If Something Should Happen
How to Organize Your Financial and Legal Affairs

By AIER Staff
Preface

This book will help you organize your financial and legal affairs so your loved ones will be able to step in with minimal difficulty if you are not able to manage for yourself. It is made up of two parts. Part I provides a quick overview of the fundamental elements of estate planning. Part II is made up of a set of forms that provide an easy-to-use blueprint for creating the necessary guidance others will need to act on your behalf.

There is more than one way to use this book. If you have not yet made a will, plans for your estate, or critical end-of-life decisions, filling out the forms will help you get started. If you’ve already taken care of estate planning and have all the appropriate legal documents in place, the completed forms in this book will help pull together critical information.

When you’re finished, store this book in an accessible and safe place, such as a file folder where you keep copies of your other relevant papers. You may also wish to give a copy to a close family member, the person who will be your estate’s executor, or some other trusted individual. Because this book contains sensitive and vital information, you want it to be available to those you rely on, but secure.

The American Institute for Economic Research published its first edition of *If Something Should Happen* in 2008, and since that time has distributed more than 200,000 copies.

The 2015 revision reflects changes in inheritance and health care laws. It is also based on feedback from readers that has resulted in forms that should be easier to use. Kelly Fox, the Institute’s director of membership services, provided critical insights into the kind of changes readers said they would like to see.
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About *Smart Decisions*

This book, as others in the *Smart Decisions* series, is designed to help you take some necessary steps to improve your personal financial life. Each book is meticulously researched to give you as complete a guide as possible.

It may very well be that a short, accessible *Smart Decisions* handbook will be all you’ll need to meet a challenge or get started in a direction you’d like to go. But like a good friend, no title in the series claims to be the only source of wisdom on a particular topic. A critical component to each publication in the series is a list of resources that can help further expand your knowledge.

There’s a reason for this. The American Institute for Economic Research is not a commercial book publisher. It is a nonprofit institute with education as part of its core mission. We succeed when you know more.

AIEE pursues its mission through many avenues: seminars, issue briefs, business-cycle analysis, and working papers, as well as books. The Institute has been helping people in this way since its inception during the Great Depression. You can access much of our research at our website, [www.aier.org](http://www.aier.org). Web-based worksheets and other tools directly related to *Smart Decisions*, as well as other AIER publications, are available at [www.aier.org/bookstore](http://www.aier.org/bookstore). Or you can call 1-888-528-1216.

Two books may be of particular interest to readers of *If Something Should Happen*. *The Executor’s Roadmap* is designed to be used in conjunction with this book. It is a step-by-step guide that can help loved ones settle your estate when the time comes. *How to Avoid Financial Tangles* gives more detailed information about ownership, trusts, and other issues pertinent to estates.

Whatever your circumstance, whether you are starting out your financial life, a longtime investor staying on top of your game, or somewhere in between, we welcome you to *Smart Decisions* and to AIER.

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It’s not easy to think about what might happen if you become unable to handle your own affairs. But illness and infirmity are as unpredictable as they are inevitable. It’s impossible to know when they will strike you or what form they may take.

Acknowledging your mortality is even more difficult. Even those you might reasonably expect to know better are not exempt from the tendency to avoid end-of-life decisions. Warren Burger, former chief justice of the United States, left only a handwritten will of fewer than 200 words. It bequeathed his entire estate to his two children. But he did not grant any power to his executors and failed to make provisions for estate taxes—mistakes that left his heirs with only a vague idea of how to carry out his wishes and cost them hundreds of thousands of dollars in unnecessary taxes.

This is far from an isolated example. Most Americans, some with substantial wealth, do not even have a simple will. Some people don’t have a will because they put it off. Others fear the expense of paying for a will to be drafted. Still others believe a will is not necessary.

A will defines how you want your assets to be distributed, but it is not the only tool most people need. This book will help you look at and describe your total financial picture, so others can understand it and better carry out your wishes.

Many people have inventories in their heads about what they own, which accounts are worth how much, and where to find the keys to the safe deposit box. Others have only a vague idea of where everything is, but assume family members will be able to piece things together. In either case, if you don’t commit details to paper, the individuals you expect to help out or take over will have difficulty gathering the information they need at what is likely to be a time of stress.

Planning for emergencies also means taking stock of relationships. This book asks you to consider beneficiary designations and ownership arrangements. You may discover that some of your earlier choices are no longer appropriate and need to be changed. This book also asks for the names of people who should assume key roles such as executor for your estate, guardian for minor children, and power of attorney for both health care and financial decisions. As you fill out the forms, use the occasion to talk to the people you have chosen to make sure they understand your wishes and are able and willing to fulfill them.

The time you spend now will make it easier for loved ones when you are no longer able to handle your affairs yourself.

PART I: TAKING STOCK
This book is not a substitute for writing your will. So the first thing you should do is write a legally valid last will and testament and sign it according to the requirements of your state. (If you have no will, your state decides how to distribute your estate—typically along direct blood lines—so having a legal will ensures your assets are distributed according to your wishes.)

Some assets, such as those that are jointly owned, name a beneficiary, or have a payable-on-death or transfer-on-death designation, can transfer fairly simply without a will. The remaining assets will have to pass through probate court. If this happens, legal fees and lengthy delays may prevent heirs from receiving their full inheritances in a timely manner.

Remember that even a well-drawn will must be validated by probate court and be able to withstand challenges. (To avoid challenges based on an earlier will with different terms, make sure that your will includes a statement that says it supersedes previous documents.)

There are a number of do-it-yourself resources available to those wishing to write their own will, such as the publications, online forms, and WillMaker software from Nolo Press (www.nolo.com). (WillMaker currently lists for around $50 and the online forms for around $35.)

As a rule, do-it-yourself planning is suitable only for small and simple estates. If you use an attorney—and you should definitely do so if your assets may be subject to federal or state estate taxes—you can expect to pay anywhere from a few hundred dollars to a few thousand dollars, depending on the complexity of your situation and holdings. It is money well spent if it avoids complications, misunderstandings, and potentially costly tax consequences to heirs down the road.

Friends and family members are often a good source of estate attorney referrals, as are other professionals you may use, including accountants or financial advisers. A few resources on the Internet also can help you find an attorney. Lawyers.com (www.lawyers.com) is part of Martindale-Hubbell, a major publisher of legal directories. The site has biographies and other background information on more than one million attorneys and firms. The National Elder Law Foundation (www.nelf.org) provides referrals to attorneys specializing in a variety of elder law issues, including nursing home financing and placement, estate planning, and long-term care insurance.

Estate planning law changes frequently, so it is usually best to work with an experienced attorney who specializes in the field. Some situations, not all of them strictly financial, make hiring a specialist particularly important. These include divorce, remarriage, blended families, the presence of special needs children, and the existence of a family business.

In choosing an attorney, particularly for complex estates, look for memberships in groups such as the American Bar Association’s Section of Real Property, Trust and Estate Law, the National Academy of Elder Law Attorneys, or local estate planning councils. Publication on issues relating to estate planning is another indicator of specialization in the field. Whether you choose your attorney from friends, family, other professionals in related fields, or any other avenue, you also want to ask for references.

When interviewing attorneys, find out if the attorney charges a flat fee or an hourly fee. If the attorney charges an hourly rate, ask for a written fee agreement that states the rate, billing dates, and an estimate of the number of hours that will be needed. If you are already ill or infirm, find out if the attorney makes house calls or can visit a nursing home.

