

YOUR LAST BEST GIFT
An End of Life Workbook

St. Francis Episcopal Church
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TABLE OF CONTENTS
(Topics may be used as notebook divider titles.)

Editors' Note	page 1
Personal Burial Plan Disposition of Remains; Funeral Plans; Obituary Information	page 2
Immediate Tasks and Persons to Contact	page 9
Document Locator	page 12
Personal Information Marital Information; Family Records; Adoption Agreements; Child Care Arrangements; Pet Care; Military Service; Education; Organizations; Current and Previous Employment	page 14
Medical Information Medical and Dental Insurance; Health Care Providers; Medical History; Medications; Summary of Family Medical History	page 20
Financial Information Financial Statement; Current Income Sources; Bank Accounts; Stocks and Bonds; Real Estate; Safe Deposit Box/Safe; Notes Receivable; Liabilities; Business Information	page 25
Insurance Information Life Insurance; Disability Insurance; Long Term Care Insurance; Home owner's/Renter's Insurance; Auto Insurance; Umbrella Liability Insurance; Other Insurance Policies	page 35
Retirement Information Pension Plans; Profit-Sharing Plans; IRAs, Stock Options; Annuities	page 38
Legal Information Professional Advisors; Will; Powers of Attorney (Durable & Health Care); Living Will; Organ Donor Information; Trust Document Information	page 40
Personal Property Household Inventory; Personal Property Inventory; Appraisals; Memorandum of the Distribution of Personal Property; Location of Other Important Papers (e.g. Automobile Titles); List of Service Providers	page 44

EDITORS' NOTE

The "My Last Best Gift" workbook has been prepared by St. Francis Episcopal Church, Goldsboro, NC, using a variety of open source materials as reference. It is not intended to substitute for professional legal or other advice.

Your information in this workbook is very private and sensitive and should be kept in a secure location to avoid identity theft. In our view the first three sections (Personal Burial Plan, Immediate Tasks and People to Contact, and the Document Locator) are less sensitive and, in fact, should be easily accessible to your survivors. You should inform anyone who will need to know, including your lawyer, of the existence and location of this information. The Personal Burial Plan should also be filed at your church. The Document Locator will direct those with a need to know to the location of the rest of the information.

You will want to update some of this information periodically, perhaps on your birthday. Also, be sure to continue to check the church website for updated links to pertinent information.

This workbook is also available on line at www.stfrancisgoldsboro.org in a format to print and one to use to record your information. For your identity protection, we suggest you store this information in a secure manner, for example, on a CD or USB drive.

You may reproduce "My Last Best Gift" for your own use or for non-profit workshops. Please include an acknowledgement of St. Francis Episcopal Church. Commercial use is strictly prohibited. We welcome your comments and suggestions.

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MY PERSONAL BURIAL PLAN

NAME: _____

Date of Original Plan: _____

Date(s) of Review and initials: _____

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Planning ahead for your funeral can be one of the greatest gifts to your family and friends when death comes. Also, planning ahead assures that your final wishes are carried out.

Please read and consider this document. Then make an appointment with the Rector (clergy) to discuss your plans with him/her.

File one copy of your Personal Burial Plan with your personal papers and leave one copy in the church office where it will be filed. (All information should be kept confidential.)

Tell your executor and family of the existence and location of this document. Keep it in a secure place.

You may want to review and update it every few years.

I **have/have not** prepared “The Last Best Gift Notebook.”

Location _____

Last updated on _____

OBITUARY INFORMATION

Most papers are now charging to publish long obituaries.

Full Name _____

Date and place of birth _____

I **DO** / **DO NOT** want the cause of death listed.

I **DO** / **DO NOT** want a photograph in my obituary. (Specific photo: _____)

Name of High School **graduated from** / **attended** and location:

Name of College **graduated from** / **attended**:

Military Service/Medals:

Profession: _____

Church affiliation and activities:

Community Service:

Awards:

Relatives preceding me in death (fill in where applicable):

Parents _____

Spouse _____

Children _____

Grandchildren _____

Siblings _____

Last updated on _____

Surviving relatives and city of residence:

Parents _____

Spouse _____

Children and spouses _____

Grandchildren _____

Great-grandchildren (number) _____

Any other relatives I wish to list _____

Place obituary in the following newspapers: _____

I **DO / DO NOT** want to designate a memorial fund or charity in lieu of flowers.

