

Life File

Launch: October 2014

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About You

Full name	Date and place of birth
Social Security number	Driver's license number
Naturalization number (if not born in U.S.)	Employee ID number
Occupation	Employment address and telephone number
Father's name—place of birth	Mother's maiden name—place of birth
Former spouse's name	Date of divorce (or death)
Do you have a certified copy of your birth certificate? If so, where is it kept?	

Do you have a will? If so, where is it kept?	Enter details in the estate planning section, page 45.
Do you have a trust? If so, where is it kept?	Enter details in the estate planning section, page 45.
Do you have a prenuptial agreement? If so, where is it located?	Enter brief description of details.
Do you belong to any organization in which you or your survivors may be entitled to benefits?	

Are You a Veteran?

In which branch did you serve? What was your rank at discharge?	
Service ID number (if different from your Social Security number)	
What was your discharge date?	
What is the location of your military discharge papers (DD-214)?	
Name of veterans' organizations	
Are you eligible for (or currently collecting) a military pension or military disability benefits?	If so, enter details in the estate planning section (page 57) and note here regarding disability benefits.
Are there any survivors' benefits?	If so, enter details in the estate planning section (page 57).
Do you have serviceman's life insurance?	If so, enter details in the life insurance section (page 51).

Comments about citations, awards, and recognitions . . .

About Your Spouse

Full name	Date and place of birth
Social Security number	Driver's license number
Naturalization number (if not born in U.S.)	Employee ID number
Occupation	Employment address and telephone
Father's name—place of birth	Mother's maiden name—place of birth
Former spouse's name	Date of divorce (or death)
Do you have a certified copy of your spouse's birth certificate? If so, where is it kept?	

Does your spouse have a will? If so, where is it kept?	Enter details in the estate planning section, page 47.
Does your spouse have a trust? If so, where is it kept?	Enter details in the estate planning section, page 47.
Did your spouse have a prenuptial agreement with a former spouse? If so, where is it located?	Enter a brief description of details.
Does your spouse belong to any organization through which you or your survivors may be entitled to benefits?	

About Your Marriage and Your Children

Your Marriage

Date of Marriage	Place of Marriage	Location of Marriage Certificate

Your Children

Full Name—Address—Telephone Social Security Number	Date and Place of Birth	Male or Female Plus Other Information*

* Include important information such as the child's special needs—also, if a child is from a previous marriage, indicate the child's natural parent(s).

About Your Grandchildren

Your Grandchildren

Full Name—Address—Telephone Social Security Number	Date and Place of Birth	Male or Female Plus Other Information*

Who Are Your Advisers?

This list should contain those trusted individuals who will offer honest counsel in time of need.
Mark **WHOM TO CALL FIRST** with a color highlighter.

Name of Adviser	Name — Firm — Address — Telephone
Who is your lawyer?	
Who is your accountant / tax adviser?	
Who is your insurance agent?	
Who is your stockbroker?	
Who is your banker?	
Who is your financial adviser?	
Who are your doctors? List by specialty.	

Who Are Your Advisers?

This list should contain those trusted individuals who will offer honest counsel in time of need.
 Mark **WHOM TO CALL FIRST** with a color highlighter.

Who is your dentist?	
Who is your clergyman / woman?	
Who is your veterinarian?	
Who is your real estate adviser?	
Other Important Contacts	Name — Address — Telephone Number

About Your Medical History

What is your full legal name?

What is your date of birth?

What is your Social Security number?

Your Doctors

Doctor's Name	Address	Telephone Number	Condition Treated

Nearest Hospital

Name	Address	Telephone

Do you have a living will and/or a durable health-care power of attorney? If so, where is the document located?

What is your blood type?

Are you allergic to any medications? If so, list them.

Do you suffer from any chronic illness(es); i.e., high blood pressure, diabetes, etc.?

Are you currently taking medication? If so, list.

Since (Date)	Name of Drug/Medicine	Drug/Medicine Is Taken for Which Allment?	Dosage and Times Medicine Is to Be Taken	Prescribing Physician

What is the name and telephone number of your health-care provider (medical insurance)?

What is the policy (or certificate) number?

Where is the policy (certificate) located?

About Your Medical History

Allergies

Allergy	Symptoms of Reaction	Method Used to Relieve Allergic Reaction

Immunization History

Date	Immunized Against (e.g.: Tetanus, German Measles, etc.)

Indicate which of the following you have had or have at present. Circle "yes" or "no" for each item. If you circled "yes" for any of the items, list the dates and details on the "Notes, Thoughts, and Attachments" pages at the back of this section.

Heart failure	Yes	No
Heart disease or attack	Yes	No
Angina pectoris	Yes	No
Congenital heart disease	Yes	No
Heart murmur	Yes	No
High blood pressure	Yes	No
Arteriosclerosis	Yes	No
Mitral valve prolapse	Yes	No
Artificial heart valve	Yes	No
Heart pacemaker	Yes	No
Heart surgery	Yes	No
Rheumatic fever	Yes	No
Arthritis	Yes	No
Rheumatism	Yes	No
Cortisone medicine	Yes	No
Drug or alcohol addiction	Yes	No
Stroke	Yes	No
Artificial joints (hip, knee, etc.)	Yes	No
Kidney trouble	Yes	No
Ulcers	Yes	No
Diabetes	Yes	No
Thyroid problems	Yes	No
Glaucoma	Yes	No
Cancer	Yes	No
Emphysema	Yes	No
Pneumonia	Yes	No
Chronic cough	Yes	No
Tuberculosis	Yes	No

About Your Medical History

Asthma	Yes	No
Hay fever	Yes	No
Sinus trouble	Yes	No
Radiation therapy	Yes	No
Chemotherapy	Yes	No
Hepatitis A (infectious)	Yes	No
Hepatitis B (serum)	Yes	No
Venereal disease	Yes	No
AIDS	Yes	No
HIV positive	Yes	No
Blood transfusions	Yes	No
Hemophilia	Yes	No
Anemia	Yes	No
Sickle cell disease	Yes	No
Liver disease	Yes	No
Yellow jaundice	Yes	No
Epilepsy or seizures	Yes	No
Fainting or dizzy spells	Yes	No
Nervous disorders	Yes	No
Tumors	Yes	No
Developmental disability	Yes	No
Mental illness	Yes	No
Do you have or have you had any disease, condition or problem not listed here?	Yes	No
<i>For women only:</i>		
Are you pregnant? If yes, what month are you due?	Yes	No
Are you nursing?	Yes	No
Are you taking birth control pills?	Yes	No
Are you on any special diet?	Yes	No
Have you gained or lost more than 10 pounds in the past year?	Yes	No

About Your Parents', Grandparents', and Siblings' Medical History

Name	Relationship	Date of Birth	Current State of Health	Date of Death and Age at Death	Cause of Death	Other Medical Information*
	Father					
	Mother					
	Maternal grandfather					
	Maternal grandmother					
	Paternal grandfather					
	Paternal grandmother					
	Brother					
	Sister					

*e.g., cancer, heart disease, diabetes, Alzheimer's disease, drug abuse, mental illness, etc.