In addition to specifying how your assets will be distributed to heirs, you need to name an executor for your estate in your will.

The executor, also called a personal representative, carries out the terms of the will. Duties vary depending on the size and complexity of the estate. Minimally, the job entails validating the will in probate court, taking control of assets, paying bills and taxes, and distributing the estate. To do so, the executor will likely have to work with family members, an attorney, and an accountant. A 10-point
checklist of an executor’s duties appears on page 20 of this book to help the executor of your estate get started. *The Executor’s Roadmap*, an AIER publication, spells out the process in greater detail.

An executor need not be someone with specialized knowledge of taxes or estate law. He or she should be willing to arbitrate disputes, seek outside help from professionals when necessary, and carry out the terms set forth in the estate plan honestly and effectively.

If you already have a will and other estate planning documents in place, such as transfer-on-death designations, review them with your attorney if you have not done so within the past five years. This is particularly true if you have experienced a change in your financial or personal circumstances such as a change in residence, the death of a spouse or close family member, marriage, divorce, remarriage, adoption, or the birth of a child or grandchild. Make sure your beneficiaries are the people and institutions you still wish to inherit your assets and that the executor is still the person best suited to the job.

Remember, if you want to leave assets to particular organizations, *specify those wishes in your will*, as verbal wishes or notations in this book are not legally binding. After your property is distributed and your estate’s taxes and other expenses are paid, any remaining assets that do not have a designated beneficiary will pass to your heirs as part of your estate’s residue.

Another part of your planning is to review the names on all jointly held accounts to ensure property passes to survivors according to your wishes. Property that is jointly held with a second husband or wife, for example, passes directly to the surviving spouse. This could have the unintended consequences of disinheriting children from a first marriage.

Review IRAs, 401(k) plans, life insurance policies, property titles, pension plans, and other assets with named beneficiaries to make sure that beneficiaries have actually been named and remain appropriate. When naming beneficiaries, consider “what if” scenarios. What if a beneficiary predeceases you? What if you name two beneficiaries and one predeceases you? With some accounts, you can address these issues by naming a contingent beneficiary. Some beneficiary forms clearly spell out your options. If they do not, your best bet is to ask an attorney for clarification.

**Trusts and Living Wills**

A trust is a legal and financial arrangement between the creator of the trust, or *grantor*, and the trustee, the person or institution designated to manage trust assets on behalf of the *trust beneficiary*. Although the beneficiary benefits from the use of the assets, he or she does not legally own them—the trust does. The trustee has a legally enforceable obligation to act in accordance with the terms of the trust and in the best interest of the beneficiary.

The trustee may be a relative, family friend, a lawyer, a bank, a trust company, or another organization. In the case of a living trust (one created to take effect during the lifetime of the creator), the creator may be the trustee or co-trustee, with a successor trustee or co-trustee designated to take over after the creator dies or becomes incapacitated.

Trustees fulfill a particularly difficult role because they have enormous responsibility and often some discretion in deciding how to distribute money. The individual you name as trustee or successor trustee should be someone whose judgment you trust and who is not afraid to make hard decisions about how to manage assets including when to pay out money. Do not choose someone who is likely to write checks whenever beneficiaries make a request. On the other hand, some trustees use their authority to gain control over family members. So choose carefully.

Having a single trustee is considered to be the most efficient. But naming two trustees provides checks and balances. A common arrangement is to name an institution, such as a trust company, and an individual, often a family member, to act as co-trustees.

A trust can be classified as either a *living* trust or a *testamentary* trust, depending on when the trust goes into effect.
A living trust takes effect during the lifetime of the person who created it and is either revocable or irrevocable. A revocable living trust gives the person setting up the trust greater flexibility in controlling the assets, even to the extent of taking them back. The advantage of this type of trust is that it will allow assets to pass to others, such as children or grandchildren, without going through probate court. Although subject to estate taxes, the property in the trust passes quickly and privately to the trust maker’s chosen beneficiary.

The assets in an irrevocable living trust are not part of the taxable estate of the person who created it because they are owned by the trust. Generally, people create an irrevocable trust to shift ownership of assets so they will not be subject to estate taxes, or to protect assets from creditors. With irrevocable trusts, the creator relinquishes the right to dissolve the trust. He or she may, nonetheless, reserve specific rights regarding administration, such as the right to be consulted on investments.

A testamentary trust is set up within a will, but does not take effect until the grantor’s death and exists as long as the trust document states. Unlike a living trust, a testamentary trust is not private and confidential. Rather, since it is part of a will, a testamentary trust goes through probate court and is public record. These trusts also are subject to annual accountings that must be filed in the probate court, which make them more expensive to maintain than living trusts. They are most commonly used to allow a parent to leave assets to young children and to identify the trustee responsible for managing those assets for a specified time frame.

A living will allows you to declare your wishes with respect to the kind of medical treatment you wish to receive in the event you become unable to make your own health-related decisions. The living will may or may not appoint a health care agent to make medical decisions on your behalf. Most medical and legal experts advise that a separate form that designates a health care agent should accompany a living will. That form, which assigns durable power of attorney for health care (also known as a health care proxy or medical power of attorney), is discussed in the next section.

A living will serves as a guide for your health care agent or anyone else, such as doctors and family members, who may be making decisions about your treatment. Even if you think your family knows what you would want done, a living will provides a written record of your preferences. This is valuable from a legal perspective and also helps loved ones who may have to make difficult decisions.

Most states have a living will statute. Even in states without such a statute, living wills may be recognized in practice. In some states, it is not necessary to have a lawyer draw up the document. However, you must use a form that has been approved for use in your state. Local hospitals or your attorney may be able to provide you with the appropriate form. Or you can contact Caring Connections, a program of the National Hospice and Palliative Care Organization. (Go to www.caringinfo.org and click the “Resources” link at the top of the home page for helpful information.)

### Living Trust vs. Testamentary Trust

<table>
<thead>
<tr>
<th>Living Trust</th>
<th>Testamentary Trust</th>
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<tbody>
<tr>
<td>Takes effect during the lifetime of the grantor</td>
<td>Takes effect upon death of the grantor</td>
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<tr>
<td>Revocable</td>
<td>Irrevocable</td>
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<tr>
<td>Can be extinguished</td>
<td>Cannot be extinguished</td>
</tr>
<tr>
<td>Avoids probate</td>
<td>No longer part of the estate</td>
</tr>
<tr>
<td>Not part of will, private</td>
<td>Not part of will, private</td>
</tr>
<tr>
<td>Subject to estate taxes</td>
<td>Not subject to estate taxes</td>
</tr>
<tr>
<td>Common use:</td>
<td>Common use:</td>
</tr>
<tr>
<td>Allows assets to pass quickly to heirs</td>
<td>Protects assets from estate taxes and creditors</td>
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<tr>
<td></td>
<td>_exists as long as grantor stipulates</td>
</tr>
<tr>
<td></td>
<td>Goes through probate</td>
</tr>
<tr>
<td></td>
<td>Part of will, public</td>
</tr>
<tr>
<td></td>
<td>Requires annual accountings</td>
</tr>
<tr>
<td></td>
<td>Common use: to leave assets to young children and name a trustee</td>
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</table>
organization provides the information, instructions, and forms you need to ensure that your preferences are followed at the end of life.

