

**FUTURE PLANNING
PREPARATION CHECK LIST
IMPORTANT INFO FOR BENEFICIARIES
(Children & Spouses)**

Date_____

Full Name_____ DOB_____ SS#_____

Home Address_____

Date of Death_____ Place_____ Certificates of Death where? _____

Where is the Will? _____ Dated When? _____

Safety deposit box is where? _____ Box #_____ Key?_____

Attorney_____ Ph_____ EM_____

Tax Person_____ Ph_____ EM_____

Financial Advisor_____ Ph_____ EM_____

_____ Ph_____ EM_____

.....
What is the first thing I/We should do (cancel stock options, etc.)?

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If there are credit cards that were opened in your spouse's name (the "account holder"), but you use the card and have your own card for that account with your name on it, DO NOT NOTIFY THE CARD COMPANY OF YOUR SPOUSE'S DEATH. IF YOU DO, THEY CANCEL THE CARD, AND YOU'LL NOT BE ABLE TO USE IT. ALL YOUR "AUTO-PAYS" WILL BOUNCE. (Ask me how I know this!)

___ Attach Medical History

Prescriptions, Allergies, Docs' names, Immunizations, Surgeries

___ Attach family members to be notified

Include Phone #'s/email addresses

___ If military, attach DD214. DFAS # 800-321-1080 (or www.dfas.mil)

___ Copy of Military ID card

Employment

Name _____ ID# _____

PH _____ Contact? _____

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Stocks/Bonds

___ Are there any stock trading accounts to be notified asap and put on hold?

Company Name _____ Ph# _____

Name on Acct _____ Acct # _____ EM _____

Login: _____ PW _____

Electronics

___ Phone Login info _____ PW _____

___ Desktop computer Login info: Login _____ PW _____

___ Laptop Login info: Login _____ PW _____

___ Your email addresses: _____ PW _____

_____ PW _____

_____ PW _____

Health Insurance (Stop auto-pay on deceased)

___ Medicare # _____ Card is where? _____

___ Tricare # _____ Card is where? _____

___ Health Insurance (stop auto-pay)

Name _____ Policy # _____

Phone# _____

___ Other Health Insurance such as hospital, dental _____

Company _____ Policy# _____

Ph _____



Life Insurance (Stop auto pay on the deceased)

Co. _____ Policy # _____

Phone # _____

Paid monthly? _____ How? (auto? Paper?) _____

Cash value _____ Whole life? _____ Term life? _____

Beneficiary _____ Online access info _____

Co. _____ Policy # _____

Phone # _____

Paid monthly? _____ How? _____

Cash value _____ Whole life? _____ Term life? _____

Beneficiary _____ Online access info _____

Misc. Life Insurance policies (from credit cards, etc.)

Company _____ Policy # _____

Phone# _____ Paid monthly? _____ How paid? _____

Cash value _____ Whole life? _____ Term Life? _____

Beneficiary _____ Online access info _____

(Sometimes an accidental life insurance policy will have some cash value.
Decide whether you want to cancel a policy on yourself or not.)

Car Insurance

Company _____ Contact info _____

Policy # _____ Expires? _____

Company _____ Contact info _____

Policy # _____ Expires? _____

When do license plates expire? _____

_____ How pay renewal fees? _____

.....

Assets _____ Where? _____ Acct# _____

_____ Where? _____ Acct# _____

_____ Where? _____ Acct# _____

Collections

_____ Where? _____

_____ Where? _____

Cash

Any cash tucked away for safekeeping such as in a shoe, etc.? _____

Passwords: List is kept where? _____

_____ Attach a **dated** current list; update every 6 months

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VET

Name _____ Ph # _____ Where? _____

Attach Vaccination Records _____

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Mortgage Co.

Name _____ Acct # _____

Phone # _____ How paid _____

Credit Cards

What bills are paid automatically and how? (auto draft? Check? Via credit card?)

Card # _____ Paid how? _____

Card # _____ Paid how? _____

Card # _____ Paid how? _____

Card # _____ Paid how? _____

Card # _____ Paid how? _____

Electric bill # _____ Paid how? _____

Gas Bill # _____ Paid how? _____

Water Bill # _____ Paid how? _____

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Car

_____ Car repairs.....where? _____

Service maintenance plan? _____

_____ Car payment? _____ Where _____ Acct# _____

Paid how? _____

_____ Car Insurance? _____ Ph _____ Policy # _____

When due? _____ How paid? _____

_____ Car Insurance? _____ Ph _____ Policy # _____

When due? _____ How paid? _____

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House

Household maintenance

Furnace/Air _____ Serviced by _____

Furnace Filters—changed bi-monthly? _____ Size? _____

Water softener? _____ Serviced by? _____

Power Humidifier? _____ (Change pad every other year.)

Lawn Care _____ Ph _____

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Cell Phone

_____ Cell Phone # _____ Name on acct _____

Service through _____ Acct# _____

How paid _____ PW _____

TV

_____ TV Service _____ Name on acct _____

Acct # _____ How paid _____

Warranties: (home, appliances, etc.)

Co. _____ for _____ Policy# _____

Ph: _____

Co. _____ for _____ Policy # _____

Ph: _____

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Organizations to unsubscribe from, get possible rebates:

Name _____ Ph _____ EM _____

Name _____ Ph _____ EM _____

Name _____ Ph _____ EM _____

Name _____ Ph _____ EM _____

Name _____ Ph _____ EM _____

Automatic payments made that I should cancel?

Name _____ Ph _____ EM _____

Name _____ Ph _____ EM _____

Name _____ Ph _____ EM _____

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Gym Membership Cancellation

Gym Name _____ Member # _____

Ph _____

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Funeral Information

Funeral Home _____ Ph _____

Visitation? _____ Open/Closed Casket? _____

Cremated? _____ Burial? _____

Pallbearers _____

Let Funeral Home provide these? _____

Music _____

Burial Site _____

Already purchased? _____

This letter (below) is one you can copy & send to notify vendors.

NOTIFICATION LETTER

Date _____

To _____

From _____

Ph: _____

EM: _____

Dear Sir or Madam:

I wish to inform you of the death of _____, my

_____, on _____.

I have enclosed _____

If you require any additional information to fulfill the request(s) set forth above, please provide instructions in your correspondence to me.

Thank you for your prompt assistance.

Sincerely,

Signature

Print Name

Date

Contact Info