Are there any other medical facts about your parents, grandparents, and siblings (e.g., possible hereditary or congenital defects, problems, or abnormalities) that should be included?

Name and Relationship	Medical Fact

About Your Spouse's Medical History

What is your spouse's full legal name?

What is your spouse's date of birth?

What is your spouse's Social Security number?

Your Spouse's Doctors

Doctor's Name	Address	Telephone Number	Condition Treated

Nearest Hospital

Name	Address	Telephone

Does your spouse have a living will and/or a durable health-care power of attorney? If so, where is the document located?

What is your spouse's blood type?

Is your spouse allergic to any medications? If so, list them.

Does your spouse suffer from any chronic illness(es): i.e., high blood pressure, diabetes, etc.?

Is your spouse currently taking medication? If so, list.

Since (Date)	Name of Drug/Medicine	Drug/Medicine Is Taken for Which Ailment?	Dosage and Times Medicine Is to Be Taken	Prescribing Physician

What is the name and telephone number of your spouse's health-care provider (medical insurance)?

What is the policy (or certificate) number?

Where is the policy (certificate) located?

About Your Spouse's Medical History

Allergies

Allergy	Symptoms of Reaction	Method Used to Relieve Allergic Reaction

Immunization History

Date	Immunized Against (e.g.: Tetanus, German Measles, etc.)

Indicate which of the following your spouse has had or has at present. Circle "yes" or "no" for each item. If you circled "yes" for any of the items, list the dates and details on the "Notes, Thoughts, and Attachments" pages at the back of this section.

Heart failure	Yes	No
Heart disease or attack	Yes	No
Angina pectoris	Yes	No
Congenital heart disease	Yes	No
Heart murmur	Yes	No
High blood pressure	Yes	No
Arteriosclerosis	Yes	No
Mitral valve prolapse	Yes	No
Artificial heart valve	Yes	No
Heart pacemaker	Yes	No
Heart surgery	Yes	No
Rheumatic fever	Yes	No
Arthritis	Yes	No
Rheumatism	Yes	No
Cortisone medicine	Yes	No
Drug or alcohol addiction	Yes	No
Stroke	Yes	No
Artificial joints (hip, knee, etc.)	Yes	No
Kidney trouble	Yes	No
Ulcers	Yes	No
Diabetes	Yes	No
Thyroid problems	Yes	No
Glaucoma	Yes	No
Cancer	Yes	No
Emphysema	Yes	No
Pneumonia	Yes	No
Chronic cough	Yes	No
Tuberculosis	Yes	No

About Your Spouse's Medical History

Asthma	Yes	No
Hay fever	Yes	No
Sinus trouble	Yes	No
Radiation therapy	Yes	No
Chemotherapy	Yes	No
Hepatitis A (infectious)	Yes	No
Hepatitis B (serum)	Yes	No
Venereal disease	Yes	No
AIDS	Yes	No
HIV positive	Yes	No
Blood transfusions	Yes	No
Hemophilia	Yes	No
Anemia	Yes	No
Sickle cell disease	Yes	No
Liver disease	Yes	No
Yellow jaundice	Yes	No
Epilepsy or seizures	Yes	No
Fainting or dizzy spells	Yes	No
Nervous disorders	Yes	No
Tumors	Yes	No
Developmental disability	Yes	No
Mental illness	Yes	No

Do you have or have you had any disease, condition or problem not listed here?	Yes	No
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For women only:

Is your spouse pregnant? If yes, what month is your spouse due?	Yes	No
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Is your spouse nursing?	Yes	No
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Is your spouse taking birth control pills?	Yes	No
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Is your spouse on any special diet?	Yes	No
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Has your spouse gained or lost more than 10 pounds in the past year?	Yes	No
--	-----	----

About Your Spouse's Parents', Grandparents', and Siblings' Medical History

Name	Relationship	Date of Birth	Current State of Health	Date of Death and Age at Death	Cause of Death	Other Medical Information*
	Father					
	Mother					
	Maternal grandfather					
	Maternal grandmother					
	Paternal grandfather					
	Paternal grandmother					
	Brother					
	Sister					

*e.g., cancer, heart disease, diabetes, Alzheimer's disease, drug abuse, mental illness, etc.

Are there any other medical facts about your spouse's parents, grandparents, and siblings (e.g., possible hereditary or congenital defects, problems, or abnormalities) that should be included?

Name and Relationship	Medical Fact

About Your Child's Medical History

What is your child's full legal name?

What is your child's date of birth?

What is your child's Social Security number?

Your Child's Doctors

Doctor's Name	Address	Telephone Number	Condition Treated

Nearest Hospital

Name	Address	Telephone

Do you have a durable health-care power of attorney (medical consent) for your child? If so, where is the document located?

What is your child's blood type?

Is your child allergic to any medications? If so, list them.

Does your child suffer from any chronic illness(es): i.e., high blood pressure, diabetes, etc.?

Is your child currently taking medication? If so, list.

Since (Date)	Name of Drug/Medicine	Drug/Medicine Is Taken for Which Ailment?	Dosage and Times Medicine Is to Be Taken	Prescribing Physician

What is the name and telephone number of the health-care provider (medical insurance) that the child is covered under?

Who is listed as the insured?

What is the policy (or certificate) number?

Where is the policy (certificate) located?

About Your Child's Medical History

Allergies

Allergy	Symptoms of Reaction	Method Used to Relieve Allergic Reaction

Immunization History

Date	Immunized Against (e.g.: Tetanus, German Measles, etc.)

Indicate which of the following your child had or has at present. Circle "yes" or "no" for each item. If you circled "yes" for any of the items, list the dates and details on the "Notes, Thoughts, and Attachments" pages at the back of this section.

Heart failure	Yes	No
Heart disease or attack	Yes	No
Angina pectoris	Yes	No
Congenital heart disease	Yes	No
Heart murmur	Yes	No
High blood pressure	Yes	No
Arteriosclerosis	Yes	No
Mitral valve prolapse	Yes	No
Artificial heart valve	Yes	No
Heart pacemaker	Yes	No
Heart surgery	Yes	No
Rheumatic fever	Yes	No
Arthritis	Yes	No
Rheumatism	Yes	No
Cortisone medicine	Yes	No
Drug or alcohol addiction	Yes	No
Stroke	Yes	No
Artificial joints (hip, knee, etc.)	Yes	No
Kidney trouble	Yes	No
Ulcers	Yes	No
Diabetes	Yes	No
Thyroid problems	Yes	No
Glaucoma	Yes	No
Cancer	Yes	No
Emphysema	Yes	No
Pneumonia	Yes	No
Chronic cough	Yes	No
Tuberculosis	Yes	No

About Your Child's Medical History

Asthma	Yes	No
Hay fever	Yes	No
Sinus trouble	Yes	No
Radiation therapy	Yes	No
Chemotherapy	Yes	No
Hepatitis A (infectious)	Yes	No
Hepatitis B (serum)	Yes	No
Venereal disease	Yes	No
AIDS	Yes	No
HIV positive	Yes	No
Blood transfusions	Yes	No
Hemophilia	Yes	No
Anemia	Yes	No
Sickle cell disease	Yes	No
Liver disease	Yes	No
Yellow jaundice	Yes	No
Epilepsy or seizures	Yes	No
Fainting or dizzy spells	Yes	No
Nervous disorders	Yes	No
Tumors	Yes	No
Developmental disability	Yes	No
Mental illness	Yes	No
Does your child have or has he/she had any disease, condition or problem not listed here?	Yes	No
Is your child on any special diet?	Yes	No
Has your child gained or lost more than 10 pounds in the past year?	Yes	No

Describe any special information, habits, personality traits, or behaviors that relate to your child.