Which one(s) _____

I **HAVE / HAVE NOT** made a bequest in my will to St. Francis Episcopal Church.

LIVING WILL / ADVANCE DIRECTIVE

I have a Living Will/Health Care Advance Directive. **YES / NO**

Location(s) of this document _____

You may want to file one at the church with your Personal Burial Plan.

ORGAN DONATION

I **DO / DO NOT** want to be an Organ Donor.

If so, please be sure to make your wishes known on your Driver's License and to your family.

Check the response below that expresses your wishes.

I wish to donate:

___ All possible organs

___ All possible organs **except:** _____

___ Only the following organs (please list): _____

Last updated on _____

There are several options regarding the disposition of your remains. Some of the most typical include burial, cremation, and donation to science. In this section, please check the box by your choice and answer only the questions that apply to that section. If you have other ideas, or if you need more space, add them at the end of this plan.

Burial of Remains

Funeral Home _____ Address _____ Telephone _____

I **DO / DO NOT** have a funeral plan at this establishment.

I **HAVE / HAVE NOT** prepaid any expenses.

Location of documents _____

(If not, you may wish to consider the following questions and entrust someone close to you with the answers.)

I want the casket **OPEN / CLOSED**.

I **WOULD / WOULD NOT** want a picture taken of me in the casket.

I **DO / DO NOT** have a certain outfit that I want to be buried in.

Is there anything that you would like to have placed in the coffin with you?

Cemetery of choice _____

Address _____ Telephone _____

I own a plot. **YES / NO**

Location of documents _____

Cremation

Crematory of choice: _____ Telephone _____

I **HAVE / HAVE NOT** pre-paid any costs.

Location of documents _____

I **DO / DO NOT** want a viewing before cremation.

I want my ashes to go to the following location:

Columbarium Location _____

I **HAVE / HAVE NOT** purchased a site there.

Location of documents _____

Other Site(Specify) _____

Donation to Science

Name and location of Medical School, Hospital or Research Lab:

I **HAVE / HAVE NOT** contacted them about my wishes:

Name and phone number of contact at the time of death

Please consider contacting them and updating your plan with the information they give to you.

Last updated on _____

FUNERAL PLANS

The Book of Common Prayer (BCP) contains two funeral rites: Rite I and Rite II. The questions below apply only to these two services. There are many opportunities to personalize the service. The BCP suggests appropriate readings and prayers. Read through the designated readings and/or discuss your choices with the Rector; then record your choices below. You only need to fill in the areas that correspond to the Rite of your choice. You may designate a specific lector, psalmist or singer for your choices. If these persons are not from the local area, provide a phone number to aid in contacting them. It would be helpful for you to contact these people now and let them know your wishes. Alternative funeral service arrangements should be discussed with the Rector.

General Plans

Celebrant (if other than Rector) and phone number

Pallbearers and phone numbers

Altar flower preferences

Musician preferences if other than church organist

Music I would like before the service:

Items for service bulletin:

I **WOULD** / **WOULD NOT** like visitation at

I **WOULD** / **WOULD NOT** like a reception after the funeral at

Items for display at visitation or reception (photos, etc.)

Other general requests (add page if necessary)

Last updated on _____

Old Testament Reading: _____

Lector: _____

Psalm #: _____ Psalmist: _____

New Testament Reading: _____

Lector: _____

[Optional] Hymn or Psalm number: _____

Read or sung by: _____

Gospel Reading: _____

Who should deliver the [optional] Homily or Eulogy (if other than Rector)?

I **DO** / **DO NOT** want to have the Holy Eucharist celebrated.

[Optional] Commendation hymn (if body present): _____

By _____

[Optional] Recessional Hymn number _____

Sung by congregation _____ or _____

Committal Prayer (first lines): _____

[Optional] Hymn # _____

Sung by congregation **YES / NO** or _____

Old Testament reading: _____

Lector: _____

[Optional] Psalm, Hymn or Canticle _____ by _____

New Testament reading: _____

Lector: _____

[Optional] Psalm, Hymn or Canticle _____ by _____

Gospel Reading: _____

Who should deliver the [optional] Homily or Eulogy (if other than Rector)?

I **DO / DO NOT** want to have the Holy Eucharist celebrated.

