

# WHAT MY FAMILY NEEDS TO KNOW

This notebook is designed to make all your important information available in one place. Make sure your loved ones know the location of this notebook in the event of your disability or death. This information will likely save your loved ones hours, days, weeks, or even months as they work to settle your estate. We recommend you revisit these forms at least annually. For items that are likely to change, you might want to write in pencil to make it easier to update. **This document does not replace any legal document and is used for informational purposes only.**

Today's Date: \_\_\_\_\_

## CURRENT INFORMATION

Your Full Legal Name \_\_\_\_\_

Nickname(s) (if any) \_\_\_\_\_

Any Aliases and/or Maiden Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City & State/Country)

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Citizen of \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Post Office Box \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone(s) \_\_\_\_\_  
Home Cell Business

Driver's License # \_\_\_\_\_ Passport # \_\_\_\_\_

Email(s) \_\_\_\_\_

Marital Status:  Single  Married  Widowed: \_\_\_\_\_  Divorced: \_\_\_\_\_  
(Date) (Date)

Current spouse's full legal name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City & State/Country)

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Citizen of \_\_\_\_\_

Previous Spouse's full legal name (if Widowed or Divorced) \_\_\_\_\_

# IMMEDIATE FAMILY INFORMATION

**Child's Name** (if any and living) \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_

**Child's Name** (if any and living) \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_

**Child's Name** (if any and living) \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_

**Child's Name** (if any and living) \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_

**Sibling's Name** (if any and living) \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_

**Sibling's Name** (if any and living) \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_

**OTHER FAMILY AND CLOSE FRIENDS TO BE PERSONALLY CONTACTED IN THE EVENT OF YOUR DEATH**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #(s)** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #(s)** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #(s)** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #(s)** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #(s)** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #(s)** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #(s)** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ E-mail \_\_\_\_\_

**Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ E-mail \_\_\_\_\_

**Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ E-mail \_\_\_\_\_

**Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ E-mail \_\_\_\_\_

**Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ E-mail \_\_\_\_\_

**Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ E-mail \_\_\_\_\_

**Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ E-mail \_\_\_\_\_

**Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ E-mail \_\_\_\_\_

**PROFESSIONAL ADVISORS AND OTHER ENTITIES TO BE  
CONTACTED IN THE EVENT OF YOUR DEATH  
(QUICK CONTACT GUIDE)**

**Financial Advisor** Bruce T. Brown / Karen B. Tisdale Firm Name Brown & Associates Investment Services

Address 1005 Hay Street, Suite 100, Fayetteville, NC 28305

Phone #(s) (910) 485-2672 / (888) 245-6981 E-mail karen.tisdale@brownandais.com

**Financial Advisor** \_\_\_\_\_ Firm Name \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ E-mail \_\_\_\_\_

**Attorney** \_\_\_\_\_ Firm Name \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ E-mail \_\_\_\_\_

**Accountant** \_\_\_\_\_ Firm Name \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ E-mail \_\_\_\_\_

**Auto Insurance Carrier** \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ Policy # \_\_\_\_\_

**Home Insurance Carrier** \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ Policy # \_\_\_\_\_

**Life Insurance Carrier** \_\_\_\_\_ Agent \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ Policy # \_\_\_\_\_

**Health Insurance Carrier** \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ Policy # \_\_\_\_\_

**Mortgage Loan Company**  **Landlord**  \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ Account # \_\_\_\_\_

**Car Loan Company** \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ Policy # \_\_\_\_\_

**Bank** \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ Account(s) \_\_\_\_\_

**Bank** \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ Account(s) \_\_\_\_\_

**Credit Card Company** \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ Account # \_\_\_\_\_

**Credit Card Company** \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ Account # \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_ **Facility Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_ **Facility Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_ **Facility Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_

**Dentist's Name** \_\_\_\_\_ **Facility Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_

**Chiropractor's Name** \_\_\_\_\_ **Facility Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_

**Pastor/Priest/Rabbi** \_\_\_\_\_

Church/Synagogue \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ E-mail \_\_\_\_\_

**Employer or Business Partner** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Pension/Employer-Sponsored Plan Contact** \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_ E-mail \_\_\_\_\_

**Charitable Concern** \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_





# MEMORIAL INSTRUCTIONS

List wishes regarding your funeral services, burial, or cremation. If you have already planned or paid for these services, it is important that your loved ones know. You might also want to provide guidelines for expenses.

