

CONFIDENTIAL

IMPORTANT INFORMATION IN THE EVENT OF OUR DEATHS
OR INABILITY TO HANDLE OUR OWN AFFAIRS
(MARRIED COUPLE)



ATTORNEYS AT LAW

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PURPOSE

The purpose of this form is to provide information to your successors – whether surviving spouse, or other beneficiaries. Upon your incapacity or death, you want a seamless transition, and to minimize expenses. Also, you want to make sure your successors know of all of your assets and liabilities, and nothing is missed. We created this form to serve these purposes.

ACTION

Please complete as much of this form as you can, keep it updated, and let your successors know how to access it.

IMPORTANT INFORMATION IN EVENT OF OUR DEATHS OR
INABILITY TO HANDLE OUR OWN AFFAIRS

(MARRIED COUPLE)

Our Names: _____
Names

Current as of: _____
Date

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I. OUR PERSONAL INFORMATION

A. Information Concerning Spouses

	Spouse #1	Spouse #2
Name		
Date of Birth		
Citizenship		
Social Security Number		
Address		
Telephone Numbers Landline: Cell:		
Email Address		
Name of Father		
Name of Mother		
Occupation (current or former)		
Our Date of Marriage		
Veteran		
Previous Marriages (Spouse Name and Dates of Marriage)		
Marital Agreements and/or Divorce Decrees		

B. Information Concerning Our Children

Child #1

Child #2

	Child #1	Child #2
Name		
Date of Birth		
If Child is deceased, date of death.		
Citizenship		
Social Security Number		
Address		
Telephone Number		
Email Address		
Is Child only of Spouse #1, Spouse #2, or both?		
Is Child considered a "Special Needs" Child?		
Name of Child's Spouse (or Partner)		
Names and Birth Dates of Child's Children		

B. Information Concerning Our Children (continued)

Child #3

Child #4

	Child #3	Child #4
Name		
Date of Birth		
If Child is deceased, date of death.		
Citizenship		
Social Security Number		
Address		
Telephone Number		
Email Address		
Is Child only of Spouse #1, Spouse #2, or both?		
Is Child considered a "Special Needs" Child?		
Name of Child's Spouse (or Partner)		
Names and Birth Dates of Child's Children		

B. Information Concerning Our Children (continued)

	Child #5	Child #6
Name		
Date of Birth		
If Child is deceased, date of death.		
Citizenship		
Social Security Number		
Address		
Telephone Number		
Email Address		
Is Child only of Spouse #1, Spouse #2, or both?		
Is Child considered a "Special Needs" Child?		
Name of Child's Spouse (or Partner)		
Names and Birth Dates of Child's Children		

C. Information Concerning Other (Non-Child) Individual Beneficiaries

Beneficiary #1

Beneficiary #2

Name		
Date of Birth		
Citizenship		
Address		
Telephone Number		
Email Address		
Names and Birth Dates of Beneficiary's Children		

Beneficiary #3

Beneficiary #4

Name		
Date of Birth		
Citizenship		
Address		
Telephone Number		
Email Address		
Names and Birth Dates of Beneficiary's Children		

II. OUR PETS

A. We have completed a separate Pet Information Questionnaire for our pets: Yes _____ No _____

B. If we have **not** completed a separate Pet Information Questionnaire for our pet(s), the following applies:

1. Medical Care for Pets: _____
Name of Veterinarian: _____
Address: _____
Telephone Number: _____

2. Pet Sitter or Kennel: _____
Name: _____
Address: _____
Telephone Number: _____

3. Pet #1 Directions for Care/Placement: _____
Name of Pet: _____
Type of Pet: _____
Pet #1 Date of Birth: _____
Pet Insurance for this Pet: _____
Approximate Annual Care Expenses for this Pet: _____
Directions for Care/Placement: _____