[Optional] Commendation Hymn (If body is present): _____

Sung by congregation **YES / NO** or _____

[Optional] Recessional Hymn # or Canticle _____

Sung by congregation **YES / NO** or _____

Committal Prayer(first lines): _____

Do you have any other requests that were not addressed in this form? Please use the space below, the back of this page, or insert a page to detail them, and be as specific as possible.

IMMEDIATE TASKS AT TIME OF DEATH

Note to survivors: Many of these will not be necessary for those who pre-planned, so check the Personal Burial Plan closely before beginning to check off this list.

- Contact church/rector.
- Contact funeral director, crematorium, or institution for donation to science.
- Notify relatives, friends, organizations, employer, and former employers.
(See list in "My Last Best Gift" notebook and update periodically.)
- Locate any special instructions such as "My Last Best Gift" notebook and/or the "Personal Burial Plan" forms at St. Francis.
- Meet with funeral director and/or church staff.
 - Obtain 10-15 copies of Certified Death Certificate.
 - Arrange service including type and location.
 - Select casket/vault/urn.
 - Plan funeral if not preplanned:
 - Select clergy to officiate at service.
 - Select readings.
 - Select music and musicians.
 - Arrange for Military Honors at service (if eligible and desired).
 - Select pall bearers.
 - Contact cemetery/crematory.
 - Purchase plot or niche if not preplanned.
 - Number of reserved seats for family in church _____
 - If church is providing a meal, number of persons expected _____
 - Provide written obituary or information for obituary.
 - Arrange visitation time and place.
- Select/purchase flowers. (Consult with flower guild.)
- Arrange for someone to stay in home for security during funeral.
- Locate important papers. (See "My Last Best Gift" notebook Document Locator.)
- Contact your attorney for legal advice.
- Gather and pay all current bills; cancel credit cards.
- Contact CPA, financial advisors, business associates.
- If a veteran, contact the nearest Veterans Administration office or regional office.
- Notify current employer's human resources office.
- If receiving retirement benefits, notify the retirement plan.
- If receiving Social Security payments, contact the nearest Social Security office.
- Contact local life insurance agent or home office of insurance company.
- Make photocopies of all forms, documents or letters sent out.
- Send all correspondence by "Certified Mail-Return Receipt Requested."
- Send acknowledgment notes for flowers, memorial gifts, and other gifts or services.
- Purchase grave marker.

LATER

- Notify health insurance, Medicare, Medicaid, other insurances.
- Cancel credit cards, if not already done.
- Transfer property and handle court proceedings.
- Handle tax reporting for final income tax return and for estate tax return, if needed.
- Take care of other estate and trust duties.
- Amend estate plans of survivors.

IMPORTANT TELEPHONE CONTACTS

Emergency

_____ # _____
_____ # _____
_____ # _____
_____ # _____
_____ # _____
_____ # _____

Family

_____ # _____
_____ # _____
_____ # _____
_____ # _____
_____ # _____
_____ # _____
_____ # _____
_____ # _____
_____ # _____
_____ # _____
_____ # _____
_____ # _____
_____ # _____
_____ # _____
_____ # _____

Neighbors

Friends

Other lists or address book location(s), including your personal computer

Last updated on _____

DOCUMENT LOCATOR

This record should be kept in an easily accessible place. Therefore, do not include here any sensitive information, such as bank account numbers, but just the location of such information.

IDENTITY DOCUMENTS

DOCUMENT	LOCATION	NOTES	REVIEW DATE
Birth Certificate			
Baptismal Certificate			
Confirmation Certificate			
Citizenship Papers			
Marriage Certificate			
Premarital Agreement			
Divorce/Separation			
Adoption Papers			
Social Security Card			
Passport			
Educational Records			
Military/Veteran Records			
Employment Records			
Medical Records			
Health Insurance Records			
Safe Deposit Box #		key location:	
Personal Safe		location of key or combination	
Hiding places			
Other			

ASSET-RELATED DOCUMENTS

DOCUMENT	LOCATION	NOTES	REVIEW DATE
Real Estate			
deeds, trusts, home improvement records, etc.			
Banking			
acct. #s, bank books, CDs, current statements, etc.			
Investments			
stocks, mutual funds, bonds, annuities, savings bonds, etc.			
Retirement Accts.			
pensions, IRAs, 401-Ks, etc.			
Employee Benefit Info.			
Vehicle Papers			
Personal Property			
Other			

