**3 - CHECKLIST – Where to Find Stuff When I am No Longer Here**

**Laguna Woods PCC 9-13-22**

**DATE**

*When completed, this document can be used as a checklist or to-do list for your executor / digital executor so that your estate can more easily be taken care of.*

Think about your executor, digital executor, family, etc., having to find the below items after you are gone. Finding the documents, etc., will make it easier to finalize things.

* Go into detail on everything as if you are the person looking for the document, etc.
* *Using this Word table*, input your information in the categories that apply to you, delete those that don’t, and add more as necessary.
* You need to keep the document updated when there are changes to the information.
* Make sure the right people know where to find the document.

Where to save this document:

* On your hard drive
* On a flash drive
	+ Create one each for the appropriate people.
* Encrypt the file on your hard drive or flash drive and give the appropriate people the password.
* Don’t forget to keep your document updated 😉
* Use a password manager for all of your online presence – account / login / username / password, etc.
* Give the master password to your digital executor and executor.

**Note to Family Members:**

* You may want to include a note regarding why you have created this document.

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|  |  |  |  |
| --- | --- | --- | --- |
| **CATEGORY** | **QUESTIONS** | **ANSWERS** | **COMMENTS** |
| **Valuable Papers** |  |  |  |
|  | Where do you keep your valuable papers |  |  |
|  | Safe-deposit box – where is it |  |  |
|  | Where is the key |  |  |
|  | Fireproof safe (how do they get access) |  |  |
|  | File cabinet |  |  |
|  | Photographs and photo albums |  |  |
| **Social Security Number** |  |  |  |
|  | Where is your Social Security card |  |  |
|  | Needed by |  |  |
|  |  Funeral Home |  |  |
|  |  Armed Forces for benefits (DD214) |  |  |
| **Birth Certificate** |  |  |  |
|  | Location of your birth certificate (official copy) and photocopies. More than one copy may be needed. |  |  |
| **Proof of Identity and Relationship(s) Where are they located** |  |  |  |
|  | Driver License |  |  |
|  | Passport |  |  |
|  | Armed Forces discharge papers (DD214) |  |  |
|  | Marriage certificate(s) |  |  |
|  | Divorce certificate(s) |  |  |
|  | Prenuptial agreement(s) |  |  |
|  | Divorce settlement(s) |  |  |
| **Will / Living Trust** |  |  |  |
|  | Where Is the original copy of your Will/Living Trust? Do you have more than one original copy (recommended) where are they? |  |  |
|  | Who are your witnesses, and how to locate the witnesses  |  |  |
|  | Bank accounts associated with the Trust |  |  |
| **Advance Health Care Directive** |  |  |  |
|  | Where is the original (notarized) |  |  |
| . | Does your doctor / medical plan/hospital have a copy |  |  |
|  | Does it include information on |  |  |
|  |  Health Care Proxy |  |  |
|  |  Do Not Resuscitate (DNR) |  |  |
|  |  Donating your organs |  |  |
|  |  Donating your body to a medical school |  |  |
|  |  Do you have a notarized copy you take when you travel (it might not be valid in another state) |  |  |
| **Power of Attorney** |  |  |  |
|  | Name of the person appointed with Power of Attorney |  |  |
|  | Power of Attorney documentation |  |  |
|  | Name of attorney or law firm that created your Advance HC Directive, Power of Attorney, Trusts, and Will or Living Trust |  |  |
|  | Contact information (phone / email) |  |  |
| **Funeral Arrangements** |  |  |  |
|  | Where is the detailed information |  |  |
| **Burial Plot** |  |  |  |
|  | Have you purchased a cemetery lot |  |  |
|  | Plot details |  |  |
|  | Location of deed |  |  |
| **Obituary** |  |  |  |
|  | Have you written your obituary |  |  |
|  | Location |  |  |
| **Health Insurance Information** |  |  |  |
|  | Name of Plan |  |  |
|  | Plan Number |  |  |
|  | Phone Number |  |  |
|  | Primary Care MD |  |  |
|  | How does the plan want to be notified of a member’s death |  |  |