About Your Child's Medical History

What is your child's full legal name?

What is your child's date of birth?

What is your child's Social Security number?

Your Child's Doctors

Doctor's Name	Address	Telephone Number	Condition Treated

Nearest Hospital

Name	Address	Telephone

Do you have a durable health-care power of attorney (medical consent) for your child? If so, where is the document located?

What is your child's blood type?

Is your child allergic to any medications? If so, list them.

Does your child suffer from any chronic illness(es): i.e., high blood pressure, diabetes, etc.?

Is your child currently taking medication? If so, list.

Since (Date)	Name of Drug/Medicine	Drug/Medicine Is Taken for Which Ailment?	Dosage and Times Medicine Is to Be Taken	Prescribing Physician

What is the name and telephone number of the health-care provider (medical insurance) that the child is covered under?

Who is listed as the insured?

What is the policy (or certificate) number?

Where is the policy (certificate) located?

About Your Child's Medical History

Allergies

Allergy	Symptoms of Reaction	Method Used to Relieve Allergic Reaction

Immunization History

Date	Immunized Against (e.g.: Tetanus, German Measles, etc.)

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Rheumatism	Yes	No
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Drug or alcohol addiction	Yes	No
Stroke	Yes	No
Artificial joints (hip, knee, etc.)	Yes	No
Kidney trouble	Yes	No
Ulcers	Yes	No
Diabetes	Yes	No
Thyroid problems	Yes	No
Glaucoma	Yes	No
Cancer	Yes	No
Emphysema	Yes	No
Pneumonia	Yes	No
Chronic cough	Yes	No
Tuberculosis	Yes	No

About Your Child's Medical History

Asthma	Yes	No
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Radiation therapy	Yes	No
Chemotherapy	Yes	No
Hepatitis A (infectious)	Yes	No
Hepatitis B (serum)	Yes	No
Venereal disease	Yes	No
AIDS	Yes	No
HIV positive	Yes	No
Blood transfusions	Yes	No
Hemophilia	Yes	No
Anemia	Yes	No
Sickle cell disease	Yes	No
Liver disease	Yes	No
Yellow jaundice	Yes	No
Epilepsy or seizures	Yes	No
Fainting or dizzy spells	Yes	No
Nervous disorders	Yes	No
Tumors	Yes	No
Developmental disability	Yes	No
Mental illness	Yes	No
Does your child have or has he/she had any disease, condition or problem not listed here?	Yes	No
Is your child on any special diet?	Yes	No
Has your child gained or lost more than 10 pounds in the past year?	Yes	No

Describe any special information, habits, personality traits, or behaviors that relate to your child.

About Your Final Wishes

<p>Have you made arrangements regarding medical procedures in the event that you become incapacitated? <small>EXAMPLE: Do you want to be kept alive via a life support system? If so, to what extent?</small></p>	<p>If you have not made these arrangements, see your lawyer about setting up a living will and a durable power of attorney for health care. If you already have these documents, list their location.</p>
<p>What is the name and telephone number of the person(s) who should be called first?</p>	
<p>Who is the person who will take charge of your funeral arrangements? <small>List a primary and alternate person.</small></p>	<p>Primary: Name — Address — Telephone</p> <p>Alternate: Name — Address — Telephone</p>
<p>Do you have a prearranged (prepaid) funeral plan? <small>If so, where is the policy (or contract) located? What is the name and telephone number of the person to contact?</small></p>	
<p>If you have NOT made final arrangements for a prepaid plan, do you have a preference for: — a particular funeral director? — a budget? — least expensive quote? — or arrangements to be selected by:</p>	<p>Name — Address — Telephone</p>
<p>Casket type: <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard <input type="checkbox"/> Budget Open casket? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Flowers? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, to whom would you like to donate the flowers after the service?</small></p> <p><small>If no, in lieu of flowers, would you like donations to be made to a charitable organization(s)? If so, please specify.</small></p>	<p>Name — Address — Telephone</p> <p>Name of organization — Address — Telephone</p>
<p>Have you made cemetery arrangements? <small>If so, what is the name and location of the cemetery? What are the plot and deed numbers?</small></p>	
<p>Do you prefer a: <input type="checkbox"/> Headstone <input type="checkbox"/> Ground plaque</p> <p>What would you like your epitaph to say?</p>	

About Your Final Wishes

<p>Do you have a preference concerning the disposition of your remains? <small>EXAMPLE: Do you want to be cremated and have your ashes scattered at sea, etc.?</small></p>	
<p>Do you want a burial, entombment, cremation, or other?</p>	
<p>Do you wish to have a memorial service? <small>If so, what is your preferred venue:</small> <input type="checkbox"/> Church / Synagogue <input type="checkbox"/> Funeral Home <input type="checkbox"/> Graveside <input type="checkbox"/> Crematorium Chapel <input type="checkbox"/> Other</p>	
<p>If the main service is to be at one of the above, do you also wish a second service? If, so, where?</p>	
<p>Religious Ceremony: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, list the name, address, and telephone number of the house of worship. Also list the name, address, and telephone number of a primary and alternate officiating minister, rabbi, etc. If you desire a nonreligious memorial, list the name, address, and telephone number of the place where you wish this type of ceremony to take place . . . and the name, address, and telephone number of the person whom you would like to officiate at the service.</small></p>	
<p>Do you have a preferred organist, musician, vocalist? <small>If yes, list name, address, and telephone number.</small></p>	
<p>Would you like anyone else to speak at your service? <small>If yes, list name, address, and telephone number.</small></p>	
<p>Do you have any preference regarding music, hymns, or poetry? <small>If yes, list titles and composers/authors.</small></p>	
<p>Do you have any preference as to prayers, psalms, readings, etc.? <small>If yes, list titles and authors.</small></p>	
<p>Do you have a preference regarding pallbearers? <small>List names, addresses, and telephone numbers.</small></p>	
<p>Will your services be open to all? <small>If not, list those persons whom you would prefer not be invited or notified of your death.</small></p>	

About Your Final Wishes

<p>In what publications would you like your obituary posted?</p>	
<p>Do you have a preference as to how your obituary should read? If yes, write down your preferences.</p>	
<p>Do you wish to have any of your organs donated? If you do, which one(s), and to which organization?</p>	
<p>Who will bear the cost of removing and transferring the organ(s)?</p>	
<p>Do you have any other religious or cultural considerations?</p>	
<p>Do you have an organization to which you would like memorial gifts to be donated?</p>	
<p>Do you have any additional special requests? Such as a post-funeral gathering or other special post-funeral activity? If yes, do you want to set a location and establish a budget?</p>	

Have you discussed all of the above with your family? In this section, the "whys" behind your answers are as important as your wishes.

