

Estate Planning Profile

Name/s: _____ Date Updated: ____ / ____ / ____
Last First Middle

Professional Contact Information

Attorney:

Contact Person: _____ Phone #: ____ (____) ____ - _____
 Business Address: _____
 City, State, Zip: _____
 Business Name: _____

Accountant:

Contact Person: _____ Phone #: ____ (____) ____ - _____
 Business Address: _____
 City, State, Zip: _____
 Business Name: _____

Advisor:

Contact Person: _____ Phone #: ____ (____) ____ - _____
 Business Address: _____
 City, State, Zip: _____
 Business Name: _____

Income Received

Social Security, Pension, Retirement: 401K, IRA, Annuity, Trust Fund, Company Pay, Rental Income , Business / Partnership Income, etc.

Who Receives: _____ Company Name: _____
 Account #: _____ Pmt. Amount: \$ _____ Date Expected: ____ / ____ / ____
 Contact Person: _____ Phone #: ____ (____) ____ - _____
 Auto Deposit? Yes No If Yes, which Bank? _____

Who Receives: _____ Company Name: _____
 Account #: _____ Pmt. Amount: \$ _____ Date Expected: ____ / ____ / ____
 Contact Person: _____ Phone #: ____ (____) ____ - _____
 Auto Deposit? Yes No If Yes, which Bank? _____

Who Receives: _____ Company Name: _____
 Account #: _____ Pmt. Amount: \$ _____ Date Expected: ____ / ____ / ____
 Contact Person: _____ Phone #: ____ (____) ____ - _____
 Auto Deposit? Yes No If Yes, which Bank? _____

Estate Planning Profile

Where Can I Find...

	Location	Address (If applicable)	Phone #
Bank accounts	_____	_____	_____
Birth certificate and adoption papers	_____	_____	() -
Marriage Licenses, divorce papers	_____	_____	() -
Prenuptial agreements	_____	_____	() -
Deed to house or loan papers	_____	_____	() -
Title Insurance policies	_____	_____	() -
Title to: Vehicle, Home, RV, Boat, etc...	_____	_____	() -
Employee Benefit Book	_____	_____	() -
Safe Deposit Box & Key	_____	_____	() -

Estate Planning Documents:

Will	_____	_____	() -
Revocable Trust	_____	_____	() -
Irrevocable Trust	_____	_____	() -
Living Will	_____	_____	() -
Durable Power of Attorney	_____	_____	() -

Original Copy of Insurance Policies:

Life	_____	_____	() -
Long-Term Care	_____	_____	() -
Company Policies	_____	_____	() -
Home Owners	_____	_____	() -
Vehicle	_____	_____	() -
Medical / Dental	_____	_____	() -
Other:	_____	_____	() -

List other important documents here:

Other:	_____	_____	() -
Other:	_____	_____	() -
Other:	_____	_____	() -

Estate Planning Profile

Funeral Instructions

For whom: _____ Are arrangements prepaid? Yes No
With whom? _____ Contact Person: _____
Address: _____
City, State, Zip: _____ Phone #: () - _____
Please list any special instructions:

For whom: _____ Are arrangements prepaid? Yes No
With whom? _____ Contact Person: _____
Address: _____
City, State, Zip: _____ Phone #: () - _____
Please list any special instructions:

Child Care

Medical Clinic: _____ Phone #: () - _____
Address: _____ City, State, Zip: _____
Pediatrician: _____

Day Care: _____ Phone #: () - _____
Address: _____ City, State, Zip: _____

School: _____ Phone #: () - _____
Address: _____ City, State, Zip: _____

Please list any special instructions for your child(ren): (allergies, special needs, etc.)

Pet Care

Veterinary Clinic: _____ Phone #: () - _____
Address: _____ City, State, Zip: _____
Veterinarian: _____

Please list any special instructions for your pet(s): (diet, special needs, etc.)

Estate Planning Profile

Additional Matters to Attend

- Cancel all credit cards
- Stop social security and retirement income
- Stop automatic withdrawals from accounts
- Stop absentee voting by mail
- Cancel Drivers License
- Stop any subscriptions (magazines, newspapers etc.)
- Contact the credit bureau (Equifax, Experian and Trans Union)
- Other: _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____

Debts / Monthly Bills

Home, Utilities, Home Equity, Vehicle/Boat/RV Loan, Credit Card, Furniture/Electronics, Student Loans, Rental Property Vacation Property, Time Share, etc.

Company Name: _____ Phone #: () - _____
Account #: _____ Amount due: \$ _____ Pmt. Due Date: ____ / ____ / ____
Auto Pay? Yes No If Yes, which Bank? _____

Company Name: _____ Phone #: () - _____
Account #: _____ Amount due: \$ _____ Pmt. Due Date: ____ / ____ / ____
Auto Pay? Yes No If Yes, which Bank? _____

Company Name: _____ Phone #: () - _____
Account #: _____ Amount due: \$ _____ Pmt. Due Date: ____ / ____ / ____
Auto Pay? Yes No If Yes, which Bank? _____

Company Name: _____ Phone #: () - _____
Account #: _____ Amount due: \$ _____ Pmt. Due Date: ____ / ____ / ____
Auto Pay? Yes No If Yes, which Bank? _____

Company Name: _____ Phone #: () - _____
Account #: _____ Amount due: \$ _____ Pmt. Due Date: ____ / ____ / ____
Auto Pay? Yes No If Yes, which Bank? _____

Estate Planning Profile

Debts / Monthly Bills (Continued)

Company Name: _____ Phone #: () - _____

Account #: _____ Amount due: \$ _____ Pmt. Due Date: ____ / ____ / ____

Auto Pay? Yes No If Yes, which Bank? _____

Company Name: _____ Phone #: () - _____

Account #: _____ Amount due: \$ _____ Pmt. Due Date: ____ / ____ / ____

Auto Pay? Yes No If Yes, which Bank? _____

Company Name: _____ Phone #: () - _____

Account #: _____ Amount due: \$ _____ Pmt. Due Date: ____ / ____ / ____

Auto Pay? Yes No If Yes, which Bank? _____

Company Name: _____ Phone #: () - _____

Account #: _____ Amount due: \$ _____ Pmt. Due Date: ____ / ____ / ____

Auto Pay? Yes No If Yes, which Bank? _____

Company Name: _____ Phone #: () - _____

Account #: _____ Amount due: \$ _____ Pmt. Due Date: ____ / ____ / ____

Auto Pay? Yes No If Yes, which Bank? _____

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Account #: _____ Amount due: \$ _____ Pmt. Due Date: ____ / ____ / ____

Auto Pay? Yes No If Yes, which Bank? _____

Company Name: _____ Phone #: () - _____

Account #: _____ Amount due: \$ _____ Pmt. Due Date: ____ / ____ / ____

Auto Pay? Yes No If Yes, which Bank? _____

Estate Planning Profile

Please use this page for any other items to be addressed

Family and Friends Contact List

This is a brief list of people who should be contacted should something happen to me. (Does not include professionals such as my CPA, financial advisor, or attorney)

Name/s: _____ Relationship: _____
Address: _____ Phone: () - _____
City, State, Zip: _____ E-mail: _____

Name/s: _____ Relationship: _____
Address: _____ Phone: () - _____
City, State, Zip: _____ E-mail: _____

Name/s: _____ Relationship: _____
Address: _____ Phone: () - _____
City, State, Zip: _____ E-mail: _____

Name/s: _____ Relationship: _____
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City, State, Zip: _____ E-mail: _____

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City, State, Zip: _____ E-mail: _____