



ESTATE SUMMARY FOR _____

Important Contacts	Name	Phone Number	Email Address	Notes
Employer				
Employer				
Healthcare Proxy				
Next-of-Kin #1				
Next-of-Kin #2				
Executor				
Financial Planner				
CPA / Tax Attorney				
Estate Attorney				
Power of Attorney #1				
Power of Attorney #2				
Trustee #1				
Trustee #2				
Funeral Director / Home				
Grief Counselor				
Support Person #1				
Support Person #2				
Other Emergency Contact				
Other Emergency Contact				
Other Emergency Contact				
Other Emergency Contact				
Other Emergency Contact				

Important Documents	Location of Original	Copy held with (Name)	Phone Number	Notes
Estate Summary				
Financial Statements				
Insurance Policy #1				
Insurance Policy #2				
Insurance Policy #3				
Property Deed				
Mortgage				
Auto Title #1				
Auto Registration #1				
Auto Title #2				
Auto Registration #2				
Tax Returns				
Birth Certificate(s)				
Marriage Certificate, if applicable				
Trust				
Safe Deposit Box				
Key to Safe Deposit Box				
Military Discharge Papers (DD214)				
Citizenship Documentation				
Power of Attorney #1				
Power of Attorney #2				
Deed to Cemetery Plot				
Other				

Assets	Owner(s)	Financial Institution	Account Number	Value (estimated)	Designated Beneficiary(/ies)
Checking					
Checking					
Savings					
Savings					
Taxable brokerage					
Taxable brokerage					
IRA					
IRA					
Roth IRA					
Roth IRA					
401(k)					
401(k)					
Mutual Fund					
Inherited IRA					
529/UTMA					
529/UTMA					
Savings Bond #1					
Savings Bond #2					
Residence #1 (include address)					
Residence #2 (include address)					
Auto #1					
Auto #2					
Other					
Other					



Income	Paid To	From	Amount	Frequency	Named Survivor and Benefit, if any
Earned income / Wages					
Earned income / Wages					
Rental income					
Small business income					
Deferred Compensation					
Annuity					
Annuity					
Pension					
Pension					
Private Equity					
Employee Stock Options (ESO, RSU)					
Other income					
Other income					

Liabilities	Owner(s)	Financial Institution	Account Number	Payment Amount	Manual or Automatic Payment	Remaining Balance
Mortgage #1						
Mortgage #2						
HELOC / Second mortgage						
Auto Loan/Lease #1						
Auto Loan/Lease #2						
Other						
Other						

Insurance	Policy Name / Asset	Financial Institution	Policy Number	Benefit / Cash Value	Premium Amount & Frequency	Designated Beneficiary
Health Insurance						
Dental Insurance						
Medicare						
Medicare						
Term Life						
Term Life						
Whole Life						
Whole Life						
Other Life						
Long-term disability						
Long-term disability						
Short-term disability						
Short-term disability						
LTC (long-term care)						
Homeowners/Renters						
Auto						
Auto						
Liability						
Other						

Household Expenses	Responsible Party	Paid to	Account Number	Amount & Frequency	Manual or Automatic Payment	Notes