All living wills must be signed and witnessed, and it is prudent (and may be required by law in some states) to have such documents notarized. Witnesses to a living will should not be anyone who would benefit from your death through an inheritance or otherwise. Usually the following individuals are specifically prohibited by statute from witnessing a living will: anyone related to the declarant by blood or marriage; any heir or claimant to any part of the declarant's estate, including creditors; the declarant's physician or the physician's employee; any employee of the patient's health facility; or any other person responsible for the patient's health care. Such prohibitions vary from state to state.

Once the living will is prepared, keep the original with your personal papers, preferably near a completed copy of this book. That way, whoever finds this book in an emergency can pass on a copy of the living will to doctors, members of your family, and your health care agent, if you have not already done so. Some states require that a living will be updated periodically. Even if your state does not, you should review yours to make sure it still accurately states your wishes, then initial and date the document.

Power of Attorney and Health Care Proxies

A power of attorney is a legal instrument that confers on another person the authority to make decisions and conduct transactions on your behalf. The scope of authority is specifically described in the document and can be very narrow or very broad, according to your wishes. For most people, a well-thought-out plan for dealing with health emergencies includes two power-of-attorney documents, one for financial matters and the other for health care. But you should not view granting powers of attorney as a substitute for preparing a will, choosing an executor, and other aspects of estate planning. A power of attorney remains in force only for your lifetime.

Many people assume their spouses or children will automatically be able to assume the management of their financial and medical affairs. Legally, however, this assumption is often wrong. To minimize problems and delays, make arrangements well in advance, when you are legally competent to make decisions.

The authority to manage financial affairs is the most commonly known type of power of attorney. Typically, a power of attorney for financial affairs includes the authority to access bank accounts and safe deposit boxes, write checks, pay bills, buy and sell securities, and sign tax returns.

Unlike a medical power of attorney, which only takes effect when you are incapacitated, a power of attorney for financial matters can become active in two ways. A durable power of attorney can take effect immediately and remain in effect for your lifetime. A springing power of attorney becomes active only when you become incapacitated in the way specified in the document (such as a disability in a notarized statement confirmed by a doctor). As a grantor, you can choose to revoke a power of attorney at any time for any reason.

But be careful whom you trust. Power of attorney and joint account ownership can be abused, and dishonest agents have transferred a principal’s assets to themselves and others. It is important to appoint an agent who is trustworthy and to require the agent to provide complete and periodic accountings to you or to a third party.

When appointing someone to take control of your finances, have a lawyer draw up the power-of-attorney document and then notarize the signed document. Banks and brokerage houses will need to see the notarized document before they will allow your representative access to your money. In many situations, an original or a certified copy must be provided—a simple photocopy may not suffice. Some banks and brokerages additionally require your designated agent to submit notarized copies of their own forms. Ask them about their policies when you set up the power of attorney.

Should you choose to revoke a power of attorney for financial matters, your financial institutions and other affected parties must be notified. It is also
possible for a court to revoke this power if the judge concludes that you were incapacitated when you granted it.

A power of attorney for health care, or health care proxy, empowers someone to act on your behalf should you become unable to communicate or make decisions for yourself. In most states, designated health care agents are permitted to make life-and-death medical decisions. As long as you are able to make your own choices, your consent will be required.

You should choose your health care agent carefully and discuss your wishes as expressed in your living will with that person. That discussion will require going into detail about specific procedures such as resuscitation and long-term life support. Make it clear under precisely which circumstances you do or do not wish these procedures to be used, and, if you choose, for what length of time these procedures should be performed. It is also prudent to appoint an alternate agent should your first designee not be available.

In some states, the force of health care proxies is limited. Nevertheless, if you have a health care proxy that is supported by a properly drafted living will, and you have had the appropriate face-to-face discussions, you will be in a strong position to have your wishes carried out.

As with living wills, the legal forms for health care proxies vary from state to state. If you live in a state where the approved living will form includes a section conferring this authority over health care, you should use this form. In other states, the health care proxy is a separate form. You may be able to get forms from a hospital or your attorney. They also are available at no cost through Caring Connections, the organization that also provides forms for living wills. (Go to www.caringinfo.org and click the “Resources” link at the top of the home page for information.) You also can contact the nonprofit organization Aging with Dignity for Five Wishes, a step-by-step guide to defining your end-of-life health care wishes. (Go to www.agingwithdignity.org and click the “Five Wishes” link. You can either order the Five Wishes booklet or fill out an online questionnaire.)

The Five Wishes system asks you to indicate your wishes with regard to five decisions: the person you want to make health care decisions for you, the kind of medical treatment you want or don’t want, how comfortable you want to be, how you want people to treat you, and what you want your loved ones to know, including what kind of funeral you want.

Some people may find the personal, sympathetic tone of Five Wishes helpful for prompting family conversations about these difficult issues. Properly signed, witnessed, and (in some states) notarized, the Five Wishes document is legally valid in 42 states, according to Aging with Dignity. As with living wills and other planning documents, you can change your designation at any time.

**Care of Minor Children**

Guardians oversee the care and custody of minor children or disabled individuals and administer their assets. Make sure to choose someone you trust to raise your children in a loving, nurturing, and stable environment—and discuss guardianship with the person you select to make sure he or she has carefully considered the role. This is a decision you should make with your heart as well as your head.

A parent may choose one guardian to oversee the children’s care and another to manage the children’s assets, or one person to fill both roles.

Instructions for guardianship should be stated in the will to ensure probate court can appoint the guardian(s) seamlessly following the death. If the will does not name a guardian, the court will choose someone whom it deems will serve the best interests of the child.

**Long-Term Care Insurance, Health Insurance, and Life Insurance**

Even the most well-thought-out estate plan may be derailed by a health crisis that could decimate your assets. One of the most serious threats to
retirees’ finances is the need for extended nursing or home health care. According to a 2012 MetLife Mature Market Survey, the average cost for a nursing home in the U.S. exceeds $90,000 per year for a private room ($248 a day) and $81,000 for a semi-private room. However, the costs vary widely depending on the facility and the location. Alaska’s nursing home costs, for example, ranked the highest on the survey at more than $250,000 per year for a private room.

Depending on the amount and type of care required, arranging for care at home can cost more or less than nursing home care. At the time of this writing, home aides cost an average of $21 per hour. At this rate, four hours of care each day would cost more than $30,000 per year. Round-the-clock care at this hourly rate would cost nearly $184,000 per year.

Medicare does not cover long-term custodial care in nursing homes, in assisted-living facilities, or at home. Medicaid, the government health program for the poor, does cover nursing home care, but has strict eligibility requirements that include income and asset limitations. (Medicaid asset transfer rules make it difficult to feign poverty in order to qualify for coverage.)

Many insurers sell long-term care insurance to cover health care costs later in life. These policies promise to pay benefits for a combination of skilled and custodial care in a nursing facility and for home health care.

Many of the early long-term care policies offered limited coverage for high prices. Some of the most objectionable features of earlier policies—such as those requiring prior hospitalization before admission to a nursing home or exclusions for Alzheimer’s disease—have been eliminated from more recent policies. If you hold one of the older policies, review its provisions and modify the policy if necessary.

Despite improvements, long-term care insurance is still complex and expensive, and underwriting standards are strict. If you wait until you have serious health problems to apply, you will probably be rejected. On the other hand, if you buy a policy when you are in your 50’s or 60’s, you may pay thousands of dollars over the years for a policy that you might never use, that you might eventually drop if the premiums become unaffordable, and that might not provide enough coverage.