Last updated on _____

LIABILITY-RELATED DOCUMENTS

DOCUMENT	LOCATION	NOTES	REVIEW DATE
Loan Information			
lines of credit, outstanding loans, etc.			
Mortgage Statements			
Credit Card Information			
Bank Debit Information			
Outstanding bills			
Other			

OTHER IMPORTANT DOCUMENTS

DOCUMENT	LOCATION	NOTES	REVIEW DATE
“My Last Best Gift” notebook			
Tax Information			
Current			
Past returns			
Insurance Policies			
Life			
Household			
Vehicle			
Health			
Estate Planning			
Will			
Trust(s)			
Financial POA			
Health care POA			
Living Will			
Organ Donor Card			
Memorandum of Distribution of Personal Effects			
Funeral Documents			
Personal Burial Plan			
Important Contacts			
E-mail accounts/passwords			
Other			

Last updated on _____

PERSONAL INFORMATION

FULL LEGAL NAME _____

Home Address: _____

Business Address: _____

State of Legal Residence/"Domicile": _____

Persons to Notify in an Emergency:

1. Name: _____

Address: _____

Telephone: (____) _____

2. Name: _____

Address: _____

Telephone: (____) _____

My date of birth is: _____

My city, county, state and country of birth are: _____

Location of my birth certificate: _____

I am a citizen of what country: _____

Citizenship by: ___ Birth ___ Naturalization ___ Marriage

Social Security Number: _____

Passport Number/Issue Date: _____

City and State of Issue: _____

Location of Passport: _____

Last updated on _____

MARITAL INFORMATION

Present marital status: Single
 Married
 Divorced
 Separated
 Widow/Widower

I am married to: _____

Date/Place of marriage: _____

Spouse's Social Security number: _____

Previously married to: _____

Dates/Places of prior marriages: _____

Marriages terminated by: Death Divorce Separation

Dates/Places of termination: _____

Location of termination papers: _____

Name of attorney who drafted these papers or assisted with divorce/separation.

I **DO** / **DO NOT** have a premarital agreement.

Where is it located? _____

Who prepared it? _____

FAMILY RECORDS

It may be helpful to include in parentheses the nickname or called name of family members.

Father's full name: _____

Place/Date of birth: _____

Place/Date of death: _____

Mother's maiden name: _____

Place/Date of birth: _____

Place/Date of death: _____

CHILDREN

Name _____

Address _____

DOB _____ SSN _____

Name _____

Address _____

DOB _____ SSN _____

Name _____

Address _____

DOB _____ SSN _____

Name _____

Address _____

DOB _____ SSN _____

Name _____

Address _____

DOB _____ SSN _____

Name _____

Address _____

DOB _____ SSN _____

Last updated on _____

GRANDCHILDREN

Name _____

Address _____

DOB _____ SSN _____

Name _____

Address _____

DOB _____ SSN _____

Name _____

Address _____

DOB _____ SSN _____

Name _____

Address _____

DOB _____ SSN _____

Name _____

Address _____

DOB _____ SSN _____

Name _____

Address _____

DOB _____ SSN _____

Were any children adopted? **YES / NO**

Location of papers: _____

Other Close Relatives: _____

Child care arrangements: _____

Last updated on _____

Persons with signed emergency care authorization forms. _____

Pet care arrangements: _____

I **HAVE / HAVE NOT** written about genealogy, family history and/or stories.

Location of family information _____ or insert in this notebook.

Location of family photos, albums, videos, etc. _____

MILITARY SERVICE

I have served in the military: **YES / NO**

From _____ to _____ Branch: _____

Serial Number: _____ Grade: _____

I have a service-connected disability: **YES / NO** Claim number: _____

Military Honors or Decorations:

Location of Discharge, Disability and Honors papers:

I **HAVE / HAVE NOT** selected the Survivor Benefit Plan.

I **DO / DO NOT** want a service with Military Honors.

EDUCATION

High School: _____

College: _____

Diplomas, Degrees, Dates: _____

Graduate work: _____

Diplomas, Degrees, Dates: _____

Special Honors: _____

Last updated on _____

ORGANIZATIONS

Church: _____

Address: _____

Clergy: _____

Civic Clubs: _____

Other: _____

EMPLOYMENT

CURRENT EMPLOYMENT

I am employed by: _____

Date employed: _____

Title: _____

PREVIOUS EMPLOYMENT

Employer: _____

Address: _____

From: _____ to: _____

Location of records: _____

Employer: _____

Address: _____

From: _____ to: _____

Location of records: _____

MEDICAL INFORMATION

Name _____

Address _____

Telephone(s) (____) _____

Social Security Number _____

Medicare Number _____

Medicaid Number _____

Medigap (Carrier and Number) _____

Health Insurance _____

Dental Insurance _____

Health Savings Account _____

Long Term Care Insurance _____

Other Insurance (Carrier and Number) _____

Blood Type _____ Allergies _____

Emergency Contact _____

Address _____

Telephone (____) _____

Primary Caregiver _____

Address _____

Telephone (____) _____

Health Care Power of Attorney (Name) _____

Address _____

Telephone (____) _____

Health Care Advance Directive (Living Will) **YES / NO** Location _____

Is there a Do Not Resuscitate Order in effect? **YES / NO**

Last updated on _____

HEALTH CARE PROVIDERS

Include primary care physician, specialists, social workers, physical therapists, home health care workers, home care aides.

Name _____ Specialty _____
Address _____
_____ Telephone _____

Name _____ Specialty _____
Address _____
_____ Telephone _____

Name _____ Specialty _____
Address _____
_____ Telephone _____

Name _____ Specialty _____
Address _____
_____ Telephone _____

Name _____ Specialty _____
Address _____
_____ Telephone _____

Name _____ Specialty _____
Address _____
_____ Telephone _____

Name _____ Specialty _____
Address _____
_____ Telephone _____

MEDICAL SUMMARY

You can ask your physicians for a summary of your medical condition and insert it in the notebook.

Prior hospitalizations and surgeries

Diagnosis _____

Date _____

Physician _____

Procedure/Treatment Plan _____

Diagnosis _____

Date _____

Physician _____

Procedure/Treatment Plan _____

Diagnosis _____

Date _____

Physician _____

Procedure/Treatment Plan _____

Diagnosis _____

Date _____

Physician _____

Procedure/Treatment Plan _____

Diagnosis _____

Date _____

Physician _____

Procedure/Treatment Plan _____

Diagnosis _____

Date _____

Physician _____

Procedure/Treatment Plan _____

Last updated on _____

MEDICATIONS

Pharmacy _____ Telephone _____
Address _____

Medication _____ Purpose _____
Prescribing Physician _____ Telephone _____
Dosage _____ Date prescription expires _____
Special Instructions _____

Medication _____ Purpose _____
Prescribing Physician _____ Telephone _____
Dosage _____ Date prescription expires _____
Special Instructions _____

Medication _____ Purpose _____
Prescribing Physician _____ Telephone _____
Dosage _____ Date prescription expires _____
Special Instructions _____

Medication _____ Purpose _____
Prescribing Physician _____ Telephone _____
Dosage _____ Date prescription expires _____
Special Instructions _____

Medication _____ Purpose _____
Prescribing Physician _____ Telephone _____
Dosage _____ Date prescription expires _____
Special Instructions _____

Medication _____ Purpose _____
Prescribing Physician _____ Telephone _____
Dosage _____ Date prescription expires _____
Special Instructions _____

Last updated on _____

SUMMARY OF FAMILY MEDICAL HISTORY

Write down what you know about the health history of your immediate family members, including conditions they have/had and how they died, if applicable. Pay special attention to conditions that may have a genetic component, such as high blood pressure and neurological illnesses.

FINANCIAL INFORMATION

FINANCIAL STATEMENT

Insert in notebook. (Revise annually.)

CURRENT MONTHLY INCOME

(Include Trust Fund; Expected Inheritances; Royalties, etc.)

Source: _____ Amount: \$ _____

Address: _____

Telephone: _____

Direct deposit **YES / NO** Date due: _____

Source: _____ Amount: \$ _____

Address: _____

Telephone: _____

Direct deposit **YES / NO** Date due: _____

Source: _____ Amount: \$ _____

Address: _____

Telephone: _____

Direct deposit **YES / NO** Date due: _____

Source: _____ Amount: \$ _____

Address: _____

Telephone: _____

Direct deposit **YES / NO** Date due: _____

Source: _____ Amount: \$ _____

Address: _____

Telephone: _____

Direct deposit **YES / NO** Date due: _____

Last updated on _____

BANK ACCOUNTS

If you deal with a particular banker, include that name here.

