



**GEORGETOWN  
LAWLEY**  
GROUP

# **JUST IN CASE**

*Personal Estate Planning Blueprint*

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# Financial Blueprint

Personal Asset Inventory & Personal Accounts

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Type of Account	Institution Name	Registration	Account #	Value	Beneficiaries
<i>Checking</i>					
<i>Savings</i>					
<i>CDs</i>					
<i>Money Markets</i>					
<i>Cyber Accounts</i>					

# Financial Blueprint Continued...

Type of Account	Institution Name	Registration	Account #	Value	Beneficiaries
<i>IRA/SEP</i>					
<i>401(k)</i>					
<i>Individual Securities</i>					
<i>Trust Accounts</i>					
<i>Other</i>					

# Vested Retirement Interests

Type of Account	Company	Comments
<i>Pension</i>		
<i>Profit Sharing</i>		
<i>Stock Options</i>		
<i>Military Benefits</i>		
<i>Other</i>		

# Loans

## Loans to be Paid

Type of Account	Institution Name	Registration	Account #	Value
<i>Auto Loans</i>				
<i>Educational Loans</i>				
<i>Personal Loans</i>				
<i>Credit Cards</i>				
<i>Other</i>				

## Loans Owed to Me

Name of Debtor	Address	Phone Number	Location of Agreement	Value

# Insurance Policy Checklist

Type of Insurance	Insurance Company	Registration	Policy Number	Value (if applicable)	Beneficiaries (if applicable)
<i>Whole Life</i>					
<i>Term Life</i>					
<i>Health</i>					
<i>Homeowner</i>					
<i>Liability</i>					
<i>Long-Term Care</i>					
<i>Auto</i>					
<i>Other</i>					

# Real Estate Holdings & Mortgages

Type of Property	Address	Mortgage/Home Equity	Ownership	Value
<i>Primary Residence</i>				
<i>Vacation Residences</i>				
<i>Rental Properties</i>				
<i>Time Share</i>				
<i>Other Properties</i>				



# Document Checklist

	Location	Date	Comments
<b>Vital Documents</b>			
<i>Living Will</i>			
<i>Will</i>			
<i>Letter of Instruction</i>			
<i>Health Care Proxy</i>			
<i>Power of Attorney</i>			
<b>Living Documents</b>			
<i>Birth Certificates</i>			
<i>Yours</i>			
<i>Spouse/Significant Other</i>			
<i>Children</i>			
<b>Social Security Cards</b>			
<i>Yours</i>			
<i>Spouse/Significant Other</i>			
<i>Children</i>			
Social Security Records			
Marriage License			
Prenuptial Agreement			
Postnuptial Agreement			
Divorce Papers			

# Document Checklist Continued...

	Location	Date	Comments
<b>Residential Documents</b>			
<i>Deed</i>			
<i>Title</i>			
<i>Survey Mortgage Information</i>			
<b>Miscellaneous Information</b>			
<i>Military Service Records</i>			
<i>Motor Vehicle Title</i>			
<b>Income &amp; Tax</b>			
<i>Tax Returns</i>			
<i>W-2 Forms</i>			
<i>Pension Records</i>			
<i>Disability Records</i>			
<i>Workers Compensation Records</i>			
<b>Other</b>			

# Legal Judgement Checklist

Type of Judgement	Name	Address	Phone Number	Amount	Location of Judgement
<i>Pending Claim Against Me</i>					
<i>Pending Claim in My Favor</i>					
<i>Uncollected Judgement Against Me</i>					
<i>Uncollected Judgement in My Favor</i>					
<i>Pending Lawsuit Against Me</i>					
<i>Pending Lawsuit in My Favor</i>					

# Business Interests

Company	Ownership (Single, Joint, Custodian, Trust)	Comments

Business Name: \_\_\_\_\_

Date: \_\_\_\_\_

Document	Location	Date	Comments
<i>Incorporation/Partnership Papers</i>			
<i>Federal Tax ID Information</i>			
<i>State Sales Tax ID Information</i>			
<i>Contracts</i>			
<i>Tax Records</i>			
<i>Financial Records</i>			
<i>Other</i>			

# Business Bank Accounts

Type of Account	Institution Name	Registration	Account Number	Value	Beneficiaries
<i>Checking</i>					
<i>Savings</i>					
<i>CDs</i>					
<i>Cyber Accounts</i>					
<i>Line of Credit</i>					
<i>SEP IRA</i>					
<i>401(k)</i>					

# Business Insurance Policies

Type of Insurance	Insurance Company	Registration	Policy Number	Value (if applicable)	Beneficiaries
<i>Liability</i>					
<i>Whole Life</i>					
<i>Term Life</i>					
<i>Buy-Sell Agreements</i>					
<i>Other</i>					

# Funeral Checklist

## Funeral Arrangements

- Funeral Home/Director: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_

Is your funeral pre-paid with the funeral home? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, where is the paperwork? \_\_\_\_\_

Did you want a burial or a cremation? \_\_\_\_\_

## What type of service do you want?

- Funeral Service- having the body present at the service
- Memorial Service- the absence of the body at the service
- Graveside Service- services (either cremation or casket burial) that takes place at the grave site
- Celebration of Life- as a gathering of friends and family without religious ceremonies
- No Funeral Service

## Where will the service take place?

- Name of location: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_

Do you want anyone special to speak? \_\_\_\_\_

Who will conduct the services? \_\_\_\_\_

# Funeral Checklist Continued...

## Items to consider for wake or memorial service

- Families are welcome to bring in memorabilia or pictures of a person's life. Tables to display any or all memorabilia as the family chooses can be provided.
- Families may also create display boards or collages using cork boards to display photographs or other memorabilia on easels.
- Enlarged pictures of your loved ones can serve as centerpieces for service.

