

Address

City

An Estate Planning Guide

1. **ESTATE PLAN** – (add another sheet as necessary) My Will/Living Trust Location Attorney Date of Last Update I have a separate list of personal items to distribute: ___ NO ___ YES Location Name of Executor/Trustee Named in My Will Name Phone/e-mail Name Phone/e-mail **Important Documents** – (add another sheet as necessary) Location of: Birth Certificate Marriage Certificate Children's Birth Certificates Advance Directive Durable Power of Attorney for Healthcare Durable Power of attorney for Finances Divorce Decree **Income Tax Records** Accountant Phone/Web site/e-mail Address City State Zip Social Security Number Special S.S.I. Benefits **Veteran Benefits** ____ NO ___ YES VA Claim Number Location of Discharge Document IRA/KEOGH/401(k)/403(b)/Pension Plan Type Custodian Address Phone/Web site/e-mail City State Type Custodian

Phone/Web site/e-mail

Zip

State

3. **Assets** – (add another sheet as necessary) **Life Insurance Policies**

| Name | Policy Number | |
|--|-----------------------|-------------|
| Company | Agent | |
| Address | Phone/Web site/e-mail | |
| City | State | Zip |
| Owner | Amount | |
| Location of Policy Information | | |
| Commercial Annuities | | |
| Company Name | Contract Name | |
| Address | Phone/Web site/e-mail | |
| City | State | Zip |
| Real Estate | | |
| Real Estate Owned | | |
| Location of Deed, Mortgage and Documents | | |
| Insurance Company Name | | |
| Address | Phone/Web site/e-mail | |
| City | State | Zip |
| Location of Policy | | |
| Automobile Insurance Policy | | |
| Company Name | Policy Number | |
| Address | Phone/Web site/e-mail | |
| City | State | Zip |
| Bank Accounts | | |
| Bank Name | | |
| Address | Phone/Web site/e-mail | |
| City | State | Zip |
| Account Type | Number | |
| | | |

Certificates of Deposit

| Bank Name | | | |
|--------------------------------|-----------------------|-----|---|
| Address | Phone/Web site/e-mail | | _ |
| City | State | Zip | _ |
| Account Type | Number | | |
| Bank Name | | | |
| Address | Phone/Web site/e-mail | | _ |
| City | State | Zip | _ |
| Account Type | Number | | _ |
| Safe Deposit Box | | | |
| Number | Bank Name | | _ |
| Address | Phone/Web site/e-mail | | _ |
| City | State | Zip | _ |
| Securities/Mutual Funds | | | |
| Broker Name | | | _ |
| Address | Phone/Web site/e-mail | | _ |
| City | State | Zip | _ |
| Location of Stock Certificates | | | _ |
| Broker Name | | | |
| Address | Phone/Web site/e-mail | | _ |
| City | State | Zip | _ |
| Location of Stock Certificates | | | _ |
| Government Bonds | | | |
| | | | _ |
| D 1 (01) | | | |
| Business/Other Assets | | | |
| | | | |

4. Memorial Service/Funeral Plan – (add another sheet as necessary) **Basic Instructions** Burial Cremation Other ___ Preferred Funeral Home Address Phone/Web site/e-mail City State Zip **Service Location** Church/Temple Funeral Home Other Flowers Hymns/Songs Pallbearers Scripture Readings Other Readings **Church/Temple Information** Name Address Phone/Web site/e-mail City State Zip Officiant **Other People to Contact** Name Relationship Phone/e-mail Name Relationship Phone/e-mail Name Relationship Phone/e-mail **Memorial Contributions** I would like gifts to be directed in my memory to the following organizations/charities: Name Name

This information is not professional legal, tax, or financial advice. Please consult your legal and financial advisor(s). This **Estate Planning Guide** is provided courtesy of Doorstep, Inc., 1119 SW 10th Ave., Topeka, KS 66604. **It is only intended to be a useful tool for you in your estate planning**.

Name