

THINGS TO REMEMBER

From (My Name): _____

To: _____ Dated: _____, 20____

I have gathered this information so you will know what to do if I am suddenly rendered unable to help, or if I should unexpectedly die.

My assets are as follows:

Bank accounts:

Bank and location or branch	Type of account	Account Number

You may have access to **funds in an emergency** as follows:

Stocks and bonds, mutual funds:

Brokerage company	Name of person to contact	Description of stocks, bonds and/or mutual funds

Retirement plan/other benefits:

Type of plan/benefits	Name of person to contact	Phone number

My/our **safe deposit box** is located at _____ and the key is kept at _____.

Other secure location(s) for important items and papers:

Other real estate, other investments:

Description, location	Person to contact	Phone Number	Email address

My **life insurance** is as follows:

Policy type and number	Person to contact	Phone number	Email address

My **will** (the original) is located at: _____.

My **general power of attorney** (original) giving the power to act in my place is located at _____.

Please contact the following **attorney, trust officer** (or other person) as necessary: _____ phone number(s): _____.

In addition to, or in lieu of a will, I have adopted _____ which will dispose of a meaningful amount of my assets in the event of my death and/or which will provide for management of my affairs in case of my incapacity. This/these document(s) are located at _____. The person to contact and who knows most about this is _____, phone number is _____, email address is _____.

My **Durable Power of Attorney for Health Care** (and/or Medical Directive and/or Living Will) is located at _____.

The property, casualty and liability **insurance on our home** is with _____
 (name of agent or company), and the person to contact is _____
 is _____, phone number is _____, email address
 is _____. The policy is located at _____.

The property, casualty and liability **insurance on my/our automobile(s)** is with _____
 (name of agent or company), and the person to contact is _____
 is _____, phone number is _____, email address
 is _____. The policy is located at _____.

Excess liability insurance is with _____
 (name of agent or company), and the person to contact is _____,
 phone number is _____, email address is _____. The
 policy is located at _____.

Health/medical insurance is with _____
 (name of agent or company), and the person to contact is _____
 address is _____, phone number is _____, email
 is _____. The policy is located at _____.

Other health/medical insurance is with _____
 (name of agent or company), and the person to contact is _____
 address is _____, phone number is _____, email
 is _____. The policy is located at _____.

Other insurance for _____ is _____ with
 _____ (name of agent or company), and the person to
 contact is _____, phone number is _____, email
 address is _____. The policy is located at _____.

I have the following **debts** which will need attention:

Debt holder	Person to contact	Phone number

Additional important information and/or persons to contact in the event of an emergency or in case of my incapacity, or if I should suddenly die:

Here are the names, telephone numbers and email addresses of some **persons who can help** you, if necessary:

Profession:	Person to contact	Phone number	Email address
Attorney			
Accountant/tax preparer			
Physician			
Life insurance			
Minister/priest/rabbi			
Banker			
Financial planner/ advisor			
Investment planner/ advisor			
Trust officer			