

ESTATE DOCUMENTS

AND

**IMPORTANT
INFORMATION**

DATE: 2026

PERSONAL INFORMATION

Legal Name:

Address:

Phone Number (home):

(cell):

Birthdate:

Marriage Date:

Social Security Number:

Driver's License Number:

Bank Info (Bank Name, Routing #, Account #):

Medicare Number:

Health/Life/Home/Auto Insurance Name/Number:

Drug Insurance Name/Number:

KEY CONTACTS

Relatives (Next of Kin):

Friends:

Neighbors:

Professionals:

CPA -

Attorney -

Banker/Broker –

Insurance Agents -

Doctors -

 Medical Dr -

 Dentist -

 Eye Dr. -

Other:

LOCATION OF PERSONAL DOCUMENTS

Birth Certificate:

Driver's License:

Medicare Card:

Health Insurance Card:

Drug Insurance Card:

Marriage License:

Policies (Health, Life, Home, Auto)

LOCATION OF ESTATE DOCUMENTS

Will:

Power of Attorney:

Living Will (Healthcare POA):

LOCATION OF IMPORTANT ITEMS

ITEM

LOCATION

House Key:

Car Key:

Checkbook:

Credit Cards:

Safe Deposit Box:

Safe Deposit Box Key:

Car Title:

House Deed:

Storage Unit:

Special Hiding Places:

Cash -

Jewelry -

Gun -

Other Treasurers -

OTHER IMPORTANT INFORMATION

BANK ACCOUNT/CREDIT CARDS/UTILITIES (Online Accounts)

User Name:

Passwords:

PINS:

Two-Factor Authentication:

User Name:

Passwords:

PINS:

Two-Factor Authentication:

User Name:

Passwords:

PINS:

Two-Factor Authentication:

User Name:

Passwords:

PINS:

Two-Factor Authentication:

HOUSE EXPENSES - Primary Residence

Expense	Pay Time (Monthly, Quarterly, Annual)	Pay Method (Check, Auto draft)	Bill Attached
Phone Landline Cell			
Power			
Water			
Cable			
Newspaper			
Yardman			
Car Insurance			
Car Taxes			
House Insurance			
House Taxes			
Health Insurance			
Flood Insurance			
Credit Cards			

HOUSE EXPENSES – Second Residence

Expense	Pay Time (Monthly, Quarterly, Annual)	Pay Method (Check, Auto draft)	Bill Attached
Phone Landline Cell			
Power			
Water			
Cable			
Newspaper			
Yardman			
Car Insurance			
Car Taxes			
House Insurance			
House Taxes			
Health Insurance			
Flood Insurance			
Credit Cards			
POA			
POA			

BURIAL INFORMATION

Cemetery Location:

Contact Name/Number:

Arrangements and Requests:

Arrangements are paid in full (attach documentation)

To Do:

Order Marker

Obituary

Special Requests:

Burial Clothing -

Funeral Type/Arrangements -

Flowers -

Music/Prayer/Minister -

OTHER

SPECIFIC BEQUESTS:

**INFO ABOUT HOUSE – HOW THINGS WORK –
QUIRKS:**

Sprinkler

HVAC

OTHER FAMILY DOCUMENTS

	Husband	Wife	Other
Social Security #			
Birth date			
Will - Original			
Death Certificate – Original			
Listed on any Accounts/Titles/Deeds			

INCOME

PENSION:

Name of company -

Contact number -

Amount -

BROKERAGE ACCOUNTS (IRA's, CD's, etc.):

BANKS:

Name and Location -

Account Number -

Statement attached -

LIFE INSURANCE POLICIES:

Name of Company -

Contact Number -

Policy Number -

Amount -