## Organ or Body Donation

In this section, I have outlined my wishes and any arrangements I have made for donation of my remains. If I have chosen to donate my body, organs, or tissues, I have also selected either burial or cremation (outlined in the next section) to follow the donation or to be carried out in the event that the donation is not accepted. Please review this section along with Sections 14, 15, and 16 prior to making my final arrangements.

After my death, I	want to donate my body, organs, or tissues:				
If "No," skip the re	est of this section and turn to the next section.				
Wishes for Do	nation				
I would like to donate:	☐ My Body				
	☐ Any Needed Organs or Tissues				
	Only the Following Organs or Tissues:				
Arrangements	for Donation				
Receiving Organization' Name, Address, and	s				
Telephone Number					
Location of Documents					
Additional Notes					

### Burial or Gremation

In this section, I have outlined my wishes and any arrangements I have made for burial or cremation of my remains. Please review this section along with Sections 13, 15, and 16 prior to making my final arrangements.

### **Disposition of Remains**

I have selected either burial or cremation, and have provided details about my wishes.

	Burial			
		Check One:	Check One:	Check One:
		☐ Immediate	☐ Embalm	☐ In Ground
		☐ After Services	☐ Do Not Embalm	☐ Above Ground
Bu	rial Organization Contact			
Info	ormation			
	rial Location and Contact			
IIII	ormation			
Loc	cation of Documents			
Ad	ditional Notes			

Cremation					
Check One:		Check One:	Check One or All The	at Apply:	
☐ Immediate		☐ Embalm	☐ Niche in Columba	arium	☐ Scattered
☐ After Services		☐ Do Not Embalm	☐ In Ground		☐ To Individual
Cremation Organization					
Contact Information					
Final Location and Conta Information	ct				
Location of Documents					
Additional Notes					
				•	
Casket or Urn					
I would like a casket, urn, or other container to hold my remains: ☐Yes ☐No				□No	
Item	☐ Ca	sket	Urn	☐ Other	r
Material	□ w		Metal	☐ Other	
	Type:	Тур		Type:	
Model or Design		•			
Exterior Finish					
Interior Finish					

**Casket or Urn, continued** 

Cost Range	☐ Economical	☐ Moderate	Luxury
	Approx. \$	Approx. \$	Approx. \$
Additional Notes			
16		T	
Item	☐ Casket	□ Urn	☐ Other
Material	☐ Wood	☐ Metal	☐ Other
	Type:	Type:	Туре:
Model or Design			
Exterior Finish			
Interior Finish			
Cost Range	☐ Economical	☐ Moderate	Luxury
	Approx. \$	Approx. \$	Approx. \$
Additional Notes			
Item			
	☐ Casket	Urn	Other
Material	☐ Wood	☐ Metal	☐ Other
	Type:	Type:	Type:
Model or Design			
Exterior Finish			
Interior Finish			
Cost Range	☐ Economical	☐ Moderate	Luxury
	Approx. \$	Approx. \$	Approx. \$
Additional Notes			
	i e e e e e e e e e e e e e e e e e e e	1	

### **Headstone, Monument, or Burial Marker**

I would like a h	neadstone or marker:	□Yes	□No
Description			
Material			
Design			
Finish			
Additional Notes			
Epitaph			
	epitaph or inscription:	□Yes	□No
	epitaph or inscription:	□Yes	□No
I would like an	epitaph or inscription:	□Yes	□No
I would like an	epitaph or inscription:	□Yes	□No
I would like an	epitaph or inscription:	□Yes	□No
I would like an	epitaph or inscription:	□Yes	□No
I would like an	epitaph or inscription:	□Yes	□No
I would like an	epitaph or inscription:	□Yes	□No
I would like an	epitaph or inscription:	□Yes	□No
I would like an Item Inscription	epitaph or inscription:	□Yes	□No

Item	
Inscription	
Additional Notes	
Item	
Inscription	
Additional Notes	

### **Burial or Cremation Apparel**

othina		Location	Remove Before	
	items marked "Yes," please entry to burial or cremation.	nsure that the clothing or article is	removed and giv	en to my executor
I wi	sh to specify burial or cremati	on apparel:	□Yes	□No

Clothing, Accessory, or Other Item	Location	Remove Before Interment or Cremation	
		□Yes	□No
Additional Notes			

## Funeral and Memorial Gervices

In this section, I have outlined my wishes and any arrangements I have made for services or ceremonies after my death. Please review this section along with Sections 13, 14, and 16 prior to making my final arrangements.

