

# **GOEPPER BURKHARDT**

**Private Wealth Management**

## **Data for Personal Representatives, Heirs & Beneficiaries**

We prepared these data forms for educational purposes only. ***They must not be construed as the rendering of legal advice.***

Before filling in these forms, you may first wish to make a copy so that more than one person can complete the forms.

If you would prefer to download these forms into your computer, send an email to [services@bpwm.com](mailto:services@bpwm.com) and we will email you a PDF version.

## Basic Information:

My Name: \_\_\_\_\_

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

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation now or when working: \_\_\_\_\_

I am a U.S. citizen  Yes  No

I am a military veteran:  Yes  No

If yes, branch of service: \_\_\_\_\_ Dates of service: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation now or when working: \_\_\_\_\_

Is spouse a U.S. citizen?  Yes  No

Military veteran:  Yes  No

If yes, branch of service: \_\_\_\_\_ Dates of service: \_\_\_\_\_

## Children and Grandchildren Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## My Personal Representative and My Advisors

Personal Representative: \_\_\_\_\_ Phone #: \_\_\_\_\_

Personal Representative: \_\_\_\_\_ Phone #: \_\_\_\_\_

Personal Representative: \_\_\_\_\_ Phone #: \_\_\_\_\_

Personal Representative: \_\_\_\_\_ Phone #: \_\_\_\_\_

Estate Attorney: \_\_\_\_\_ Phone #: \_\_\_\_\_

Accountant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Additional Notes:

---

---

---

---

# Instructions for Funeral and Burial

Name: \_\_\_\_\_

**I want my body to:**

- be an organ donor
- be entombed in a mausoleum
- be bequeathed to a medical school
- be cremated
- be buried in the earth
- any of the above as determined by my heir

If different for spouse, please note: \_\_\_\_\_

**I want to have:**

- a funeral service (body present)  no service
- a memorial service (body not present)  any of the above

If different for spouse, please note: \_\_\_\_\_

**I want my funeral or memorial service be held at:** \_\_\_\_\_

I  have or  have not made funeral pre-arrangements with the funeral home.

If I have, pre-arrangements are located at \_\_\_\_\_

If different for spouse, please note: \_\_\_\_\_

I  have or  have not made any pre-payment of funeral expenses.

If I have, the details arrangements are located at \_\_\_\_\_

If different for spouse, please note: \_\_\_\_\_

I own a  cemetery lot or a  a mausoleum crypt

If different for spouse, please note: \_\_\_\_\_

**Additional Notes:**

---

---

---

---

## Continue Instructions for Funeral and Burial

### My preferences for my service are as follows:

I want my casket to be: open closed

I want the following music: \_\_\_\_\_

I want the following to be read: \_\_\_\_\_

I want the following types of flowers: \_\_\_\_\_

I want my funeral expenses to be:  minimal  average  high average  unlimited

If different for spouse, please note: \_\_\_\_\_

### For those who chose cremation:

I want my body to be cremated immediately.

I want my body to be cremated immediately and a memorial service subsequently held.

I want my body to be cremated following a funeral service.

I want my body to be cremated, but I leave the other details to my heirs.

If different for spouse, please note: \_\_\_\_\_

### Following my cremation, I want my ashes:

to be scattered (if permitted by law): \_\_\_\_\_

to be placed in an urn and buried or entombed

to be handled as my heirs determine

I  have prepared my obituary. It is located in \_\_\_\_\_

If different for spouse, please note: \_\_\_\_\_

### Additional Notes:

---

---

---

---

# Estate Documents

## Last Will and Testament

- I do not have a last will and testament.
- I have a last will and testament; it was executed on: \_\_\_\_\_
- The attorney who drafted my last will and testament is: \_\_\_\_\_
- My will is located at: \_\_\_\_\_
- If different for spouse, please note: \_\_\_\_\_

## Trust

- I do not have a trust.
- I have a trust; it was executed on: \_\_\_\_\_
- The attorney who drafted my trust is: \_\_\_\_\_
- My trust is located at: \_\_\_\_\_
- If different for spouse, please note: \_\_\_\_\_

## Durable Power of Attorney for Financial Management

- I do not have a durable power of attorney for financial management.
- I have a durable power of attorney; it was executed on: \_\_\_\_\_
- The attorney who drafted my durable power of attorney is: \_\_\_\_\_
- My durable power of attorney is located at: \_\_\_\_\_
- If different for spouse, please note: \_\_\_\_\_

