

In the event of your sudden death or incapacity, your heirs or caregivers need a roadmap of your personal affairs. Use the following list as a starting point. Keep it up-to-date 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.

Please note: this resource should NOT be a substitue for a will or other estate planning documentation. The intended purpose of this document is to provide a summary of significant items relating to your life.

Recipient:

Date:

#### **Estate Planning Info**

	Applicable Information			
Estate Planning Attorney				
Location of Documents				
(including living will)				
Post-mortem Preferences				
(Include funeral prepartions and location of				
supporting documents. Please note, organ				
donations are time sensitive)				

#### Data for Death Certificate

	You	Your Spouse	Other Family
Full legal name			
Social Security number			
Date of birth			
Date of death			
Birthplace			
Country of citizenship			
Mother's full name			
Mother's maiden name			
Father's full name			
Military veteran?			
Race/Ethnicity			
Occupation			
Highest Level of Education			



### **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 children		
Your child's potential guardian		
Clergy		
Estate planning attorney		
Estate Executor(s)		
Trustee(s)		
Portfolio Manager(s)		
Accountant(s)		
Employer(s)		
Insurance agent(s)		
Others		
(e.g., friends, colleagues, etc.)		

### Your Home

Security	Location/Instructions		Contact Information	
People who have a key to your home				
Location of any hidden extra keys				
Instructions for turning off the security				
system				
Friends/Neighbors		<b>Contact Information</b>		Relationship
Friends & neighbors who know you and				
watch out for you				
Local Police	Phone Number			



Emergency phone number		
Non-emergency phone number		
Financial Records	Location	Applicable Information
Location of financial and other personal		
records		
Safe location and combination		
Location of safe deposit box and key		
Home Computer	Location	Applicable Information
Location of list of computer passwords		
Email username and passwords		

### Your Healthcare

Name	Address (City, State, Zip) & Phone Number
	Name

### What You Own

	Name of Institution/Person	Account Number/Location	Applicable Information
Bank Accounts			
(including CDs)			



Accounts Receivables (Does anyone owe you money?)			
<b>Investment Accounts</b> (taxable, retirement, and health savings accounts)			
Private Investments			
Business Interests			
Insurance Policies			
<b>Other Potential Death Benefits</b> (e.g. Veteran's Admin.)			
	Property	Address (City, State, Zip)	Instructions
<b>Real Estate</b> (your residence and all other properties - including storage units)			
	Item	Location	Instructions
<b>Other physical assets</b> (e.g., cash, precious metals, vehicles, etc.)			



<b>PINs</b> (e.g., Debit cards, cell phones, tablets, etc.)			
Disital accele	Item	Location	Instructions
<b>Digital assets</b> (e.g., Bitcoin, gift certificates, gambling			
websites, Venmo, etc.; include passwords)	·		
Other important online accounts			
(e.g., social media, etc.; include passwords)			
	Item	Location	Instructions
Special Personal Possessions			
Collectibles & antiques with substantial			
monetary value, and items with emotional			
value			

#### 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			
Including 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	·		
	Descript	tion	Applicable Information
Other			

### Your Income

	Account Where Deposited			
Social Security Payments				
	Name	Former Employer	Payment Schedule	<b>Payment</b> Location
Pensions		ronner Employer	i ujinent öchedule	Tuyment Location
	December 4 11.			
Rental Income	Property Address	Payme	nt Schedule	
		·		
	Account Number	Name of Financial Institution	Address (City, State, Zip) &	Phone Number
Trust Income				
	Source of Payment	Address (City, State	e, Zip) & Phone Number	
Alimony				

PEKIN HARDY STRAUSS WEALTH MANAGEMENT

	Account No./Payment Schedule	Name of Financial Institution	Address (City, State, Zip) & Phone Number
Automatic Payments From Portfolio			
	Account No./Payment Schedule	Name of Financial Institution	Address (City, State, Zip) & Phone Number
Other Income			

### Main Expenses

	Name of Institution	Card Number	Phone Number	
Credit Cards				
(including department store cards)				
	Name	Schedule	Applicable Information	Phone Number
Recurring Expenses				
(e.g., utilities, property taxes, estimated tax				
payments, house maintenance, cell phone, etc.)				
	Name	Address and/or Phone #	Amount/Schedule/Instructions	



Sums you have been sending to various individuals/institutions