



**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
Checking					
Savings					
CDs					
Money Markets					
Cyber Accounts					

# Financial Blueprint Continued...

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

# Vested Retirement Interests

Type of Account	Company	Comments
Pension		
Profit Sharing		
Stock Options		
Military Benefits		
Other		

# 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)
Whole Life					
Term Life					
Health					
Homeowner					
Liability					
Long-Term Care					
Auto					
Other					

# Real Estate Holdings & Mortgages

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

# 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
Pending Claim Against Me					
Pending Claim in My Favor					
Uncollected Judgement Against Me					
Uncollected Judgement in My Favor					
Pending Lawsuit Against Me					
Pending Lawsuit in My Favor					

# 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
Checking					
Savings					
CDs					
Cyber Accounts					
Line of Credit					
SEP IRA					
401(k)					

# 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>				
Primary Physician				
Specialist				
Dentist				
Other				
<b>Employment</b>				
Employer				
Employer Benefits Department				
Pension Payers				
Other				
<b>Financial</b>				
Financial Advisor				
Accountant				
Credit Monitoring Agencies				
Other				
<b>Legal</b>				
Attorney				
Executor				

# Upon Death Notice Checklist Continued...

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

# Online Profiles

Account Name	
User ID	
Password	
Other Information	

Account Name	
User ID	
Password	
Other Information	

Account Name	
User ID	
Password	
Other Information	

Account Name	
User ID	
Password	
Other Information	

Account Name	
User ID	
Password	
Other Information	

Account Name	
User ID	
Password	
Other Information	

Account Name	
User ID	
Password	
Other Information	

Account Name	
User ID	
Password	
Other Information	

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