



2024 edition

survivor's guide

complete and share with your loved ones
for peace of mind when it's needed most



I am completing this because I love you.

Completed by: _____ on: ___/___/___

For: _____



Table of Contents

Your Survivor's Guide: Take Time Now to Plan.....	3
Location of Important Documents.....	4-5
Important Contacts.....	6
Family Information.....	7
Digital Accounts.....	8-9
Banking & Financial Accounts.....	10-12
Insurance & Annuity Accounts.....	13-15
Benefits Available Upon Death.....	16-17
Social Security.....	18
Sources of Immediate Cash.....	19
Care of Dependent Children.....	20
Trust Information.....	21
Real Estate Information.....	22
Financial Assets.....	23-24
Business, Farm, or Other Enterprise Information.....	25
Pet Information.....	26
Personal Letter of Direction.....	27
Personal Effects.....	28-29
Funeral & Burial Preferences.....	30-35
Obituary Information.....	36
People to Notify.....	37-38
Additional Instructions.....	39
Notary.....	40

This document is for client use ONLY and must be kept in a safe and secure place (for example a lock box, safe, etc.). A copy MAY NOT be returned or held by your Cetera representative for any reason.

Your Survivor's Guide: Take Time To Plan

Each member makes a wonderful contribution to the family. But when a family member dies, how do the survivors cope?

The purpose of *Survivor's Guide: Take Time to Plan*, is to motivate you to make plans for an orderly transition. Eventually, someone will have to handle your affairs without you. Please sit down and complete the *Survivor's Guide: Take Time to Plan*. Preparation will ease the burden of your survivors.

Give adequate consideration to matters such as:

- What funeral arrangements would you prefer?
- What will be the state of the family's finances if you die? If your spouse/partner dies?
- Where would be the most practical place for the survivor(s) to live?
- Specifically, who could be helpful to the survivor(s) in making major decisions?
- What benefits will the survivor(s) be eligible for?
- What records are needed to apply for those benefits, and where are they located?
- If you own a business, farm or other enterprise, what should be done with it, upon your death?
- What arrangements should be made for the care of dependent children in the event of simultaneous death of the parents?

Take time to plan now while it is just a chore, and not a burden later to those you leave behind. The death of a loved one is excruciating enough without the responsibilities of settling their affairs. Make the arrangements and assemble the documents that will at least make the financial and legal arrangements as simple as possible.

This publication provides a convenient place to list those arrangements and to record where valuable documents are kept. You will undoubtedly want to talk with your attorney, insurance agent, and financial advisor to help assemble your affairs. You will want to make sure that both you (and your spouse/partner) have a valid and up-to-date will, that your life insurance program is adequate for the financial needs of your survivors, and that the federal estate taxes will be held to a minimum.

As a convenient and accessible back-up, upload your completed guide to a secure online location. There are many ways to do this. You can copy it to a password-protected cloud storage drive or a digital safebox tool, such as [AdviceWorks](#) or [Everplans](#).

Take time to record your information here now. It is a caring way to help your family through what will be one of the most trying periods of their lives.

Location of Important Documents

Last Will and Testament _____

Revocable Living Trust _____

Living Will _____

Durable Powers of Attorney _____

Limited Partnership Documents _____

Promissory Notes _____

Credit cards _____

Checkbooks _____

Bank monthly statements _____

Canceled checks _____

CD Certificates _____

Stock & Bond Certificates _____

Annuities _____

Mutual Funds _____

Other Investments _____

Retirement Plans _____

Pension, profit sharing or other retirement or death benefits _____

Tax Records _____

Mortgage Records _____

Car Loan Records _____

Deeds to Property _____

Timeshare Deeds _____

Property Tax Bills _____

Vehicle Registration _____

Location of Important Documents

Life Insurance Policies _____

Property/ Casualty Insurance Policies _____

Medical Insurance Policies _____

Medical Records _____

Marriage certificates _____

Birth certificates _____

Death certificates _____

Divorce certificates _____

Adoption papers _____

Social Security Cards _____

Driver's Licenses _____

Passports _____

Military service records, including serial number _____

V.A. claim number _____

Veteran's Discharge certificate _____

Immigration & Naturalization papers _____

Location of safes and combinations _____

Software passwords, codes _____

Other _____

Important Contacts

Financial Planner

Name: _____

Address: _____

Phone: _____

Email: _____

Executor of Will

Name: _____

Address: _____

Phone: _____

Email: _____

Certified Public Accountant (CPA)

