In the event of your sudden death or incapacity, your heirs or caregivers need a map of your personal affairs. Use the following list as a starting point. Keep it up-todate in your personal financial files, and be sure your heirs have a current copy. This Worksheet can be filled in and saved electronically, or printed for hand entry.

Your Home				
Security	Location/Instructions	Name	Address (City, State, Zip)	Phone Number
People who have an extra key to your home				
Location of any hidden extra keys		_		
Instructions for turning off the security system		_		
Employees	Arrangement	Name	Address (City, State, Zip)	Phone Number
People who work for you: Schedule and compensation arrangement plus contact info				
Friends/Neighbors	Relationship	Name	Address (City, State, Zip)	Phone Number
Friends & neighbors who know you and watch out for you				
Local Police	Phone Number			
Emergency phone number Non-emergency phone number		-		
Financial Records	Location			
Location of financial and other personal records kept within your home				
Location of original copies of your will, trusts and durable powers of attorney		_		
Location of safe deposit box and location of key to safe deposit box		_		
Home Computer	Location			
Location of list of computer				

### **Your Personal Contacts**

List those who you would like contacted in the event of a major incapacity or death.

	Name	Address (City, State, Zip)	Phone Number
Your adult children			
Your young child's schoolteacher			
Your young child's potential			
guardian			
Priest/rabbi/minister			
Social worker or retirement			
community ombudsman			
Estate planning attorney			
Business planning attorney			
Accountant			
Employer			
Insurance agent			
Veterinarian			
Friends/colleagues/other family			
members			
	1		
Your Healthcare			
	Name	Address (City, State, Zip)	Phone Number
Primary & specialist physicians			
Pharmacy			
Preferred hospital			
Preferred nursing home			
Preferred retirement community			
Preferred funeral home			
	I		

### Prearrangements

Custodial Care	Location/Instructions	Company Name	Address (City, State, Zip)	Phone Number
Custodial care prearrangements				
Long-term care insurance (company and location of policy)				
Postmortem Preferences	Location/Instructions	Company Name	Address (City, State, Zip)	Phone Number
Postmortem preferences prearranged				
Would you like your body to be cremated, buried, entombed, embalmed, donated to science?				
Do you intend to make an organ donation?				
Have you purchased a burial plot? A headstone?				
Have you chosen a funeral home?				
Location of written details of funeral prearrangements				

### **Data for Death Certificate**

For each person:	Yourself	Your Spouse	Other Family	Other Family
Full legal name				
Social Security number				
Date of birth				
Date of death				
Birthplace				
Mother's full maiden name				
Father's full name				
Military veteran?				
Race				
Occupation and highest level of education				
	l			

		*		
What You Own Daily Bank Accounts (including CDs)	Name of Institution/Person	Account Number/Location	Address (City, State, Zip)	Phone Number
Accounts Receivables (Does anyone owe you money?)				
Investment Accounts (taxable and retirement)				
Life Insurance Policies				
Other Potential Death Benefits (e.g. Veteran's Admin.): Contact information and data required to identify yourself to that institution				
Real Estate (your residence and all other properties)	Property	Address (City, State, Zip)		
Special Personal Possessions: Collectibles & antiques with substantial monetary value, and items with emotional value	Item	Location	Instructions	

### What You Owe

*Credit cards are listed in a different section. In this section, include information about each major debt, including:* 

	Loan Number/Location	Name of Financial Institution	Address (City, State, Zip)	Phone Number
Mortgages: First mortgage &				
home equity lines of credit				
Car Loans				
School Loans				
	Location of Loan Note	Name of Person	Address (City, State, Zip)	Phone Number
Debts You Owe Other People				
<b>X</b> 7 <b>X</b>				
Your Income				
	Name/Schedule	Employer	Address (City, State, Zip)	Phone Number
Salary Income				
	Account Where Deposited			
Social Security Payments				
		-		
		-		
	Name	Former Employer	Payment Schedule	Payment Location
Pensions	Hamo			
	Dreverty Address	Deumourt Cale adula		
Rental Income	Property Address	Payment Schedule		
Rental Income		·		
	Account Number	Name of Financial Institution	Address (City, State, Zip)	Phone Number
Trust Income				
	Source of Payment	Address (City, State, Zip)	Phone Number	
Alimony				
				_
	Account No./Payment Schedule	Name of Financial Institution	Address (City, State, Zip)	Phone Number
Automatic Payments From				
Portfolio				
	I			

### **Main Expenses**

In addition to regular utilities, property taxes, insurance premiums, and estimated tax payments, there are the following regular expenses:

	Name of Institution	Card Number	Phone Number	
Credit Cards: Major credit cards &				
department store cards				
		·		
	Name	Address (City, State, Zip)	Amount/Schedule	
Sums you have been sending to				
various individuals				
	Service/Schedule	Name	Address (City, State, Zip)	Phone Number
Services Utilized: Landscaper, dog sitter, cleaning help, beauty				
salon, etc.				
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