



Important Family Financial Information

No matter what your situation, your first step toward getting your estate plan started is to gather key pieces of information about your personal circumstances, assets & debts.

This inventory will help you:

- Create a consolidated view of all the key components about your estate.
- Make things much easier for those who will end up handling your affairs someday.
- Clarify your thinking about how you want things handled after you're gone.
- Give your estate planning attorney a head start on assessing your situation and preparing your plan.

Things to remember:

- Try to complete as much of the inventory as possible. If you need to, you can come back and complete any missing information later.
- Keep a copy of this inventory in a safe place and tell someone you trust where to find it.

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KEEP ALL INFORMATION ENCLOSED IN A SECURE LOCATION

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Date Updated: _____

Personal Information	
CLIENT 1	CLIENT 2
Name:	Name:
Social Security #:	Social Security #:
Date of Birth:	Date of Birth:
Primary Residence:	Primary Residence:
Secondary Residence:	Secondary Residence:
Phone #: V/M Access Code:	Phone #: V/M Access Code:
Mobile #: V/M Access Code:	Mobile #: V/M Access Code:
Email: Password:	Email: Password:
Medicare ID #:	Medicare ID #:
Other ID #s:	Other ID #s:

Family Members					
Name	Relationship	DOB	SSN	Address	Phone

Date Updated: _____

Emergency Contact Information	
PRIMARY CONTACT: CLIENT 1	PRIMARY CONTACT: CLIENT 2
Name:	Name:
Relationship:	Relationship:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
Work Phone:	Work Phone:
Email:	Email:
Address:	Address:
Notes:	Notes:
ALTERNATE CONTACT: CLIENT 1	ALTERNATE CONTACT: CLIENT 2
Name:	Name:
Relationship:	Relationship:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
Work Phone:	Work Phone:
Email:	Email:
Address:	Address:
Notes:	Notes:
MEDICAL INSURANCE: CLIENT 1	MEDICAL INSURANCE: CLIENT 2
Policy #:	Policy #:
Group #:	Group #:
Phone #:	Phone #:

Date Updated: _____

Family History		
CLIENT 1		CLIENT 2
Name at Birth:		Name at Birth:
Place of Birth/Citizenship:		Place of Birth/Citizenship:
Health Issues:		Health Issues:
Blood Type:		Blood Type:
Former Marriages: Yes / No		Former Marriages: Yes / No
FATHER – CLIENT 1		FATHER – CLIENT 2
Name at Birth:		Name at Birth:
Citizenship:		Citizenship:
Place of Birth:		Place of Birth:
Health Issues:		Health Issues:
Date/Cause of Death:		Date/Cause of Death:
Burial Location:		Burial Location:
MOTHER – CLIENT 1		MOTHER – CLIENT 2
Name at Birth:		Name at Birth:
Citizenship:		Citizenship:
Place of Birth:		Place of Birth:
Health Issues:		Health Issues:
Date/Cause of Death:		Date/Cause of Death:
Burial Location:		Burial Location:
EXTENDED FAMILY MEDICAL HISTORY		
NAME & RELATION	DATE & AGE OF DEATH	CAUSE OF DEATH/ HEALTH ISSUES

Date Updated: _____

Personal Medical History			
CLIENT 1		CLIENT 2	
Primary Care Physician:		Primary Care Physician:	
Contact Info:		Contact Info:	
ALLERGIES - CLIENT 1		ALLERGIES - CLIENT 2	
Medicine:		Medicine:	
Food:		Food:	
Other:		Other	
HOSPITALIZATIONS/MEDICAL TREATMENT			
<i>PATIENT NAME</i>	<i>CONDITION/STATUS</i>	<i>DATES TREATED</i>	<i>MEDICATION</i>

Date Updated: _____

Key Advisors			
<i>ADVISOR</i>	<i>NAME</i>	<i>ADDRESS</i>	<i>PHONE</i>
Accountant			
Attorney			
Clergy			
Doctor			
Doctor			
Employer			
Employer			
Executor			
Financial Advisor			
Funeral Director			
Insurance Agent			
Investment Manager			
Trustee			