About Your Spouse's Final Wishes

<p>Have you made arrangements regarding medical procedures in the event that you become incapacitated? <small>EXAMPLE: Do you want to be kept alive via a life support system? If so, to what extent?</small></p>	<p>If you have not made these arrangements, see your lawyer about setting up a living will and a durable power of attorney for health care . . . If you already have these documents, list their location.</p>
<p>What are the name and telephone number of the person(s) who should be called first?</p>	
<p>Who is the person who will take charge of your funeral arrangements? <small>List a primary and alternate person.</small></p>	<p>Primary: Name — Address — Telephone</p> <p>Alternate: Name — Address — Telephone</p>
<p>Do you have a prearranged (prepaid) funeral plan? <small>If so, where is the policy (or contract) located? What is the name and telephone number of the person to contact?</small></p>	
<p>If you have NOT made final arrangements for a prepaid plan, do you have a preference for: — a particular funeral director? — a budget? — least expensive quote? — or arrangements to be selected by:</p>	<p>Name — Address — Telephone</p>
<p>Casket type: <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard <input type="checkbox"/> Budget Open casket? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Flowers? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, to whom would you like to donate the flowers after the service?</small></p> <p><small>If no, in lieu of flowers, would you like donations to be made to a charitable organization(s)? If so, please specify.</small></p>	<p>Name — Address — Telephone</p> <p>Name of organization — Address — Telephone</p>
<p>Have you made cemetery arrangements? <small>If so, what is the name and location of the cemetery? What are the plot and deed numbers?</small></p>	
<p>Do you prefer a: <input type="checkbox"/> Headstone <input type="checkbox"/> Ground plaque</p> <p>What would you like your epitaph to say?</p>	

About Your Spouse's Final Wishes

<p>Do you have a preference concerning the disposition of your remains? <small>EXAMPLE: Do you want to be cremated and have your ashes scattered at sea, etc.?</small></p>	
<p>Do you want a burial, entombment, cremation, or other?</p>	
<p>Do you wish to have a memorial service? <small>If so, what is your preferred venue:</small> <input type="checkbox"/> Church / Synagogue <input type="checkbox"/> Funeral Home <input type="checkbox"/> Graveside <input type="checkbox"/> Crematorium Chapel <input type="checkbox"/> Other</p>	
<p>If the main service is to be at one of the above, do you also wish a second service? If, so, where?</p>	
<p>Religious Ceremony: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, list the name, address, and telephone number of the house of worship. Also list the name, address, and telephone number of a primary and alternate officiating minister, rabbi, etc. If you desire a nonreligious memorial, list the name, address, and telephone number of the place where you wish this type of ceremony to take place . . . and the name, address, and telephone number of the person whom you would like to officiate at the service.</small></p>	
<p>Do you have a preferred organist, musician, vocalist? <small>If yes, list name, address, and telephone number.</small></p>	
<p>Would you like anyone else to speak at your service? <small>If yes, list name, address, and telephone number.</small></p>	
<p>Do you have any preference regarding music, hymns, or poetry? <small>If yes, list titles and composers/authors.</small></p>	
<p>Do you have any preference as to prayers, psalms, readings, etc.? <small>If yes, list titles and authors.</small></p>	
<p>Do you have a preference regarding pallbearers? <small>List names, addresses, and telephone numbers.</small></p>	
<p>Will your services be open to all? <small>If not, list those persons whom you would prefer not be invited or notified of your death.</small></p>	

About Your Spouse's Final Wishes

<p>In what publications would you like your obituary posted?</p>	
<p>Do you have a preference as to how your obituary should read? If yes, write down your preferences.</p>	
<p>Do you wish to have any of your organs donated? If you do, which one(s), and to which organization?</p>	
<p>Who will bear the cost of removing and transferring the organ(s)?</p>	
<p>Do you have any other religious or cultural considerations?</p>	
<p>Do you have an organization to which you would like memorial gifts to be donated?</p>	
<p>Do you have any additional special requests? Such as a post-funeral gathering or other special post-funeral activity? If yes, do you want to set a location and establish a budget?</p>	

Have you discussed all of the above with your family? In this section, the "whys" behind your answers are as important as your wishes.

About Your Estate Documents

Do you have a will, and where is it located?	
On what date was the will executed? Also name the county and state in which the will was executed.	
Who are the executor and alternate executor? List their names, addresses, and telephone numbers.	
If you have minor children, whom have you selected to be their guardians? List names, addresses, and telephone numbers. Use the back of this page to list specific information about the children, such as medical history, educational preferences, personality traits . . . and promises that you've made, etc.	
Who is the lawyer who drew up the will, and when is the last time it was reviewed?	
Is this the same lawyer on your list of advisers, and is this the lawyer who will probate your estate?	
Do you have a trust, and where is it located?	
What type of trust is it?	
What date was the trust executed?	
Who is the trustor(s)?	
Who are the trustees and successor trustees? List their names, addresses, and telephone numbers.	
What is the exact name of the trust?	
Who was the lawyer who drew up the trust, and is this the same lawyer listed on your list of advisers?	
Does the trust have a tax ID number? If so, record it.	

About Your Spouse's Estate Documents

<p>Does your spouse have a will, and where is it located?</p>	
<p>On what date was the will executed? Also list the county and state in which the will was executed.</p>	
<p>Who are the executor and alternate executor? List their names, addresses, and telephone numbers.</p>	
<p>If your spouse has minor children, whom has he/she selected to be their guardians? List names, addresses, and telephone numbers. Use the back of this page to list specific information about the children, such as medical history, educational preferences, personality traits . . . and promises that your spouse has made, etc.</p>	
<p>Who is the lawyer who drew up the will, and when is the last time it was reviewed?</p>	
<p>Is this the same lawyer on your spouse's list of advisers, and is this the lawyer who will probate your spouse's estate?</p>	
<p>Does your spouse have a trust, and where is it located?</p>	
<p>What type of trust is it?</p>	
<p>What date was the trust executed?</p>	
<p>Who is the trustor(s)?</p>	
<p>Who are the trustees and successor trustees? List their names, addresses, and telephone numbers.</p>	
<p>What is the exact name of the trust?</p>	
<p>Who was the lawyer who drew up the trust, and is this the same lawyer listed on your list of advisers?</p>	
<p>Does the trust have a tax ID number? If so, record it.</p>	

About Your Insurance

Individually Owned Life Insurance Policies

— You may duplicate insurance pages for additional policies —

Who is the insured?	
What is the name of the insurance company?	
Where is the policy located?	
What are the policy date and number?	
What is the death benefit?	
Are there any riders, such as accidental death, waiver of premium, other insureds?	
Who owns the policy?	
Who is the beneficiary?	
When is the last time you checked the beneficiary?	
How much are the premiums? How often do you pay them? When are they due?	
What type of policy is this (term, whole life, universal life, etc.)?	
Who is the agent? List name, address, and telephone number.	
Do you have any policy loans? Is the policy assigned as collateral? If so, enter details.	