Name: _____

Address: _____

Phone: _____

Email: _____

Banking Contact

Name: _____

Address: _____

Phone: _____

Email: _____

Attorney

Name: _____

Address: _____

Phone: _____

Email: _____

Landlord

Name: _____

Address: _____

Phone: _____

Email: _____

Primary Physician

Name: _____

Address: _____

Phone: _____

Email: _____

Business Associate

Name: _____

Address: _____

Phone: _____

Email: _____

Funeral Home

Name: _____

Address: _____

Phone: _____

Email: _____

Real Estate Agent

Name: _____

Address: _____

Phone: _____

Email: _____

Family Information

About the Family

My Name: _____

Place and Date of Birth: _____

Spouse/Partner's Name: _____

Place and Date of Birth: _____

Children (Full Name, Place and Date of Birth):

Other Primary Family (Full Name, Place and Date of Birth):

Family Records Location

Medical Records _____

Other Important Family Records

Digital Accounts

Email

Primary email address: _____ @ _____

Provider: _____ Username: _____ Password: _____

Secondary email address: _____ @ _____

Provider: _____ Username: _____ Password: _____

Devices

Desktop Computer Login:

Model: _____ Username: _____ Password: _____

Laptop Computer/Tablet Login:

Model: _____ Username: _____ Password: _____

Smartphone Login:

Model: _____ Username: _____ Password: _____

Social Media Accounts

Meta/Facebook Page Name/Link: _____

Username: _____ Password: _____

LinkedIn Page Name/Link: _____

Username: _____ Password: _____

Instagram Page Name/Link: _____

Username: _____ Password: _____

X/Twitter Page Name/Link: _____

Username: _____ Password: _____

Other Page Name/Link: _____

Username: _____ Password: _____

Digital Accounts

Digital Safebox Accounts

AdviceWorks: _____

Username: _____ Password: _____

Docubank: _____

Username: _____ Password: _____

Everplans: _____

Username: _____ Password: _____

Other: _____

Username: _____ Password: _____

NOTE: Attach a printout of your most current **MASTER PASSWORD LIST** to this document. Or, **provide location of where it is stored:**

Banking & Financial Accounts

Banking/Payment Accounts

Online Banking:

Bank Name/Website: _____

Username: _____ Password: _____

Online Accounts (Autopay services, Utilities, Amazon, eBay, PayPal, E*Trade, Bitcoin, etc):

Account Name/Website: _____

Username: _____ Password: _____

Account Name/Website: _____

Username: _____ Password: _____

Account Name/Website: _____

Username: _____ Password: _____

Account Name/Website: _____

Username: _____ Password: _____

Account Name/Website: _____

Username: _____ Password: _____

Account Name/Website: _____

Username: _____ Password: _____

Account Name/Website: _____

Username: _____ Password: _____

Account Name/Website: _____

Username: _____ Password: _____

Account Name/Website: _____

Username: _____ Password: _____

Account Name/Website: _____

Username: _____ Password: _____

Banking & Financial Accounts

Business

Varies by types of business and extent of its computer or Internet associated activities, which may include blogs, domain names, credit card and financial data

Account Name/Website: _____

Username: _____ Password: _____

Account Name/Website: _____

Username: _____ Password: _____

Account Name/Website: _____

Username: _____ Password: _____

Account Name/Website: _____

Username: _____ Password: _____

Account Name/Website: _____

Username: _____ Password: _____

Account Name/Website: _____

Username: _____ Password: _____

Account Name/Website: _____

Username: _____ Password: _____

Account Name/Website: _____

Username: _____ Password: _____

Account Name/Website: _____

Username: _____ Password: _____

Account Name/Website: _____

Username: _____ Password: _____

Account Name/Website: _____

Username: _____ Password: _____

Banking & Financial Accounts

Wills/Trusts

- I have a will/trust
- I do not have a will/trust. (If you checked this box, you have an important duty to perform now!)