## Health Care Power of Attorney

- I do not have a durable power of attorney for health care.
- I have a durable power of attorney for health care; it was executed on: \_\_\_\_\_
- The attorney who drafted my durable power of attorney for health care is: \_\_\_\_\_
- My health care durable power of attorney is located at: \_\_\_\_\_
- If different for spouse, please note: \_\_\_\_\_

## Living Will (Declaration of a Desire for a Natural Death)

- I do not have a living will.
- I have a living will; it was executed on: \_\_\_\_\_
- The attorney who drafted my living will is: \_\_\_\_\_
- My living will is located at: \_\_\_\_\_
- If different for spouse, please note: \_\_\_\_\_

## Additional Notes:

---

---

---

---

# Bank Accounts and Safe-Deposit Boxes

## Types of Accounts:

*S = Savings Account*

*C = Checking Account*

*CD = Certificate of Deposit*

*MMA = Money Market Account*

I have no bank accounts or safe-deposit boxes.

I have the following bank accounts and/or safe-deposit boxes:

**Name of Institution:** \_\_\_\_\_

Institution Phone #: \_\_\_\_\_

Account #: \_\_\_\_\_ Type: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Account #: \_\_\_\_\_ Type: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Account #: \_\_\_\_\_ Type: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Safe-deposit box #: \_\_\_\_\_ Key is located: \_\_\_\_\_

**Name of Institution:** \_\_\_\_\_

Institution Phone #: \_\_\_\_\_

Account #: \_\_\_\_\_ Type: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Account #: \_\_\_\_\_ Type: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Account #: \_\_\_\_\_ Type: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Safe-deposit box #: \_\_\_\_\_ Key is located: \_\_\_\_\_

**Name of Institution:** \_\_\_\_\_

Institution Phone #: \_\_\_\_\_

Account #: \_\_\_\_\_ Type: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Account #: \_\_\_\_\_ Type: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Account #: \_\_\_\_\_ Type: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Safe-deposit box #: \_\_\_\_\_ Key is located: \_\_\_\_\_

**Name of Institution:** \_\_\_\_\_

Institution Phone #: \_\_\_\_\_

Account #: \_\_\_\_\_ Type: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Account #: \_\_\_\_\_ Type: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Account #: \_\_\_\_\_ Type: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Safe-deposit box #: \_\_\_\_\_ Key is located: \_\_\_\_\_

**Name of Institution:** \_\_\_\_\_

Institution Phone #: \_\_\_\_\_

Account #: \_\_\_\_\_ Type: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Account #: \_\_\_\_\_ Type: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Account #: \_\_\_\_\_ Type: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Safe-deposit box #: \_\_\_\_\_ Key is located: \_\_\_\_\_

**Additional Notes:**

---

---

---

---

# Stocks, Bonds, and Mutual Funds

- I do not own any stocks, bonds, mutual funds, etc.
- I have stocks, bonds and mutual funds in custody with the following firms:

Name of firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Title of account (e.g., trust, joint, etc.): \_\_\_\_\_  
Account #: \_\_\_\_\_

Name of firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Title of account (e.g., trust, joint, etc.): \_\_\_\_\_  
Account #: \_\_\_\_\_

Name of firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Title of account (e.g., trust, joint, etc.): \_\_\_\_\_  
Account #: \_\_\_\_\_

Name of firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Title of account (e.g., trust, joint, etc.): \_\_\_\_\_  
Account #: \_\_\_\_\_

Name of firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Title of account (e.g., trust, joint, etc.): \_\_\_\_\_  
Account #: \_\_\_\_\_

Name of firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Title of account (e.g., trust, joint, etc.): \_\_\_\_\_  
Account #: \_\_\_\_\_

Name of firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Title of account (e.g., trust, joint, etc.): \_\_\_\_\_  
Account #: \_\_\_\_\_

## Additional Notes:

---

---

---

---

# Retirement Plans

## Pension Plan

- I do not have a pension plan.
- I have a pension plan.

Name of Pension Provider: \_\_\_\_\_

Pension Provider Phone#: \_\_\_\_\_

Account #: \_\_\_\_\_

There  are or there  are not death benefits under the plan.