4. Pet #2 Directions for Care/Placement: _____
Name of Pet: _____
Type of Pet: _____
Pet #2 Date of Birth: _____
Pet Insurance for this Pet: _____
Approximate Annual Care Expenses for this Pet: _____
Directions for Care/Placement: _____

5. Pet #3 Directions for Care/Placement: _____
Name of Pet: _____
Type of Pet: _____
Pet #3 Date of Birth: _____
Pet Insurance for this Pet: _____
Approximate Annual Care Expenses for this Pet: _____
Directions for Care/Placement: _____

III. OUR MONTHLY INCOME

A. For Spouse #1:

Source	Amount	Frequency	Where Deposited	Contact No.
Salary				
Social Security*				
IRA / 401(k)				
Pension				
Annuity				
Other Income				
Other Income				

B. For Spouse #2:

Source	Amount	Frequency	Where Deposited	Contact No.
Salary				
Social Security*				
IRA / 401(k)				
Pension				
Annuity				
Other Income				
Other Income				

**Did you make an Advanced Designation of your social security benefits to allow someone to manage benefits should the need arise?*

Additional notes regarding income: _____

IV. OUR ASSETS

A. Residence:

Address: _____
Value: _____
How Titled: _____
Mortgage Holder: _____
Mortgage Contact Information, if any: _____
Manner of Payment: _____
Address (if payments mailed): _____
Balance Due: _____
Location of Records: _____
Homeowner's Association: _____
Current Alarm Code: _____
Who else has keys and/or alarm codes to this property: _____
Solar Panels? If yes, owned or leased? If leased, information: _____

B. Vacation/Second Residence:

Address: _____
Value: _____
How Titled: _____
Mortgage Holder: _____
Mortgage Contact Information, if any: _____
Manner of Payment: _____
Address (if payments mailed): _____
Balance Due: _____
Location of Records: _____
Homeowner's Association: _____
Current Alarm Code: _____
Who else has keys and/or alarm codes to this property: _____
Solar Panels? If yes, owned or leased? If leased, information: _____

C. Other Real Property:

Address: _____
Value: _____
How Titled: _____
Mortgage Holder: _____
Mortgage Contact Information, if any: _____
Manner of Payment: _____
Address (if payments mailed): _____
Balance Due: _____
Location of Records: _____
Homeowner's Association: _____
Current Alarm Code: _____
Who else has keys and/or alarm codes to this property: _____
Is this a personal use property or rented to a third party? _____
Solar Panels? If yes, owned or leased? If leased, information: _____

D. Our Brokerage Accounts

	First Account	Second Account
Custodian of Account		
Account Number		
Type of Account <i>(retirement or investment)</i>		
Contact Information		
How Titled		
Approximate Value		
Designated Beneficiaries (if any)		
Location of Records*		

	Third Account	Fourth Account
Custodian of Account		
Account Number		
Type of Account <i>(retirement or investment)</i>		
Contact Information		
How Titled		
Approximate Value		
Designated Beneficiaries (if any)		
Location of Records*		

**Paper statements or electronic statements? If paper, where are they stored? If electronic, how to access them?*

E. Our Bank Accounts

First Account

Second Account

Name of Bank		
Account Number		
Type of Account		
Branch Address		
How Titled		
Approximate Balance		
Automatic Deposits/Withdrawals*		
Designated Beneficiaries (if any)		
Location of Records**		

Third Account

Fourth Account

Name of Bank		
Account Number		
Type of Account		
Branch Address		
How Titled		
Approximate Balance		
Automatic Deposits/Withdrawals*		
Designated Beneficiaries (if any)		
Location of Records**		

**For any automatic payments, show scheduled payments in Article XI ("Our Credit Card Accounts") and Article XII ("Our Other Bills").*

*** Paper statements or electronic statements? If paper, where are they stored? If electronic, how to access them?*

F. Our Business Interests

	First Business	Second Business	Third Business
Name of Business			
Type of Business			
Ownership Interest			
Business Manager			
Telephone Number			
How Titled			
Approximate Value			
Location of Records			