Original and copies of my will/trust are located at: _____

Executor's Name, Address, and Phone Number _____

Attorney Name, Address, and Phone Number _____

Safe deposit boxes

- I do not have a safety deposit box
- It is held in my name only
- It is held jointly with _____

Box number _____

Name and location of bank _____

Location(s) of keys _____

Insurance & Annuity Accounts

Life Insurance

Insurance Company	Policy #	Owner	Face Value	Beneficiary
-------------------	----------	-------	------------	-------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**If any policies listed are survivorships (last-to-die) plans, it is also important to notify the insurer. Other family members:*

Insurance Company	Policy #	Owner	Face Value	Beneficiary
-------------------	----------	-------	------------	-------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Government Life Insurance

I served in the (branch of service) _____ from _____

To _____ and received the following type of discharge _____

My serial number was _____

The status of my government life insurance is as follows (expired or still in force; face amount): .

The policy is located at: _____

Insurance & Annuity Accounts

Other Government Benefits

- Railroad Retirement
- Civil Service
- Active Military or Veterans' service-connected death
- Benefits because of my employment by state or local government _____

My V.A. Claim number is: _____

Records and documents needed to apply for benefits are located at _____

Membership Benefits

Because of my membership in various organizations (union, trade associations, fraternal benefit society, etc.), my survivors may be eligible for certain benefits. The organizations and benefits are as follows:

Organization	Type of Benefit
_____	_____
_____	_____
_____	_____
_____	_____

The documents needed to apply for the benefits are located at _____

Insurance & Annuity Accounts

Health Insurance

Hospitalization, Disability Income, Accident, Long-term Care, Medicare Advantage, etc.

Insured	Insurance Co.	Policy No.	Type of Insurance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Annuities

Insurance Co.	Policy No.	Annuitant	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Property/Casualty Insurance

Homeowners, Auto, Personal Liability, Business Coverage, Fire, Vehicle, Disability, etc.

Insurance Co.	Policy No.	Type of Insurance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Policies for all insurance coverage and annuities are located _____

Benefits Available Upon My Death

Available Death Benefits, Present Employer

Employer Name _____

Employer Address _____

Employer Email _____

Employer Phone Number _____

My family may be eligible for the following benefits from my employer upon my death.

- Group Life Insurance
- Deferred compensation
- Group health insurance (death benefit)
- Credit union deposits
- COBRA continuation coverage
- Pension (survivor's benefits)
- Profit-sharing plan (survivor's benefits)
- Unpaid salary
- Other

If I am killed on the job, additional benefits may be payable to my family form:

- Workmen's compensation
- Accident travel insurance, common carrier insurance, tickets purchased by credit card
- Other

Past Employer(s)

Because of my previous employment there, I have a vested interest in the pension plan or other benefits at:

Documents needed to apply for benefits are located at:

Benefits Available Upon My Spouse/Partner's Death

Available Death Benefits, Present Employer

Employer Name _____

Employer Address _____

Employer Email _____

Employer Phone Number _____

My family may be eligible for the following benefits from my employer upon my death.

- Group Life Insurance
- Deferred compensation
- Group health insurance (death benefit)
- Credit union deposits
- COBRA continuation coverage
- Pension (survivor's benefits)
- Profit-sharing plan (survivor's benefits)
- Unpaid salary
- Other

If I am killed on the job, additional benefits may be payable to my family form:

- Workmen's compensation
- Accident travel insurance, common carrier insurance, tickets purchased by credit card
- Other

Past Employer(s)

Because of my previous employment there, I have a vested interest in the pension plan or other benefits at:

Documents needed to apply for benefits are located at:

Social Security

The Social Security Administration offers a variety of benefits.

Call 1-800-772-1213 for help in calculating the dollar amounts below, and for complete details on all Social Security Benefits.

You can find complete details online at www.ssa.gov/benefits/survivors

A lump sum burial benefit of \$255 may be payable to my spouse/partner or children.

Social Security may provide my spouse/partner, ex-spouse/partner, and/or children a monthly benefit of \$_____.

My Social Security Number: _____

Spouse/Partner's Social Security Number: _____

Children's Social Security Numbers:

To receive benefits you will need the following information:

- A certified copy of the death certificate
- The deceased's Social Security number.
- Information on the deceased's employer, and approximate earnings for the past two years, such as tax returns, or W-2's.
- Your marriage certificate
- Social Security numbers and birth certificates for you and your dependent children.

