**Full Legal Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Place of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Security Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONS TO BE INFORMED OF MY DEATH**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Phone** | **Address / email** |
| **My Next of Kin** |  |  |  |
| **My Physician** |  |  |  |
| **My Attorney** |  |  |  |
| **My Executor/trix** |  |  |  |
| **Funeral Director** |  |  |  |
| **Social Security/Medicare** |  |  |  |
| **My Insurance Companies** |  |  |  |
| **Credit Reporting Agencies**  |  |  |  |
| **Organizations, clubs I belong to** |  |  |  |
| **Friends** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**IMPORTANT DOCUMENTS** that need to be on hand or easily accessed after death.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Document** | **Where** **Kept**  | **Responsible Agent** | **Phone Number** | **Other** |
| **Statement of funeral wishes, arrangements** |  |  |  |  |
| **Will** |  |  |  |  |
| **Cemetery deed** |  |  |  |  |
| **Life insurance policies** |  |  |  |  |
| **Safety deposit boxes and keys** |  |  |  |  |

**DOCUMENTS RELATED TO MY PROPERTY**

|  |  |
| --- | --- |
|  | **Where Located, account numbers, other necessary information** |
| **Deeds to real estate and keys** |  |
| **Home insurance**  |  |
| **Life insurance** |  |
| **Bank accounts** |  |
| **Other financial assets (pension, IRA, stocks, bonds, annuities)** |  |
| **Outstanding debts, loans** |  |
| **Utility bills: gas, electric, water, phone** |  |
| **Auto title and registration and keys** |  |
| **Auto insurance** |  |
| **Safety deposit boxes and keys** |  |
| **Storage units and keys** |  |

**BILLS and ACCOUNTS** that need to be paid / closed / cancelled by the Executor/Administrator of the estate to avoid incurring late fees.

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Account Number** | **Issuer’s Phone Number** | **Monthly due date / automatic withdrawal?**  |
| **Home utilities: Electric** |  |  |  |
| **Gas** |  |  |  |
| **Water** |  |  |  |
| **Landline phone service** |  |  |  |
| **Cable TV** |  |  |  |
| **Cell phone service** |  |  |  |
| **Mortgage and home insurance** |  |  |  |
| **Life insurance** |  |  |  |
| **Health insurance** |  |  |  |
| **Car insurance** |  |  |  |
| **Property tax records** |  |  |  |
| **Income tax records** |  |  |  |
| **Debit card** |  |  |  |
| **Credit cards** |  |  |  |
| **Newspaper, magazine subscriptions**  |  |  |  |
| **Online subscriptions** |  |  |  |

**SOCIAL MEDIA ACCOUNTS** and **SUBSCRIPTIONS** to be cancelled.

|  |  |  |
| --- | --- | --- |
| **Type of Account** | **Account or User Name** | **Password** |
| **Email** |  |  |
| **Facebook** |  |  |
| **Twitter** |  |  |
| **Instagram** |  |  |
| **Google** |  |  |
| **LinkedIn** |  |  |
| **Others** |  |  |
|  |  |  |

**PERSONAL DEBTS I OWE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Creditor’s Name** | **Amount I Owe** | **Creditor’s Address** | **Phone Number** |
|  |  |  |  |
|  |  |  |  |

**DEBTS OTHERS OWE ME**

|  |  |  |  |
| --- | --- | --- | --- |
| **Debtor’s Name** | **Amount I Am Owed** | **Debtor’s Address** | **Phone Number** |
|  |  |  |  |
|  |  |  |  |