I prefer:  Burial  Cremation I am an organ donor:  Yes  No

I am entitled to a military burial:  Yes  No

**Local Mortuary and Casualty Affairs Phone #** \_\_\_\_\_

**Funeral Services:**  Prepaid  Prefer

Name of Funeral Home \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Funeral Director \_\_\_\_\_

**Cemetery/ Burial Plot:**  Prepaid  Prefer

Name of Cemetery \_\_\_\_\_

Burial Plot/ Drawer # \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Religious leader to officiate service: \_\_\_\_\_

Pallbearers (x6): \_\_\_\_\_

I have a deceased \_\_\_ spouse, \_\_\_ parent, \_\_\_ child, \_\_\_ significant other, who is buried at \_\_\_\_\_

\_\_\_\_\_ and I wish to be buried next to such person if I check here \_\_\_\_.

## Special Requests:

Music or readings: \_\_\_\_\_

Obituary: \_\_\_\_\_

Tombstone engraving: \_\_\_\_\_

In lieu of flowers please ask for donations to \_\_\_\_\_

Other requests: \_\_\_\_\_

\_\_\_\_\_



# ASSET, DEBT, AND PROPERTY LIST

Use this section to enable your loved ones to locate all of your assets and debt accounts quickly and easily. This will make the settlement of your estate a much smoother process. You should be as detailed as possible in this section.

## BANK ACCOUNTS

Name of Bank or Credit Union \_\_\_\_\_

Address of Branch \_\_\_\_\_

Branch Phone # \_\_\_\_\_ Account # \_\_\_\_\_

Name(s) on the Account \_\_\_\_\_

Type of Account:    Checking    Savings    CD    Safe Deposit Box

PIN Number/Password \_\_\_\_\_ Are any automatic deposits/withdrawals   YES   or   NO  
made to or from this account?

If "yes" how much and from/to where? \_\_\_\_\_

Name of Bank or Credit Union \_\_\_\_\_

Address of Branch \_\_\_\_\_

Branch Phone # \_\_\_\_\_ Account # \_\_\_\_\_

Name(s) on the Account \_\_\_\_\_

Type of Account:    Checking    Savings    CD    Safe Deposit Box

PIN Number/Password \_\_\_\_\_ Are any automatic deposits/withdrawals   YES   or   NO  
made to or from this account?

If "yes" how much and from/to where? \_\_\_\_\_

Name of Bank or Credit Union \_\_\_\_\_

Address of Branch \_\_\_\_\_

Branch Phone # \_\_\_\_\_ Account # \_\_\_\_\_

Name(s) on the Account \_\_\_\_\_

Type of Account:    Checking    Savings    CD    Safe Deposit Box

PIN Number/Password \_\_\_\_\_ Are any automatic deposits/withdrawals   YES   or   NO  
made to or from this account?

If "yes" how much and from/to where? \_\_\_\_\_

**Name of Bank or Credit Union** \_\_\_\_\_

Address of Branch \_\_\_\_\_

Branch Phone # \_\_\_\_\_ Account # \_\_\_\_\_

Name(s) on the Account \_\_\_\_\_

Type of Account:    Checking    Savings    CD    Safe Deposit

PIN Number/Password \_\_\_\_\_ Are any automatic deposits/withdrawals   YES   or   NO  
made to or from this account?

If "yes" how much and from/to where? \_\_\_\_\_

### **INVESTMENT ACCOUNTS**

NOTE: *Also see attached on following page consolidated asset statement from Brown & Associates.*

**Name of Financial Firm** \_\_\_\_\_

Address of Branch \_\_\_\_\_

Branch Phone Number \_\_\_\_\_ Account # \_\_\_\_\_

Name(s) on the Account \_\_\_\_\_

Are any automatic deposits or withdrawals made to or from this account?   YES   or   NO

If "yes" how much and from/to where? \_\_\_\_\_

**Name of Financial Firm** \_\_\_\_\_

Address of Branch \_\_\_\_\_

Branch Phone Number \_\_\_\_\_ Account # \_\_\_\_\_

Name(s) on the Account \_\_\_\_\_

Are any automatic deposits or withdrawals made to or from this account?   YES   or   NO

If "yes" how much and from/to where? \_\_\_\_\_

**Name of Financial Firm** \_\_\_\_\_

Address of Branch \_\_\_\_\_

Branch Phone Number \_\_\_\_\_ Account # \_\_\_\_\_

Name(s) on the Account \_\_\_\_\_

Are any automatic deposits or withdrawals made to or from this account?   YES   or   NO