Sources of Immediate Cash

Sources of Immediate Cash

During the period immediately following **my death**, the best sources for my family to obtain cash for immediate needs are as follows:

During the period immediately following **my spouse/partner's death**, the best sources for me to obtain cash to meet the additional expenses are as follows:

Care of Dependent Children

Care of Dependent Children

In the event my spouse/partner and I both die while our children are young, the following arrangements have been made on their behalf (give name, relationship, address, and Phone number of guardian, and describe trust arrangements, if any):

Or, my Will contains the following guardianship designation and trust arrangement:

Or, no official arrangements have been made to date, but my spouse/partner and I would hope that the following arrangements could be made:

Trust Information

Trust(s) that I Have Set Up:

Trust Name 1: _____

Bank, Trust Company, or Other Fiduciary: _____

Trust Officer: _____

Email: _____

Phone: _____

The Trust is: _____ Funded _____ Unfunded

Trust Name 1: _____

Bank, Trust Company, or Other Fiduciary: _____

Trust Officer: _____

Email: _____

Phone: _____

The Trust is: _____ Funded _____ Unfunded

Trust(s) that I My Spouse/ Partner Has Set Up:

Trust Name 1: _____

Bank, Trust Company, or Other Fiduciary: _____

Trust Officer: _____

Email: _____

Phone: _____

The Trust is: _____ Funded _____ Unfunded

Trust Name 1: _____

Bank, Trust Company, or Other Fiduciary: _____

Trust Officer: _____

Email: _____

Phone: _____

The Trust is: _____ Funded _____ Unfunded

Real Estate Information

Real Estate Owned

Property 1 Address: _____

It is owned:

Jointly by _____

Singly by _____

Mortgagor: _____

Email: _____

Phone: _____

Location of Mortgage or Deed: _____

Property 2 Address: _____

It is owned:

Jointly by _____

Singly by _____

Mortgagor: _____

Email: _____

Phone: _____

Location of Mortgage or Deed: _____

Other real estate owned (excluding business, farm, or other enterprise):

Financial Assets

Bank Accounts

(Including Savings & Loan Associations, Credit Union)

Checking, Savings

Certificates of Deposit	Account #	Joint/Ind. Owner	Name & Location
-------------------------	-----------	------------------	-----------------

Location of passbooks, checkbooks, canceled checks and statements:

Stocks, Bonds, and Securities Portfolio

Stocks, Bonds, Securities:

Records located: _____

Mutual Fund Companies:

Records located: _____

Money Market Account(s):

Records located: _____

Financial Assets

Additional Financial Information

Major Debts (other than first mortgages and revolving charge accounts):

Money owed to us:

Location of notes payable and receivable:

Other information:

Business, Farm, or Other Enterprise Information

Name of business _____

Kind of business _____

Location _____

Percentage of ownership (%) _____

Form of business (sole proprietorship, partnership, corporation)

Other Owners (if any) _____

Is the business subject to a buy/ sell agreement? _____

Information on any other business interests or farms owned:

Arrangements that have been made (or should be made after my death) in continuing or disposing of each business interest:

Location of business book, records and pertinent papers

Person or persons who could offer sound advice in carrying on the business, or operating the farm – or in disposing of the business or farm (names, addresses, emails, and phone numbers)

Pet Information

Pet 1 Name _____

Breed _____ Sex _____

Color _____ Weight _____ Birthdate _____

Veterinarian Name _____

Address _____

Email/Phone _____

Microchip Information _____

Feeding Instructions _____

Daily Routine _____

Who would you want to take care of your pet if you couldn't?

Primary or Co-Guardian _____

Succession Guardian _____

Pet 2 Name _____

Breed _____ Sex _____

Color _____ Weight _____ Birthdate _____

Veterinarian Name _____

Address _____

Email/Phone _____

Microchip Information _____

Feeding Instructions _____

Daily Routine _____

Who would you want to take care of your pet if you couldn't?

Primary or Co-Guardian _____

Succession Guardian _____

Personal Letter of Direction

Dear Family and Friends,

As you know, maintaining harmony in the family has always been a priority with me. One way to continue this objective is to be sure there are no misunderstandings as to certain personal property items that are to be distributed at my death. I know from painful firsthand experience how a devastating family dispute can develop because these issues are not addressed at the appropriate time. I have given a great deal of thought as to how this goal might be accomplished. Therefore, on the following pages you will find a list of specific items to be distributed to specific individuals.

I recognize that some of the items do not have great monetary value. However, I do know that they are of great sentimental value to me, and perhaps will be to you as well. I hope you will find as much joy in receiving these items as I have had in gifting them to you.

I apologize if any of you feels slighted because I directed an item to someone else that you thought was intended for you. Please be assured that I have done my best to be sure that everyone is treated fairly. If I fall short in that desire it is because of my own shortcomings, and is not borne out of a desire to hurt anyone's feelings.

