



SafeEstate

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Personal Information

What is your full name?

What is your phone number?
Cell Home Work

What is your address?

What is your Social Security #?

Do you have a driver's license? Yes No If yes, what is the issuing state?

What is your driver's license #?

Passwords

Do you have a password keeper app? Yes No If yes, which one?

Where do you keep the master password?

Family information

Do you have children? Yes No How many?

What are your children's names and contact information?

Child 1

Name Phone Number

Email Address Birthday

Address

Child 2

Name Phone Number

Email Address Birthday

Address

Child 3

Name Phone Number

Email Address Birthday

Address

Child 4

Name	<input type="text"/>	Phone Number	<input type="text"/>
Email Address	<input type="text"/>	Birthday	<input type="text"/>
Address	<input type="text"/>		

Child 5

Name	<input type="text"/>	Phone Number	<input type="text"/>
Email Address	<input type="text"/>	Birthday	<input type="text"/>
Address	<input type="text"/>		

Child 6

Name	<input type="text"/>	Phone Number	<input type="text"/>
Email Address	<input type="text"/>	Birthday	<input type="text"/>
Address	<input type="text"/>		

Child 7

Name	<input type="text"/>	Phone Number	<input type="text"/>
Email Address	<input type="text"/>	Birthday	<input type="text"/>
Address	<input type="text"/>		

Child 8

Name	<input type="text"/>	Phone Number	<input type="text"/>
Email Address	<input type="text"/>	Birthday	<input type="text"/>
Address	<input type="text"/>		

Child 9

Name	<input type="text"/>	Phone Number	<input type="text"/>
Email Address	<input type="text"/>	Birthday	<input type="text"/>
Address	<input type="text"/>		

Child 10

Name

Phone Number

Email Address

Birthday

Address

Do you want to list any grandchildren? If so, what are their names and birthdays?



Medical Information

Do you have Health Insurance? Yes No

What company is the insurance with?

What is the contact information for that company?

Name

Phone Number

Email/Website

Address

Do you have any medical conditions? Yes No If yes, please explain.

Do you have any allergies? Yes No If yes, please explain.

Do you have a primary care physician? Yes No

What is the contact information for that doctor?

Name

Phone Number

Email/Website

Address

Do you have an eye doctor? Yes No

What is the contact information for that doctor?

Name

Phone Number

Email/Website

Address

Do you have a dentist? Yes No

What is the contact information for that doctor?

Name Phone Number

Email/Website

Address

Do you have any specialist doctors? Yes No

Specialist 1

What is the contact information for that doctor?

Name Phone Number

Email/Website

Address

Specialist 2

What is the contact information for that doctor?

Name Phone Number

Email/Website

Address

Specialist 3

What is the contact information for that doctor?

Name Phone Number

Email/Website

Address

Specialist 4

What is the contact information for that doctor?

Name Phone Number

Email/Website

Address

Do you have a Do Not Resuscitate (DNR) order? Yes No

Do you have a Living Will or Advanced Healthcare Directive or Medical Agent? Yes No

If yes, where is it located?

Estate Plan

Do you have a will? Yes No

Do you have a trust? Yes No

Do you have other estate planning documents?

Power of Attorney? Yes No

Living Will/Advance Healthcare Directive? Yes No

Where is your estate plan located?

Who is the attorney that drafted your estate plan?

Name Phone Number

Email Address

Address

Funeral Plan

Do you have a pre-purchased funeral plan? Yes No

If yes, where is the information located?

What is the funeral home's contact information?

Name

Phone Number

Email Address

Address

Do you have specific requests for the disposition of your body? (ex: buried, cremated, donated to science)

Do you have specific wishes for your funeral? If yes, please explain.

Financial Accounting

List all accounts in one place.

Do you have Life Insurance? Yes No

Policy 1

What company is the life insurance with?

What is the contact information for that company?

Policy #

Phone Number

Website

Address

Policy 2

What company is the life insurance with?

What is the contact information for that company?

Policy #

Phone Number

Website

Address

Policy 3

What company is the life insurance with?

What is the contact information for that company?

Policy #

Phone Number

Website

Address

Do you have money in Bank accounts or credit unions? Yes No

Account 1

What is the name of the bank/credit union?

What is the type of account? (ex: checking, savings, money market, etc)

What is the contact information for that bank/credit union?

Last 4 numbers of your account Phone Number

Website

Address

Account 2

What is the name of the bank/credit union?

What is the type of account? (ex: checking, savings, money market, etc)

What is the contact information for that bank/credit union?

Last 4 numbers of your account Phone Number

Website

Address

Account 3

What is the name of the bank/credit union?

What is the type of account? (ex: checking, savings, money market, etc)

What is the contact information for that bank/credit union?

Last 4 numbers of your account Phone Number

Website

Address

Account 4

What is the name of the bank/credit union?