Group Life Insurance

Company	Name of insured
Group number—Certificate number	Death benefit
Any others covered by this policy	Beneficiary

More About Your Insurance

Annuities

Who is the annuitant?	
Who is the insurance company?	
What is the annuity policy number and date of issue?	
Who owns the annuity policy?	
What was your initial cash investment?	
<p>Is this a tax-deferred annuity? If so:</p> <ul style="list-style-type: none"> — What is the current interest rate? — Guaranteed until? — On what date does the surrender penalty period end? 	
If this a variable annuity, list the various investments you have, as well as your goals and objectives.	
What is the purpose of this annuity, i.e., retirement, educational fund?	
<p>Is this an annuity that pays a monthly income? If so:</p> <ul style="list-style-type: none"> — What is the monthly income? — How long will it pay? — Upon your death, will your beneficiary receive any benefits? If so: <ul style="list-style-type: none"> — How much and for how long? 	
Is the annuity in your IRA?	
Who is the beneficiary?	
Where is the policy located?	
Who is the agent? List name, address, and telephone number.	

Even More About Your Insurance

Health and Disability Insurance*

Who is the insured?	
Who is the insurance company?	
Is it group health or individually owned?	
What is the policy or group number?	
If group insurance, who pays for it?	
If you pay for it, how much are the premiums and when are they due?	
Where are the policy (or certificate) and benefit plan booklet located?	
If your dependents are currently covered, will coverage continue at your death? If so, will they have to pay premiums—at what rate? Also, will the coverage remain the same?	
Does your program cover organ donations or donor transplants?	
Who is the agent? List name, address, and telephone number.	
Do you have disability insurance? If so, who is the insurance company?	
What is the policy number, and where is the policy located?	
What is the monthly benefit, and how long will it pay?	
How much are the premiums, and when are they due?	
Does the plan have a lump-sum death benefit? If so, how much?	
Who is the beneficiary?	
Who is the agent? List name, address, and telephone number.	
<p><small>*It is important to review your policies periodically to determine proper benefits and adequate coverages. It is also wise to obtain written verification of this information from the insurance company.</small></p>	

About Your Retirement Plan

Fewer than 10 percent of the working population will retire with adequate means to maintain the standard of living they enjoyed while they were working. Planning for a financially secure retirement is crucial. See your insurance or financial professional in order to maximize your retirement plan. See your legal and tax adviser to ensure that you are complying with the law.

— You may duplicate this page for your spouse (including former spouses) —

Name	
Do you have a company retirement plan?	
What is your plan number?	
What is the location of the benefit plan outline and copies of your statements?	
How much do you expect to receive at retirement?	
Are there any survivor benefits? If so, what percentage will go to your survivor, and for how long?	
Who is your beneficiary?	
Who should your beneficiary contact? Enter his/her name, address, and telephone number.	
Are there survivor benefits if you die prior to retirement? If so, are these benefits in the form of income or lump-sum settlement? Enter the amount your beneficiary can expect to receive.	
Are you participating in a 401K program? Briefly describe the plan. Include the plan number, location of the certificate, the beneficiary, and the approximate benefit to you and your survivor.	
Do you have a Keogh program? If so, briefly describe the plan and the estimated retiree and survivor benefits.	
Who is the trustee? List the name, address, and telephone number of the institution as well as the person to contact and the account number.	
Who is the beneficiary?	
Where are the plan documents kept?	
Do you have one or more IRAs? If so, list each IRA, the names, addresses, and telephone numbers of the trustees, and the account numbers.	
Who are the beneficiaries?	
Where are the documents kept?	

Each year post the total value of these items in this section of *The Beneficiary Book*. Better yet, place a photocopy of the latest statement(s) in this section of *The Beneficiary Book*.

Your beneficiary will be able to take advantage of an IRA rollover of your IRAs and other qualified retirement funds at your death, provided he or she is named as primary beneficiary. Be sure **not** to name a trust as primary beneficiary. Doing so will cause immediate distribution and immediate taxation.

Frequently Asked Questions About Estate Planning

Q. How should a will be recorded?	A. Ask your attorney.
Q. How do I choose an attorney if I don't have one?	A. Your local Bar Association can refer you to a lawyer who specializes in the area pertaining to your situation. Interview a few . . . and ask about their fees up front.
Q. Should the survivor have a new will or trust drawn?	A. Upon the death of a spouse, circumstances change. See your lawyer regarding this matter.
Q. Will an Estate Tax Return need to be filed?	A. Your attorney can best advise you on this matter.
Q. Where should I keep my will?	A. Somewhere safe and accessible— BUT NOT IN YOUR SAFE-DEPOSIT BOX.
Q. Should all assets be held in joint tenancy?	A. Depending upon the size of the estate, joint tenancy may cause increased estate taxes upon the death of the surviving spouse. See your lawyer about the benefits of a Revocable Living Trust.
Q. How do I remove the decedent's name from bank accounts, credit cards, utilities, etc.?	A. Generally the presentation of a certified copy of a death certificate will do.
Q. What are some other sources to consult to preserve my estate?	A. Your life insurance agent, lawyer, banker, and accountant should be able to advise you on keeping your estate plan up-to-date. Also look into courses and seminars. Your local library is a great source of information, too.

About Your Banking

Name of Bank—Credit Union—Savings & Loan:
Address:
Contact person:
Telephone number:
Account number:
Type of account:
Is this a joint account?
If a joint account, fill in the information about the other person below.
Name:
Address:
Telephone number:

Name of Bank—Credit Union—Savings & Loan:
Address:
Contact person:
Telephone number:
Account number:
Type of account:
Is this a joint account?
If a joint account, fill in the information about the other person below.
Name:
Address:
Telephone number:

How Much Do You Spend Each Year?

The chart below will help you to detail your yearly expenses. On a separate piece of paper, total up what you spent during the past year in each category. Then enter the yearly total in the appropriate category box. The chart on page 65 will allow you to add categories not listed or to customize your own budget list.

Total Yearly Expense	199____	199____	199____	199____	199____
Mortgage or rent	\$	\$	\$	\$	\$
Property taxes					
Home insurance					
Gas and electric					
Telephone					
Water					
Cable TV					
Trash pickup					
Heating fuel					
Repairs and maintenance					
Landscaping maintenance					
Miscellaneous utilities					
Food					
Clothing					
Dry cleaning					
Child support					
Alimony					
Education—tuition					
Doctor visits					
Prescriptions					
Dentist					
Eyeglasses					
Miscellaneous medical					
Auto insurance					
Gas and oil					
Service and repairs					
License and registration fees					
Installment loans					
Home equity loans					
Credit card payments					
Auto loan payments					
Miscellaneous payments					
Federal income tax					
State income tax					
Charity					
Pet care					
Entertainment					
Health insurance premiums					
Dental insurance premiums					
Disability insurance premiums					
Life insurance premiums					
Medicare payments					
Yearly Total	\$	\$	\$	\$	\$

What Are Your Financial Obligations?