If "yes" how much and from/to where? \_\_\_\_\_

**401(k)s, PENSIONS, AND/OR OTHER EMPLOYER-SPONSORED PLANS**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Account # \_\_\_\_\_

Type of Plan:    Simple    SEP    401(k)    403(b)    Pension    Profit Sharing

Owner of the Plan \_\_\_\_\_

Beneficiary of the Plan \_\_\_\_\_

Are you currently taking any distributions from this plan?      YES    or    NO

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Account # \_\_\_\_\_

Type of Plan:    Simple    SEP    401(k)    403(b)    Pension    Profit Sharing

Owner of the Plan \_\_\_\_\_

Beneficiary of the Plan \_\_\_\_\_

Are you currently taking any distributions from this plan?      YES    or    NO

**STOCK AND BONDS HELD INDIVIDUALLY**

Company Name on Stock Certificate \_\_\_\_\_

Number of Shares \_\_\_\_\_ Purchase Price \_\_\_\_\_

Location of Certificate \_\_\_\_\_

Type of Bond:    US Savings    Municipal    Corporate    Treasury Bill

Owner(s) \_\_\_\_\_

Face Value \_\_\_\_\_

Company Name on Stock Certificate \_\_\_\_\_

Number of Shares \_\_\_\_\_ Purchase Price \_\_\_\_\_

Location of Certificate \_\_\_\_\_

Type of Bond:    US Savings    Municipal    Corporate    Treasury Bill

Owner(s) \_\_\_\_\_

Face Value \_\_\_\_\_

**Company Name on Stock Certificate** \_\_\_\_\_

Number of Shares \_\_\_\_\_ Purchase Price \_\_\_\_\_

Location of Certificate \_\_\_\_\_

Type of Bond:     US Savings     Municipal     Corporate     Treasury Bill

Owner(s) \_\_\_\_\_

Face Value \_\_\_\_\_

**REAL ESTATE**

**Address of Property** \_\_\_\_\_

Owner(s) \_\_\_\_\_

Type of Property:     Residential     Commercial     Farm     Vacant Land     Time-Share

Are there mortgages on this property?    YES    or    NO

If "yes" name and address of lender \_\_\_\_\_

**Address of Property** \_\_\_\_\_

Owner(s) \_\_\_\_\_

Type of Property:     Residential     Commercial     Farm     Vacant Land     Time-Share

Are there mortgages on this property?    YES    or    NO

If "yes" name and address of lender \_\_\_\_\_

**Address of Property** \_\_\_\_\_

Owner(s) \_\_\_\_\_

Type of Property:     Residential     Commercial     Farm     Vacant Land     Time-Share

Are there mortgages on this property?    YES    or    NO

If "yes" name and address of lender \_\_\_\_\_

## CREDIT CARD INFORMATION

**Credit Card Company** \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Approximate Balance \_\_\_\_\_

Authorized User(s) \_\_\_\_\_

Credit Limit \_\_\_\_\_ Interest Rate \_\_\_\_\_

**Credit Card Company** \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Approximate Balance \_\_\_\_\_

Authorized User(s) \_\_\_\_\_

Credit Limit \_\_\_\_\_ Interest Rate \_\_\_\_\_

**Credit Card Company** \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Approximate Balance \_\_\_\_\_

Authorized User(s) \_\_\_\_\_

Credit Limit \_\_\_\_\_ Interest Rate \_\_\_\_\_

## VEHICLES

**Make and Model** \_\_\_\_\_ Year \_\_\_\_\_

Title Holder \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Outstanding Balance \_\_\_\_\_

Term of Loan \_\_\_\_\_ Interest Rate \_\_\_\_\_

**Make and Model** \_\_\_\_\_ Year \_\_\_\_\_

Title Holder \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Outstanding Balance \_\_\_\_\_

Term of Loan \_\_\_\_\_ Interest Rate \_\_\_\_\_

**Make and Model** \_\_\_\_\_ **Year** \_\_\_\_\_

Title Holder \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Outstanding Balance \_\_\_\_\_

Term of Loan \_\_\_\_\_ Interest Rate \_\_\_\_\_

### **OTHER ITEMS**

OTHER POSSESSIONS ON WHICH PAYMENTS ARE MADE

**Item** \_\_\_\_\_ **Year** \_\_\_\_\_ **Purchased From** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Financial Terms \_\_\_\_\_

