CONTACTS

Names, phone number

FUNERAL AND BURIAL

CONSIDER STORING A COPY OF THIS SECTION WITH YOUR LAST WILL AND TESTAMENT, OR IN A LOCATION WHERE IT CAN BE EASILY FOUND

Preneed contract

Burial instructions

LIST OF PLACES TO PUBLISH OBITUARY

Local newspaper

Hometown newspaper

Professional organization or college newsletter

Burial location

Review military newspapers for free obituary postings (for veterans and service members only)

Military Funeral Honors

<https://www.militaryonesource.mil/leaders-service-providers/casualty-assistance/military-funeral-honors/>

Military OneSource

<https://www.militaryonesource.mil/>

MY FINAL WISHES

PREFERENCES FOR FUNERAL SERVICE

Officiate

Music

Poems, readings

Speakers

Pallbearers

Desires for organ or body donation (consider noting on ID card and driver's license)

Preference for casketed or cremated remains; if cremated, preference of ground burial or inurnment in a columbarium (niche); preference for other form of disposition such as burial types (earth, natural, aboveground or sea), cremation types (aboveground, ground, water, scattering of ashes or urn at home), living memorials (tree urns, etc.), other types (coral reef, hourglass, diamond, etc.)

OBITUARY

Write out basic information found in most obituaries

Full name, including nickname

Birth date and place

Preceded in death by [include spouse, children, parents' and siblings' names that are applicable]

Survived by [include spouse, children, parents' and siblings' names that are applicable]

Marriages

Education

Designations, awards, recognitions

Employment

Places of residence

Survived by (list spouse, children, grandchildren, siblings, others)

Memorial funds or donation suggestions

Veterans Legacy Memorial
<https://www.vlm.cem.va.gov/>

ADDITIONAL NOTES: