

## Life Data File

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### Basic “Bare-Bones”

*Give location of this information to executor, spouse, anyone with power of attorney*

Social Security #  
 Spouse Social Security #  
 Beneficiary Names, Addresses, Social Security #, Birthdates  
 Military ID #  
 Account Numbers and Locations  
 Will/Trus(s) Location  
 Life Insurance Policy #s and carriers  
 Annuity Contract #s and carriers  
 Credit Card #s  
 Checking Accounts and checkbook locations  
 Accountant name and phone  
 Attorney name and phone  
 Insurance Agent name and phone  
 Company Benefits Administrator name and phone  
 Planner name and phone  
 Other Advisor/Family Member/Friend name and phone  
 Who will pay immediate bills if you can't? Ongoing?

### Notification List

*Name and contact # of the following:*

Family Member/Friend (Help and Support)  
 Memorial Society/Church (Help Organize Memorial Arrangements, 946-6822)  
 Attorney (Legal Notifications and Filings)  
 Executor (See Executor Duties List Attached)  
 Accountant (Identify Required Valuations and Tax Filings)  
 Planner  
 Employer  
 Organizations  
 Children/Relatives  
 Close Friends  
 Benefits Admin at Work (Explain Benefits and Necessary Paperwork)  
 Insurance Agent/Company (Assist to File Claim)  
 Social Security Admin (Disability/Survivor Benefits, 800-772-1213)  
 Dept. of Defense (Benefits, 800-321-1080)

**Insurance Policies Listing**

*Include Life, Disability, Long Term Care, Health, Liability, House, Car, etc.*

Policies filed at: \_\_\_\_\_

Carrier

Policy #

Value

Contact #

Action Required

**Asset Listing**

Account Statements filed at: \_\_\_\_\_

Deeds filed at: \_\_\_\_\_

Contracts filed at: \_\_\_\_\_

Asset, Location, ID #, PIN, Title, Contact #, Action Required: Appraisal?  
Rollover? Retitling?

**Brokerage Account**

IRAs

Roth IRAs

401(k)

Education Savings Plan

Savings

Checking

On-Line Accounts

Pension

Loan to:

Residence

Trust

Partnership

Rental Property

Credit Cards

**Debt Listing**

Documents filed at: \_\_\_\_\_

Loan Holder

Loan #

Value

Contact #

Action Required

Other Document/Information Listing

*Dated and Location of the following:*

Will (Probate Filing)  
Trust (Administration)  
Health Care Power  
Durable Power of Attorney  
Other Powers of Attorney  
Living Will  
Birth Certificate  
Marriage Certificate  
Divorce Decree  
Child Support/Alimony  
Adoption Agreement  
Guardianship Papers  
Passports  
Citizenship Papers  
Immigration Papers  
Past Tax Returns  
Computer Files (Password)  
Security Alarms (Password)  
Auto Insurance Policy  
Auto/Boat Title (Extra Keys)  
Auto Registrations  
Appraisals  
Property Deeds  
Mortgage Documents  
Notes/Loans  
Property/Mineral Leases  
Deferred Compensation Agreements  
Stock Option Documents  
Safes (Combination)  
Safe Deposit Box (Key)  
Post Office Box (Key/Combination)  
Savings Passbooks  
Certificates of Deposit  
Share Certificates  
Medical Files  
Social Security Cards  
Military Discharge Papers  
Veterans Administration Documents  
Copyright/Patent  
Club Memberships  
Frequent Flyer Programs  
Family Employee Documents  
Business Agreements  
Other Contracts

## Preferred Memorial Arrangements

Costs to be paid from: \_\_\_\_\_

*Contact # and action required for the following:*

Organ Donation  
 Medical Donation  
 Newspaper  
 Cremation  
 Burial  
 Service Leader  
 Participants  
 Speakers  
 Music/Readings  
 Preferred Charities  
 Advisor List

*Name and contact # of the following:*

Attorney  
 Accountant  
 Banker  
 Employer  
 Financial Adviser  
 Insurance Agent  
 Stock Broker  
 Minister  
 Doctor  
 Letter of Instruction

*Location and type of form (letter/computer file) of the following:*

The purpose of a letter of instruction is to express your intent for the assets left to your heirs (education, enhance lifestyle, save for emergencies, enable community service), your service preferences (bare bones, elaborate, celebratory, somber, etc.), which advisors you would recommend to your survivors, what you want done with your pets, etc. Anything you would like someone to know after you die. This is not a legal document but may serve as a substitute to a conversation with your survivors.

## Survivor Potential Actions

*Action and process for the following:*

Request Appraisals for Tax Return: Consult with Attorney/Planner early  
 Track Spending: Keep track of checking accounts, credit card statements  
 Revise Financial Plan: Call Planner when ready  
 Revise Investment Policy: Call Investment Advisor when Plan complete  
 Retitle Assets: Consult with Planner/Attorney  
 Revise Beneficiaries  
 Identify Documents with deceased as beneficiary (trusts, insurance, IRAs, etc.)  
 Record step-up in Basis  
 Ensure Health Insurance in Place

*Routine action and contact # for the following:*

Home and Yard Maintenance

Auto Maintenance

Property Management

Bill Paying

Tax Preparation

Continue Insurance Coverage:

Properties

Vehicles

Health/Dental/Vision/Drug

Liability

Long Term Care

Other

Other Notes/Musings/Instructions