

Roadmap for Heirs

In the event of your sudden death or incapacity, your heirs or caregivers need a map of your personal affairs. Use the following list as a starting point. Keep it up-to-date in your personal financial files, and be sure your heirs have a current copy. This Worksheet can be filled in and saved electronically, or printed for hand entry.

Your Home

Security	Location/Instructions	Name	Address (City, State, Zip)	Phone Number
People who have an extra key to your home				
Location of any hidden extra keys				
Instructions for turning off the security system				
Employees	Arrangement	Name	Address (City, State, Zip)	Phone Number
People who work for you: Schedule and compensation arrangement plus contact info				
Friends/Neighbors	Relationship	Name	Address (City, State, Zip)	Phone Number
Friends & neighbors who know you and watch out for you				
Local Police	Phone Number			
Emergency phone number				
Non-emergency phone number				
Financial Records	Location			
Location of financial and other personal records kept within your home				
Location of original copies of your will, trusts and durable powers of attorney				
Location of safe deposit box and location of key to safe deposit box				
Home Computer	Location			
Location of list of computer passwords				

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Your Personal Contacts

List those who you would like contacted in the event of a major incapacity or death.

	Name	Address (City, State, Zip)	Phone Number
Your adult children			
Your young child's schoolteacher			
Your young child's potential guardian			
Priest/rabbi/minister			
Social worker or retirement community ombudsman			
Estate planning attorney			
Business planning attorney			
Accountant			
Employer			
Insurance agent			
Veterinarian			
Friends/colleagues/other family members			

Your Healthcare

	Name	Address (City, State, Zip)	Phone Number
Primary & specialist physicians			
Pharmacy			
Preferred hospital			
Preferred nursing home			
Preferred retirement community			
Preferred funeral home			

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Prearrangements

Custodial Care	Location/Instructions	Company Name	Address (City, State, Zip)	Phone Number
Custodial care prearrangements				
Long-term care insurance (company and location of policy)				
Postmortem Preferences	Location/Instructions	Company Name	Address (City, State, Zip)	Phone Number
Postmortem preferences prearranged				
Would you like your body to be cremated, buried, entombed, embalmed, donated to science?				
Do you intend to make an organ donation?				
Have you purchased a burial plot? A headstone?				
Have you chosen a funeral home?				
Location of written details of funeral prearrangements				

Data for Death Certificate

For each person:	Yourself	Your Spouse	Other Family	Other Family
Full legal name				
Social Security number				
Date of birth				
Date of death				
Birthplace				
Mother's full maiden name				
Father's full name				
Military veteran?				
Race				
Occupation and highest level of education				

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What You Own

Daily Bank Accounts (including CDs)

Name of Institution/Person	Account Number/Location	Address (City, State, Zip)	Phone Number

Accounts Receivables (Does anyone owe you money?)

Investment Accounts (taxable and retirement)

Life Insurance Policies

Other Potential Death Benefits (e.g. Veteran's Admin.):
Contact information and data required to identify yourself to that institution

Real Estate (your residence and all other properties)

Property	Address (City, State, Zip)

Special Personal Possessions:
Collectibles & antiques with substantial monetary value, and items with emotional value

Item	Location	Instructions

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What You Owe

Credit cards are listed in a different section. In this section, include information about each major debt, including:

	Loan Number/Location	Name of Financial Institution	Address (City, State, Zip)	Phone Number
Mortgages: First mortgage & home equity lines of credit				
Car Loans				
School Loans				

	Location of Loan Note	Name of Person	Address (City, State, Zip)	Phone Number
Debts You Owe Other People				

Your Income

	Name/Schedule	Employer	Address (City, State, Zip)	Phone Number
Salary Income				

	Account Where Deposited
Social Security Payments	

	Name	Former Employer	Payment Schedule	Payment Location
Pensions				

	Property Address	Payment Schedule
Rental Income		

	Account Number	Name of Financial Institution	Address (City, State, Zip)	Phone Number
Trust Income				

	Source of Payment	Address (City, State, Zip)	Phone Number
Alimony			

	Account No./Payment Schedule	Name of Financial Institution	Address (City, State, Zip)	Phone Number
Automatic Payments From Portfolio				

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Main Expenses

In addition to regular utilities, property taxes, insurance premiums, and estimated tax payments, there are the following regular expenses:

	Name of Institution	Card Number	Phone Number
Credit Cards: Major credit cards & department store cards			

	Name	Address (City, State, Zip)	Amount/Schedule
Sums you have been sending to various individuals			

	Service/Schedule	Name	Address (City, State, Zip)	Phone Number
Services Utilized: Landscaper, dog sitter, cleaning help, beauty salon, etc.				