Thank you for your love and support,

Signed: _____

Date: _____

Funeral & Burial Instructions

First Spouse/Partner

Body or Organs to be Donated:

Yes (indicate specific organs NOT to be donated, if any) _____

No (see Health care Durable Power of Attorney, or Health Care Directive)

Preferred Mortuary: _____

City: _____

State: _____

Place of Service:

Church: _____

Mortuary Chapel: _____

Church of Denomination: _____

Other Location: _____

Person to be in Charge of Final Arrangements:

(see Health Care Durable Power of Attorney, or Health Care Directive)

Name: _____

Relationship: _____

Email/Phone: _____

Service to be Conducted by:

Name: _____

Relationship: _____

Email/Phone: _____

Funeral & Burial Instructions

First Spouse/Partner

Description of Services Desired:

Special Readings:

Special Music:

Funeral & Burial Instructions

First Spouse/Partner

Interment Requests

I prefer

- Earth burial
- Cremation
- Mausoleum

Name of Cemetery:

City: _____

State: _____

- I have reserved facilities (Explain below and attach deeds and/or other personal paperwork).

- I have not reserved facilities.

NOTE: Order at least 15 death certificates. A separate certified death certificate will be needed for each insurance policy, and each asset, (i.e., real estate, stocks, bonds, mutual funds, bank accounts, etc.) The funeral director can order them for you

Funeral & Burial Instructions

Second Spouse/Partner

Body or Organs to be Donated:

- Yes (indicate specific organs NOT to be donated, if any) _____
- No (see Health care Durable Power of Attorney, or Health Care Directive)

Preferred Mortuary: _____

City: _____

State: _____

Place of Service:

Church: _____

Mortuary Chapel: _____

Church of Denomination: _____

Other Location: _____

Person to be in Charge of Final Arrangements:

(see Health Care Durable Power of Attorney, or Health Care Directive)

Name: _____

Relationship: _____

Email/Phone: _____

Service to be Conducted by:

Name: _____

Relationship: _____

Email/Phone: _____

Funeral & Burial Instructions

Second Spouse/Partner

Description of Services Desired:

Special Readings:

Special Music:

Funeral & Burial Instructions

Second Spouse/Partner

Interment Requests

I prefer

- Earth burial
- Cremation
- Mausoleum

Name of Cemetery:

City: _____

State: _____

- I have reserved facilities (Explain below and attach deeds and/or other personal paperwork).

- I have not reserved facilities.

NOTE: Order at least 15 death certificates. A separate certified death certificate will be needed for each insurance policy, and each asset, (i.e., real estate, stocks, bonds, mutual funds, bank accounts, etc.) The funeral director can order them for you

Obituary Information

This biographical information will be of help in preparing and obituary news **about me:**

My obituary should be sent to the following print and/or online news sources:

This biographical information will be of help in preparing an obituary news story **about my spouse/partner:**

My spouse/partner's obituary should be sent to the following print and/or online news sources:

People to Notify

First Spouse/Partner

Name: _____

Relationship: _____

Address: _____

Email/Phone: _____

Name: _____

Relationship: _____

Address: _____

Email/Phone: _____

Name: _____

Relationship: _____

Address: _____

Email/Phone: _____

Name: _____

Relationship: _____

Address: _____

Email/Phone: _____

Name: _____

Relationship: _____

Address: _____

Email/Phone: _____

Name: _____

Relationship: _____

Address: _____

Email/Phone: _____

People to Notify

Second Spouse/Partner

Name: _____

Relationship: _____

Address: _____

Email/Phone: _____

Name: _____

Relationship: _____

Address: _____

Email/Phone: _____

Name: _____

Relationship: _____

Address: _____

Email/Phone: _____

Name: _____

Relationship: _____

Address: _____

Email/Phone: _____

Name: _____

Relationship: _____

Address: _____

Email/Phone: _____

Name: _____

Relationship: _____

Address: _____

Email/Phone: _____

Notary

Date completed and/or updated: _____

My Signature: _____

My Spouse/Partner's Signature: _____

Witness _____

Address _____

Witness _____

Address _____

Certificate of Acknowledgement of Notary Public

State of _____, County of _____

On _____ before me, _____

(Name/Title i.e."Jane Doe, Notary Public")

personally appeared _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(Signature)

(Notary Seal)