If you are considering buying long-term care insurance or are reviewing a policy you already own, you may wish to consult a helpful booklet titled *A Shopper’s Guide to Long-Term Care Insurance*. Published by the National Association of Insurance Commissioners, it is available free of charge at the organization’s website ([www.naic.org](http://www.naic.org)).

Long-term care insurance does not answer the need for coverage while you are still relatively healthy. If you are working, it is likely that your employer (or if you are self-employed, your business) pays some or all of your health insurance premiums. Alternatively, you may have purchased coverage through a health care exchange or, if you recently lost your job, through COBRA.

Health insurance options change markedly at age 65, when anyone eligible to receive Social Security benefits becomes eligible for coverage under the federal Medicare program. Although it is fairly comprehensive, Medicare does not cover some medical expenses, including dental care, eye care, co-insurance and deductibles, and some tests. Medigap policies aim to fill in any coverage gaps left by Medicare. As Medicare coverage changes, check your Medigap policies to be sure your combined coverage provides what you need. The National Association of Insurance Commissioners has tried to simplify Medigap policies, but the policies remain confusing to many people. A policy that may be a good value to one person may not be useful to another. For information that can help you evaluate your options, see the free government guide *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*. It is available at [www.medicare.gov](http://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227).

Next, consider whether any changes in your circumstances warrant a change in life insurance coverage. The need for life insurance is greatest upon the birth of children. It gradually diminishes as children grow older. In addition, if you have a large mortgage and heavy debts, family members might have trouble paying off those debts without life
insurance. If no one is financially dependent on you and you have a relatively light debt load, you may no longer need to be paying life insurance premiums.

Funerals

Fears about death understandably may make all concerned reluctant to discuss or plan funeral arrangements. However, last-minute arrangements made in anguished circumstances can be far more costly—sometimes onerously so to survivors—than informed decisions made in advance.

For many people, knowing that they will be celebrated by a funeral that spares no expense and is attended by a host of friends and family is an important source of comfort. For others, a private modest funeral that does not pose a financial burden to survivors or deplete the estate is desirable. Still others prefer that no funeral service be held and that their remains be disposed of in the least costly fashion. The important thing to realize is this: Your own wishes probably will not be fulfilled unless you make them known—and unless you review the options that are available for a particular type of funeral arrangement.

A variety of state and federal laws regulate funeral practices. It is in your interest and the interest of your survivors to be familiar with the laws. The Federal Trade Commission’s Funeral Rule enables consumers to obtain information about costs. Among other provisions, the Funeral Rule requires that providers give price information over the telephone (which relieves consumers of subtle pressure tactics that may be employed in a face-to-face meeting with funeral personnel). It also requires providers to supply, on request, a general price list of all items and services offered.

One of the most costly items to purchase after a death is the casket. However, in some circumstances, a casket may not be appropriate.

For consumers who select cremation, an inexpensive alternative container or unfinished wood box may suffice. Under the Funeral Rule, funeral directors who offer cremation services are prohibited from telling you that state or local law requires a casket for direct cremations and must make an unfinished wood box or alternative container available.

Bear in mind that some states require a signed directive from you if you wish to be cremated. Ask the funeral home about the best way to go about this in your state. In the absence of a directive, the next of kin decides.

Call one or more funeral providers in your area to request a general price list of funeral items and services. If you have clear wishes about how you would like your family to handle your funeral arrangements, discuss them with whomever you expect to be in charge and indicate on the price list exactly what you want. Keep a copy of this list, with your written instructions, in a readily available location—such as with this book—in the event of your death. (Do not put it in a safe deposit box, which may not be immediately accessible to your heirs after you die.) Make sure your spouse or anyone else who may require such information upon your death knows where the document is filed.

Many funeral directors urge consumers to pay for their own funerals in advance. They say this will save grief-stricken survivors the trouble of making arrangements and will lock in the current price for funeral goods and services. In principle, this may seem prudent, but it’s best to avoid prepaying a funeral home. Most states don’t provide adequate legal protection if you move out of state or change your mind about your chosen arrangements and seek a refund.

There are alternatives to prepaid arrangements that can save your survivors the expense of your funeral and provide more flexibility. One choice is to purchase a life insurance policy with a death benefit adequate to cover the costs of the funeral you desire. A second choice is to place sufficient funds to cover your desired funeral in a bank account that is owned jointly with a close friend or family member. Co-ownership means that upon your death, your co-owner will continue to have access to these funds.

The Funeral Consumers Alliance (FCA), a non-profit organization that supports increased funeral consumer protections, recommends an option that
is sometimes referred to as a Totten trust. This is a separate account held at a bank or brokerage firm that is designated as payable-on-death (POD) or transfer-on-death (TOD). In the the 34 states that recognize such accounts, you select a beneficiary by filling out a few simple forms and depositing into the account any amount of money you wish. When

you die, the money does not have to go through probate and is immediately released to the beneficiary upon confirmation of his or her identity and presentation of a death certificate.

Until then, however, only you, and not the beneficiary, can access the account. The funds remain in your name, they are portable, and the interest accrues in your account. You can get more information on Totten trusts and other funeral arrangements at the FCA’s website (www.funerals.org).

If you want to donate your body to science, many large medical centers accept human remains for purposes of teaching or research. In most instances, the facility will pay a donation fee upon receipt of the body. In many states, such donations are regulated by a state anatomical board that pays the fees to the donor’s estate, which then can either retain them as part of the estate or donate them to a desired charity. For information about the forms you must complete and the procedures you must follow, contact the medical facility to which you wish to donate your remains. All such donations are revocable by alternate instructions prior to death.

Tell your family about any advance plans you have made. You also may wish to consult an attorney on the best way to ensure that your wishes are followed.

Resources

**Personal belongings**

**YELLOW PIE PLATE**
The University of Minnesota Extension Service’s website, Who Gets Grandma’s Yellow Pie Plate?, provides guidance on the sensitive issue of how to distribute personal belongings to heirs. Whether these decisions are made by you or your executor, they can be difficult and lead to family disagreements. Planning ahead can help avoid problems.

www.yellowpieplate.umn.edu

**Living Wills and Advance Directives**

**FIVE WISHES**
The Five Wishes booklet includes forms that serve as living wills and advance directives that are legally valid in 42 states. For information on the Five Wishes Project, contact Aging with Dignity.

www.agingwithdignity.org
P.O. Box 1661, Tallahassee, Fla. 32302-1661
1-888-5WISHES (1-888-594-7437)

**CARING CONNECTIONS**
Caring Connections, a program of the National Hospice and Palliative Care Organization, provides state-specific forms on advance directives.

www.caringinfo.org
1-800-658-8898

**NATIONAL ACADEMY OF ELDER LAW ATTORNEYS**
NAELA is an association of attorneys who provide counsel about legal issues affecting the elderly and disabled. There are about 4,200 members. In addition to paying a fee, members must have a J.D. and be licensed to practice law in any country, or be full-time law students studying at accredited colleges. Members must also comply with a list of ethical standards.

www.naela.org
1-703-942-5711
THE NATIONAL ELDER LAW FOUNDATION
NELF operates an elder law certification program for attorneys. Applicants must pass a one-day written exam and show that they have experience in the field. Successful applicants receive the Certified Elder Law Attorney designation.

www.nelf.org
6336 North Oracle Road, Suite 36, Tucson, Ariz.
85704
1-520-881-1076

