

**CONFIDENTIAL**

IMPORTANT INFORMATION IN THE EVENT OF MY DEATH OR  
INABILITY TO HANDLE MY OWN AFFAIRS  
(SINGLE PERSON)



ATTORNEYS AT LAW

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## **PURPOSE**

The purpose of this form is to provide information to your successors. 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 MY DEATH OR  
INABILITY TO HANDLE MY OWN AFFAIRS

(SINGLE PERSON)

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

Current as of: \_\_\_\_\_  
Date

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**I. MY PERSONAL INFORMATION**

**A. Information Concerning Myself:**

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)	
Veteran	
Previous Marriages (Spouse Name and Dates of Marriage)	
Marital Agreements and/or Divorce Decrees	

**B. Information Concerning My 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 considered a "Special Needs" Child?		
Name of Child's Spouse (or Partner)		
Names and Birth Dates of Child's Children		

**B. Information Concerning My 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 considered a "Special Needs" Child?		
Name of Child's Spouse (or Partner)		
Names and Birth Dates of Child's Children		

**B. Information Concerning My Children (continued)**

Child #5

Child #6

	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 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. MY PETS**

A. I have completed a separate Pet Information Questionnaire for my pets:  
Yes \_\_\_\_\_ No \_\_\_\_\_

B. If I have **not** completed a separate Pet Information Questionnaire for my 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. MY MONTHLY INCOME**

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. MY 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. My 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. My 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 ("My Credit Card Accounts") and Article XII ("My Other Bills").*

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

**F. My 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. My 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. My Life Insurance**    *See Article VI, below.*

**I. My Other Assets**

1<sup>st</sup> Other Asset:

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

2<sup>nd</sup> Other Asset:

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

3<sup>rd</sup> Other Asset:

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

**J. My Assets Requiring Special Care**

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

**V. OTHER INFORMATION**

**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. MY LIFE INSURANCE**

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

**VII. MY HEALTH INSURANCE**

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. MY 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. MY 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. MY 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. MY CREDIT CARD ACCOUNTS:**

Company	Account No.	Cardholder Name	Balance*	Points/Awards	Bill Pay?

\*-0- = Balance paid each month.

**XII. MY 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:				



**XIV. MY FUNERAL/BURIAL ARRANGEMENTS:**

A. I have completed a separate Funeral Arrangement form for myself.  
Yes \_\_\_\_\_ No \_\_\_\_\_

C. If I have **not** completed a separate Funeral Arrangement form, the following applies to me:

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. MY 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. MY 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. MY ESTATE PLANNING**

**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. MY 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.*