

LAW OFFICE of GEORGE E. FOOTE, P.C.

Estate Information Checklist

Worksheet for: _____

Date completed: _____

This worksheet is designed for congregants and their families. It should be updated yearly. A good time to update the worksheet is after you do your yearly taxes. It is recommended that two or three people know where it is located.

Adult 1: Full Name _____

Date of Birth _____ Social Security Number _____

Mother's Name _____ Address _____

Father's Name _____ Address _____

Adult 2: Full Name _____

Date of Birth _____ Social Security Number _____

Mother's Name _____ Address _____

Father's Name _____ Address _____

Marital Status: Married Widow(er) Divorced Single

If Married: Date of Marriage _____ Place of Marriage _____

If Widow or Widower: Date of Death of Spouse _____ Place of Death _____

If Divorced: Date of Divorce _____ Place of Divorce _____

Computer Passwords:

| Name of Database, etc. | Password (case sensitive) | Billing Company Information | Other information |
|------------------------|---------------------------|-----------------------------|-------------------|
| | | | |
| | | | |
| | | | |

Children:

| Name | Birth date | Social Security # | Present Address |
|------|------------|-------------------|-----------------|
| | | | |
| | | | |
| | | | |

Other Family Members:

List brothers, sisters, nieces, nephews, or others who may be involved in your care, your family's care, or estate.

| Name | Social Security # | Relationship | Present Address |
|------|-------------------|--------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

Pets Veterinarian: _____

| Type | Name | Special Instructions |
|------|------|----------------------|
| | | |
| | | |

Quick Reference List

| | Adult 1 | Adult 2 |
|--------------|---------|---------|
| Doctor | | |
| Address | | |
| Phone Number | | |
| | | |
| Doctor | | |
| Address | | |
| Phone Number | | |
| | | |
| Attorney | | |
| Address | | |
| Phone Number | | |
| | | |
| Dentist | | |
| Address | | |
| Phone Number | | |
| | | |
| | | |

| | Adult 1 | Adult 2 |
|-----------------------|---------|---------|
| Investment Broker | | |
| Address | | |
| Phone | | |
| Employer or Partner | | |
| Address | | |
| Phone | | |
| Accountant | | |
| Address | | |
| Phone | | |
| Clergy | | |
| Address | | |
| Phone | | |
| Life Insurance Agent | | |
| Address | | |
| Phone | | |
| Insurance Agent Other | | |
| Address | | |
| Phone | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |

Wills

It is recommended that you keep one **copy** of your will in your safe deposit box and at least one **copy** elsewhere.

| | Adult 1 | Adult 2 |
|-------------------------------|---------|---------|
| Date of Current Will | | |
| Locations: | | |
| Current Will | | |
| Codicils | | |
| Letters of Intent/Living Will | | |
| Durable Power of Attorney | | |
| Health Care Proxy | | |
| | Adult 1 | Adult 2 |
| Executor(s): | | |
| Name | | |
| Address/Phone | | |

Nominated Guardian(s) for Minors

| | Adult 1 | Adult 2 |
|----------------|---------|---------|
| Name | | |
| Address/Phone | | |
| Successor Name | | |
| Address/Phone | | |

Trusts

| Created by | Agreement Date | Held by Attorney? | Type of Trust (i.e. Revocable, Irrevocable, etc.) | Attorney contact (if not GEF) |
|---------------|----------------|-------------------|---|-------------------------------|
| | | | | |
| | | | | |
| Trustee(s): | | | | |
| Name | | | | |
| Address/Phone | | | | |

Durable Power of Attorney, Health Care Proxy and Living Will

These documents should be either prepared by or reviewed with an attorney.

Durable Power of Attorney: A clearly written notarized Durable Power of Attorney grants clear authority for one person to act for another in legal and financial matters. Without it, powers are limited by law. It is particularly important with advancing age, as illness or accident may make you unable to handle your affairs. If your spouse is also an elder, you should consider granting another power to a trusted child or relative who is younger. A Durable Power of Attorney is a powerful instrument that enables someone else to act for you. Be sure you have complete confidence in the person to whom you give this power, as there is always some potential for misuse. A Durable Power of Attorney remains in effect even if the Grantor becomes mentally disabled, and that is what makes it “durable”. A Durable Power of Attorney terminates at death. At that time an Executor needs to be appointed.

Location _____

#1 Granted to _____

#2 Granted to _____

Organ Donation

You may want to leave instructions for organ donation. If so, leave a copy on file with your physician.

Location _____

Copies To _____

Health Care Proxy

A Health Care Proxy allows a person executing the Proxy (the “Principal”) to designate a person he/she trusts, such as a family member or close friend, (the “Health Care Agent”) to make medical decisions for him/her if he/she loses the ability to make those decisions himself/herself. The Health Care Proxy differs from a “Living Will” in that in a living will the principal typically sets forth what desired intentions, actions and procedures he or she wishes followed. A Health Care Proxy designates the person who will be making the decisions if the principal is not capable of doing so.

