

Life Planning Checklist

One of the greatest gifts you can give your loved ones is a well-organized list of key information they can use in the event of an emergency. The following form gives you vital material you may wish to share with your grown children, your attorney, and/or designated trustee or executor(s). This is not a comprehensive list; please consult with your attorney for your specific situation.

Emergency Information: (particularly valuable for family members living out of town)

In case of an emergency, here are three people to contact:

Name: Relationship: Best phone number:

Address:

Name: Relationship: Best phone number:

Address:

Name: Relationship: Best phone number:

Address:

If you need emergency access to the house, you can locate a key here:

I have a security alarm on my property ___ Yes ___ No

If yes, Name of alarm co. _____ Phone# _____ Access Code: _____

My primary physician (name and contact information)

Other physician (specify type) name and contact information

Marriage history (names of spouse(s), dates of marriage and death or divorce if applicable):

Children born or adopted: List names, contact numbers and dates of birth

Veterinarian for my pets (specify pet names): provide vet name & contact info below

Estate Planning Information:

1. I have a will ___Yes ___No. If "yes", where is a current, signed copy OTHER THAN a safety deposit box (see note below)?

(NOTE: in many states, safety deposit boxes are sealed upon death with no access granted until probate. Keep a signed copy in a safe location other than a bank.)

2. The executor(s) of my estate is:
3. My designated family attorney (name and contact information)
4. My designated estate attorney (if different than above)
5. Contact my place of worship upon illness or death: ___ Yes ___ Not applicable
Place of worship: _____ Phone: _____ Contact person: _____
6. I have a Living Will ___ Yes ___ No. If yes, specify location:
7. I have a Durable Power of Attorney ___ Yes ___ No. If yes, specify location:
8. I have a Durable Medical Power of Attorney ___ Yes ___ No. If yes, specify location:
9. I wish to be an organ donor ___ Yes ___ No.
If yes, have you indicated you wish to be an organ donor on your driver's license?
___ Yes ___ No
10. I want to donate my body to science after death ___ Yes ___ No
11. I have made preplanned funeral arrangements ___ Yes ___ No. If yes, specify where:
12. Are you a veteran? ___ Yes ___ No. If yes, do you want military honors at your funeral?
13. I would prefer to be ___ Cremated ___ Buried in _____ cemetery

Financial Information

1. Social security number: _____

Date of birth: _____

2. Primary financial advisor: (name, contact information)

3. Secondary financial advisor: (name, contact information)

4. My CPA: (name, contact information)

5. My tax advisor (if different from CPA) name & contact:

6. List all accounts where money, stocks, pensions or IRAs are held: (attach separate form if necessary)

Bank or brokerage name	Account Number	Key Contact	Contact Phone

7. List insurance company, type, account number and amount of life insurance:

Company	Type of life insurance (term, whole life)	Account Number	Amount

8. I have a safety deposit box located at: _____ . Box #: _____
The contents of the safety deposit box include:

9. I have valuable papers and documents also located at: _____
List contents:

10. I have the following outstanding loans or debt, including mortgage and credit cards:

Company	Type of loan (mortgage, auto)	Account Number	Amount