## Veteran's Funeral additional information

- A copy of DD-214 is needed to file for veteran's benefits and military honors.
- Benefits available to include: an American flag, some form of military honors provided by the branch of service or local VFW or American Legion, burial in a National Cemetery, government-issued grave marker and Presidential Memorial Certificate.

## Clothing (applicable for services with viewing)

- Full set of clothing, including any undergarments appropriate to outer garment chosen. Shoes are optional.
- Glasses, rings, necklaces, watches, tie tacks, pins, or any other jewelry. Tell the funeral director if these items should be returned prior to burial or creation.

**Death Certificate Information:** *It is recommended that at least 10 copies of the death certificate be ordered.*

Full Legal Name: \_\_\_\_\_

Date, city and state or foreign country of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Occupation (job description and business): \_\_\_\_\_

Marital Status: \_\_\_\_\_

Name of Spouse (needed even if widowed): \_\_\_\_\_

Parents' Names (including mother's maiden name): \_\_\_\_\_

Last year of education completed (just a number): \_\_\_\_\_



# Obituary Information\*

Name: \_\_\_\_\_ Nickname(s): \_\_\_\_\_

Date and place of marriage (if applicable): \_\_\_\_\_

Occupation and name(s) of businesses: \_\_\_\_\_

Date of retirement (if applicable): \_\_\_\_\_

If a Veteran: branch, rank and dates of service: \_\_\_\_\_

Degrees or other special training: \_\_\_\_\_

Organizations and Memberships: \_\_\_\_\_

Church membership or faith: \_\_\_\_\_

Awards and Honors received: \_\_\_\_\_

Other information of Interest and Hobbies: \_\_\_\_\_

Children and their spouses/partners, plus city and state of residence: \_\_\_\_\_

Siblings and their spouses/partners, plus city and state of residence: \_\_\_\_\_

Grand and great-grandchildren (note: Some newspapers will not print names, only numbers): \_\_\_\_\_

Family members who have preceded in death: \_\_\_\_\_

Newspapers in which the obituary is to be printed (note: Many newspapers do not provide free obituaries): \_\_\_\_\_

*\*Be sure to include a recent photograph to accompany the obituary.*

# Upon Death Notice Checklist\*

\*After informing family and friends, the following checklist may be helpful. Use this list as a tool to help, but it may not be a complete list of the persons to be informed after death.

	Name	Phone Number	Date Notified	Comments
<b>Doctors</b>				
	<i>Primary Physician</i>			
	<i>Specialist</i>			
	<i>Dentist</i>			
	<i>Other</i>			
<b>Employment</b>				
	<i>Employer</i>			
	<i>Employer Benefits Department</i>			
	<i>Pension Payers</i>			
	<i>Other</i>			
<b>Financial</b>				
	<i>Financial Advisor</i>			
	<i>Accountant</i>			
	<i>Credit Monitoring Agencies</i>			
	<i>Other</i>			
<b>Legal</b>				
	<i>Attorney</i>			
	<i>Executor</i>			

# Upon Death Notice Checklist Continued...

	Name	Phone Number	Date Notified	Comments
<b>Religious</b>				
	<i>Clergy</i>			
	<i>Church</i>			
	<i>Other</i>			
<b>Utilities</b>				
	<i>Gas</i>			
	<i>Electric</i>			
	<i>Water</i>			
	<i>Cable</i>			
	<i>Phone</i>			
	<i>Cell Phone</i>			
	<i>Internet</i>			
<b>Other</b>				
	<i>Landlord</i>			
	<i>Post Office</i>			
	<i>Social Security Administration</i>			
	<i>Veterans Affairs Department</i>			
	<i>Home Security Company</i>			
	<i>Newspaper/Magazine Subscriptions</i>			
	<i>Charities/Volunteer Groups/Organizations</i>			

# Online Profiles

<i>Account Name</i>	
<i>User ID</i>	
<i>Password</i>	
<i>Other Information</i>	

<i>Account Name</i>	
<i>User ID</i>	
<i>Password</i>	
<i>Other Information</i>	

<i>Account Name</i>	
<i>User ID</i>	
<i>Password</i>	
<i>Other Information</i>	

<i>Account Name</i>	
<i>User ID</i>	
<i>Password</i>	
<i>Other Information</i>	

<i>Account Name</i>	
<i>User ID</i>	
<i>Password</i>	
<i>Other Information</i>	

<i>Account Name</i>	
<i>User ID</i>	
<i>Password</i>	
<i>Other Information</i>	

<i>Account Name</i>	
<i>User ID</i>	
<i>Password</i>	
<i>Other Information</i>	

<i>Account Name</i>	
<i>User ID</i>	
<i>Password</i>	
<i>Other Information</i>	

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