

SULLIVAN
LAW FIRM, PLLC

Peace of Mind

Planner:

Important

Information on

Safeguarding My

Legacy

Where are Personal Papers Kept?

**For your safety, refrain from including passwords, PIN numbers & access codes, rather note where your trusted helpers could find the information when needed, or upon your permission.*

Birth Certificate: _____

Social Security #'s / Papers: _____

Naturalization Papers: _____

Passport: _____

Marriage Certificate: _____

Wills, Medical, & Organ Donor Directives: _____

Employment & Pension Info: _____

ID Card or Driver's License: _____

Bank & Investment Statements, Pin #(s*): _____

Tax Returns: _____

Computer Passwords & Access Codes*: _____

Codes for Home Security System*: _____

Location of Other Important Documents: _____

Safety Deposit Box: _____

Location / Address: _____

Person with Access: _____

Location of Keys: _____

Notes:

Websites & Online Records

List below any electronic files, documents, or websites that would be helpful in your absence or in an emergency.

Co. / Notes: _____

Website: _____

Username: _____

Password: _____

Co. / Notes: _____

Website: _____

Username: _____

Password: _____

Co. / Notes: _____

Website: _____

Username: _____

Password: _____

Co. / Notes: _____

Website: _____

Username: _____

Password: _____

Co. / Notes: _____

Website: _____

Username: _____

Password: _____

Co. / Notes: _____

Website: _____

Username: _____

Password: _____

Co. / Notes: _____

Website: _____

Username: _____

Password: _____

Co. / Notes: _____

Website: _____

Username: _____

Password: _____

Important Contacts

Estate Planning Attorney: Sullivan Law Firm - (228)-314-5122

Accountant: _____

Attorney: _____

Bank Officer: _____

Doctor: _____

Hospital: _____

Pharmacy: _____

Employer: _____

Employee Benefits: _____

Insurance Agent: _____

Mortgage Company: _____

Social Security Office: _____

Financial Advisor: _____

Veteran Administration: _____

Friends, Family, Others:

Insurance Policies

Accident Insurance:

Company / Agent / Address / Phone #: _____

Policy #: _____ Location of Policy: _____ Coverage: _____

Notes: _____

Auto Insurance:

Company / Agent / Address / Phone #: _____

Policy #: _____ Location of Policy: _____ Coverage: _____

Notes: _____

Health Insurance:

Company / Agent / Address / Phone #: _____

Policy #: _____ Location of Policy: _____ Coverage: _____

Notes: _____

Homeowners Insurance:

Company / Agent / Address / Phone #: _____

Policy #: _____ Location of Policy: _____ Coverage: _____

Notes: _____

Life Insurance:

Company / Agent / Address / Phone #: _____

Policy #: _____ Location of Policy: _____ Coverage: _____

Notes: _____

Long Term Care Policy:

Company / Agent / Address / Phone #: _____

Policy #: _____ Location of Policy: _____ Coverage: _____

Notes: _____

Family Health History

Include as much as you can about yourself, parents, siblings, aunts, uncles and grandparents. This information can mean more timely diagnosis & treatment if needed.

Your Personal Health History:

List all Health Issues you have experienced:

Condition:	Date/Explanation:	Outcome/Result:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mother's Side

Name / Relationship:	Condition /Age/Explanation:	If deceased, cause & age:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Father's Side

Name / Relationship:	Condition /Age/Explanation:	If deceased, cause & age:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Overview of Assets: What You Own

Assets	Owned by you	Owned by spouse	Owned Jointly	Total Value
Accounts:				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Owed to you:				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Investments:				
Stocks.....	\$ _____	\$ _____	\$ _____	\$ _____
Bonds.....	\$ _____	\$ _____	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Real Estate				
Type.....	\$ _____	\$ _____	\$ _____	\$ _____
Location.....	\$ _____	\$ _____	\$ _____	\$ _____
Value.....	\$ _____	\$ _____	\$ _____	\$ _____
Mortgage.....	\$ _____	\$ _____	\$ _____	\$ _____
Retirement Plans				
IRA'S.....	\$ _____	\$ _____	\$ _____	\$ _____
401(K)S.....	\$ _____	\$ _____	\$ _____	\$ _____
Other.....	\$ _____	\$ _____	\$ _____	\$ _____

Overview of Assets: What You Owe

Balance as of ___/___/_____

	Account Number	Amount Owed	Monthly Payment
Mortgage Real Estate			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Home Equity Loans			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Credit Cards			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Auto / Vehicle Loans			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Other Debts			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
			Total: \$ _____

Overview of Assets: What is Owed to You

Include notes, trust debts, mortgages, cash loans & borrowed items.

Borrower: _____

Address/Phone #: _____

Description of debt or agreement: _____

Terms: _____

Balance as of __/__/____: _____

Notes: _____

Borrower: _____

Address/Phone #: _____

Description of debt or agreement: _____

Terms: _____

Balance as of __/__/____: _____

Notes: _____

Borrower: _____

Address/Phone #: _____

Description of debt or agreement: _____

Terms: _____

Balance as of __/__/____: _____

Notes: _____

Notes: _____

Banking Information

Bank Name: _____ Account Type: _____

Account Number: _____ Amount Kept in Account: _____

Notes / Location of Checks & Statements:

Bank Name: _____ Account Type: _____

Account Number: _____ Amount Kept in Account: _____

Notes / Location of Checks & Statements:

Bank Name: _____ Account Type: _____

Account Number: _____ Amount Kept in Account: _____

Notes / Location of Checks & Statements:

Bank Name: _____ Account Type: _____

Account Number: _____ Amount Kept in Account: _____

Notes / Location of Checks & Statements:

Notes:

Money Market Account / Certificate of Deposit:

Bank: _____ Address/Phone: _____

Name(s) on Account: _____

Account Number: _____

Type of Account: _____

Account Amount: _____

Location of Papers or Certificates: _____

Notes: _____

Bank: _____ Address/Phone: _____

Name(s) on Account: _____

Account Number: _____

Type of Account: _____

Account Amount: _____

Location of Papers or Certificates: _____

Notes: _____

Bank: _____ Address/Phone: _____

Name(s) on Account: _____

Account Number: _____

Type of Account: _____

Account Amount: _____

Location of Papers or Certificates: _____

Notes: _____

Investments:

Stocks, Bonds, Funds, IRA's (note where Certificate or documents are located)

Description / Account #	Contact / Phone	Number / Shares / Notes
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Real Estate

Property Name _____

Name of Owners _____

Legal Description _____

Location of Legal Documents _____

Mortgage Company _____

Amount Owed _____

Location of Payment Book _____

Real Estate Taxes _____

Initial Cost of Property _____

Cost of Improvement _____

If Renting _____

Location of Lease _____

Lease Expiration _____

Vehicles

Year/Make/Model _____

Identification # (VIN) _____

Location of Title _____

Names on Title _____

Lease/Loan Information _____

Notes _____

SULLIVAN LAW FIRM, PLLC

Your Legacy Simplified.



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