1. Bank name/address: _____

Name(s) on account: _____

Account type and number: _____

2. Bank name/address: _____

Name(s) on account: _____

Account type and number: _____

3. Bank name/address: _____

Name(s) on account: _____

Account type and number: _____

4. Bank name/address: _____

Name(s) on account: _____

Account type and number: _____

5. Bank name/address: _____

Name(s) on account: _____

Account type and number: _____

6. Bank name/address: _____

Name(s) on account: _____

Account type and number: _____

AUTOMATIC DEBIT AUTHORIZATIONS (DRAFTS)

Paid to: _____
Paid from: _____ Account _____
Date of draft: _____

Paid to: _____
Paid from: _____ Account _____
Date of draft: _____

Paid to: _____
Paid from: _____ Account _____
Date of draft: _____

Paid to: _____
Paid from: _____ Account _____
Date of draft: _____

Paid to: _____
Paid from: _____ Account _____
Date of draft: _____

Paid to: _____
Paid from: _____ Account _____
Date of draft: _____

Paid to: _____
Paid from: _____ Account _____
Date of draft: _____

CREDIT CARD INFORMATION

Card name _____ Number _____
Telephone number _____
Automatic debits for _____

Card name _____ Number _____
Telephone number _____
Automatic debits for _____

Card name _____ Number _____
Telephone number _____
Automatic debits for _____

Card name _____ Number _____
Telephone number _____
Automatic debits for _____

Card name _____ Number _____
Telephone number _____
Automatic debits for _____

Card name _____ Number _____
Telephone number _____
Automatic debits for _____

Card name _____ Number _____
Telephone number _____
Automatic debits for _____

You may want to copy the cards front and back and put in this notebook.

CREDIT REPORTS

Annual free credit reports are available from Equifax, Experion, and Transunion. See websites.

Last updated on _____

ELECTRONIC ACCESS CODES

List the codes here or give location of the codes to the following, depending on the security of this document:

Bank Accounts _____

Credit Cards _____

Storage Units _____

Computer Access _____

On Line Accounts _____

Other passwords or access codes _____

STOCKS AND BONDS

I own stocks, mutual funds, education savings accounts and/or bonds: **YES / NO**
(Include list if desired.) (Include other assets.)

If not in street name, location of certificates:

Type of Account _____ Account number: _____

Name(s) on account: _____

Stockbroker Name: _____

Address: _____

Telephone: _____

Last updated on _____

Type of Account _____ Account number: _____

Name(s) on account: _____

Stockbroker Name: _____

Address: _____

Telephone: _____

Type of Account _____ Account number: _____

Name(s) on account: _____

Stockbroker Name: _____

Address: _____

Telephone: _____

Type of Account _____ Account number: _____

Name(s) on account: _____

Stockbroker Name: _____

Address: _____

Telephone: _____

Type of Account _____ Account number: _____

Name(s) on account: _____

Stockbroker Name: _____

Address: _____

Telephone: _____

Type of Account _____ Account number: _____

Name(s) on account: _____

Stockbroker Name: _____

Address: _____

Telephone: _____

Type of Account _____ Account number: _____

Name(s) on account: _____

Stockbroker Name: _____

Address: _____

Telephone: _____

REAL ESTATE

(Including timeshares or RV park memberships)

Residence address: _____

County and state: _____

Names on Deed: _____

Deed Book: _____

Location of Deed: _____

Tax Value: _____

(If Rented) Landlord: _____ Telephone _____

Secondary residence: _____

County and state: _____

Names on Deed: _____

Deed Book: _____

Location of Deed: _____

Tax Value: _____

Property: _____

County and state: _____

Names on Deed: _____

Deed Book: _____

Location of Deed: _____

Tax Value: _____

Property: _____

County and state: _____

Names on Deed: _____

Deed Book: _____

Location of Deed: _____

Tax Value: _____

Property: _____

County and state: _____

Names on Deed: _____

Deed Book: _____

Location of Deed: _____

Tax Value: _____

SAFE DEPOSIT BOX

Location (Bank/Address): _____

Name of box holder(s): _____

Box number: _____

Location of key: _____

PERSONAL SAFE YES / NO

Location _____

Key location _____ or Combination # _____

NOTES RECEIVABLE

Person owing me money: _____

Location of Promissory Note: _____

Is it secured: How? _____

Person owing me money: _____

Location of Promissory Note: _____

Is it secured: How? _____

Last updated on _____

Person owing me money: _____

Location of Promissory Note: _____

Is it secured: How? _____

Refunds due: _____

LIABILITIES

I owe the following:

Home Mortgage Company: _____

Account number: _____

Second Home Mortgage: _____

Account number: _____

Home Equity Line: _____

Account number: _____

Vehicle Loans: _____

Personal Loans: _____

Lines of Credit: _____

Student Loans: _____

Credit Cards (See separate listing) _____

Loans Co-signed: _____

Other: _____

BUSINESS INFORMATION:

Buy/Sell Agreements

Business Loans:

Lines of Credit:

Other information:

INSURANCE INFORMATION

Location of policies: _____

If you know the life insurance agent’s name, include it here after “Policy number.”

Life Insurance Company: _____

Policy number: _____

Insured: _____

Face amount: _____ Cash value: _____

Owner: _____

Primary beneficiary: _____

Secondary beneficiary: _____

Life Insurance Company: _____

Policy number: _____

Insured: _____

Face amount: _____ Cash value: _____

Owner: _____

Primary beneficiary: _____

Secondary beneficiary: _____

Life Insurance Company: _____

Policy number: _____

Insured: _____

Face amount: _____ Cash value: _____

Owner: _____

Primary beneficiary: _____

Secondary beneficiary: _____

Life Insurance Trust: _____

Policy number: _____

Insured: _____

Face amount: _____ Cash value: _____

Owner: _____

Primary beneficiary: _____

Secondary beneficiary: _____

Disability Insurance

Company: _____

Address: _____

Policy number: _____

Age: _____ Telephone _____

Long Term Care Insurance

Company: _____

Address: _____

Policy number: _____

Agent: _____ Telephone _____

Homeowner's/Renter's Insurance

Company: _____

Address: _____

Policy number: _____

Agent: _____ Telephone _____

Automobile Insurance

Company: _____

Address: _____

Policy number: _____

Agent: _____ Telephone _____

Personal Property Insurance

Company _____

Address: _____

Policy number: _____

Agent: _____ Telephone _____

Umbrella Liability Insurance

Company: _____

Address: _____

Policy number: _____

Agent: _____ Telephone _____

Medical, Dental, Medicare, Medicaid Insurance: (See Medical Information section.)

Other Insurance Policies

Company: _____

Address: _____

Policy number: _____

Agent: _____ Telephone _____

Other Insurance Policies

Company: _____

Address: _____

Policy number: _____

Agent: _____ Telephone _____

RETIREMENT INFORMATION

Pension Plan (Company): _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Pension Plan (Company): _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Profit Sharing (Company): _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

IRA #1 (Company, Acct #): _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

IRA #2 (Company, Acct #): _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Roth IRA (Company, Acct #): _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Stock Options: _____

Other benefit programs _____

ANNUITIES

Company: _____

Account number: _____

Salesman: _____

Beneficiary: _____

Company: _____

Account number: _____

Salesman: _____

Beneficiary: _____

Company: _____

Account number: _____

Salesman: _____

Beneficiary: _____

Location of Documents:

Membership in organizations that offer survivor benefits:

LEGAL INFORMATION

PROFESSIONAL ADVISORS

Attorney's Name: _____

Address: _____

Telephone: _____

FAX: _____

Accountant's Name: _____

Address: _____

Telephone: _____

FAX: _____

Other: _____

Other: _____

Other: _____

LAST WILL AND TESTAMENT

I **DO / DO NOT** have a will.

Date of my Last Will and Testament: _____

Location of Will: _____

Attorney who prepared my will: _____

Executor: _____

Address: _____

Telephone: _____

Co-Executor or Contingent Executor: _____

Address: _____

Telephone: _____

Keep will in a safe, fireproof place, such as a safe deposit box, your own fireproof safe or your attorney's safe. Your executor needs to know its location. A copy is not sufficient.