We recommend that you update this information annually. The back of this page should be used for additional information about certain obligations—information such as: Which loans are covered by life insurance? Which loans are to be paid off or not to be paid off upon death?

Item	Creditor	Account Number	Payment Amount	Payment Schedule	Outstanding Balance as of 19__
Mortgage—1			\$		\$
Mortgage—2					
Equity loan					
Second mortgage					
Auto loan					
Auto loan					
Personal loan					
Personal loan					
Student loan					
Credit card					
Credit card					
Credit card					
Gas card					
Gas card					
_____	_____	TOTALS	\$	_____	\$

Who Owes You Money?

Secured Loans to Others

Borrower's Name: _____

Address: _____

Telephone Number: _____

Date of Loan: _____ Amount Loaned: \$ _____ Interest Rate: _____ %

Description of Collateral for Loan

Location of Note: _____

Repayment Schedule: _____ Final Payment Due: _____

Borrower's Name: _____

Address: _____

Telephone Number: _____

Date of Loan: _____ Amount Loaned: \$ _____ Interest Rate: _____ %

Description of Collateral for Loan

Location of Note: _____

Repayment Schedule: _____ Final Payment Due: _____

Who Owes You Money?

Unsecured Loans to Others

Borrower's Name: _____

Address: _____

Telephone Number: _____

Date of Loan: _____ Amount Loaned: \$ _____ Interest Rate: _____ %

Location of Note: _____

Repayment Schedule: _____ Final Payment Due: _____

Borrower's Name: _____

Address: _____

Telephone Number: _____

Date of Loan: _____ Amount Loaned: \$ _____ Interest Rate: _____ %

Location of Note: _____

Repayment Schedule: _____ Final Payment Due: _____

Borrower's Name: _____

Address: _____

Telephone Number: _____

Date of Loan: _____ Amount Loaned: \$ _____ Interest Rate: _____ %

Location of Note: _____

Repayment Schedule: _____ Final Payment Due: _____

A Few More Questions to Consider

<p>Other than financial institutions, do you owe money to anyone else? If so, list the amounts due and the loan terms.</p>	
<p>Are you a cosigner or guarantor to any other person's loans? If so, list the particulars and the location of the documents.</p>	
<p>Are you the recipient of any trust funds? If so, list the name, address, and telephone number of the trustee. Are any of the benefits transferable to your survivors? If so, list them.</p>	
<p>Are you due an inheritance? If so, list the particulars.</p>	
<p>Are you due any refunds? Taxes? Clubs dues? Advance deposits?</p>	
<p>Who prepares your taxes? Where do you keep copies of the returns?</p>	
<p>Do any of your credit cards carry insurance that automatically pays off the balance at death?</p>	
<p>Do you have any personal possession out on loan that you would like returned?</p>	
<p>Anything else?</p>	

About Your Securities

Investing in stocks and bonds is a personal and complex matter. In addition to their complexities, portfolios change often. Accordingly, we suggest that you **consistently** make copies of your most current statements and put them in this section. The answers to the questions asked, combined with your attached statements, will alert your beneficiaries to your various positions, as well as serve as an indicator of your postdeath preferences.

Questions About Your Securities	Details About Your Securities
Do you have a stockbroker? If so, enter the broker's name, firm, address, telephone number, and your account number.	
How is the title to that account held?	
Do you own stocks?	If yes, list on the schedule provided in this section.
Do you own bonds?	If yes, list on the schedule provided in this section.
Do you own mutual funds?	If yes, list on the schedule provided in this section.
Do you own CDs?	If yes, list on the schedule provided in this section.
Do you own stocks, bonds, mutual funds, etc., for which certificates have been issued to you?	If yes, list these items on page B1, "CDs and Issued Stock Certificates."
Are there any loans against your securities?	If yes, briefly describe the terms of the loan in the "Notes" box below.
Do you have a margin account?	If yes, also describe it below.

Notes: The lack of knowledge regarding a decedent's investment goals and objectives may put your beneficiary in a position of compromise. We strongly recommend that you detail your investment goals and objectives, **STARTING HERE**, and using all the additional paper you need!

Stocks and Mutual Funds

Stocks

Listed Stocks	Number of Shares	Location of Certificates	How Title Is Held (Individual, Joint Tenancy, Trusts, etc.)

Privately Held Stocks	Number of Shares	Location of Certificates	How Title Is Held

Mutual Funds

Mutual-Fund Company Name of the Fund	Number of Shares	Account Number	How Title Is Held

Bonds

Savings Bonds

U.S. Savings Bonds	Maturity Date	Maturity Value	Location and Bond Number	How Title is Held (Individual, Joint Tenancy, Trusts, etc.)

Corporate Bonds

Corporate Bonds	Maturity Date	Maturity Value	Location and Bond Number	How Title is Held

Municipal Bonds

Municipal Bonds	Maturity Date	Maturity Value	Location and Bond Number	How Title is Held

CDs and Issued Stock Certificates

Certificates of Deposit

Institution	Certificate Number and Location	Term	Amount	How Title Is Held (Individual, Joint Tenancy, Trusts, etc.)

Issued Stock Certificates

Item	Number of Shares	Certificate Number and Location	How Title Is Held

Notes:

About Your Real Estate

Your Personal Residence

What is your address?	
What was the purchase date, and how much did you pay for the property?	
How is the title held? Enter the information as it appears on the deed.	
Where is the deed kept?	
Do you have a mortgage? If so, include the lender's name and address and a brief description of the terms of the loan (prepayment penalty, loan assumable, fixed-rate mortgage, adjustable-rate mortgage, etc.).	
What is the loan number?	
What is the monthly payment, and what day of the month is it due?	
When will the loan be paid off?	
Do you have a second mortgage and/or home equity loan? If so, include the loan number(s), the name and address of the lender, and a brief description of the terms of the loan.	
Is there a balloon payment due? If so, enter the lender, amount, and due date.	
How much are the property taxes, when are they due, and to whom are they paid? Include the tax parcel number.	
Did you spend money to improve the property? If so, review your receipts and enter the amount. Update this figure as needed.	
Do you have homeowner's insurance? If so, enter the carrier, the policy number, and your agent's name, address, and telephone number. What are the premiums? What is the schedule of payment?	
Do you have mortgage insurance to pay off the loan upon death? If so, enter the insurance company, the policy number, the death benefit, and the beneficiary.	
Upon your death, what will your survivor(s) do with this property?	