G. Our Vehicles

	Vehicle #1	Vehicle #2	Vehicle #3
Make, Model and Year			
How Titled			
Lender (if any)			
Lender Contact Information			
Address for, or Manner of Payment			
Location of Title			
Location of Maintenance Records			
Extended or Separate Warranty:			

H. Our Life Insurance *See Article VI, below.*

I. Our Other Assets

1st Other Asset:

Description: _____
Account Number: _____
Type of Account: _____
Contact Information: _____
How Titled: _____
Location of Records: _____
Approximate Value: _____

2nd Other Asset:

Description: _____
Account Number: _____
Type of Account: _____
Contact Information: _____
How Titled: _____
Location of Records: _____
Approximate Value: _____

3rd Other Asset:

Description: _____
Account Number: _____
Type of Account: _____
Contact Information: _____
How Titled: _____
Location of Records: _____
Approximate Value: _____

J. Our Assets Requiring Special Care

1. Guns/Firearms: _____
2. Ivory / Tortoise shell, other restricted property: _____
3. Wine Collection: _____
4. Other: _____

V. OTHER INFORMATION

Spouse #1

- A.** List of all current medications: _____

- B.** Time sensitive bills: _____

- C.** Location of important documents (Social Security Card, birth certificate, marriage certificates, etc.): _____

- D.** Location of my income tax records / returns: _____
- E.** Do I make estimated tax payments? Yes _____ No _____
- F.** Location of bank safe deposit box, including box number, keys, and co-signers (Consider what is in the box; and if the box still needed): _____

- G.** Location of any storage facility site and entry code/key/lock information: _____
- H.** Location of any secret hiding places: _____

- I.** Location of all keys: _____

- J.** Safe location and combination: _____

V. OTHER INFORMATION (continued)
Spouse #2

- A.** List of all current medications: _____

- B.** Time sensitive bills: _____

- C.** Location of important documents (Social Security Card, birth certificate, marriage certificates, etc.): _____

- D.** Location of my income tax records / returns: _____
- E.** Do I make estimated tax payments? Yes _____ No _____
- F.** Location of bank safe deposit box, including box number, keys, and co-signers (Consider what is in the box; and if the box still needed): _____

- G.** Location of any storage facility site and entry code/key/lock information: _____

- H.** Location of any secret hiding places: _____

- I.** Location of all keys: _____

- J.** Safe location and combination: _____

VI. OUR LIFE INSURANCE

A. Life Insurance on Spouse #1

	First Policy	Second Policy
Company		
Policy Number		
Death Benefit		
Cash Surrender Value		
Loan Against Policy		
Contact Information		
Beneficiaries		
Location of Records		

B. Life Insurance on Spouse #2

	First Policy	Second Policy
Company		
Policy Number		
Death Benefit		
Cash Surrender Value		
Loan Against Policy		
Contact Information		
Beneficiaries		
Location of Records		

VII. OUR HEALTH INSURANCE

A. Health Insurance for Spouse #1

Pre-Medicare Insurance:

Health Insurance Company: _____

Policy Number: _____

Premium Payment Information: _____

Contact Information: _____

Dental Insurance:

Health Insurance Company: _____

Policy Number: _____

Premium Payment Information: _____

Contact Information: _____

Medicare Coverage and/or Medicare Supplement (if applicable):

Company and Policy Number: _____

Premium Payment and Contact Information: _____

Prescription Insurance (if applicable):

Company and Policy Number: _____

Premium Payment and Contact Information: _____

Long Term Care Insurance:

Company and Policy Number: _____

Premium Payment and Contact Information: _____

Location of Medical Records and Information: _____

B. Health Insurance for Spouse #2

Pre-Medicare Insurance:

Health Insurance Company: _____

Policy Number: _____

Premium Payment Information: _____

Contact Information: _____

Dental Insurance:

Health Insurance Company: _____

Policy Number: _____

Premium Payment Information: _____

Contact Information: _____

Medicare Coverage and/or Medicare Supplement (if applicable):

Company and Policy Number: _____

Premium Payment and Contact Information: _____

Prescription Insurance (if applicable):

Company and Policy Number: _____

Premium Payment and Contact Information: _____

Long Term Care Insurance:

Company and Policy Number: _____

Premium Payment and Contact Information: _____

Location of Medical Records and Information: _____

VIII. OUR MOTOR VEHICLE INSURANCE

A. Make and Model of Vehicle #1 (Article IV, G): _____

Insurance Company: _____

Policy Number: _____

Premium Payment Information (*paid when, how, and amount*): _____

Contact Information: _____

Location of Policy Records: _____

B. Make and Model of Vehicle #2 (Article IV, G): _____

Insurance Company: _____

Policy Number: _____

Premium Payment Information (*paid when, how, and amount*): _____

Contact Information: _____

Location of Policy Records: _____

C. Make and Model of Vehicle #3 (Article IV, G): _____

Insurance Company: _____

Policy Number: _____

Premium Payment Information (*paid when, how, and amount*): _____

Contact Information: _____

Location of Policy Records: _____

IX. OUR HOMEOWNER'S INSURANCE:

- A.** Residence (Article IV, A): _____
Insurance Company: _____
Policy Number: _____
Premium Payment Information (*paid when, how, and amount*): _____

Contact Information: _____
Location of Policy Records: _____
- B.** Vacation/Second Residence (Article IV, B): _____
Insurance Company: _____
Policy Number: _____
Premium Payment Information (*paid when, how, and amount*): _____

Contact Information: _____
Location of Policy Records: _____
- C.** Other Real Property (Article IV, C): _____
Insurance Company: _____
Policy Number: _____
Premium Payment Information (*paid when, how, and amount*): _____

Contact Information: _____
Location of Policy Records: _____

X. OUR OTHER INSURANCE:

- A.** Casualty Insurance Company: _____
Policy Number: _____
Premium Payment Information (*paid when, how, and amount*): _____

Contact Information: _____
Location of Policy Records: _____
- B.** Umbrella Policy Company: _____
Policy Number: _____
Premium Payment Information (*paid when, how, and amount*): _____

Contact Information: _____
Location of Policy Records: _____

C. Other Insurance Company: _____
 Policy Number: _____
 Type of Insurance: _____
 Premium Payment Information (*paid when, how, and amount*): _____

 Contact Information: _____
 Location of Policy Records: _____

XI. OUR CREDIT CARD ACCOUNTS:

Company	Account No.	Spouse #1, Spouse #1, or Both	Balance*	Points/Awards	Bill Pay?

*-0- = Balance paid each month.

XII. OUR OTHER BILLS (including Utilities and Subscriptions):

Type	Company	Account No.	Payment Method <i>(Bill pay, electronic, or check?)</i>	Deposits
Homeowner's Association Dues				
Cable				
Cell Phone				
Land Line				
Electricity				
Gas				
Water				
Trash				
Newspaper				
Magazines				
Television Subscriptions <i>(Netflix, etc.)</i>				
Other:				
Other:				
Other:				