ORGAN DONATION
United Network for Organ Sharing
UNOS is the private, nonprofit organization that manages the nation's organ transplant system under contract with the federal government. Their organization provides information on the donation network and educational resources for transplant patients and medical professionals.

www.unos.org
1-804-782-4800

FUNERAL PLANNING
Funeral Consumers Alliance
FCA provides information intended to help people plan a “meaningful, dignified, and affordable” funeral. Particularly if you prefer simple arrangements, you will find their information on services, caskets, embalming, and cremation helpful.

www.funerals.org
33 Patchen Road, South Burlington, Vt. 05403
1-802-865-8300

FEDERAL TRADE COMMISSION
FTC's Consumer Response Center offers a free copy of Funerals: A Consumer Guide and additional information concerning the Funeral Rule on its website.

www.ftc.gov/funerals/
600 Pennsylvania Ave., NW, Room H-130, Washington, D.C. 20580
1-202-326-2222
PART II: ORGANIZING YOUR RECORDS

Even the most well-thought-out and effective financial and estate plans will have little value if those charged with carrying them out do not know where to find key documents and other critical information. The following pages, with extensive fill-in-the-blank forms, are intended to serve as a guide to organizing the information that others will need. (You may want to fill out these forms in pencil or make photocopies that will allow you to make changes over time.) Keep this book near your other important documents—or put it in a highly visible place before you leave for the hospital for major surgery or otherwise anticipate a possible emergency.

Until that time, you should avoid having key documents so scattered about in desk drawers or bookshelves that no one, including yourself, knows where to find them. Develop a system that is easy for you and family members to use and maintain.

Organize records in a file cabinet, a covered box with folders, or whatever works best for you. If you have online access to financial records, update your information regularly, and tell household members where to find your user names and passwords.

There is no single filing system that works for everyone. Generally, most people will find it easiest to divide their personal and financial records into three areas.

Current active records. These may include current bills, papers to file, bank statements, loan statements, recent cancelled or duplicate checks, tax receipts, and business expenses. These records need to be the most accessible and belong in designated folders in a file cabinet, a separate file box, or other easy-to-find binders or document drawers. Your wallet likely contains other active records, including your driver’s license, credit cards, and health insurance cards.

Permanent records. These records typically comprise the bulk of what will go into a file cabinet or a home safe. You may need to refer to the information for tax or investment purposes throughout the year, so do not put these records in a safe deposit box or other difficult-to-access place. The documents include information on employee benefits, bank and brokerage statements, credit card statements, Social Security cards, and insurance documents. It’s a good idea to also file photocopies of original documents that are stored in your safe deposit box. Documents related to your estate—will, trusts, life insurance policies, powers of attorney, health care proxy—and documents relating to burial plans must be kept with your permanent records.

Do not keep original copies of papers such as a will, life insurance policies, or documents relating to burial plans in a safe deposit box that your family will need immediately upon your death. Safe deposit boxes are often sealed as soon as the bank learns of the owner’s death. In some cases, they may not be opened until a representative of the state tax department has opened and listed the contents and has given the bank authority to deliver the contents to the surviving owner of the box (if there is one) or the executor of the estate. If the box is held in more
than one name, any tangible personal property kept in it should be labeled to indicate ownership; any property that is determined to belong to you will be included in your estate.

**Safe deposit box.** Important documentation or items that you do not need on a regular basis or items that are vulnerable to theft should be stored here. These include original birth and marriage certificates, stock and bond certificates, military service records, real estate and vehicle titles, family heirlooms, and collectibles.

Make sure a trusted family member or friend and your executor know where to locate the safe deposit box and the key. If you have prepared a power of attorney, notify your designated agent as well, so he or she can access the box if you become incapacitated. Keep in mind that telling people where the box and key are does not mean they will be able to legally access the box. Only legally authorized persons, whose authority is recognized by the bank, will be able to do so. Ask the bank about how to arrange this.

### 10 Things You Need to Know if You Find this Book (and you’re the likely executor of your loved one’s estate)

1. **Find and secure the will.** The estate will have to be settled whether the will exists or not. If you have the will in hand, keep it safe to ensure you can distribute assets according to the decedent’s wishes.

2. **Understand the probate rules for your loved one’s state.** In some states, an executor must file the decedent’s will within days of the death. Look to [www.statelocalgov.net](http://www.statelocalgov.net) for information about state laws that apply to you.

3. **Secure unoccupied real estate or other vulnerable assets.** Property left unsecured can be a target for criminals or even well-meaning beneficiaries who want to claim valued keepsakes from the decedent. Ensure everything is secure until it can pass to its intended heirs.

4. **Determine which assets, if any, will need to pass through probate court.** Assets held jointly with a surviving owner or assigned to a beneficiary will pass more seamlessly to a new owner and make your job easier.

5. **Collect multiple copies of the death certificate.** Ask the funeral director or county records office for 10—more for more complicated estates—because you’ll need one to transfer each major asset.

6. **Take inventory of your loved one’s assets and debts.** Hopefully, the forms in this guide have been filled out in detail, and you won’t have to do much guesswork about assets the decedent owns—and any outstanding debts.

7. **Decide when, and to what extent, you will consult an attorney.** An attorney can cost hundreds or even thousands of dollars, but the fee may be well worth it if it saves you time or spares you from making costly mistakes.

8. **Communicate effectively.** Many, if not most, executors will need to coordinate with beneficiaries, trustees, attorneys, accountants, or other professionals. Ensure all of the players stay informed, and keep records of your correspondence with them.

9. **Stay organized.** Settling an estate requires you to manage a large volume of details. Keep meticulous records of the decedent’s assets and debts, any probate duties you have to fulfill, and your correspondence with creditors, beneficiaries, or professionals you consult.

10. **Distribute property only after you have paid required expenses and taxes on the estate’s behalf.** You may not have an accurate estimate of the estate’s value at the outset. Encourage beneficiaries to be patient so you can protect their interests and the estate’s.

For more information, buy *The Executor’s Roadmap* at [www.aier.org/bookstore](http://www.aier.org/bookstore) or call 1-888-528-1216.
Personal Information

Name ________________________________________________________________

Address ______________________________________________________________

_______________________________________________________________

Date of birth ___________________ Place of birth _______________________

Social Security number _______________________________________________

Location of card _____________________________________________________

Home phone ___________________ Cell phone _____________________________

Work phone ___________________ E-mail _________________________________

Father’s name and place of birth _______________________________________

Mother’s maiden name and place of birth ________________________________

RELIGIOUS AFFILIATION

House of worship _____________________________________________________

Contact name ______________________________________________________

Address ___________________________________________________________

Phone/e-mail _________________________________________________________
### KEY FAMILY MEMBERS AND FRIENDS

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Address</th>
<th>Phone/e-mail</th>
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</table>

### PETS

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<thead>
<tr>
<th>Name of veterinarian</th>
<th>Phone/e-mail</th>
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<th>Name of pet sitter</th>
<th>Phone/e-mail</th>
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<td><strong>EMPLOYER</strong></td>
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<tr>
<td>Name and address</td>
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<td>Phone/e-mail</td>
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<th><strong>LANDLORD</strong></th>
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<td>Phone/e-mail</td>
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<tr>
<th><strong>SERVICE PROVIDERS</strong>  All those who care for you or your property</th>
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</table>

Location of address book

Location of birth certificate

Location of marriage or civil union certificate

Location of divorce decree or settlement

Location of naturalization papers

Location of passport
POST OFFICE BOX

Post office and address

Location of key or combination to box

SAFE DEPOSIT BOX

Bank and address

Location of key

Name(s) on box

LOCATION OF USER NAMES AND PASSWORDS

<table>
<thead>
<tr>
<th>Device</th>
<th>Location of Password</th>
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</table>
MILITARY HISTORY

Service branch

Years worked Date of discharge

Location of records

DATE YOU COMPLETED THIS BOOKLET

Does anyone else have a copy? ☐ Yes ☐ No

Name Relationship

Address

Phone/e-mail

Legal and Professional Information

Do you have a will? ☐ Yes ☐ No

Where is the will located?