**Item** \_\_\_\_\_ **Year** \_\_\_\_\_ **Purchased From** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Financial Terms \_\_\_\_\_

**Item** \_\_\_\_\_ **Year** \_\_\_\_\_ **Purchased From** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Financial Terms \_\_\_\_\_

**Item** \_\_\_\_\_ **Year** \_\_\_\_\_ **Purchased From** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Financial Terms \_\_\_\_\_



# INSURANCE POLICIES

**Company Name** \_\_\_\_\_ **Policy #** \_\_\_\_\_

Policy Enclosed: YES or NO Phone \_\_\_\_\_

Address \_\_\_\_\_

Owner \_\_\_\_\_ Person Insured \_\_\_\_\_

Type: Term Whole Life Universal Long Term Care Group Life Health Disability

Death Benefit Amount \_\_\_\_\_ Cash Value YES or NO

Primary Beneficiary(ies) \_\_\_\_\_

Contingent Beneficiary(ies) \_\_\_\_\_

**Company Name** \_\_\_\_\_ **Policy #** \_\_\_\_\_

Policy Enclosed: YES or NO Phone \_\_\_\_\_

Address \_\_\_\_\_

Owner \_\_\_\_\_ Person Insured \_\_\_\_\_

Type: Term Whole Life Universal Long Term Care Group Life Health Disability

Death Benefit Amount \_\_\_\_\_ Cash Value YES or NO

Primary Beneficiary(ies) \_\_\_\_\_

Contingent Beneficiary(ies) \_\_\_\_\_

**Company Name** \_\_\_\_\_ **Policy #** \_\_\_\_\_

Policy Enclosed: YES or NO Phone \_\_\_\_\_

Address \_\_\_\_\_

Owner \_\_\_\_\_ Person Insured \_\_\_\_\_

Type: Term Whole Life Universal Long Term Care Group Life Health Disability

Death Benefit Amount \_\_\_\_\_ Cash Value YES or NO

Primary Beneficiary(ies) \_\_\_\_\_

Contingent Beneficiary(ies) \_\_\_\_\_

**Company Name** \_\_\_\_\_ **Policy #** \_\_\_\_\_

Policy Enclosed: YES or NO Phone \_\_\_\_\_

Address \_\_\_\_\_

Owner \_\_\_\_\_ Person Insured \_\_\_\_\_

Type: Term Whole Life Universal Long Term Care Group Life Health Disability

Death Benefit Amount \_\_\_\_\_ Cash Value YES or NO

Primary Beneficiary(ies) \_\_\_\_\_

Contingent Beneficiary(ies) \_\_\_\_\_

**Company Name** \_\_\_\_\_ **Policy #** \_\_\_\_\_

Policy Enclosed: YES or NO Phone \_\_\_\_\_

Address \_\_\_\_\_

Owner \_\_\_\_\_ Person Insured \_\_\_\_\_

Type: Term Whole Life Universal Long Term Care Group Life Health Disability

Death Benefit Amount \_\_\_\_\_ Cash Value YES or NO

Primary Beneficiary(ies) \_\_\_\_\_

Contingent Beneficiary(ies) \_\_\_\_\_

The policies can be found at: \_\_\_\_\_.

**Other policies:**

Type	Insurer Contact Information	Policy Information
Auto		
Home		
Umbrella		
Boat/RV		
Other		

The policies can be found at: \_\_\_\_\_.

## BUSINESS INTERESTS

Name of Business \_\_\_\_\_

Type of Entity:     Sole Proprietor     Corporation     Partnership     L.L.C.

Owners, Partners, or Members \_\_\_\_\_

Your percentage of ownership \_\_\_\_\_%

Are there shareholder, partnership, buy-sell, or other agreements in place?    YES    or    NO

Name of Business \_\_\_\_\_

Type of Entity:     Sole Proprietor     Corporation     Partnership     L.L.C.