| **Automatically Renewing Medications** |  |  |  |
|  | Name of medication(s) |  |  |
|  | Name of pharmacy |  |  |
|  | Contact information |  |  |
|  | Name of doctor who prescribed medication(s) |  |  |
|  | Contact information |  |  |
| **Insurance Policies** |  |  |  |
|  | Life insurance |  |  |
|  | Beneficiaries |  |  |
|  | Car insurance |  |  |
|  | Home insurance |  |  |
|  | Other insurance policies (theft, fire, earthquake, etc.) |  |  |
|  | List each insurance policy and policy number |  |  |
|  | List the company which underwrites it |  |  |
|  | Phone number and person to contact |  |  |
|  | Where are the original policies (If you don’t know, you should call the company and ask for a duplicate policy.) |  |  |
| **Bank Account(s)**  |  |  |  |
|  | What bank accounts do you have |  |  |
|  |  Checking |  |  |
|  |  Savings |  |  |
|  | Debit Card(s) |  |  |
|  | Certificates of Deposit (CDs) |  |  |
|  | Name of bank, contact, and location details for all accounts |  |  |
| **Cryptocurrency** | Account information |  |  |
|  | How to access |  |  |
|  |
| **Are you treasurer for an organization where you control its money** |  |  |  |
|  | Name of organization(s) |  |  |
|  | Contact information |  |  |
|  | Who should those funds go to |  |  |
|  | Account number(s) |  |  |
|  | Bank |  |  |
|  | Where are the bank statements  |  |  |
| **Organizations** |  |  |  |
|  | Are there organizations that need to be notified that you are no longer here |  |  |
|  | Name(s) |  |  |
|  | Contact information |  |  |
| **Tax Returns** |  |  |  |
|  | Most recent W-2 forms / Social Security information received in January |  |  |
|  | Income tax returns for the current and previous year, including 1040 variations and 1099s, if applicable |  |  |
| **Pension Plans and Retirement Benefit Information** |  |  |  |
|  | Do you receive any retirement checks |  |  |
|  | Will they continue to be paid to beneficiaries |  |  |
|  | Who pays them |  |  |
|  | Who do you contact |  |  |
|  | 401(k) or 403(b) |  |  |
|  | Roth IRAs |  |  |
|  | Work pension plan |  |  |
| **Investment Portfolio** |  |  |  |
|  | Company |  |  |
|  | Agent name / Contact information |  |  |
|  | Account number(s) |  |  |
|  | Do you keep track of them on your computer |  |  |
|  | What is the file name |  |  |
|  | Where are the monthly statements |  |  |
|  | Stocks |  |  |
|  | Bonds |  |  |
|  | Mutual funds |  |  |
|  |  |  |  |
| **Unemployment Benefits** |  |  |  |
|  | Are you receiving benefits |  |  |
|  | Report the death to the unemployment benefits office |  |  |
|  | Ask if there are remaining funds on the card |  |  |
|  | Will the card be revoked |  |  |
|  | Are remaining funds part of the estate |  |  |
|  | Can beneficiaries receive them |  |  |
|  | Does the debit card need to be destroyed or returned |  |  |
|  |  |  |  |
| **Debts** |  |  |  |
|  | What debts do you have |  |  |
|  | Amount |  |  |
|  | Name / contact information |  |  |
|  | Where is the paperwork |  |  |
| **Credit Cards** |  |  |  |
|  | Card name(s) |  |  |
|  | Card number(s) |  |  |
|  | Expiration date(s) |  |  |
|  | Recent account statement(s) |  |  |
|  | Login and password information for online account management (password program, etc.) |  |  |
| **Store Charge Cards** |  |  |  |
|  | Card name(s) |  |  |
|  | Card number(s) |  |  |
|  | Expiration date(s) |  |  |
|  | Recent account statement(s) |  |  |
|  | Login and password information for online account management (password program, etc.) |  |  |
| **Gasoline Credit Cards** |  |  |  |
|  | Card name(s) |  |  |
|  | Card number(s) |  |  |
|  | Expiration date(s) |  |  |
|  | Recent account statement(s) |  |  |
|  | Login and password information for online account management (password program, etc. |  |  |
| **Title or Deeds to any Property** |  |  |  |
|  | Where is the deed |  |  |
|  | Is it paid off |  |  |
|  | Mortgage Company |  |  |
|  | Loan Number |  |  |
|  | Contact information |  |  |
