

# A Legacy Planning Checklist for My Loved Ones



**REGIONS**

PRIVATE WEALTH MANAGEMENT

When the time comes, this letter and checklist should make matters of paperwork less complicated for you. Below are instructions for funeral and burial plans, locations of important documents and assets, contact information of attorneys and other relevant advisors, and financial and insurance information you will need.

My Social Security number is: \_\_\_\_\_  
 My driver's license number is: \_\_\_\_\_  
 My passport number is: \_\_\_\_\_  
 Passport location: \_\_\_\_\_  
 My military discharge papers (DD214) are located here: \_\_\_\_\_

**LOCATION OF VALUABLE PAPERS AND ASSETS**

Item	Dated	Location
My will (original)	_____	_____
My will (copies)	_____	_____
Trust agreements	_____	_____
Durable powers of attorney	_____	_____
Healthcare directive	_____	_____
My burial instructions	_____	_____
Cemetery plots/deeds	_____	_____
List of special requests	_____	_____
Contacts for relatives	_____	_____
Safe combination – home	_____	_____
Safe deposit box	_____	_____
Safe deposit box key	_____	_____

Item	Dated	Location
Digital passwords	_____	_____
Life insurance policies	_____	_____
Property and casualty policy	_____	_____
Health insurance policy	_____	_____
Disability insurance policies	_____	_____
Stocks and bonds – certificates	_____	_____
Securities statements	_____	_____
Business entities (originals)	_____	_____
Income and gift tax returns	_____	_____
Titles/deeds to real estate	_____	_____
Auto/boat titles	_____	_____
Records for tax cost basis	_____	_____
Rental property records/leases	_____	_____
Loan agreements/mortgages	_____	_____
Birth certificate	_____	_____
Marriage certificate	_____	_____

**ADVISORS**

**Attorney**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Accountant/CPA**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Wealth Advisor/Planner**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Broker/Financial Consultant**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Insurance Advisor**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Current Employer**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Relevant Past Employers**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**FINANCIAL INFORMATION**

**List of all my bank accounts**

Name of Bank: \_\_\_\_\_

Account Owner(s): \_\_\_\_\_

Terms of Maturity: \_\_\_\_\_

Collateral: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Account Owner(s): \_\_\_\_\_

Terms of Maturity: \_\_\_\_\_

Collateral: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Account Owner(s): \_\_\_\_\_

Terms of Maturity: \_\_\_\_\_

Collateral: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Account Owner(s): \_\_\_\_\_

Terms of Maturity: \_\_\_\_\_

Collateral: \_\_\_\_\_

**Real estate owned (primary or secondary residence, business, investment property)**

Address and Type of Property: \_\_\_\_\_

\_\_\_\_\_

Title in Name of: \_\_\_\_\_

Date Acquired: \_\_\_\_\_

Cost: \_\_\_\_\_

Address and Type of Property: \_\_\_\_\_

\_\_\_\_\_

Title in Name of: \_\_\_\_\_

Date Acquired: \_\_\_\_\_

Cost: \_\_\_\_\_

Address and Type of Property: \_\_\_\_\_

\_\_\_\_\_

Title in Name of: \_\_\_\_\_

Date Acquired: \_\_\_\_\_

Cost: \_\_\_\_\_

Address and Type of Property: \_\_\_\_\_

\_\_\_\_\_

Title in Name of: \_\_\_\_\_

Date Acquired: \_\_\_\_\_

Cost: \_\_\_\_\_

**Investment accounts, U.S. government and marketable securities, non-marketable securities**

As of (date): \_\_\_\_\_

Description: \_\_\_\_\_

In Name of: \_\_\_\_\_

Face Value: \_\_\_\_\_

Number of Shares: \_\_\_\_\_

As of (date): \_\_\_\_\_

Description: \_\_\_\_\_

In Name of: \_\_\_\_\_

Face Value: \_\_\_\_\_

Number of Shares: \_\_\_\_\_

As of (date): \_\_\_\_\_

Description: \_\_\_\_\_

In Name of: \_\_\_\_\_

Face Value: \_\_\_\_\_

Number of Shares: \_\_\_\_\_

As of (date): \_\_\_\_\_

Description: \_\_\_\_\_

In Name of: \_\_\_\_\_

Face Value: \_\_\_\_\_

Number of Shares: \_\_\_\_\_

**I presently carry the following credit cards:**

Company: \_\_\_\_\_

Customer Service Contact Number: \_\_\_\_\_

Card Number: \_\_\_\_\_

Company: \_\_\_\_\_

Customer Service Contact Number: \_\_\_\_\_

Card Number: \_\_\_\_\_

Company: \_\_\_\_\_

Customer Service Contact Number: \_\_\_\_\_

Card Number: \_\_\_\_\_

Company: \_\_\_\_\_

Customer Service Contact Number: \_\_\_\_\_

Card Number: \_\_\_\_\_

**I have unsecured lines of credit with the following financial institutions:**

Company: \_\_\_\_\_

Account Number: \_\_\_\_\_

Company: \_\_\_\_\_

Account Number: \_\_\_\_\_

**I am guarantor of debt for or owed money by the following person(s):**

Debt Amount: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Debt Amount: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**INSURANCE COVERAGE**