About Your Real Estate

Your Vacation Home

What is the address?	
What was the purchase date, and how much did you pay for the property?	
How is the title held? Enter the information as it appears on the deed. If you have partners, list names and addresses.	
Where is the deed kept?	
Do you have a mortgage? If so, include the lender's name and address and a brief description of the terms of the loan (prepayment penalty, loan assumable, fixed-rate mortgage, adjustable-rate mortgage, etc.).	
What is the loan number?	
What is the monthly payment, and what day of the month is it due?	
When will the loan be paid off?	
Do you have a second mortgage and/or home equity loan? If so, include the loan number(s), the name and address of the lender, and a brief description of the terms of the loan.	
Is there a balloon payment due? If so, enter the lender, amount, and due date.	
How much are the property taxes, when are they due, and to whom are they paid? Include the tax parcel number.	
Did you spend money to improve the property? If so, review your receipts and enter the amount. Update this figure as needed.	
Do you have homeowner's insurance? If so, enter the carrier, the policy number, and your agent's name, address, and telephone number. What are the premlums? What is the schedule of payment?	
Do you have mortgage insurance to pay off the loan upon death? If so, enter the insurance company, the policy number, the death benefit, and the beneficiary.	
Upon your death, what will your survivor(s) do with this property? If there are partners, is there a partnership agreement? If so, attach a copy of the agreement, or list the terms.	If this property produces income, via summer rentals, etc., indicate the amount of anticipated income and expenses—also list those who are regular renters and the dates when they usually rent.

About Your Real Estate

Your Other Real Estate

What is the address?	
What was the purchase date, and how much did you pay for the property?	
How is the title held? Enter the information as it appears on the deed. If you have partners, list their names and addresses.	
Where is the deed kept?	
Do you have a mortgage? If so, include the lender's name and address and a brief description of the terms of the loan (prepayment penalty, loan assumable, fixed-rate mortgage, adjustable-rate mortgage, etc.).	
What is the loan number?	
What is the monthly payment, and what day of the month is it due?	
When will the loan be paid off?	
Do you have a second mortgage and/or home equity loan? If so, include the loan number(s), the name and address of the lender, and a brief description of the terms of the loan.	
Is there a balloon payment due? If so, enter the lender, amount, and due date.	
How much are the property taxes, when are they due, and to whom are they paid? Include the tax parcel number.	
Did you spend money to improve the property? If so, review your receipts and enter the amount. Update this figure as needed.	
Do you have homeowner's insurance? If so, enter the carrier, the policy number, the premiums, the schedule of payment, and your agent's name, address, and telephone number on a separate page.	
Do you have mortgage insurance to pay off the loan upon death? If so, enter the insurance company, the policy number, the death benefit, and the beneficiary.	
Upon your death, what will your survivor(s) do with this property? If there are partners, is there a partnership agreement? If so, attach a copy of the agreement, or list the terms.	If this property produces income, via summer rentals, etc., indicate the amount of anticipated income and expenses—also list those who are regular renters and the dates when they usually rent.

About Your Motor Vehicles

— Car, Truck, RV, Motorcycle, Boat, Airplane —

It is not unusual for people to own (or lease) a number of motor vehicles. This section will provide space for two automobiles, an RV, and a boat. If you have additional vehicles, please make additional copies of this form. If you own any collectible or antique vehicles, particular attention must be paid to the value and disposition of the vehicle(s) upon your death.

Automobile — One

Automobile — One	Details About This Vehicle
What is the year, make, model?	
Vehicle identification number (VIN)?	
License plate number?	
When does the registration have to be renewed, and how much is the fee?	
Are there any special taxes due? If so, enter the approximate amount and due date.	
What is the date that this vehicle was purchased, and what was the purchase price?	
How is the title held? Enter the information as it appears on your registration or certificate of ownership.	
Is the vehicle being financed (or leased)? If so, enter the financing institution, its name and address, and the loan (or lease) number. If the vehicle is not financed, and the title is clear, indicate where the certificate of ownership (title) is kept.	
When is the last payment due? If the vehicle is leased, are there any end-of-lease settlement fees?	
Is the vehicle under warranty or does it have an extended service contract? If so, briefly enter the terms of the warranty, the service contract number, and where the documents are kept.	
Who services the vehicle?	
At what intervals do you change the oil, get a tune-up, rotate the tires, etc.?	
Who insures the vehicle? Enter the name, address, and telephone number of the insurance company; list the agent's name and telephone extension, and the policy number.	
How much are the premiums, and when are they due?	
What will your beneficiary do with this vehicle upon your death?	

About Your Motor Vehicles

Automobile — Two

Automobile — Two	Details About This Vehicle
What is the year, make, model?	
Vehicle identification number (VIN)?	
License plate number?	
When does the registration have to be renewed, and how much is the fee?	
Are there any special taxes due? If so, enter the approximate amount and due date.	
What is the date that the vehicle was purchased, and what was the purchase price?	
How is the title held? Enter the information as it appears on your registration or certificate of ownership.	
Is the vehicle being financed (or leased)? If so, enter the financing institution, its name and address, and the loan (or lease) number. If the vehicle is not financed, and the title is clear, indicate where the certificate of ownership (title) is kept.	
When is the last payment due? If the vehicle is leased, are there any end-of-lease settlement fees?	
Is the vehicle under warranty or does it have an extended service contract? If so, briefly enter the terms of the warranty, the service contract number, and where the documents are kept.	
Who services the vehicle?	
At what intervals do you change the oil, get a tune-up, rotate the tires, etc.?	
Who insures the vehicle? Enter the name, address, and telephone number of the insurance company; list the agent's name and telephone extension, and the policy number.	
How much are the premiums, and when are they due?	
What will your beneficiary do with this vehicle upon your death?	

About Your Motor Vehicles

Recreational Vehicle (RV)

RV	Details About the RV
What is the year, make, model?	
Vehicle identification number (VIN)?	
License plate number?	
When does the registration have to be renewed, and how much is the fee?	
Are there any special taxes due? If so, enter the approximate amount and due date.	
What is the date that the RV was purchased, and what was the purchase price?	
How is the title held? Enter the information as it appears on your registration or certificate of ownership.	
Is the RV being financed (or leased)? If so, enter the financing institution, its name and address, and the loan (or lease) number. If the vehicle is not financed, and the title is clear, indicate where the certificate of ownership (title) is kept.	
When is the last payment due? If the RV is leased, are there any end-of-lease settlement fees?	
Is the RV under warranty or does it have an extended service contract? If so, briefly enter the terms of the warranty, the service contract number, and where the documents are kept.	
Who services the RV?	
At what intervals do you change the oil, get a tune-up, rotate the tires, etc.?	
Where is the RV stored, and what are the monthly storage fees?	
Who insures the RV? Enter the name, address, and telephone number of the insurance company; list the agent's name and telephone extension, and the policy number.	
How much are the premiums, and when are they due?	
What will your beneficiary do with this vehicle upon your death?	

