**ESTATE DETAILS**

**Personal Information**

* Name
* Date of birth
* City, State of birth
* SS#

### IN THE EVENT OF AN UNEXPECTED MEDICAL CHANGE, OR DEATH, CALL Name of Hospice, if any

### Or name and telephone number for relative.

Estate Planner

This is located (where)

Includes information about HEALTH CARE, HIPAA, AND INSTRUCTIONS FOR PROLONGING OF LIFE. See Section entitled “HEALTH CARE.”

Attorney’s name and contact information

**People to Call/Contact**

**Hairdresser (if any), phone number:**

**Funeral home, name, address and phone**

Details on any payments or arrangements that have been made

Arrangements have been made, but not paid for; the life insurance policy

Relatives to contact

Name/phone

Name/phone

Name/phone

Any other instructions for contacting relatives.

Co-workers to contact

Name/phone

Name/phone

Church member to contact

Name/phone

Name/phone

Others to contact

Name/phone

Name/phone

**Insurance – Indicate if one of these policies will pay for funeral expenses**

Name of company

Agent’s name and phone number

website

Member ID

Contract #:

Username:

Password:

Security:

Phone:

CANCEL auto-pay to them from (bank account or credit card)

Other insurance company

website

Member ID

Contract #:

Username:

Password:

Security:

Phone:

CANCEL auto-pay to them from (bank account or credit card)

Health Insurance:

Member ID:

Medicare Supplement Plan

Group No

Plan Code B

Phone:

CANCEL autopay from (bank account or credit card)

Prescription Insurance:

ID #

Rx Bin #

Plan: Type

Phone:

CANCEL autopay from (bank account or credit card)

Medicare:

Policy #:

Phone:

CANCEL auto-pay from Social Security

**Bank Accounts**

Bank

Website

Account number

Username:

Password:

Contact: for investment banking

Contact: for checking and savings accounts

Bank

Website

Account number

Username:

Password:

CANCEL auto-pays for:

Mortgage

Cell Phone

I-PASS

Credit cards (see below)

Charities (list)

Church(es) (list)

Subscriptions (list)

Other:

Credit cards – individual

Inform of death and cancel auto payments

Card: Account # Telephone:

Card: Account # Telephone:

Card: Account # Telephone:

Credit Cards – Joint accounts

Inform of death. Switch auto payments if needed.

policy)

;

**Retirement funds**

Contact the following to CANCEL auto-deposit funds for my retirement:

Name of fund: Social Security (#), (auto-deposit into bank, account #)

Phone:

Name of fund: Social Security (#), (auto-deposit into bank, account #)

Phone:

Name of fund: Social Security (#), (auto-deposit into bank, account #)

Phone:

**Burial and Service Wishes**

* Funeral home: Name, address, phone
* Info on any arrangements or payments made
* Other arrangements/preferences: organ donation, cremation, etc.
* Preferences re location of funeral and visitation. Church; Funeral home
* Charities, if any, for donations to be made in lieu of flowers
* Any other suggestions re the service
* Any arrangements made for a luncheon after the service

**Special Property Distributions**

Suggestions re property distribution.

Information on the will.

Information on giving specific items to relatives/friends.