

MISSOURI COALITION FOR QUALITY CARE

Vital Estate Information

Name: _____

On _____
(Month) (Day) (Year)

Given to: _____

On _____
(Month) (Day) (Year)

Given to: _____

On _____
(Month) (Day) (Year)

The following is a list of important issues concerning my estate. I have prepared this to facilitate legal matters upon my death. The list may not be inclusive but explains my affairs to the best of my ability. I have checked those items which apply to my estate. Additional pages may be added to this document.

1. _____ I have executed a will.

_____ A copy of my will is with my attorney. My attorney's name, address and phone are:

(Name) _____

(Address) _____

(Phone) _____ (Cell phone) _____

The location of my will is in _____

_____ A copy of my will is with my Executor. My Executor's name, address and phone are:

(Name) _____

(Address) _____

(Phone) _____ (Cell phone) _____

2. _____ I have executed a Power of Attorney.

The location of my Power of Attorney is in _____

_____ A copy of my Power of Attorney is with:

(Name) _____

(Address) _____

(Phone) _____ (Cell phone) _____

3. _____ I have executed a Health Care Directive.

The location of my Health Care Directive is in _____

_____ A copy of my Health Care Directive is with _____

(Name) _____

(Address) _____

(Phone) _____ (Cell phone) _____

- 4. _____ I have a pre-paid Funeral Home plan.
 _____ A copy of prepaid Funeral Home plan can be found in _____

The name of the Funeral Home is _____
 (Funeral Home Director) _____
 (Address) _____
 (Phone) _____ (Cell phone) _____

_____ A copy of my pre-paid Funeral Home plan is with _____
 (Name) _____
 (Address) _____
 (Phone) _____ (Cell phone) _____

- 5. _____ I have a checking account.
 The name of the bank is _____
 (Address) _____
 (Phone) _____ (Checking Account Number) _____

I verify that I have made the necessary arrangements through the bank for the following individual(s) have access to withdraw funds from this account.

(Name) _____
 (Address) _____
 (Phone) _____ (Cell phone) _____

(Name) _____
 (Address) _____
 (Phone) _____ (Cell phone) _____

- 6. _____ I have a savings account.
 The name of the bank is _____
 (Address) _____
 (Phone) _____ (Savings Account Number) _____

I verify that I have made the necessary arrangements through the bank for the following individual(s) have access to withdraw funds from this account.

(Name) _____
 (Address) _____
 (Phone) _____ (Cell phone) _____

(Name) _____
 (Address) _____
 (Phone) _____ (Cell phone) _____

7. _____ I have a Safety Deposit Box.
 _____ The Safety Deposit Box key is located in _____
 The name of the bank where the Safety Deposit Box is located is _____
 (Address) _____
 (Phone) _____ (Safety Deposit Box Number) _____

_____ A second key for the Safety Deposit Box is with:
 (Name) _____
 (Address) _____
 (Phone) _____ (Cell phone) _____

I verify that I have made the necessary arrangements through the bank for the following individual(s) have access to this Safety Deposit Box.

(Name) _____
 (Address) _____
 (Phone) _____ (Cell phone) _____

(Name) _____
 (Address) _____
 (Phone) _____ (Cell phone) _____

8. _____ I receive Social Security benefits.
 My Social Security number is _____
 My death should be reported to Social Security office.
 (Name of office) _____
 (Address) _____
 (Phone) _____

A death certificate may need to be supplied. If I have a surviving spouse, my spouse will be eligible for a widow/widower benefit. Office staff should be consulted about this matter. My spouse may also be eligible for additional Social Security income through me. Office staff should be consulted about the appropriate paper work that may need to be completed.

9. _____ I have additional income from the following sources:
 (Source of income) _____
 (Address) _____
 (Phone) _____ (Cell phone) _____

(Source of income) _____
 (Address) _____
 (Phone) _____ (Cell phone) _____

(Source of income) _____
 (Address) _____
 (Phone) _____ (Cell phone) _____

(Source of income) _____
 (Address) _____
 (Phone) _____ (Cell phone) _____

My death should be reported by my Executor to any organization from which I have income. A death certificate may be required to close the account(s) and to receive any funds due to the deceased or my heirs.

10. _____ I have a Life Insurance Policy.
My Life Insurance Policy number is _____
My death should be reported to:
(Name of Life Insurance Company) _____
(Address) _____
(Phone) _____

My death should be reported by my Executor. A death certificate may be required to close the account(s) and to receive any funds due to the deceased or my heirs.

11. _____ I have a Long Term Care Insurance Policy.
My Long Term Care Insurance Policy number is _____
My death should be reported to:
(Name) _____
(Address) _____
(Phone) _____

My death should be reported by my Executor. A death certificate may be required to close the account(s) and to receive any funds due to the deceased or my heirs.

12. _____ I have Home Owner's/Renter Insurance.
My House Insurance Policy number is _____
My death should be reported to;
(Name of Insurance Company) _____
(Address) _____
(Phone) _____ (Agent) _____

13. _____ I have Car Insurance.
My Car Insurance Policy number is _____
My death should be reported to:
(Name of Insurance Company) _____
(Address) _____
(Phone) _____ (Agent) _____

14. _____ I have Credit Cards A death certificate may be required to close the account(s).
My Credit Card number is _____
My death should be reported to:
(Name of credit card company) _____
(Address) _____
(Phone) _____

(Name of credit card company) _____
(Address) _____
(Phone) _____

(Name of credit card company) _____

(Address) _____

(Phone) _____

(Name of credit card company) _____

(Address) _____

(Phone) _____

- 15. _____ I have real estate.
- _____ I have a Beneficiary Deed for property I own.
- _____ I have discussed my wishes for the disposition of this property with my Executor.

The location of this real estate is at _____
(Address) _____

The location of this real estate is at _____
(Address) _____

The location of this real estate is at _____
(Address) _____

The County/City Assessor should be notified when a final Property Tax Statement should be issued. A death certificate may need to be provided.

(County Name) _____

(Address) _____

(Phone) _____ (Cell phone) _____

(City Name) _____

(Address) _____

(Phone) _____ (Cell phone) _____

- 16. _____ I have other personal property such as cars, trucks, boats, etc.
- _____ I have discussed my wishes for the disposition of this property with my Executor.

Type of property _____

The ID number is _____

The title is located in _____

Type of property _____

The ID number is _____

The title is located in _____

Type of property _____

The ID number is _____

The title is located in _____

The County/City Assessor should be notified when a final Property Tax Statement should be issued. A death certificate may need to be provided.

(County Name) _____
 (Address) _____
 (Phone) _____ (Cell phone) _____

(City Name) _____
 (Address) _____
 (Phone) _____ (Cell phone) _____

A death certificate may need to be provided.

17. _____ I have a tax preparer. The preparer should be contacted to complete my final tax statement.
 (Name) _____
 (Address) _____
 (Phone) _____ (Cell phone) _____
 My last tax return can be found in _____

18. _____ I have a computer. Below is a list of each site and the password to access that site.

(Site)	User Name	_____	Password	_____
(Site)	User Name	_____	Password	_____
(Site)	User Name	_____	Password	_____
(Site)	User Name	_____	Password	_____
(Site)	User Name	_____	Password	_____
(Site)	User Name	_____	Password	_____
(Site)	User Name	_____	Password	_____
(Site)	User Name	_____	Password	_____

Signature _____

Date _____