About Your Boat

Boat	Details About the Boat
What is the year, make, model?	
Identification number?	
CF number?	
When does the registration have to be renewed, and how much is the fee?	
Are there any special taxes due? If so, enter the approximate amount and due date.	
What is the date that the boat was purchased, and what was the purchase price?	
How is the title held? Enter the information as it appears on your registration or certificate of ownership.	
Is the boat being financed (or leased)? If so, enter the financing institution, its name and address, and the loan (or lease) number. If the vehicle is not financed, and the title is clear, indicate where the certificate of ownership (title) is kept.	
When is the last payment due? If the boat is leased, are there any end-of-lease settlement fees?	
Is the boat under warranty or does it have an extended service contract? If so, briefly enter the terms of the warranty, the service contract number, and where the documents are kept.	
Who services the boat? Where are the maintenance records (or logbook)?	
At what intervals do you change the oil, get a tune-up, clean and paint the bottom, etc.?	
Who insures the boat? Enter the name, address and telephone number of the insurance company; list the agent's name and telephone extension, and the policy number.	
How much are the premiums, and when are they due?	
What will your beneficiary do with the boat upon your death?	

Special Notes: Use this space for information about dock and storage fees and additional details about the boat, such as partners in ownership, etc.

Who Performs Your Home Maintenance?

Type of Maintenance	Name	Telephone Number	Service Cont. Number	Contract Expires?
Plumber				
Electrician				
Appliance repair				
TV repair				
Heating Air conditioning				
Landscaping service				
Painter				
Swimming pool				
Alarm or security				
Window cleaning				
Roof repair				
Gas and electric company				
Telephone company				
Domestic help (maid)				
Pet groomer				
Veterinarian				
Chimney sweep				
Exterminator				
Snow removal				

Do you keep a file of service contracts? Where is it located?

About Your Business

Being self-employed covers a very broad area. We've attempted to address some of the important points, but we are sure that there are many more questions unique to your circumstances. Take some time to think about those questions. Note: Along with answers, record as much information as possible that will be helpful to your survivors.

What is the name, address, and telephone number of your business?	
Is it a corporation, partnership, or sole proprietorship?	
If it is a corporation or partnership, who are the partners or shareholders?	
What percentage of the business do you own?	
Do you have a "buy/sell" or "stock redemption" agreement? If so, list the basic terms and the location of the document.	
Is the buy/sell or stock redemption agreement funded by life insurance? If so, list the insurance company, policy number, policy owner, and beneficiary.	
If there is no buyout agreement, how will your survivor(s) receive your proportional share of the business?	
Will your survivor have to bear any of the business's liabilities or assume any of your responsibilities?	
Does the business owe you any money? If so, how much, what are the terms of repayment, and where are the loan documents located?	

More About Your Business

<p>Do you owe the business any money? If so, list the amounts and terms of repayment.</p>	
<p>Is there any pending litigation? If so, briefly list the details and your or your survivor's exposure to future liability.</p>	
<p>Who are the lawyer and accountant for the business? List their names, addresses, and telephone numbers.</p>	
<p>Are you the owner (or part owner) in any patents, copyrights, or licensing agreements? If so, list your percentage of ownership in each, the patent/copyright numbers, and a brief schedule of anticipated royalties (and source).</p>	
<p>What arrangements have you made for liquidation or continuation of the business at death?</p>	
<p>Who are the key people to be contacted at death?</p>	

A Few More Personal Questions

The flow of questions continues. One distinct factor persisted in the preparation of *The Beneficiary Book*. Each time we thought we had covered all the questions for a particular section, more questions came up. As we addressed those new questions, they prompted even more new questions. Accordingly, *The Beneficiary Book* will continue to grow and improve with the guidance from those who use it.

<p>Do you have a safe? If so, both spouses plus a trusted party should know the combination or have access to the keys.</p>	<p>DO NOT KEEP THIS INFORMATION IN THIS BOOK!</p>
<p>Do you have important records stored on your computer? Is there a password to gain access? Also name the location of any off-premises backup files.</p>	<p>DO NOT KEEP THIS INFORMATION IN THIS BOOK!</p>
<p>Do you have a safe-deposit box(s)? If so, list the bank(s), box number(s), and the location of the keys.</p>	<p>DO NOT KEEP THIS INFORMATION IN THIS BOOK!</p>
<p>Do you have a family historian? If yes, list his or her name, address, and telephone number.</p>	
<p>Use this space to ask some personal questions we've missed . . .</p>	

Inside Secrets About Your Home and Personal Possessions

We've prepared *The Beneficiary Book* for the use and benefit of your survivor(s) in the event of death or incapacity. Consideration should also be given to the restoration of household furnishings in the event of catastrophic loss (theft, fire, flood, earthquake, etc.). We suggest a complete room-by-room inventory (include the date of purchase and original cost and present value), with photographs and/or videos (taken from various angles) and perspectives of each room in the house(s). **Store this information in your safe-deposit box.**

How do you get the heater/air conditioner to work?	
Where is the gas meter located, and whom do you call for service? How do you turn off the gas in case of an emergency?	
Where is the water meter located, and how do you shut it off in case of an emergency?	
How do you turn off the water to the outside faucets in winter?	
Where is the fuse box or electrical breaker panel?	
What do you do if you run out of hot water?	
Are your photographs and negatives kept separately? Are your photographs labeled and dated? Where are they?	
Do you live in a part of the country that is subject to natural disasters (earthquakes, hurricanes, etc.)?	
Do you have an emergency evacuation plan? Do all household members know about it? Tip: If you have a plan, we strongly recommend that you detail it here and rehearse it with all household members.	
Do you have emergency supplies? Where are they kept?	

And Don't Forget Your Pets

Have you discussed the disposition of the pets that may become orphaned upon your death or incapacity?

Those of you with pets may want to use this section to list your pet's eating habits, special treatment, medical problems, etc.—and the name, address, and telephone number of your pet's veterinarian.

Discuss with the person(s) to whom you wish your pet(s) to go if they are willing and able to take on the responsibility of caring for your pet(s).

Don't assume that your children and friends will feel sorry for your pet python or fourteen-year-old Rover and take them in. Each year thousands of animals are orphaned and destroyed because their owners failed to plan for their disposition.

A Few Closing Thoughts and Ideas

Ready cash: While creditors may be sympathetic to your untimely exit, they still want to be paid on time. Delays in receiving life insurance proceeds and the distribution of other liquid estate assets can leave the surviving spouse short of cash. If he or she has no visible means of support, a bank may not loan him or her money or issue a credit card. Such circumstances can lead to financial hardship.

It may be a good idea for each spouse to have a separate credit card (with a cash reserve) in his or her name. Another idea may be to secure a home equity credit line in both your names. Talk to your banker.

Power of attorney: If either spouse becomes incapacitated, the lack of a power of attorney can cause undue expense and delays in transacting ordinary business. If you each do not have a current power of attorney, see your lawyer.

Letters and parting words: Unfortunately, the termination of life does not terminate ill feelings. All too many people die or become incapacitated without having the opportunity to impart last words that can, for instance, absolve a child's guilt or anger—words that both ask for and deliver forgiveness, words that tell loved ones that you really love them.

Now is the time to write those all-important thoughts to those you love and care about . . . and this book is a great place for you to store your letters and parting words.

Talk to your spouse and your beneficiaries about the answers and information contained in this book.

Settling your affairs will raise many difficult issues. You will need to learn how to say no to questions and requests that you are not comfortable with.

Always keep lines of communication open to family members.