Copy

Original

EXECUTOR NAMED IN WILL

PRIMARY: Name Relationship

Address

Phone/e-mail

SECONDARY: Name Relationship

Address

Phone/e-mail
### GUARDIAN FOR MINOR CHILDREN NAMED IN WILL

**PRIMARY:** Name ______________________ Relationship ______________________

Address ________________________________________________________________

________________________________________________________________________

Phone/e-mail ____________________________________________________________

**SECONDARY:** Name ______________________ Relationship ______________________

Address ________________________________________________________________

________________________________________________________________________

Phone/e-mail ____________________________________________________________

### LOCATION OF POWER-OF-ATTORNEY DOCUMENT

Attorney ________________________________________________________________

Firm _________________________________________________________________

Address ________________________________________________________________

________________________________________________________________________

Phone/e-mail __________________________________________________________

### ACCOUNTANT/TAX PREPARER

Name _________________________________________________________________

Firm _________________________________________________________________

Address ________________________________________________________________

________________________________________________________________________

Phone/e-mail __________________________________________________________

Location of latest tax returns _____________________________________________

Location of older tax returns _____________________________________________
FINANCIAL ADVISER/STOCKBROKER

Name _____________________________________________________________

Firm _____________________________________________________________

Address __________________________________________________________

____________________________________________________________________

Phone/e-mail _______________________________________________________

Insurance, Pensions, and Social Security

LIFE INSURANCE

Carrier and policy number _____________________________________________

Broker _____________________________________________________________

Address _____________________________________________________________

Phone/e-mail _______________________________________________________

Location of records ___________________________________________________

Beneficiaries _______________________________________________________

POLICIES PROVIDED THROUGH OUTSIDE ORGANIZATIONS

<table>
<thead>
<tr>
<th>Policy</th>
<th>Organization</th>
<th>Contact Information</th>
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</tbody>
</table>
OTHER INSURANCE

**HEALTH:** Carrier and policy number ________________________________
Broker _____________________________________________________________
Address ____________________________________________________________
Phone/e-mail __________________________________________________________
Location of records ____________________________________________________

**DISABILITY:** Carrier and policy number ________________________________
Broker _____________________________________________________________
Address ____________________________________________________________
Phone/e-mail __________________________________________________________
Location of records ____________________________________________________

**LONG-TERM CARE:** Carrier and policy number ____________________________
Broker _____________________________________________________________
Address ____________________________________________________________
Phone/e-mail __________________________________________________________
Location of records ____________________________________________________

**AUTOMOBILE:** Carrier and policy number ________________________________
Broker _____________________________________________________________
Address ____________________________________________________________
Phone/e-mail __________________________________________________________
Location of records ____________________________________________________


28  Need more forms? Contact AIER’s customer service department at 1-888-528-1216 or order online at www.aier.org/bookstore
HOUSE: Carrier and policy number __________________________________________
Broker _______________________________________________________________
Address ______________________________________________________________
Phone/e-mail __________________________________________________________
Location of records ____________________________________________________

OTHER: Carrier and policy number ________________________________________
Broker _______________________________________________________________
Address ______________________________________________________________
Phone/e-mail __________________________________________________________
Location of records ____________________________________________________

LOCATION OF MEDICARE AND/OR HEALTH INSURANCE CARDS


PENSION BENEFITS

• Policy number ________________________________________________________
  Employer __________________________ Contact name _______________________
  Address _____________________________________________________________
  Phone/e-mail _________________________________________________________
  Location of records ___________________________________________________

• Policy number ________________________________________________________
  Employer __________________________ Contact name _______________________
  Address _____________________________________________________________
  Phone/e-mail _________________________________________________________
  Location of records ___________________________________________________
• Policy number ____________________________________________________________

Employer ___________________________ Contact name ___________________________

Address ________________________________________________________________

Phone/e-mail ________________________________ __________________________________

Location of records _______________________________________________________

Do you receive a pension benefit now?  ☐ Yes  ☐ No

If so, how much? __________________________________________________________

If direct deposit, give bank name and contact information __________________________

___________________________________________________________

Beneficiaries, if any ________________________________________________________

SOCIAL SECURITY

Do you receive benefits?  ☐ Yes  ☐ No

If so, how much? __________________________________________________________

Bank name and complete address where benefits are deposited __________________________

___________________________________________________________
## Medical Information

### DOCTORS AND DENTISTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Address</th>
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</table>

### POWER OF ATTORNEY FOR HEALTH CARE DECISIONS

**PRIMARY:** Name __________________________ Relationship __________________________

Address ____________________________________________________________________________

___________________________________________________________________________________

Phone/e-mail _________________________________________________________________________

**SECONDARY:** Name __________________________ Relationship __________________________

Address ____________________________________________________________________________

___________________________________________________________________________________

Phone/e-mail _________________________________________________________________________

Location of health care directive and living will __________________________________________

___________________________________________________________________________________

Need more forms? Contact AIER’s customer service department at 1-888-528-1216 or order online at www.aier.org/bookstore
Blood type

Medications and location

Allergies

Past treatments or surgeries

Current medical status and conditions

Location of medical records

Location of organ donor information

**Assets**

**BANK ACCOUNTS**

- Name(s) on account
  - Account number
  - Financial institution and address
  - Phone/e-mail
  - Location of records

- Name(s) on account
  - Account number
  - Financial institution and address
  - Phone/e-mail
  - Location of records
• Name(s) on account ___________________________________________________________

Account number ______________________________________________________________

Financial institution and address _________________________________________________

Phone/e-mail ________________________________________________________________

Location of records ____________________________________________________________

CERTIFICATES OF DEPOSIT

• Name(s) on account ___________________________________________________________

Account number ___________ Face value _____________________________

Financial institution and address _________________________________________________

Phone/e-mail ________________________________________________________________

Location of records ____________________________________________________________

• Name(s) on account ___________________________________________________________

Account number ___________ Face value _____________________________

Financial institution and address _________________________________________________

Phone/e-mail ________________________________________________________________

Location of records ____________________________________________________________

• Name(s) on account ___________________________________________________________

Account number ___________ Face value _____________________________

Financial institution and address _________________________________________________

Phone/e-mail ________________________________________________________________

Location of records ____________________________________________________________
- Name(s) on account __________________________________________
  Account number ___________________________ Face value ___________________________
  Financial institution and address __________________________________________
  Phone/e-mail __________________________________________
  Location of records __________________________________________

- Name(s) on account __________________________________________
  Account number ___________________________ Face value ___________________________
  Financial institution and address __________________________________________
  Phone/e-mail __________________________________________
  Location of records __________________________________________

**GOVERNMENT SECURITIES** Not held with a broker

- Owner(s) __________________________________________
  Serial number ___________________________ Maturity date ___________________________
  Face value ___________________________ Beneficiaries __________________________________________
  Location of certificate and records __________________________________________

