Instructions For My Loved Ones

I have worked with Wagner Planning to compile this information for when the time or need arises. Should I die or become disabled information you will need to minimize confusion can be found here.

*** Make sure your loved ones are aware this document exists and that it is easily accessible to them.**

Client Name ______________________ Date: ____________ Signature: ________________

Computer Password: ______________________

Email Password: ______________________

* For security reasons we suggest keeping your usernames/email addresses in a separate location.

I have each of the following and their location is noted.

Birth Certificate ______________	Collections/Coins ______________
Marriage Certificate ______________	Jewelry ______________
Divorce Decree ______________	Other Valuables ______________
Passport ______________	Safe Deposit Box Key ______________
Social Security Card ______________	Stock Certificates ______________
Automobile Titles ______________	Home Deeds ______________
Citizenship Papers ______________	Burial Plot ______________
Military Discharge ______________	____________ ______________
Employment Contract ______________	____________ ______________

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I currently have each of the following:

Will ____________	Yes ☐	No ☐	Contact: ____________
Trust ____________	Yes ☐	No ☐	Contact: ____________
Safe Deposit Box ____________	Yes ☐	No ☐	Contact: ____________
Investment Accts. ____________	Yes ☐	No ☐	Contact: ____________
Retirement Accts. ____________	Yes ☐	No ☐	Contact: ____________
Disability Ins. ____________	Yes ☐	No ☐	Contact: ____________
Health Ins. ____________	Yes ☐	No ☐	Contact: ____________
Life Ins. ____________	Yes ☐	No ☐	Contact: ____________
Long-Term Care Ins. ____________	Yes ☐	No ☐	Contact: ____________
Mortgage ____________	Yes ☐	No ☐	Contact: ____________
Other Real Estate ____________	Yes ☐	No ☐	Contact: ____________
Auto Loan ____________	Yes ☐	No ☐	Contact: ____________
Other Loans ____________	Yes ☐	No ☐	Contact: ____________
Credit Card ____________	Yes ☐	No ☐	Contact: ____________
Employer Benefits ____________	Yes ☐	No ☐	Contact: ____________
____________ ____________	Yes ☐	No ☐	Contact: ____________

Other items you may consider are credit card rewards, airline miles, care for your pets, and organ donation. You may want to write a letter to your loved ones explaining your wishes in further detail.