Owners, Partners, or Members \_\_\_\_\_

Your percentage of ownership \_\_\_\_\_%

Are there shareholder, partnership, buy-sell, or other agreements in place?    YES    or    NO

## MONEY OWED TO YOU

Name of Person or Entity Who Owes Money \_\_\_\_\_

Original Amount \_\_\_\_\_ Outstanding Balance \_\_\_\_\_

Branch Phone # \_\_\_\_\_ Account # \_\_\_\_\_

Due Date \_\_\_\_\_ Is there a promissory note or written agreement?    YES    or    NO

If "yes", where is that located? \_\_\_\_\_

Name of Person or Entity Who Owes Money \_\_\_\_\_

Original Amount \_\_\_\_\_ Outstanding Balance \_\_\_\_\_

Branch Phone # \_\_\_\_\_ Account # \_\_\_\_\_

Due Date \_\_\_\_\_ Is there a promissory note or written agreement?    YES    or    NO

If "yes", where is that located? \_\_\_\_\_

Name of Person or Entity Who Owes Money \_\_\_\_\_

Original Amount \_\_\_\_\_ Outstanding Balance \_\_\_\_\_

Branch Phone # \_\_\_\_\_ Account # \_\_\_\_\_

Due Date \_\_\_\_\_ Is there a promissory note or written agreement? YES or NO

If "yes", where is that located? \_\_\_\_\_

## MONTHLY INCOME

List amounts and places from which monthly income is received. (i.e. employer income, social security, investment dividend payments, IRA distributions)

1) Amount \_\_\_\_\_ Received From \_\_\_\_\_ ACH  Check

2) Amount \_\_\_\_\_ Received From \_\_\_\_\_ ACH  Check

3) Amount \_\_\_\_\_ Received From \_\_\_\_\_ ACH  Check

4) Amount \_\_\_\_\_ Received From \_\_\_\_\_ ACH  Check

5) Amount \_\_\_\_\_ Received From \_\_\_\_\_ ACH  Check

6) Amount \_\_\_\_\_ Received From \_\_\_\_\_ ACH  Check

## DISABILITY INFORMATION

I have appointed \_\_\_\_\_ as my general Power of Attorney.

The Power of Attorney document is located \_\_\_\_\_.

I have appointed \_\_\_\_\_ as my medical Power of Attorney.

The Power of Attorney document is located \_\_\_\_\_.

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

I do  do not  have a private disability income policy.

If “yes”, see details under “INSURANCE POLICIES” section.

I do  do not  have a group disability income policy provided by my employer.

## LOCATION OF IMPORTANT PAPERS

The following will help your loved ones find every important paper that is in your possession at the time of death.

### SAFE-DEPOSIT BOX

NOTE: *Regardless of ownership registration, bank will freeze box at the time of a death notification.*

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

Box Number \_\_\_\_\_ Location of Key \_\_\_\_\_

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

Box Number \_\_\_\_\_ Location of Key \_\_\_\_\_

### HOME STORAGE LOCATIONS

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

Location #4 \_\_\_\_\_

### TRUST/WILL

My trust document is located \_\_\_\_\_

Trustee \_\_\_\_\_

Upon my death, my heirs will \_\_\_\_\_ will not \_\_\_\_\_ receive a distribution or benefits from a trust. If yes, the trust instrument was created by: \_\_\_\_\_.

The Trust instrument can be found at: \_\_\_\_\_.

I am \_\_\_ am not \_\_\_ currently the Trustee for a trust. If yes, the Trust document is located at: \_\_\_\_\_

I am \_\_\_ am not \_\_\_ a Beneficiary of a trust. If yes, the Trust document is located at: \_\_\_\_\_

**My will is located** \_\_\_\_\_

Executor \_\_\_\_\_

*NOTE: In absence of a will, North Carolina Probate states that your spouse will receive 1/2 of your assets including property, and your children will split the other 1/2.*

### DOCUMENTS

I have executed each of the following legal documents and you can find them where noted:

Document	Date Signed	Location
Will		
Living Will		
Medical Power of Attorney		
Medical Directive		
General Power of Attorney		
Living Trust		
Insurance Trust		
Charitable Trust		
Minor's Trust		
Custodial Account		
Organ Donation		
Pre-Nuptial Agreement		
Post-Nuptial Agreement		
Divorce Decree or Settlement		
Citizenship Papers		
Burial Agreement		
Retirement Plan Beneficiary Designation		
Insurance Beneficiary Designation		

I have appointed (in the above documents) the following person(s) to act on my behalf if I become disabled:

Type	1st	2nd
Power of Attorney over my Assets		
Power of Attorney for Medical Decisions		
Guardian over my Property		
Guardian over my Person		

# ACCOUNT LOGINS AND PASSWORDS

E-Mail Address \_\_\_\_\_

Password \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Password \_\_\_\_\_

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# I WISH FOR MY FAMILY

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

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I believe that the most important things in life are:

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

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I hope my family will use any inheritance from me to accomplish the following things in their lives:

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I would like to be remembered as:

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