- Owner(s) __________________________________________
  Serial number ___________________________ Maturity date ___________________________
  Face value ___________________________ Beneficiaries __________________________________________
  Location of certificate and records __________________________________________
• Owner(s) ____________________________________________________________

  Serial number ______________________________ Maturity date ________________

  Face value ______________________________ Beneficiaries ____________________________

  Location of certificate and records ____________________________________________

• Owner(s) ____________________________________________________________

  Serial number ______________________________ Maturity date ________________

  Face value ______________________________ Beneficiaries ____________________________

  Location of certificate and records ____________________________________________

• Owner(s) ____________________________________________________________

  Serial number ______________________________ Maturity date ________________

  Face value ______________________________ Beneficiaries ____________________________

  Location of certificate and records ____________________________________________

---

**RETIRED ACCOUNTS** 401(k)s, IRAs, etc.

• Name(s) on account _______________________________________________________

  Account number _________________________________________________________

  Financial institution and address ____________________________________________

  Contact person __________________________________________________________

  Phone/e-mail ____________________________________________________________

  Beneficiaries ____________________________________________________________

  Location of records _______________________________________________________

---

Need more forms? Contact AIER's customer service department at 1-888-528-1216 or order online at www.aier.org/bookstore
• Name(s) on account ____________________________
  Account number ________________________________
  Financial institution and address ____________________________
  Contact person ________________________________________
  Phone/e-mail ____________________________________________
  Beneficiaries ____________________________________________
  Location of records ________________________________________

• Name(s) on account ____________________________
  Account number ________________________________
  Financial institution and address ____________________________
  Contact person ________________________________________
  Phone/e-mail ____________________________________________
  Beneficiaries ____________________________________________
  Location of records ________________________________________

BROKERAGE ACCOUNTS

• Name(s) on account ____________________________
  Account number ________________________________
  Financial institution and address ____________________________
  Contact person ________________________________________
  Phone/e-mail ____________________________________________
  Beneficiaries ____________________________________________
  Location of records ________________________________________
• Name(s) on account

Account number

Financial institution and address

Contact person

Phone/e-mail

Beneficiaries

Location of records

• Name(s) on account

Account number

Financial institution and address

Contact person

Phone/e-mail

Beneficiaries

Location of records

OTHER FINANCIAL ACCOUNTS 529 college savings plans, charitable remainder trusts, and charitable annuities

• Name(s) on account

Account number

Financial institution and address

Contact person

Phone/e-mail

Beneficiaries

Location of records
• Name(s) on account ________________________________

Account number ________________________________

Financial institution and address ________________________________

____________________________________________________________________

Contact person ________________________________

Phone/e-mail ________________________________

Beneficiaries ________________________________

Location of records ________________________________

• Name(s) on account ________________________________

Account number ________________________________

Financial institution and address ________________________________

____________________________________________________________________

Contact person ________________________________

Phone/e-mail ________________________________

Beneficiaries ________________________________

Location of records ________________________________

• Name(s) on account ________________________________

Account number ________________________________

Financial institution and address ________________________________

____________________________________________________________________

Contact person ________________________________

Phone/e-mail ________________________________

Beneficiaries ________________________________

Location of records ________________________________
### DIRECTLY HELD STOCKS OR BONDS
Attach a list if necessary

<table>
<thead>
<tr>
<th>Name of security and registration</th>
<th>Type of holding</th>
<th>Location certificate and records</th>
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</table>
REAL ESTATE  Primary residence, vacation property, and investment property

- Address __________________________________________________________

  Owner(s) __________________________________________________________

  Beneficiaries ______________________________________________________

  Location of keys ___________________________ Location of deed __________

  Location of records (including mortgages, leases, and insurance) ________

- Address __________________________________________________________

  Owner(s) __________________________________________________________

  Beneficiaries ______________________________________________________

  Location of keys ___________________________ Location of deed __________

  Location of records (including mortgages, leases, and insurance) ________

- Address __________________________________________________________

  Owner(s) __________________________________________________________

  Beneficiaries ______________________________________________________

  Location of keys ___________________________ Location of deed __________

  Location of records (including mortgages, leases, and insurance) ________

- Address __________________________________________________________

  Owner(s) __________________________________________________________

  Beneficiaries ______________________________________________________

  Location of keys ___________________________ Location of deed __________

  Location of records (including mortgages, leases, and insurance) ________
### CARS

- **Make and model** ____________________________  **Location** ____________________________
  
  **Location of keys** ____________________________  **Location of records** ____________________________
  
  **Owner(s)** ____________________________  **Beneficiaries** ____________________________
  
- **Make and model** ____________________________  **Location** ____________________________
  
  **Location of keys** ____________________________  **Location of records** ____________________________
  
  **Owner(s)** ____________________________  **Beneficiaries** ____________________________
  
- **Make and model** ____________________________  **Location** ____________________________
  
  **Location of keys** ____________________________  **Location of records** ____________________________
  
  **Owner(s)** ____________________________  **Beneficiaries** ____________________________

### ANTICIPATED BEQUESTS

**Do you expect to be named in someone's will?**  
☐ Yes  ☐ No

- **Name of grantor** ____________________________
  
  **Relationship** ____________________________  **Phone/e-mail** ____________________________
  
  **Address** ____________________________
  
  **Location of records, if available** ____________________________

**Do you expect to be a beneficiary of a trust fund?**  
☐ Yes  ☐ No

- **Name of trust** ____________________________
  
  **Financial institution** ____________________________
  
  **Contact name** ____________________________  **Phone/e-mail** ____________________________
  
  **Address** ____________________________
  
  **Location of records, if available** ____________________________
Do you expect to receive other income or assets?  □ Yes  □ No

Income source/asset ________________________________

Contact Organization ___________________ Phone/e-mail ________________________________

Address __________________________________________________________

Location of records, if available _________________________________________

---

**MONEY OWED TO ME**

- Debtor and address ________________________________________________
  Phone/e-mail _______________________________________________________
  Amount lent and date ________________ Payment terms ______________________
  Location of records ________________________________________________

- Debtor and address ________________________________________________
  Phone/e-mail _______________________________________________________
  Amount lent and date ________________ Payment terms ______________________
  Location of records ________________________________________________

- Debtor and address ________________________________________________
  Phone/e-mail _______________________________________________________
  Amount lent and date ________________ Payment terms ______________________
  Location of records ________________________________________________

---

**COLLECTIBLES** Coins, jewelry, antiques, and art; attach a list if necessary

- Description _______________________________________________________
  Joint owner(s) ___________________________ Beneficiaries _______________________
  Location __________________________________________________________
  Location of records, if any ___________________________________________
• Description ________________________________________________
  Joint owner(s) _________________________ Beneficiaries _________________________
  Location _____________________________________________________________
  Location of records, if any _____________________________________________

• Description ________________________________________________
  Joint owner(s) _________________________ Beneficiaries _________________________
  Location _____________________________________________________________
  Location of records, if any _____________________________________________

• Description ________________________________________________
  Joint owner(s) _________________________ Beneficiaries _________________________
  Location _____________________________________________________________
  Location of records, if any _____________________________________________

• Description ________________________________________________
  Joint owner(s) _________________________ Beneficiaries _________________________
  Location _____________________________________________________________
  Location of records, if any _____________________________________________