|  | How much did you pay for the house, when did you buy it? |  |  |
|  | Where are the tax assessment papers |  |  |
|  | Has your property been surveyed |  |  |
|  | Where is the survey |  |  |
|  | If renting, where is the rental agreement |  |  |
| **Other real estate** |  |  |  |
|  | Same information as above |  |  |
| **House and other keys** |  |  |  |
|  | What keys do you carry with you |  |  |
|  | Where are any extra house keys |  |  |
|  | What do they fit |  |  |
|  | Where are they located |  |  |
| **More Keys** |  |  |  |
|  | Do you have keys to anyone else’s house |  |  |
|  | Where do you keep them |  |  |
|  | Who should get them |  |  |
|  |  |  |  |
| **Combination Lock** |  |  |  |
|  | What is the combination of any locks you have |  |  |
|  | Do you have padlocks |  |  |
|  | Where are the keys |  |  |
| **Household Utilities Account/Phone Number** | Electricity |  |  |
|  | Gas |  |  |
|  | Water |  |  |
|  | Phone |  |  |
|  | Cable |  |  |
|  | Internet |  |  |
|  | Gardener |  |  |
| **Car** |  |  |  |
|  | Where are the registration papers for the car(s) |  |  |
|  | Is there a car loan |  |  |
|  | Where is the loan agreement(s) |  |  |
|  | Insurance company |  |  |
|  | Name of agent |  |  |
|  | Contact information |  |  |
|  | Disposition of car |  |  |
| **Car Lease** | Individual |  |  |
|  | Co-signer |  |  |
|  | Car dealer |  |  |
|  | Contact information |  |  |
|  | Contract location |  |  |
| **Pets** |  |  |  |
|  | Discuss the disposition of any pets you may have. |  |  |
|  | Where do they go |  |  |
|  | Veterinarian |  |  |
|  | Contact information |  |  |
| **Post Office Box** |  |  |  |
|  | Where is it |  |  |
|  | Number |  |  |
|  | Where is the key/combination |  |  |
|  | Where is the contract |  |  |
|  |
|  |
| **Tickets** |  |  |  |
|  | If you have purchased season tickets to stage shows, basketball, football, or hockey games, where are they located or information about them |  |  |
|  | Gift cards |  |  |
|  | Name/amount |  |  |
| **Hidden Cash Money** |  |  |  |
|  | Do you have cash hidden somewhere (wouldn’t it be a shame if the old sofa was sold for $50 and you had $200 in cash hidden in it)? |  |  |
| **Papers for Family Members** |  |  |  |
|  | If you have established file folders for specific family members– perhaps some collectibles - where do you keep them? |  |  |
|  | Things you might like to happen. (Remember, these are not binding unless specifically mentioned in a valid will/living trust.) |  |  |
| **DNA Test Results** |  |  |  |
|  | Name of company & contact information |  |  |
|  | What do you want done with them |  |  |
| **ONLINE PRESENCE Create a list of your online accounts** |  |  |  |
|  | Do you need all of them |  |  |
|  | Have you had some for a gazillion years and haven’t used them for a long time |  |  |
|  | Why not close them = one less thing for your digital asset executor to do |  |  |
| **Password Manager** |  |  |  |
|  | Use a password manager program so all the account names, numbers, logins, passwords, etc. are in the same location |  |  |
|  | *Give the master password to Digital Asset Executor; encrypt the file on your hard drive or flash drive* |  |  |
|  | *Do not include any logins, passwords in a will = public document* |  |  |
| **Make it easier for your digital executor….** |  |  |  |
|  | Research how to close accounts |  |  |
|  | Create a list of URLs on how to close accounts |  |  |
|  | Download the instructions |  |  |
|  | Close down e-mail accounts/phone last |  |  |
|  | *NOTE: Facebook, various companies, etc. might need to send a verification e-mail that your digital executor needs to respond to* |  |  |
| **Create an IRS account before the crooks do it for you** | <https://sa.www4.irs.gov/eauth/pub/login.jsp> |  |  |
| **Create a Social Security account** | <http://www.ssa.gov/myaccount/> |  |  |
| **Other Items that apply only to you** | Think carefully about your situation; go into the detail you would on every subject if you were the person looking for some document or thing. |  |  |