POWERS OF ATTORNEY

I have given my Financial Power of Attorney to: _____

Address _____ Telephone _____

Location of document: _____

I have given my Health Care Power of Attorney / Advance Directive to:

Location of document: _____

Last updated on _____

HEALTH CARE ADVANCE DIRECTIVE / LIVING WILL

I **HAVE / HAVE NOT** made a Living Will.

Date of Living Will: _____

Draftsman: _____

Location(s) of Living Will: _____

A Living Will is a document that authorizes the withholding of life support in certain situations. It is better not to use pre-printed forms or those supplied by health care agencies since the witnesses are often not permissible and can actually void the document.

Consider keeping copies of the Living Will in all of the following: this notebook; your physician’s office; your file of arrangements at your church; with your Health Care Power of Attorney.

ORGAN DONOR

Do you want to be an Organ Donor? **YES / NO**

If yes, please be sure to make your wishes known on your Driver’s License and to your family. In North Carolina, you may obtain a document from the office of the Department of State.

Check the response below that expresses your wishes.

I wish to donate:

All possible organs

All possible organs **except:** _____

Only the following organs (please list): _____

TRUSTS

I **HAVE / HAVE NOT** created trusts in my lifetime.

I **AM / AM NOT** the beneficiary of trusts created for me.

I **AM / AM NOT** the trustee for trusts created by others.

Last updated on _____

IRREVOCABLE LIFE INSURANCE TRUST

Grantor: _____
Trustee: _____
Date of Trust: _____
Location of Document: _____

Life Insurance Policies in Trust:

Insured: _____

Policy #: _____

Insured: _____

Policy #: _____

Insured: _____

Policy #: _____

Insured: _____

Policy #: _____

Insured: _____

Policy #: _____

LIVING TRUST

Grantor: _____

Trustee: _____

Date of Trust: _____

Location of Document: _____

OTHER TRUSTS

Grantor: _____

Trustee: _____

Date of Trust: _____

Location of Document: _____

PERSONAL PROPERTY

I **HAVE / HAVE NOT** made a video or written inventory of my household possessions.

Location of inventory: _____

Store a copy of the inventory outside of your home.

Valuable personal property

I **HAVE / HAVE NOT** made a separate inventory of other valuable personal property.

Location of inventory: _____

Include appraisals, if any.

I **HAVE / HAVE NOT** made a memorandum of the distribution of my personal effects.

Location of memorandum: _____

Include family memorabilia and stories.

Personal Property stored off-site:

Location _____ Key (location) _____ Code _____

Home improvement records: **YES / NO** Location _____

Location of warranties, receipts, instruction manuals, etc. _____

Personal possessions loaned to others that you would like to have returned:

Items I have borrowed to be returned: _____

LOCATION OF OTHER IMPORTANT PAPERS:

Automobile Make: _____

Name(s) on Title: _____

Location of Title: _____

Registration # _____ License # _____

Outstanding loan? _____

Last updated on _____

Automobile Make: _____
Name(s) on Title: _____
Location of Title: _____
Registration # _____ License # _____
Outstanding loan? _____

Automobile Make: _____
Name(s) on Title: _____
Location of Title: _____
Registration # _____ License # _____
Outstanding loan? _____

Boat/Airplane Make: _____
Name(s) on Title: _____
Location of Registration: _____
Registration # _____ License # _____
Outstanding loan? _____

LOCATION OF ANY OTHER IMPORTANT PAPERS NOT INCLUDED
ELSEWHERE IN THIS NOTEBOOK.

INCOME TAX RETURNS-Location: _____
Ask your accountant or attorney for advice as to how long to keep returns.

Current tax information -Location: _____

LIST OF SERVICE PROVIDERS

Electrician _____ telephone _____

Plumber _____ telephone _____

HVAC _____ telephone _____

Repairs _____ telephone _____

Realtor _____ telephone _____

Cleaning Service _____ telephone _____

Yard Service _____ telephone _____

Exterminator _____ telephone _____

Painter _____ telephone _____

Auto Repair _____ telephone _____

Other _____ telephone _____

Other _____ telephone _____

Other _____ telephone _____

Other _____ telephone _____

Other _____ telephone _____

Other _____ telephone _____

Other _____ telephone _____

Other _____ telephone _____

Other _____ telephone _____