### OTHER FINANCIAL ASSETS, PERSONAL PROPERTY, OR REAL PROPERTY

Cash, warranties for appliances, copyrights, credit union accounts

<table>
<thead>
<tr>
<th>Asset</th>
<th>Location</th>
<th>Location of records</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
### Liabilities

#### MORTGAGES

<table>
<thead>
<tr>
<th>Address of property</th>
<th>Lender and address</th>
<th>Approximate monthly payment</th>
<th>Location of records</th>
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<tbody>
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#### HOME EQUITY LOAN OR LINE OF CREDIT

<table>
<thead>
<tr>
<th>Address of property</th>
<th>Lender and address</th>
<th>Approximate monthly payment</th>
<th>Location of records</th>
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</tbody>
</table>
## HOME IMPROVEMENT LOANS

<table>
<thead>
<tr>
<th>Address of property</th>
<th>Lender and address</th>
<th>Approximate monthly payment</th>
<th>Location of records</th>
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</table>

## CAR LOANS

<table>
<thead>
<tr>
<th>Make and model</th>
<th>Lender and address</th>
<th>Approximate monthly payment</th>
<th>Location of records</th>
</tr>
</thead>
<tbody>
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## STUDENT LOANS

<table>
<thead>
<tr>
<th>Name</th>
<th>Lender and address</th>
<th>Approximate monthly payment</th>
<th>Location of records</th>
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<tbody>
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</tbody>
</table>

Need more forms? Contact AIER’s customer service department at 1-888-528-1216 or order online at www.aier.org/bookstore
## CREDIT CARD DEBT

<table>
<thead>
<tr>
<th>Credit card company</th>
<th>Account number</th>
<th>Approximate monthly payment</th>
<th>Location of records</th>
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</thead>
<tbody>
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</tbody>
</table>

## PERSONAL LOANS

- Name of lender  
  Address  
  Phone/e-mail  Approximate monthly payment  
  Location of records  

- Name of lender  
  Address  
  Phone/e-mail  Approximate monthly payment  
  Location of records  

- Name of lender  
  Address  
  Phone/e-mail  Approximate monthly payment  
  Location of records  

Need more forms? Contact AIER's customer service department at 1-888-528-1216 or order online at www.aier.org/bookstore
OTHER LIABILITIES

- Type of loan __________________________ Name of lender __________________________
  Address _______________________________________________________________________
  Approximate monthly payment ____________________________________________________
  Location of records ______________________________________________________________

- Type of loan __________________________ Name of lender __________________________
  Address _______________________________________________________________________
  Approximate monthly payment ____________________________________________________
  Location of records ______________________________________________________________

- Type of loan __________________________ Name of lender __________________________
  Address _______________________________________________________________________
  Approximate monthly payment ____________________________________________________
  Location of records ______________________________________________________________

Funeral Arrangements

PLANS FOR BURIAL OR CREMATION

Preferred funeral home and address ______________________________________________________

Phone/e-mail ____________________________________________________________

Have you prepaid burial costs?  □ Yes  □ No

Location of contract ____________________________________________________________

Name and address of cemetery ______________________________________________________

__________________________

Plot number __________ Location of contract ________________________________

Have you prepaid for a gravestone or other marker?  □ Yes  □ No
Are you entitled to a military marker? □ Yes  □ No

Are you entitled to military rites? □ Yes  □ No

If so, which ones would you like? __________________________________________

Location of your military discharge papers ____________________________________

Do wish to be cremated? □ Yes  □ No

(Please note that some states required a signed directive from you if you wish to be cremated. In the absence of a directive, the next of kin decides. An entry in this book is not a substitute for a directive.)

Crematory _______________________________________________________________

Address ________________________________________________________________

Phone/email _____________________________________________________________

Location of signed directive ______________________________________________

**PLANS FOR SERVICES**

Do you have a written description of what you would like for a funeral or memorial service? □ Yes  □ No

Location of document ______________________________________________________

Does anyone have a copy? □ Yes  □ No

If so, who? ______________________________________________________________

Address ________________________________________________________________

Phone/e-mail _____________________________________________________________

**IF YOU HAVE NOT WRITTEN DOWN YOUR WISHES, ANSWER THE QUESTIONS BELOW.**

Where would you like the service held? _________________________________________

Address ________________________________________________________________

Phone/e-mail _____________________________________________________________

Who would you like to organize the service? __________________________________

Relationship _____________________________________________________________

Address ________________________________________________________________

Phone/e-mail _____________________________________________________________
Who would you like to lead the service? ____________________________________________

Relationship ____________________________________________

Address ____________________________________________

Phone/e-mail ____________________________________________

What music would you like played?

____________________________________________________

____________________________________________________

PALL BEARERS

• Name __________________________ Relationship __________________________
  Address ____________________________________________
  Phone/e-mail ____________________________________________

• Name __________________________ Relationship __________________________
  Address ____________________________________________
  Phone/e-mail ____________________________________________

• Name __________________________ Relationship __________________________
  Address ____________________________________________
  Phone/e-mail ____________________________________________

• Name __________________________ Relationship __________________________
  Address ____________________________________________
  Phone/e-mail ____________________________________________

• Name __________________________ Relationship __________________________
  Address ____________________________________________
  Phone/e-mail ____________________________________________
• Name ____________________________ Relationship ____________________________

Address ______________________________________________________________________

Phone/e-mail ____________________________________________________________________

<table>
<thead>
<tr>
<th>PREFERRED ORGAN DONATIONS IN YOUR NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entries are not legally binding. Rather, they serve as guidance to next of kin, who likely would need to provide consent. To give advance legal consent for organ and tissue donations, register with your state donation registry by going to <a href="http://www.organdonor.gov">www.organdonor.gov</a>.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Phone/e-mail</th>
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<thead>
<tr>
<th>PREFERRED CHARITABLE DONATIONS FROM THE ESTATE</th>
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<tbody>
<tr>
<td>This is not a legal substitute for a will, but it may help guide the executor, family, and friends. Consult an attorney to make more formal arrangements.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Phone/e-mail</th>
<th>Amount</th>
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</table>
### WHERE WOULD YOU LIKE YOUR OBITUARY TO RUN?

<table>
<thead>
<tr>
<th>Publication</th>
<th>Address</th>
<th>Phone/e-mail</th>
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<tbody>
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### INFORMATION FOR YOUR OBITUARY

Names, dates, places, and key events

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________
### CHARITABLE DONATIONS IN LIEU OF FLOWERS

<table>
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<th>Organization</th>
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</table>

### What to Do With Personal Property

Use this place to describe personal property that has special value, significance, or history, and to indicate what you would like done with it. This is not a legal substitute for a will, but it may help guide the executor, family, and friends. Consult an attorney to make more formal arrangements. (Attach a list if necessary.)

1. **Property** ___________________________ **Location** ___________________________
   
   **Beneficiaries** ___________________________ **Relationship** ___________________________
   
   **Address** ____________________________________________________________
   
   **Phone/e-mail** ________________________________________________________

2. **Property** ___________________________ **Location** ___________________________
   
   **Beneficiaries** ___________________________ **Relationship** ___________________________
   
   **Address** ____________________________________________________________
   
   **Phone/e-mail** ________________________________________________________

3. **Property** ___________________________ **Location** ___________________________
   
   **Beneficiaries** ___________________________ **Relationship** ___________________________
   
   **Address** ____________________________________________________________
   
   **Phone/e-mail** ________________________________________________________
<table>
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<tr>
<th>Property</th>
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