### Viewing, Visitation, or Wake

I would like a viewing, visitat		or wake:	□Yes	□No
Type of Service				
Location and Contact				
Information				
<b>Existing Arrangements</b>				
and Location of				
Documents				
Body Present		Casket	Casket	
☐ Yes		□Yes	□Open	
□ No		□No	□Closed	
Interior Finish				
Invitees	Timing an	d Days/Hours		
[ ] Public				
[ ] Private				
Special Requests				
Additional Notes				

### Viewing, Visitation, or Wake, continued

Type of Service			
Location and Contact Information			
information			
<b>Existing Arrangements</b>			
and Location of			
Documents			
Body Present		Casket	Casket
☐ Yes		□Yes	□Open
□ No		□No	□Closed
Interior Finish			
Invitees	Timing and	d Days/Hours	
[ ] Public			
[ ] Private			
Special Requests			
Additional Notes			

### **Funeral or Memorial Service**

I would like a funeral of	ıl:		□Yes	□No	
Location and Contact					
Information					
Existing Arrangements and Location of Documents					
Body and Casket Present	Ca	sket	Other Ite	ms	
☐ Yes		☐ Open	□ PI	hoto Location:	
□ No		☐ Closed	——	<b>4</b>	
				ther:	
Flowers	Inv	vitees	Timing a	nd Days/Hours	
		☐ Public			
		☐ Private			
Type of Service		Service Contact	ct	Fac	ilitator
☐ Religious		Name		Name	
☐ Military		Contact Information		Contact Informat	ion
☐ Other					
_ Other					

Eulogy					
Name	Name	Name			
Contact Information	Contact Information	Contact Information			

Music Selections and Musicians			
Readings			

Pallbearers			
Name #1	Name #2	Name #3	
Contact Information	Contact Information	Contact Information	
Name #4	Name #5	Name #6	
Contact Information	Contact Information	Contact Information	

Name #7	Name #8	Name-Alternate
Contact Information	Contact Information	Contact Information
Name – Alternate	Name-Alternate	Name-Alternate
Contact Information	Contact Information	Contact Information
<b>Graveside Ceremony</b>	Transportation to Service	
☐ Graveside only	Service	
☐ Following funeral		
□ None		
A 1822 - 187 -		
Additional Notes:		

### **Reception or Celebration of Life**

I would like a reception	or celebration of life	:	□Yes	□No
Location and Contact				
Information				
<b>Existing Arrangements and</b>				
<b>Location of Documents</b>				
Invitees	Food and Drink			
☐ Public				
☐ Private				
Additional Notes				

# 16 Obituary

Please publish my obituary, following the instructions below: □Yes			□No
I have already drafted an obituary:   Yes (Location:			)
<b>Obituary Overview</b>			
Obituary Length	□ Brief □ Moderate		☐ Article Length
Photograph	☐ Yes (Location:	)	□ No
Publications			
<b>Obituary Details</b>			
Date and Place of Birth	See Biographical Information.		
Military Service	See Biographical Information.		
Spouse, Children, Grandchildren, Parents, Siblings	See Biographical Information.		
Employment	See Employment		
Memberships	See Memberships		
Education			
Awards and Achievements			
Interests and Hobbies			
Values			
Flowers	☐Yes. Send to:		
	□No. "No flowers, please."		
	☐ No. "In lieu of flowers, please send dona below]."	ations to [the o	organizations listed

### Obituary Details, continued

Donations or			
Remembrances			
	<del> </del>		
Other		 	
Additional Notes			

## 17 Will and Trust

In this section, you will find important information about my will. If I have made other estate planning documents, such as a living trust, other trusts, or a marital property agreement, you will find those listed here as well.

### **Personal Representative and Successor Trustee**

My will names the personal representative listed just below. If he or she is unable to serve, I have named alternates to serve in the order listed.

If I have made a living trust, it names the successor trustee listed just below. If he or she is unable to serve, I have named alternates to serve in the order listed.

Personal Representative	
Alternate 1	
Alternate 2	
Alternate 3	
Successor Trustee	
Alternate 1	
Alternate 2	
Alternate 3	

### **Document Information**

Following is a list of my primary estate planning documents.

If an attorney or other professional (such as a tax expert) helped me prepare a document listed here, I have included contact information for him or her. You can consult the listed professional if you have questions about the document or need help carrying out its terms.

Document Title		
Date Prepared		
Professional Help	An attorney or other professional helped me prepare this document:	☐ Yes
Professional's Name, Title, and Contact Information	THE LAW OFFICE OF BRIAN BUDMAN P.C.  A Professional Corporation  5105 DTC Parkway, Suite 150 Greenwood V (303) 217-2018 Office (303) 217-2019 Fax Email: brian@budmanlaw.com Web site: http://www.budmanlaw.com	illage, CO 80111
Location of Original  Document	West steel steel and steel ste	
Locations of Copies of This  Document		
Additional Notes		
Document Title		
Date Prepared		
Professional Help	An attorney or other professional helped me prepare this document:	☐ Yes
Professional's Name, Title, and Contact Information	THE LAW OFFICE OF BRIAN BUDMAN P.C.  A Professional Corporation  5105 DTC Parkway, Suite 150 Greenwood V (303) 217-2018 Office (303) 217-2019 Fax Email: brian@budmanlaw.com Web site: http://www.budmanlaw.com	illage, CO 80111

### **Document Information, continued**

Location of Original		
Document		
Locations of Copies of This		
Document		
Additional Notes		
Additional Notes		
Document Title		
Date Prepared		
Professional Help	An attorney or other professional helped me	_
•	prepare this document:	☐ Yes
	propert the document.	П.:
		□ No
Professional's Name, Title, and Contact Information	BRIAN BUDMAN P.C.  A Professional Corporation	
	5105 DTC Parkway, Suite 150 Greenwood Vi (303) 217-2018 Office (303) 217-2019 Fax Email: brian@budmanlaw.com Web site: http://www.budmanlaw.com	llage, CO 80111
Location of Original		
Document		
Locations of Copies of This		
Document		
Additional Notes		

Document Title		
Date Prepared		
Professional Help	An attorney or other professional helped me prepare this document:	☐ Yes
Professional's Name, Title, and Contact Information	THE LAW OFFICE OF BRIAN BUDMAN P.C.  A Professional Corporation  5105 DTC Parkway, Suite 150 Greenwood V (303) 217-2018 Office (303) 217-2019 Fax Email: brian@budmanlaw.com Web site: http://www.budmanlaw.com	illage, CO 80111
Location of Original Document	wes ster reep, / www.saamamaweom	
Locations of Copies of This  Document		
Additional Notes		
Document Title		
Date Prepared		
Professional Help	An attorney or other professional helped me prepare this document:	☐ Yes
Professional's Name, Title, and Contact Information	THE LAW OFFICE OF BRIAN BUDMAN P.C.  A Professional Corporation  5105 DTC Parkway, Suite 150 Greenwood V (303) 217-2018 Office (303) 217-2019 Fax Email: brian@budmanlaw.com Web site: http://www.budmanlaw.com	

### **Document Information, continued**

Location of Original		
Document		
Locations of Copies of This		
Document		
Additional Notes		
Additional Notes		
Document Title		
Date Prepared		
Professional Help	An attorney or other professional helped me	_
•	prepare this document:	☐ Yes
	propert the document.	П.:
		□ No
Professional's Name, Title, and Contact Information	BRIAN BUDMAN P.C.  A Professional Corporation	
	5105 DTC Parkway, Suite 150 Greenwood Vi (303) 217-2018 Office (303) 217-2019 Fax Email: brian@budmanlaw.com Web site: http://www.budmanlaw.com	llage, CO 80111
Location of Original		
Document		
Locations of Copies of This		
Document		
Additional Notes		

### Insurance

This section lists all my insurance policies. It covers policies that I own and those owned by others that cover my life or my property.

My agent or personal representative should review each listed policy and contact the insurance company to:

- claim any benefits due—for example, medical, workers' compensation, life, or accidental death
- cancel policies that are no longer necessary—such as medical, dental, or vision insurance, after my death, and
- modify policies—for instance, modifying my home or vehicle insurance policies after my death but before transferring the property to beneficiaries.

### **Insurance Policies**

Type of Policy and Policy Number	Insurance Company Name and Contact Information	Policy Owner	Description of Coverage and Status	Location of Policy
Medical				
No.				
Medical				
No.				

T (D.E)	Insurance Company		Description of	
Type of Policy and Policy Number	Name and Contact Information	Policy Owner	Coverage and Status	Location of Policy
Medical				
No.				
Medical				
No.				
Dental				
Dental				
No.				
Dental				
No.				

Type of Policy and Policy Number	Insurance Company Name and Contact Information	Policy Owner	Description of Coverage and Status	Location of Policy
Vision				
No.				
Vision				
No.				
Home and				
Contents, Renters'				
No.				
Home and Contents, Renters'				
		-		
No.				

	Insurance Company		Description of	
Type of Policy and	Name and Contact		Coverage and	
Policy Number	Information	Policy Owner	Status	Location of Policy
Vehicle				
No.				
Vehicle				
No.				
Vehicle				
venicie				
No.				
Vehicle				
		-		
		-		
No.				
		-		

Type of Policy and Policy Number	Insurance Company Name and Contact Information	Policy Owner	Description of Coverage and Status	Location of Policy
Vehicle				
No.				
Vehicle				
No.				
Personal Liability				
No.				
Personal Liability				
No.				

Type of Policy and Policy Number	Insurance Company Name and Contact Information	Policy Owner	Description of Coverage and Status	Location of Policy
Malpractice				
No.				
		-		
Malpractice				
		-		
		-		
		-		
No.		-		
		-		
Errors and				
Omissions		-		
No.		-		
		_		
Errors and				
Omission		-		
		-		
		-		
No.		-		
		-		

	Insurance Company		Description of	
Type of Policy and	Name and Contact		Coverage and	
Policy Number	Information	Policy Owner	Status	Location of Policy
Disability				
_				
No.				
Disability				
No.				
Disability				
No.				
Disability				
		1		
No.		1		
-				

	Insurance Company		Description of	
Type of Policy and	Name and Contact		Coverage and	
Policy Number	Information	Policy Owner	Status	Location of Policy
Disability				
		_		
No.				
Life				
		-		
No.		-		
NO.				
Life				
		-		
		-		
No.				
		-		
Life				
		-		
		_		
		1		
		_		
No.				
		1		

	Insurance Company		Description of	
Type of Policy and	Name and Contact	5.0	Coverage and	
Policy Number	Information	Policy Owner	Status	Location of Policy
Life				
No.				
Accidental Death				
No.				
Accidental Death				
Accidental Beath				
No.				
Long-Term Care				
No				
No.				
	L	1	L	

	Insurance Company		Description of	
Type of Policy and	Name and Contact		Coverage and	
Policy Number	Information	Policy Owner	Status	Location of Policy
Long-Term Care				
No.				
Other				
		-		
No.				
Other				
Other				
No.				
Other				
		1		
		-		
	_			
No.				
		-		

	Insurance Company		Description of	
Type of Policy and	Name and Contact		Coverage and	
Policy Number	Information	Policy Owner	Status	Location of Policy
Other				
No				
No.				
Other				
No.				
Other				
No.				
Other				
No.				

Type of Policy and Policy Number	Insurance Company Name and Contact Information	Policy Owner	Description of Coverage and Status	Location of Policy
Other				
No.				
Additional Notes	•			

## Bank and Brokerage Accounts

Following is a complete list of my bank and brokerage accounts. See my estate planning documents—that is, my durable power of attorney for finances, will, and/or living trust—for complete information about managing or distributing the funds in these accounts. Contact each financial institution to arrange account access according to the powers granted in my estate planning documents.

At the end of the section, you will also find important contact information in case checks are lost or stolen.

Financial Institution Contact Information	Account Number and Description of Assets	Debit Card and Online Access	Location of Checkbook, Check Stock, and Statements
		-	

Financial Institution Contact Information	Account Number and Description of Assets	Debit Card and Online Access	Location of Checkbook, Check Stock, and Statements

Financial Institution Contact Information	Account Number and Description of Assets	Debit Card and Online Access	Location of Checkbook, Check Stock, and Statements

Financial Institution Contact Information	Account Number and Description of Assets	Debit Card and Online Access	Location of Checkbook, Check Stock, and Statements

Additional Notes	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·

#### If Checks Are Lost or Stolen

If checks are lost, stolen, or misused, contact these major check verification companies. Retailers who use their services will not accept the reported checks.

- Certegy, Inc. 800-437-5120
- International Check Service 800-631-9656
- TeleCheck 800-710-9898 or 800-927-0188

# Retirement Plans and Pensions

This section describes my retirement plans and pension benefits. Notify the managing company or organization of my incapacity or death. Then evaluate each plan for amounts due to my estate or survivors.

### **Employer Retirement and Pension Plans**

Company Contact Information	Description and Status of Plan	Account Number	Location of Statements

	Description and Status		
Company Contact Information	of Plan	Account Number	Location of Statements

Company Contact Information	Description and Status of Plan	Account Number	Location of Statements

Additional Notes			

# **Individual Retirement Accounts and Plans**

Financial Institution Contact Information	Description and Status of Plan	Account Number	Location of Statements
in sin anon	Ci i idii	7.000	

Financial Institution Contact	Description and Status		
Information	of Plan	Account Number	Location of Statements

Additional Notes	

# Government Benefits

In this section, you'll find information about any federal or state government benefits that I either currently collect or expect in the future. These include any benefits for my family members and survivors.

#### **Social Security Benefits**

I have outlined my Social Security benefits below. Upon my incapacity or death, notify the Social Security Administration at 800-772-1213 or make an appointment with the local office. You can locate the local office by calling the SSA main number or checking the government listings in the phone book. Review the status of my benefits and ask the SSA representative whether additional benefits are available to me or to my family. A one-time death benefit is normally available for qualifying survivors. Information, publications, and forms are available at the Social Security Administration website, <a href="https://www.ssa.gov">www.ssa.gov</a>.

Program Name	Account Name and SSN	Account Status and Payment	Location of Documents
Retirement			
Disability			

Supplemental Security Income (SSI)		
Family		
Survivor		

#### **Other Federal or State Benefits**

Following is a list of any other government benefits that I currently receive or expect in the future. For each program, notify the program administrator of my incapacity or death, review the status of my benefits, and discuss whether additional benefits are available to my family or to me.

Program Name and Contact Information	Program Description	Account Name and Identification	Account Status and Payment	Location of Documents

Program Name and Contact Information	Program Description	Account Name and Identification	Account Status and Payment	Location of Documents

Additional Notes	

# 22 Credit Cards and Debts

This section contains information about my bills, credit cards, and other debts. At the end of the section, you will also find important contact information in case a credit card is lost or stolen.

#### **Location of Bills**

My current, pending bills and records of paid bills are located as follows:

Current Bills	
Records of Paid Bills	

## **Automatic Payment of Bills**

The following bills are automatically paid from my bank accounts or by preauthorized charges to my credit card accounts. For additional information about banking, see Section 19 of this planner. For more information about online accounts and email, see Section 23.

Payee	Purpose	Approximate Amount per Month	Credit Card or Bank Account Number	Notice of Charge

Approximate				
	_	Amount per	Credit Card or Bank	
Payee	Purpose	Month	Account Number	Notice of Charge

Additional Notes		

#### **Credit Cards**

Following is a list of all my credit cards, including customer service contact information. Note that my debit or ATM cards are listed in Section 19, along with the associated accounts.

Issuer	Account Number	Customer Service Telephone

Additional Notes		
	 ·	

# **Debts I Owe to Others**

In addition to the bills and credit cards listed above, I owe the following debts:

Creditor Name and Contact		Terms of Debt and Status of	La contract Description
Information	Amount	Payment	Location of Documents

Creditor Name and Contact		Terms of Debt and Status of	
Information	Amount	Payment	Location of Documents

Additional Notes	

## **Debts Others Owe to Me**

Payment is due to me on the following debts:

Name and Cantest Information	A	Terms of Debt and Status of	Location of Documents
Name and Contact Information	Amount	Payment	Location of Documents
	l .	l	

Name and Contact Information	Amount	Terms of Debt and Status of Payment	Location of Documents
Additional Notes			

Additional Notes		

#### If a Credit Card Is Lost or Stolen

In the event that a credit card is lost or stolen, immediately contact the issuing company, listed above. In addition, to minimize the threat of identity theft and fraud, contact the national credit reporting organizations, the FTC, and the Social Security Administration. Also file a police report with the local police department.

Equifax P.O. Box 740241 Atlanta, GA 30374-0241 800-525-6285 www.equifax.com

Experian P.O. Box 9532 Allen, TX 75013 888-397-3742 www.experian.com

TransUnion P.O. Box 6790 Fullerton, CA 92834-6790 800-680-7289 www.transunion.com

Federal Trade Commission Identity Theft Clearinghouse 600 Pennsylvania Avenue NW Washington, DC 20580 877-438-4338 www.consumer.gov/idtheft

Social Security Administration Fraud Hotline P.O. Box 17768 Baltimore, MD 21235 800-269-0271 www.ssa.gov

# Secured Places and Passwords

This section provides the information you will need to access property that I manage or store in secured places—including online accounts with passwords, physical items secured with combination locks or keys, safe deposit boxes, and secret locations.

### **Products, Services, and Passwords**

	Account Name, User Name,	Password, Combination,	
Product or Service	or Account Number	or PIN	Location of Key

Product or Service	Account Name, User Name, or Account Number	Password, Combination, or PIN	Location of Key
Common Password	s		
Here are some of my common passwords:			
Additional Notes			

#### **Safe Deposit Boxes**

**If I am incapacitated.** If I am incapacitated and you co-own a safe deposit box with me, your access rights are unaffected. If you do not already have access, you will need to meet special requirements before the financial institution will open a safe deposit box for you.

- If you are my agent for finances under a durable power of attorney, you will need to present the power of attorney document. If the document is a "springing" power of attorney, you will also need to present doctors' statements to verify that I am incapacitated.
- If you meet none of these requirements, you will need to obtain a court order to access a safe deposit box.

**Upon my death.** You will need to meet these special requirements before the financial institution will open a safe deposit box for you.

- If you are a co-owner on the box, your access will continue unimpeded unless the box is temporarily sealed (see below).
- If you are my executor or successor trustee, you will need to present a certified copy of my death certificate and a copy of the will or trust that names you to the job. (There may be a few weeks' delay, if the box is temporarily sealed. Again, see below.)
- If you meet none of these requirements, you will need to obtain a court order to access the safe deposit box.

Note that in some states, safe deposit boxes are sealed for a few weeks following the death of the owner so the state taxing authority can review the contents. During this time, you will not be able to obtain access to the box without a court order.

Here is a list of my safe deposit boxes:

Bank Name and Contact Information	People With Authorized Access	Box Number and Location of Keys	Description of Contents
- Information	7.4		Decomplian of contents

Bank Name and Contact	People With	Box Number and	
Information	Authorized Access	Location of Keys	Description of Contents

Additional Notes
Other Keys
Additional keys are located as follows:

Purpose	Location

Purpose	Location

# Other Assets, Other Locations

These items of personal property are on loan to others, hidden away, stored elsewhere, or known only to me—and I want you to be able to locate them after my death.

Item and Description	Location of Asset	Location of Documents

Item and Description	Location of Asset	Location of Documents

Item and Description	Location of Asset	Location of Documents

Item and Description	Location of Asset	Location of Documents

Item and Description	Location of Asset	Location of Documents

Additional Notes		



The following information will help you prepare any tax returns due while I am incapacitated or after my death.

#### **Tax Professionals**

The following attorneys, accountants, or other professionals have helped me with my taxes in the past and/or are recommended to you for future work. Turn to them if you need assistance with my final tax returns.

returns.		
Name of Person or Firm	Contact Information	Notes

Name of Person or Firm	Contact Information	Notes

## **Location of Tax Records**

All receipts and documents related to income tax returns—both current-year records as well as prior-year returns—are located as described below.

<b>Location of Current-</b>	
Year Records	
Location of Prior-	
Year Records	

Additional Notes	

# 25 Real Estate

Following is a list of all the real estate I own or rent, either solely or with others. This information will help you to manage the property in the short term and to sell or otherwise transfer the property when that becomes necessary.

## **Property I Own**

Property Address	Weeks/Year Occupancy	Mortgage Company Contact Information	Current Occupants and Contact Information	Location of Documents

Property Address	Weeks/Year Occupancy	Mortgage Company Contact Information	Current Occupants and Contact Information	Location of Documents

Property Address	Weeks/Year Occupancy	Mortgage Company Contact Information	Current Occupants and Contact Information	Location of Documents

#### **Instructions for Care of Property I Own**

Following are special instructions to help you care for the property listed above. If I hire someone to help with routine maintenance tasks, you can find that information in Section 10, Service Providers.

Property Address	Property Care

Property Address	Property Care
Additional Notes	

### **Property I Rent or Lease**

	Weeks/Year	Landlord's Contact	Term of Rental or	Location of
Property Address	Occupancy	Information	Lease	Documents
			_	
			_	
			_	
			_	
	_		_	
	+			
	4		_	
	+			
	_		_	

Property Address	Weeks/Year Occupancy	Landlord's Contact Information	Term of Rental or Lease	Location of Documents

**Instructions for Care of Leased or Rented Property**Following are special instructions to help you care for the property listed above. If I hire someone to help with routine maintenance tasks, you can find that information in Section 10, Service Providers.

Property Address	Property Care

Property Address	Property Care

Property Address	Property Care

Additional Notes		



Here is a summary of all vehicles in which I hold an ownership or lease interest. This information will help you to manage the interest in the short term and to terminate, transfer, or sell the vehicle over time.

#### **Vehicles I Own**

Vehicle Type	Make, Model, and Year	Vehicle ID Number	Creditor Contact Information	Garage or Storage Location	Location of Documents

Vahiala Tuma	Make, Model, and Year	Vehicle ID Number	Creditor Contact Information	Garage or Storage Location	Location of Documents			
Vehicle Type	rear	Number	information	Location	Documents			

Vehicle Type	Make, Model, and Year	Vehicle ID Number	Creditor Contact Information	Garage or Storage Location	Location of Documents

Additional Notes		

#### **Vehicles I Lease**

	Make,				
	Model, and	Vehicle ID	Leaseholder Contact	Garage or Storage	Location of
Vehicle Type	Year	Number	Information	Location	Documents
					-
					_
					=
					-
					_
					_
					_

Vehicle Type	Make, Model, and Year	Vehicle ID Number	Leaseholder Contact Information	Garage or Storage Location	Location of Documents

Additional Notes		

## Other Income and Personal Property

This section describes sources of income and important items of personal property that aren't listed in other sections of my planner, and it tells you where to find warranty records and maintenance guides for items of personal property. It also details any property that I expect to receive in the future.

#### **Other Income**

Following is a list of income sources not described elsewhere in my planner:

Source and Contact Information	Description	Location of Documents

Source and Contact Information	Description	Location of Documents

Source and Contact Information	Description	Location of Documents
Additional Notes		

dditional Notes	

#### **Other Personal Property**

The following items of property are particularly valuable to me. For certain items, I have included instructions for special handling and/or noted whether I have named a beneficiary in my will or other estate planning document.

	Location and Access		Location of
Item and Description	Information	Special Instructions	Documents

	Location and Access		Location of
Item and Description	Information	Special Instructions	Documents

Additional Notes	
	_

#### **Property I Expect to Receive From Others**

Following is a list of property that I expect to receive in the future. However, if I am named to receive property under a will, trust, or other estate planning document, and I die before I receive it, the property probably won't pass to my estate. Instead, it will most likely go to the benefactor's alternate beneficiary.

Source and Contact Information	Description	Location of Documents

Source and Contact Information	Description	Location of Documents

Source and Contact Information	Description	Location of Documents
Additional Notes		

#### **Warranty Records and Product Guides**

follows:	

# 28 Other Information

planner.				