If different for spouse, please note: \_\_\_\_\_

## Profit Sharing Plan

- I do not have a profit sharing plan.
- I have a profit sharing plan.

Name of Profit Sharing Provider: \_\_\_\_\_

Profit Sharing Provider Phone#: \_\_\_\_\_

Account #: \_\_\_\_\_

There  are or there  are not death benefits under the plan.

If different for spouse, please note: \_\_\_\_\_

## 401 (k) Plan

- I do not have a 401(k) plan.
- I have a 401(k) plan.

Name of 401(k) Provider: \_\_\_\_\_

401(k) Provider Phone#: \_\_\_\_\_

Account #: \_\_\_\_\_

If different for spouse, please note: \_\_\_\_\_

## IRA Plans

- I do not have an IRA.
- I have IRA(s).

Name of IRA Custodian: \_\_\_\_\_

IRA Custodian Phone#: \_\_\_\_\_

Account #: \_\_\_\_\_

If different for spouse, please note: \_\_\_\_\_

## Additional Notes:

---

---

---

---



# Real Estate

CM = Commercial

F = Farm Land

O = Other (describe)

V = Vacant land

CO = Condominium I = Investment property

R = Residence

I do not own any real estate.

I have an ownership interest in the following real estate:

Street address: \_\_\_\_\_

In the \_\_\_\_\_ of \_\_\_\_\_  
*Specify whether city or township* *Name of city or township*

County of \_\_\_\_\_ State of \_\_\_\_\_

Is there a mortgage loan on this property?  Yes  No (If Yes, list in Liabilities Section)

Street address: \_\_\_\_\_

In the \_\_\_\_\_ of \_\_\_\_\_  
*Specify whether city or township* *Name of city or township*

County of \_\_\_\_\_ State of \_\_\_\_\_

Is there a mortgage loan on this property?  Yes  No (If Yes, list in Liabilities Section)

Street address: \_\_\_\_\_

In the \_\_\_\_\_ of \_\_\_\_\_  
*Specify whether city or township* *Name of city or township*

County of \_\_\_\_\_ State of \_\_\_\_\_

Is there a mortgage loan on this property?  Yes  No (If Yes, list in Liabilities Section)

Street address: \_\_\_\_\_

In the \_\_\_\_\_ of \_\_\_\_\_  
*Specify whether city or township* *Name of city or township*

County of \_\_\_\_\_ State of \_\_\_\_\_

Is there a mortgage loan on this property?  Yes  No (If Yes, list in Liabilities Section)

Street address: \_\_\_\_\_

In the \_\_\_\_\_ of \_\_\_\_\_  
*Specify whether city or township* *Name of city or township*

County of \_\_\_\_\_ State of \_\_\_\_\_

Is there a mortgage loan on this property?  Yes  No (If Yes, list in Liabilities Section)

Street address: \_\_\_\_\_

In the \_\_\_\_\_ of \_\_\_\_\_  
*Specify whether city or township* *Name of city or township*

County of \_\_\_\_\_ State of \_\_\_\_\_

Is there a mortgage loan on this property?  Yes  No (If Yes, list in Liabilities Section)

**Additional Notes:**

---

---

---

---

## Business Interests

- I have no ownership interest in any business.  
 I have an interest in the following businesses:

Business name: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ % of ownership: \_\_\_\_\_  
Partner(s): \_\_\_\_\_ % of ownership: \_\_\_\_\_

Business name: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ % of ownership: \_\_\_\_\_  
Partner(s): \_\_\_\_\_ % of ownership: \_\_\_\_\_

Business name: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ % of ownership: \_\_\_\_\_  
Partner(s): \_\_\_\_\_ % of ownership: \_\_\_\_\_

Business name: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ % of ownership: \_\_\_\_\_  
Partner(s): \_\_\_\_\_ % of ownership: \_\_\_\_\_

Business name: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ % of ownership: \_\_\_\_\_  
Partner(s): \_\_\_\_\_ % of ownership: \_\_\_\_\_

## Intellectual Property

I have an interest in the following patents and copyrights.

Description: \_\_\_\_\_  
Pending: \_\_\_\_\_  
Date Granted: \_\_\_\_\_  
Termination Date: \_\_\_\_\_

Description: \_\_\_\_\_  
Pending: \_\_\_\_\_  
Date Granted: \_\_\_\_\_  
Termination Date: \_\_\_\_\_

Description: \_\_\_\_\_  
Pending: \_\_\_\_\_  
Date Granted: \_\_\_\_\_  
Termination Date: \_\_\_\_\_

### Additional Notes:

---

---

---

# Vehicles

## I own the following cars, boats and airplanes:

Description: \_\_\_\_\_  
Estimated Market Value: \_\_\_\_\_  
Loan Amount: \_\_\_\_\_

Description: \_\_\_\_\_  
Estimated Market Value: \_\_\_\_\_  
Loan Amount: \_\_\_\_\_

Description: \_\_\_\_\_  
Estimated Market Value: \_\_\_\_\_  
Loan Amount: \_\_\_\_\_

Description: \_\_\_\_\_  
Estimated Market Value: \_\_\_\_\_  
Loan Amount: \_\_\_\_\_

## Notes Receivable

### The following people owe me money:

Name of Debtor: \_\_\_\_\_  
Address/Phone#: \_\_\_\_\_  
Loan Amount/Terms: \_\_\_\_\_

Name of Debtor: \_\_\_\_\_  
Address/Phone#: \_\_\_\_\_  
Loan Amount/Terms: \_\_\_\_\_

Name of Debtor: \_\_\_\_\_  
Address/Phone#: \_\_\_\_\_  
Loan Amount/Terms: \_\_\_\_\_

## Miscellaneous Assets

### I have the following miscellaneous assets (antiques, collections, art work, etc.):

Description: \_\_\_\_\_  
Location: \_\_\_\_\_  
Significance: \_\_\_\_\_  
Estimated Value: \_\_\_\_\_

Description: \_\_\_\_\_  
Location: \_\_\_\_\_  
Significance: \_\_\_\_\_  
Estimated Value: \_\_\_\_\_

### Additional Notes:

---

---

---

---

# Liabilities

I Owe Money to: \_\_\_\_\_  
Address/Phone#: \_\_\_\_\_  
Loan #: \_\_\_\_\_  
For What: \_\_\_\_\_  
Amount: \_\_\_\_\_

I Owe Money to: \_\_\_\_\_  
Address/Phone#: \_\_\_\_\_  
Loan #: \_\_\_\_\_  
For What: \_\_\_\_\_  
Amount: \_\_\_\_\_

I Owe Money to: \_\_\_\_\_  
Address/Phone#: \_\_\_\_\_  
Loan #: \_\_\_\_\_  
For What: \_\_\_\_\_  
Amount: \_\_\_\_\_

I Owe Money to: \_\_\_\_\_  
Address/Phone#: \_\_\_\_\_  
Loan #: \_\_\_\_\_  
For What: \_\_\_\_\_  
Amount: \_\_\_\_\_

# Claims and Lawsuits

I may be subject to a claim against me by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have a pending lawsuit with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have an unpaid legal judgment against me in favor of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Life Insurance

## *Types of insurance policies:*

*WH = Whole Life UN = Universal Life TM = Term VL*

- I do not carry life insurance policies.
- I carry the following insurance policies:

Company: \_\_\_\_\_ Type of policy: \_\_\_\_\_  
Agent Name and Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Face amount: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

Company: \_\_\_\_\_ Type of policy: \_\_\_\_\_  
Agent Name and Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Face amount: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

Company: \_\_\_\_\_ Type of policy: \_\_\_\_\_  
Agent Name and Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Face amount: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

Company: \_\_\_\_\_ Type of policy: \_\_\_\_\_  
Agent Name and Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Face amount: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

Company: \_\_\_\_\_ Type of policy: \_\_\_\_\_  
Agent Name and Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Face amount: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

### **Additional Notes:**

---

---

---

---

# Medical Care Insurance: Major Medical Insurance, Medicare Supplement Insurance and/or Long-Term Care

- I am not covered by Medicare
- I am covered by Medicare  Part A  Part B  Medicare Advantage
- I have Part D Prescription Coverage

If different for spouse, please note: \_\_\_\_\_

- I carry no medical insurance policies.
- I carry the following medical insurance policies, including major medical, Medicare and long-term care insurance:

If different for spouse, please note: \_\_\_\_\_

Company: \_\_\_\_\_

Type of policy: \_\_\_\_\_ Policy #: \_\_\_\_\_

Agent Name and Phone #: \_\_\_\_\_

Description of Coverage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_

Type of policy: \_\_\_\_\_ Policy #: \_\_\_\_\_

Agent Name and Phone #: \_\_\_\_\_

Description of Coverage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_

Type of policy: \_\_\_\_\_ Policy #: \_\_\_\_\_

Agent Name and Phone #: \_\_\_\_\_

Description of Coverage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_

Type of policy: \_\_\_\_\_ Policy #: \_\_\_\_\_

Agent Name and Phone #: \_\_\_\_\_

Description of Coverage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Additional Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Homeowners/Residence Insurance

- I do not carry homeowners or residence insurance
- I carry homeowners or residence insurance policies with the following companies:

Company: \_\_\_\_\_  
Agent Name and Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Description of Coverage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company: \_\_\_\_\_  
Agent Name and Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Description of Coverage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company: \_\_\_\_\_  
Agent Name and Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Description of Coverage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Personal Liability (Umbrella) Insurance

Company: \_\_\_\_\_  
Agent Name and Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Description of Coverage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Additional Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Vehicle Insurance

- I do not carry vehicle insurance
- I carry vehicle insurance policies with the following companies:

Company: \_\_\_\_\_  
Agent Name and Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Vehicles Insured: \_\_\_\_\_

Company: \_\_\_\_\_  
Agent Name and Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Vehicles Insured: \_\_\_\_\_

Company: \_\_\_\_\_  
Agent Name and Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Vehicles Insured: \_\_\_\_\_

Company: \_\_\_\_\_  
Agent Name and Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Vehicles Insured: \_\_\_\_\_

Company: \_\_\_\_\_  
Agent Name and Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Vehicles Insured: \_\_\_\_\_

Company: \_\_\_\_\_  
Agent Name and Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Vehicles Insured: \_\_\_\_\_

Company: \_\_\_\_\_  
Agent Name and Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Vehicles Insured: \_\_\_\_\_

Company: \_\_\_\_\_  
Agent Name and Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Vehicles Insured: \_\_\_\_\_

**Additional Notes:**

---

---

---

---



# Records, Keys, Combinations & Passwords

Check the box if it applies and then describe it e.g. what is it, where is it, etc.

- Adoption Papers \_\_\_\_\_
- Annulment decrees \_\_\_\_\_
- Birth certificates \_\_\_\_\_
- Checking/savings statements \_\_\_\_\_
- Cemetery deed \_\_\_\_\_
- Combinations to locks \_\_\_\_\_
- Death certificates \_\_\_\_\_
- Divorce decrees \_\_\_\_\_
  
- Estate Documents:
  - Last Will & Testament \_\_\_\_\_
  - Trust(s) \_\_\_\_\_
  - Durable Power of Attorney \_\_\_\_\_
  - Health Care Power of Attorney \_\_\_\_\_
  - Living will \_\_\_\_\_
  
- Funeral pre-arrangement \_\_\_\_\_
- Funeral pre-payment \_\_\_\_\_
- Home Deed \_\_\_\_\_
- Insurance policies \_\_\_\_\_
- Legal \_\_\_\_\_
- Judgments \_\_\_\_\_
- Key to safe-deposit box \_\_\_\_\_
- Marriage certificates \_\_\_\_\_
- Mortgages \_\_\_\_\_
- Naturalization papers \_\_\_\_\_
- Passwords for online accounts:
  - Account name/ password \_\_\_\_\_
  - Account name/ password \_\_\_\_\_
  - Account name/ password \_\_\_\_\_
  - Account name/ password \_\_\_\_\_
- Royalties \_\_\_\_\_
- Patents & copyrights \_\_\_\_\_
- Rental property records \_\_\_\_\_
- Stock brokerage statements \_\_\_\_\_
- Vehicle titles \_\_\_\_\_

**Additional Notes:**

---

---

---

---

# Disposition of Personal Property

*Describe each piece of personal property and name the person who is to receive the property at your death.*

## Property Description

## Beneficiary

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## Additional Notes:

---

---

---

---

\_\_\_\_\_  
*Print Your Name*

\_\_\_\_\_  
*Your Signature*

\_\_\_\_\_  
*Print Spouse Name*

\_\_\_\_\_  
*Spouse Signature*

\_\_\_\_\_  
*Print Witness Name*

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
*Today's Date*