XIII. OUR FAMILY AND FRIENDS TO BE NOTIFIED OF DEATH:

Name	Relationship	Telephone Number and E-Mail Address

XIV. OUR FUNERAL/BURIAL ARRANGEMENTS:

A. We have completed separate Funeral Arrangement forms for each of us.
Yes _____ No _____

C. If we have **not** completed separate Funeral Arrangement forms, the following applies to the both of us:

1. Directions for Organ Donation: _____

2. Directions for Burial/Cremation: _____

3. Directions for Interment: _____

4. Cemetery Plots Owned: _____

5. Funeral Arrangements Already Made With: _____

6. If Funeral Arrangements have already been made and paid, where is the information (including payment receipts)? _____

7. Preferred Funeral Home: _____

8. Directions for Memorial Service: _____

9. Directions Regarding Obituary: _____

10. Person in Charge of Arrangements: _____

XV. OUR CONTACTS FOR PROFESSIONAL AND OTHER ADVISORS:

A. Attorney Name: _____
Address: _____
Telephone Number: _____

B. Accountant Name: _____
Address: _____
Telephone Number: _____

C. Investment Advisor: _____
Address: _____
Telephone Number: _____

D. Religious Advisor: _____
Address: _____
Telephone Number: _____

E. Physician #1 Name: _____
Address: _____
Telephone Number: _____

F. Physician #2 Name: _____
Address: _____
Telephone Number: _____

G. Dentist Name: _____
Address: _____
Telephone Number: _____

H. Pharmacy: _____
Address: _____
Telephone Number: _____

I. Other: _____
Address: _____
Telephone Number: _____

J. Other: _____
Address: _____
Telephone Number: _____

K. Other: _____
Address: _____
Telephone Number: _____

XVI. OUR CONTACTS FOR MANAGING THE HOUSE

Service Provider	Contact Person	Telephone Number
Plumber		
Electrician		
Landscaping		
House Cleaning		
Floor Cleaning		
A/C and Furnace		
Roof		
Handyman		
Pool Service		
Pest Control		
Window Cleaning Service		
Elevator Service		
Rug Cleaning		
Other		
Other		
Other		
Other		
Other		

XVII. OUR ESTATE PLANNING

A. For Spouse #1

Will:

Location of Original: _____

Personal Representative: _____

Successor Personal Representative: _____

Durable General Power of Attorney:

Location of Original: _____

Agent: _____

Alternate Agent: _____

Health Care Power of Attorney:

Location of Original: _____

Agent: _____

Alternate Agent: _____

Living Will: _____ (Yes) _____ (No)

Location of Original: _____

DNR: _____ (Yes) _____ (No)

Location of Original: _____

HIPAA Authorization:

Location of Original: _____

Persons Authorized to Receive Information: _____

Trust Agreement:

Location of Original: _____

Trustee: _____

Successor Trustee: _____

Tangible Personal Property List Yes _____ No _____

Location of Original: _____

XVII. OUR ESTATE PLANNING (continued)

B. For Spouse #2

Will:

Location of Original: _____

Personal Representative: _____

Successor Personal Representative: _____

Durable General Power of Attorney:

Location of Original: _____

Agent: _____

Alternate Agent: _____

Health Care Power of Attorney:

Location of Original: _____

Agent: _____

Alternate Agent: _____

Living Will: _____ (Yes) _____ (No)

Location of Original: _____

DNR: _____ (Yes) _____ (No)

Location of Original: _____

HIPAA Authorization:

Location of Original: _____

Persons Authorized to Receive Information: _____

Trust Agreement:

Location of Original: _____

Trustee: _____

Successor Trustee: _____

Tangible Personal Property List Yes _____ No _____

Location of Original: _____

XVIII. OUR DIGITAL ACCOUNTS AND PASSWORDS:

A. Electronic Device Access:

Device	Website	User Name	PIN	Password
Computer				
Laptop				
Windows/Mac				
Cell phone				
Cell phone				
Tablet				
GPS				
DVR/TIVO				
Television Subscriptions (<i>Netflix, etc.</i>)				
Watch				
Other				
Other				
Other				
Other				
Other				
Other				

B. Digital Assets That May Have Financial Value/Subscriptions:

Asset/Institution	Website	User Name	Password	Other Information

These would include accounts with online banking or trading, digital music collections, paid-for apps, online subscriptions, domain registrations, online files or games, etc.

C. Digital Assets with Emotional Value:

Asset/Institution	Website	User Name	Password	Other Information

These would include social networking sites (such as Facebook, LinkedIn, YouTube, Twitter), online photo albums, content created by you (such as diaries, blogs, etc.), online address books, etc.