What is the type of account? (ex: checking, savings, money market, etc)

What is the contact information for that bank/credit union?

Last 4 numbers of your account Phone Number

Website

Address

Account 5

What is the name of the bank/credit union?

What is the type of account? (ex: checking, savings, money market, etc)

What is the contact information for that bank/credit union?

Last 4 numbers of your account Phone Number

Website

Address

Do you have a 401(k)? Yes No

Account 1

What company is the 401(k) with?

What is the contact information for that company?

Account # Phone Number

Website

Address

Account 2

What company is the 401(k) with?

What is the contact information for that company?

Account # Phone Number

Website

Address

Do you have any Investments? Yes No

Investment 1

What is the contact information for your Investment Firm/Financial Planner?

Name Phone Number

Website

Address

Would you like to list specific investment accounts? If yes, please fill out below.

Investment 2

What is the contact information for your Investment Firm/Financial Planner?

Name Phone Number

Website

Address

Would you like to list specific investment accounts? If yes, please fill out below.

Are you retired? Yes No

Do you received Social Security? Yes No

Do you have a pension? Yes No

What company is the pension with?

Name Phone Number

Website

Address

Do you have any credit cards? Yes No

Please list your credit cards.

Card 1

Credit card company name

Company contact phone #

Last 4 digits of the credit card

Card 2

Credit card company name

Company contact phone #

Last 4 digits of the credit card

Card 3

Credit card company name

Company contact phone #

Last 4 digits of the credit card

Card 4

Credit card company name

Company contact phone #

Last 4 digits of the credit card

Card 5

Credit card company name

Company contact phone #

Last 4 digits of the credit card

Assets

Do you own a home? Yes No

Do you know how the home is titled? (ex: In the name of a trust, as joint tenants, as tenants in common, etc)

Do you have a copy of the deed? Yes No If yes, where is it kept?

Do you have homeowner's insurance? Yes No

What company is the homeowner's insurance with?

Name Phone Number

Email/Website

Address

Do you own any other vehicles? (ex: cars, motorcycles, boats, RVs, ATVs, etc)

Vehicle 1

Description (Make, model, year)

Do you have vehicle insurance? Yes No

What company is the vehicle insurance with?

What is the contact information for that company?

Name Phone Number

Email/Website

Address

Vehicle 2

Description (Make, model, year)

Do you have vehicle insurance? Yes No

What company is the vehicle insurance with?

What is the contact information for that company?

Name Phone Number

Email/Website

Address

Vehicle 3

Description (Make, model, year)

Do you have vehicle insurance? Yes No

What company is the vehicle insurance with?

What is the contact information for that company?

Name Phone Number

Email/Website

Address

Vehicle 4

Description (Make, model, year)

Do you have vehicle insurance? Yes No

What company is the vehicle insurance with?

What is the contact information for that company?

Name Phone Number

Email/Website

Address

Vehicle 5

Description (Make, model, year)

Do you have vehicle insurance? Yes No

What company is the vehicle insurance with?

What is the contact information for that company?

Name Phone Number

Email/Website

Address

Do you have any other insurance?

What type of insurance do you have?

What company is the insurance with?

What is the contact information for that company?

Name Phone Number

Email/Website

Address

Do you have any other financial assets?

Please list with relevant contact information if necessary.

Contacts

Please include any important contact information that your family might need. (ex: attorneys, financial planners, funeral home, insurance agent, etc)

Contact 1

Who or what business	<input type="text"/>		
Name	<input type="text"/>	Phone Number	<input type="text"/>
Email Address	<input type="text"/>		
Address	<input type="text"/>		

Contact 2

Who or what business	<input type="text"/>		
Name	<input type="text"/>	Phone Number	<input type="text"/>
Email Address	<input type="text"/>		
Address	<input type="text"/>		

Contact 3

Who or what business	<input type="text"/>		
Name	<input type="text"/>	Phone Number	<input type="text"/>
Email Address	<input type="text"/>		
Address	<input type="text"/>		

Contact 4

Who or what business	<input type="text"/>		
Name	<input type="text"/>	Phone Number	<input type="text"/>
Email Address	<input type="text"/>		
Address	<input type="text"/>		

Contact 5

Who or what business	<input type="text"/>		
Name	<input type="text"/>	Phone Number	<input type="text"/>
Email Address	<input type="text"/>		

Address

Contact 6

Who or what business

Name Phone Number

Email Address

Address

Contact 7

Who or what business

Name Phone Number

Email Address

Address

Contact 8

Who or what business

Name Phone Number

Email Address

Address

Contact 9

Who or what business

Name Phone Number

Email Address

Address

Contact 10

Who or what business

Name Phone Number

Email Address

Address

Additional Information

Is there any other important information you would like to list?

