

# Family Discussion Checklist

Latest Update: \_\_\_\_\_

## I. GENERAL INFORMATION

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

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

Email: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

## II. EMERGENCY CONTACTS

Name:  
Relationship:  
Address:  
Phone:  
Email:

Name:  
Relationship:  
Address:  
Phone:  
Email:

Name:  
Relationship:  
Address:  
Phone:  
Email:

Name:  
Relationship:  
Address:  
Phone:  
Email:

### **Physician #1:**

Name:  
Address:  
Phone:

### **Physician #2:**

Name:  
Address:  
Phone:

**III. ESTATE PLANNING DOCUMENTS**

I have executed each of the following documents and you can find them where noted:

<u>Document</u>	<u>Date Signed</u>	<u>Location</u>
Last Will and Testament	_____	_____
Revocable Trust	_____	_____
General Durable Power of Attorney (Finance)	_____	_____
Durable Power of Attorney for Healthcare	_____	_____
Living Will	_____	_____
Insurance Trust	_____	_____
Charitable Trust	_____	_____
Minor's Trust	_____	_____
Custodial Account	_____	_____
Organ Donation	_____	_____
Retirement Plan Beneficiary Designation	_____	_____
Insurance Beneficiary Designation	_____	_____
Other (specify)	_____	_____

I have appointed (**in the above documents**) the following persons to act on my behalf if I become disabled:

Successor Trustee	1 <sup>st</sup>	2 <sup>nd</sup>
Personal Representative	1 <sup>st</sup>	2 <sup>nd</sup>
Guardian	1 <sup>st</sup>	2 <sup>nd</sup>

Power of Attorney over my Assets	1 <sup>st</sup>	2 <sup>nd</sup>
Power of Attorney for Medical Decisions	1 <sup>st</sup>	2 <sup>nd</sup>

**IV. ADVISORS**

Some of the people you will need to contact are listed below:

**Attorney:**

Name:

Address:

Phone:

Fax:

Email:

**Insurance Advisor:**

Name:

Address:

Phone:

Fax:

Email:

**Accountant:**

Name:

Address:

Phone:

Fax:

Email:

**Financial Advisor:**

Name:

Address:

Phone:

Fax:

Email:

**Other:**

Name:

Address:

Phone:

Fax:

Email:

**Other:**

Name:

Address:

Phone:

Fax:

Email:

**V. ASSETS, LIABILITIES and GUARANTEED LIABILITIES**

[ ] See attached

[ ] See below

**A. ASSETS**

**Investment:**

Contact:

Documents are located:

**Investment:**

Contact:

Documents are located:

**Investment:**

Contact:

Documents are located:

**Investment:**

Contact:

Documents are located:

**Investment:**

Contact:

Documents are located:

**Investment:**

Contact:

Documents are located:

**Investment:**

Contact:

Documents are located:

**Investment:**

Contact:

Documents are located:

**Money is owed to me by:**

Name:

Address:

**Money is owed to me by:**

Name:

Address:

**Money is owed to me by:**

Name:

Address:

**Money is owed to me by:**

Name:

Address:

## B. LIABILITIES

Here is a list of my liabilities, including a contact name and phone number of each, as well as the location of any related documents:

**Liability:**

Contact:

Phone:

Email:

Documents are located:

**Liability:**

Contact:

Phone:

Email:

Documents are located:

**Liability:**

Contact:

Phone:

Email:

Documents are located:

**Liability:**

Contact:

Phone:

Email:

Documents are located:

**Liability:**

Contact:

Phone:

Email:

Documents are located:

**Liability:**

Contact:

Phone:

Email:

Documents are located:

## C. GUARANTEED LIABILITIES

I am also a guarantor of the following debt:

**Guaranteed Liability:**

Debtor:

Contact:

Phone:

Email:

Documents are located:

**Guaranteed Liability:**

Debtor:

Contact:

Phone:

Email:

Documents are located:

**VI. INSURANCE COVERAGE**

**A. HEALTH INSURANCE**

Insurance Carrier:  
 Address:  
 Phone:  
 Type:  
 Insurance #:

Insurance Carrier:  
 Address:  
 Phone:  
 Type:  
 Insurance #:

**B. LIFE INSURANCE**

<u>Insurance Carrier</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Face Amount</u>	<u>Policy #</u>	<u>Policy Type</u>	<u>Policy Location</u>
_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	\$ _____	_____	_____	_____

**C. DISABILITY INSURANCE**

<u>Insurance Carrier</u>	<u>Benefit Amount</u>	<u>Policy Located At</u>
_____	\$ _____	_____
_____	\$ _____	_____

**D. LONG-TERM CARE INSURANCE**

<u>Insurance Carrier</u>	<u>Benefit Amount</u>	<u>Policy Located At</u>
_____	\$ _____	_____
_____	\$ _____	_____

**E. OTHER**

I have the following other policies:

<u>Type</u>	<u>Insurance Carrier</u>	<u>Coverage Amount</u>	<u>Policy Located At</u>
Auto	_____	\$ _____	_____
Umbrella	_____	\$ _____	_____
Home	_____	\$ _____	_____
Other	_____	\$ _____	_____
Other	_____	\$ _____	_____

**VII. BURIAL INSTRUCTIONS**

I have the following final wishes:

Funeral Home:

Cemetery:

Plot/Drawer #:

I have \_\_\_\_ have not \_\_\_\_ prepaid my burial costs \_\_\_\_, for my burial plot \_\_\_\_, for my casket \_\_\_\_\_. Information can be found at: \_\_\_\_\_.

I do \_\_\_\_ do not \_\_\_\_ want to be cremated  
Crematory: \_\_\_\_\_

Priest/Minister/Rabbi to Perform Service:  
\_\_\_\_\_

Pallbearers:

_____	_____
_____	_____
_____	_____

Special Requests:

Funeral Home:

Tombstone Engraving:

In lieu of flowers please ask for donations to:

Other Special Requests:

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**VIII. OTHER**

**A. SAFE DEPOSIT BOX**

Location of Box: \_\_\_\_\_

Location of Key: \_\_\_\_\_

Other keys held by: \_\_\_\_\_  
\_\_\_\_\_

**B. LOCATION OF FINANCIAL RECORDS**

\_\_\_\_\_

**C. LOCATION OF TAX RECORDS**

\_\_\_\_\_

**D. LOCATION OF DIGITAL ASSETS RECORDS, IF ANY**  
(User Names, passwords, terms of service agreements)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. SERVICE AS FIDUCIARY**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**E. COMMENTS**

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**F. HOLDERS OF CHECKLIST <sup>1,2</sup>**

Copies of these documents were delivered to:

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<sup>1</sup> This document is not intended to replace my Revocable Trust, Will or other estate planning documents signed by me.

<sup>2</sup> Consideration should be given to delivering this Family Discussion Checklist (or communicating the existence and location of the Family Discussion Checklist) to your Executor, Successor Trustee and/or trusted family or friends.