As of this date, Massachusetts does not have a statutory living will document. Even though Massachusetts does not officially recognize this document, it is recommended, provided that he or she is philosophically in tune with the sentiments expressed in the document. Living Wills, though not recognized by statute, do express the signer’s intentions and are generally respected by health care providers.

Living Will

Although this is not recognized as a legal document in Massachusetts, it is recognized as a statement of your intentions. You may want to leave a copy on file with your physician.

Location _____

Copies To _____

Additional Notes:

Funeral Information

| | Adult 1 | Adult 2 |
|---------------------------------------|---------|---------|
| Clergy Desired | | |
| Funeral Service Location | | |
| Type of Casket• | | |
| Choice of Clothing | | |
| Music | | |
| Burial Plot: | | |
| Cemetery Name | | |
| Plot Number | | |
| Address | | |
| Location of Deed | | |
| Special Requests: (e.g. donations) | | |
| | | |
| | | |

NOTE: Make certain to check on applicability for Social Security or VA/GA benefits. The funeral director may be helpful.

- If you are a member of a religious congregation, that organization may have been in contact with local funeral homes to make the process less stressful when a death occurs. You should contact your congregation to learn about any dialogue they may have put in place and with which funeral home.

Children’s Documents: Birth Certificate or Adoption Papers

| Name of Child | Place of Issue | Number | Location of Paper |
|---------------|----------------|--------|-------------------|
| | | | |
| | | | |
| | | | |

Location of Important Papers

| | Adult 1 | Adult 2 |
|------------------------------|---------|---------|
| Passport: | | |
| Name | | |
| Location | | |
| Number | | |
| | | |
| Birth Certificate | | |
| Place of Issue | | |
| Certificate # | | |
| Location of Orig. | | |
| Location of Copy | | |
| | | |
| Marriage Certificate | | |
| Location | | |
| Date/Place | | |
| | | |
| Military Service | | |
| Serial #/Rank | | |
| Branch | | |
| Years | | |
| Location of Discharge Papers | | |
| | | |
| Citizenship Papers | | |
| Location | | |
| Date of Naturalization | | |
| Country of Naturalization | | |
| | | |
| Other Papers: | | |
| Leases | | |
| Degrees | | |
| Safe Location | | |
| Safe Deposit Box | | |
| Other | | |
| | | |
| | | |

Banking

| | Adult 1 | Adult 2 |
|--|---------|---------|
| Location: | | |
| Bank Books | | |
| Financial Records | | |
| | | |
| Bank Accounts and Certificates of Deposit: | | |
| In Whose Name | | |
| Type of Account and # | | |
| Bank Name | | |
| Bank Address | | |
| ATM Pin Number | | |
| | | |
| In Whose Name | | |
| Type of Account and # | | |
| Bank Name | | |
| Bank Address | | |
| ATM Pin Number | | |
| | | |
| In Whose Name | | |
| Type of Account and # | | |
| Bank Name | | |
| Bank Address | | |
| ATM Pin Number | | |
| | | |
| In Whose Name | | |
| Type of Account and # | | |
| Bank Name | | |
| Bank Address | | |
| ATM Pin Number | | |
| | | |

Safe Deposit Box

| | Adult 1 | Adult 2 |
|------------------|---------|---------|
| Name of Owner | | |
| Number of Box | | |
| Bank | | |
| Address | | |
| Who Has Access | | |
| Location of Keys | | |
| | | |

NOTE: Original wills, insurance policies and cemetery plot deeds **should not** be place in safe deposit boxes because they will be needed between the time of death (when the box can be inaccessible) and the time when the box made available to you.

Insurance

| | Policy # | Insurance Co./Address/Agent & Location of Policy | Policy Beneficiary (life insurance) |
|-------------------|----------|--|-------------------------------------|
| Life | | | |
| Policy owner: | | | |
| Life | | | |
| Policy owner: | | | |
| Life | | | |
| Policy owner: | | | |
| Auto | | | |
| | | | |
| Umbrella Policies | | | |
| | | | |
| Disability | | | |
| | | | |
| Medical | | | |
| | | | |

NOTE: Check how long surviving spouse or partner can remain under group health policy. Convert policy to name of surviving spouse. Keep track of claims and follow up. **Do not let policies lapse.**

Private (non-employment related) Annuities

| | Annuity Account # | Insurance Co./Address/Agent & Location of Annuity Contract | Annuity Beneficiary |
|--------------------|-------------------|--|---------------------|
| Annuity | | | |
| Annuitant (owner): | | | |
| Annuity | | | |
| Annuitant (owner): | | | |
| Annuity | | | |
| Annuitant (owner): | | | |

Other Income Producing Assets

| | |
|----------------------------------|--|
| Intellectual Property: | |
| Patents | |
| Royalties | |
| | |
| Other Income Producing Property: | |
| Trusts | |
| Other | |

Apartment Rental (personal residence, seasonal or permanent)

| | |
|---------------------------|--|
| Landlord/Agent | |
| Address | |
| Phone | |
| Amount of Rent | |
| Rent Bills Due | |
| | |
| Term of lease: | |
| Begins | |
| Ends | |
| | |
| Location of lease | |
| Name of lease | |
| Security held by landlord | |

Additional Notes: