Instructions: Record personal inform	nation for anyone t	hat is part of the estate you	manage.
	Person 1	Person 2	
Full Name (Maiden)			
Social Security Number			
Birth Date			
Death Date			
Phone Number(s)			
Phone Type			
Home Address			
Primary Email			
Secondary Email			
Military Status			
Burial or Cemetery Details			
Will Location			
Executor			
Will Attorney			
Will Attorney Contact Information			
Trust Location			
Trustee and Relation			
Medical Power of Attorney			
Password Manager			
Phone Pin			
Computer/Laptop Password			
Notes			

		5, 6	3, 3,,,,,,	,,	, and other financial institution in					
	Institution	Account Type	Account Number	Primary Owner(s)	Secondary or Authorized Users	Value as of MM/YY	Beneficiary(s) or POD(s)	Online Username	Password	Notes
Institution 1										
Institution 2										
Institution 3										
Institution 4										
Institution 5										
Institution 6										
Institution 7										
Institution 8										
Institution 9										
Institution 10										

Instructions: Record informat	tion for any rea	l estate properties	owned.
	Property 1	Property 2	
Address			
Туре			
Value			
Mortgage Holder			
Mortgage Account Number			
Amount Owed as of MM/YY			
Insurance Company			
Notes			

Instructions: Record inf	ormation for	any vehicles, such	as cars, boats, RVs, etc.
	Vehicle 1	Vechicle 2	
Туре			
Make/Model			
Year			
Value			
Location			
Loan Holder			
Loan Account Number			
Amount Owed			
Title Location			
Insurance Company			
Notes			

Instructions: List of	Instructions: List other assets, such as art, business, memorabilia, etc. Add anything that needs a physical lock or password (e.g. storage unit or safe).											
	Asset 1	Asset 2	Asset 3	Asset 4								
Asset												
Туре												
Estimated Value												
Location												
Notes												

Instructi	ions: List a	II companies in	which you pay recurring b	oills and subsc	riptions.	
	Туре	Vendor	Auto-draft Account	Frequency	Owner	Notes
Bill 1						
Bill 2						
Bill 3						
Bill 4						
Bill 5						
Bill 6						
Bill 7						
Bill 8						
Bill 9						
Bill 10						

Instructions: List a	ll sources of rec	curring income,	such as soc	ial security	, pensions,	or rental p	property.
	Income 1	Income 2					
Source							
Deposit Account							
Amount							
Frequency							
Owner							
Notes							

Instructions: Reco	ord names and con	tact infor	mation for any	professior	nal consulta	ints or advi	sors.
	Туре	Name	Contact Info	Notes			
Professional 1	Attorney						
Professional 2	Accountant						
Professional 3	Broker						
Professional 4	Financial Advisor						
Professional 5	Clergy						
Professional 6	Business Partner						
Professional 7							
Professional 8							
Professional 9							
Professional 10							