**Life Insurance**

Company: \_\_\_\_\_

Amount: \_\_\_\_\_

Type: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Owner: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Company: \_\_\_\_\_

Amount: \_\_\_\_\_

Type: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Owner: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Company: \_\_\_\_\_

Amount: \_\_\_\_\_

Type: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Owner: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

**Medical/Hospitalization/Supplemental Policies**

Company: \_\_\_\_\_

Amount: \_\_\_\_\_

Type: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Company: \_\_\_\_\_

Amount: \_\_\_\_\_

Type: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Company: \_\_\_\_\_

Amount: \_\_\_\_\_

Type: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

**Disability Insurance**

Company: \_\_\_\_\_

Monthly Benefit: \_\_\_\_\_

Waiting Period: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Owner: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

**Long-Term Care**

Company: \_\_\_\_\_

Monthly Benefit: \_\_\_\_\_

Waiting Period: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Owner: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

**EMPLOYMENT**

**I have the following benefits with my current or former employer:**

Retirement plans: \_\_\_\_\_

Life insurance: \_\_\_\_\_

Health insurance: \_\_\_\_\_

Long-term care insurance: \_\_\_\_\_

Disability insurance: \_\_\_\_\_

Deferred compensation: \_\_\_\_\_

Stock options: \_\_\_\_\_

Other: \_\_\_\_\_

**GENERAL INFORMATION**

**In the event of my incapacitation**

I have appointed the following persons to act on my behalf if I become disabled:

Power of attorney over my assets: \_\_\_\_\_

Power of attorney over my medical decisions: \_\_\_\_\_

I \_\_\_ do \_\_\_ do not want to remain in my home as long as possible, taking into account the cost.

I \_\_\_ have \_\_\_ do not have a divorce decree, which may require that certain payments be made after I am disabled or after my death.

I \_\_\_ am \_\_\_ am not entitled to military benefits.

Branch of service: \_\_\_\_\_

I am a member of the following religious/fraternal group(s): \_\_\_\_\_

\_\_\_\_\_

**In the event of my death I have the following final wishes:**

Funeral home: \_\_\_\_\_

Contact info: \_\_\_\_\_

Cemetery: \_\_\_\_\_

Contact info: \_\_\_\_\_

I \_\_\_ have \_\_\_ have not prepaid burial costs for my burial plot.

I \_\_\_ have \_\_\_ have not prepaid burial costs for my casket.

I \_\_\_ do \_\_\_ do not have the right to be buried in a military cemetery.

Military burial benefits include: \_\_\_\_\_

I \_\_\_ do \_\_\_ do not want to be cremated.

Crematory, instructions for disposition of ashes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I \_\_\_ do \_\_\_ do not wish to be buried next to such person: \_\_\_\_\_

I have a deceased \_\_\_ spouse \_\_\_ parent \_\_\_ child who is buried at \_\_\_\_\_

\_\_\_\_\_

Plot/drawer number: \_\_\_\_\_

Location of cemetery lot deed: \_\_\_\_\_

My minister/rabbi: \_\_\_\_\_

My pall bearers: \_\_\_\_\_

Obituary reading: \_\_\_\_\_

Tombstone engraving: \_\_\_\_\_

In lieu of flowers, please ask for donations to: \_\_\_\_\_

Other special requests for burial (music, readings, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FAMILY HISTORY**

My place of birth (city/county/state/country): \_\_\_\_\_

\_\_\_\_\_

My date of birth (month/day/year): \_\_\_\_\_

\_\_\_\_\_

My parents' names: \_\_\_\_\_

\_\_\_\_\_

My maternal grandparents' names: \_\_\_\_\_

\_\_\_\_\_

My paternal grandparents' names: \_\_\_\_\_

\_\_\_\_\_

**DESIRES FOR MY FAMILY**

I believe the most important things in life are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The most important things I have done in my life are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DESIRES FOR MY FAMILY (Continued)**

It is my hope that my loved ones will use their inheritance from me to accomplish the following goals in their lives: \_\_\_\_\_

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How I would like to be remembered: \_\_\_\_\_

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**ADDITIONAL INFORMATION FOR MY FAMILY AND LOVED ONES**

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I have signed this legacy planner on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_. This document is not intended to replace my will or other estate planning documents signed by me. However, it is my express desire that each family member, Executor and/or Trustee will use this legacy planner and the other documents signed by me in making discretionary decisions for me and my family.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Copies of this document were delivered to:  
\_\_\_\_\_  
\_\_\_\_\_