Basic Checklist for Settling an Estate <i>(NOT AN INCLUSIVE LIST)</i>	
<input type="checkbox"/> Notify immediate family and close friends	<input type="checkbox"/> Investigate Social Security, veterans or other death benefits
<input type="checkbox"/> Evaluate emotional impact on surviving spouse/partner, children, close relatives, friends and arrange support	<input type="checkbox"/> Notify Social Security, Medicare, Student Loan services and other agencies as appropriate
<input type="checkbox"/> Arrange organ donation as appropriate	<input type="checkbox"/> Investigate employee benefits including accrued vacation pay, death benefits, final wages, retirement plans, deferred compensation, etc.
<input type="checkbox"/> Arrange care for dependents and pets	<input type="checkbox"/> Investigate other death benefits (group coverage, fraternal, association or union benefits, etc.)
<input type="checkbox"/> Evaluate security needs at decedent's residence	<input type="checkbox"/> Meet with decedents financial advisor and review investment portfolios
<input type="checkbox"/> Cancel or rearrange home deliveries	<input type="checkbox"/> Analyze business, partnership and investment arrangements
<input type="checkbox"/> Have postal service hold/forward mail	<input type="checkbox"/> Explore options related to Keogh, IRA and other retirement accounts
<input type="checkbox"/> Arrange for care/disposal of perishable property (plants, foods, etc.)	<input type="checkbox"/> Meet with decedents' attorney/retain attorney regarding estate
<input type="checkbox"/> Review final wishes, funeral and burial preferences	<input type="checkbox"/> Meet with decedents' tax professional/CPA regarding estate
<input type="checkbox"/> Contact decedents clergy person to arrange services as appropriate	<input type="checkbox"/> Arrange to collect life insurance proceeds and discuss options with financial advisor
<input type="checkbox"/> Arrange for mortuary, cemetery, burial, or cremation as appropriate	<input type="checkbox"/> Work with attorney and CPA to prepare/update inventory of accounts and list of debts
<input type="checkbox"/> Notify other family members and friends	<input type="checkbox"/> Review credit/charge accounts and cancel as appropriate
<input type="checkbox"/> Arrange for an after funeral reception (food, location, etc.) as appropriate	<input type="checkbox"/> Do not pay off any of decedents debts until attorney discusses with executor
<input type="checkbox"/> Prepare/arrange for an obituary	<input type="checkbox"/> Obtain valuation of assets
<input type="checkbox"/> Order a sufficient number of death certificates	<input type="checkbox"/> Deal with fire, theft, liability and auto insurance on decedent property
<input type="checkbox"/> Locate estate documents, life insurance policies, etc.	<input type="checkbox"/> If trust is involved, arrange for any allocations or transfers
<input type="checkbox"/> Notify agents under powers of attorney	<input type="checkbox"/> Arrange for final income tax return and estate tax return as necessary

Date Updated: _____

Key Data Locator	
DESCRIPTION	LOCATION
Birth Certificates	
Social Security Cards	
Marriage License/ Divorce Settlement	
Adoption Paperwork Children's Documents	
Passports	
Insurance Policies	
Bank/Investment Records	
Income Tax Returns	
Property Tax Receipts	
Household Property Inventory	
Retirement/Pension Records	
Medical Records/HIPPA Release	
Mortgages/Deeds/Leases etc.	
Car Titles	
Loan Records	
Wills/Trusts/POAs (Originals)	
Letters of Instruction	
Warranties	
Other	

Date Updated: _____

Key Data		
WILL – CLIENT 1	WILL – CLIENT 2	
Execution Date:	Execution Date:	
Last Updated:	Last Updated:	
Executor:	Executor:	
Successor:	Successor:	
Prepared by:	Prepared by:	
Location of Copies:	Location of Copies:	
TRUST – CLIENT 1	TRUST – CLIENT 2	
Type:	Type:	
Title:	Title:	
Trustee(s):	Trustee(s):	
Successor(s):	Successor(s):	
Beneficiaries:	Beneficiaries:	
Prepared by:	Prepared by:	
Location of Copies:	Location of Copies:	
LIVING WILLS		
WILL OF	ATTORNEY/PHONE	LOCATION OF COPIES
LETTERS OF INSTRUCTION		
WRITTEN BY	LOCATION OF ORIGINAL	LOCATION OF COPIES

Date Updated: _____

Key Data (Continued)

DURABLE POWERS OF ATTORNEY			
<i>GIVEN TO</i>	<i>PHONE</i>	<i>ATTORNEY</i>	<i>LOCATION OF COPIES</i>
HEALTH CARE DURABLE POWERS OF ATTORNEY			
<i>GIVEN TO</i>	<i>PHONE</i>	<i>ATTORNEY</i>	<i>LOCATION OF COPIES</i>
OTHER IMPORTANT DOCUMENTS			
<i>NAME</i>	<i>ATTORNEY/PHONE</i>	<i>LOCATION OF ORIGINAL</i>	<i>LOCATION OF COPIES</i>

Employment

CLIENT 1	
Name of Present Employer:	
Address/Phone Number:	
Job Title:	Field of Work:
Current Gross Salary:	
Location of Previous Employment Benefit/Records/Resume:	
Date of Retirement (if applicable):	
Date Last Updated:	

Date Updated: _____

Employment (Continued)	
CLIENT 2	
Name of Present Employer:	
Address/Phone Number:	
Job Title:	Field of Work:
Current Gross Salary:	
Location of Previous Employment Benefits/Records/Resume:	
Date of Retirement (if applicable):	
Date Last Updated:	

Military Service	
CLIENT 1	CLIENT 2
Branch/# of Years of Service/Rank:	Branch/# of Years of Service/Rank:
Discharge Date/Location of Papers:	Discharge Date/Location of Papers:
Service ID #:	Service ID #:
If active, list death benefits, beneficiaries, etc.:	If active, list death benefits, beneficiaries, etc.:
Currently collecting military pension and/or disability?:	Currently collecting military pension and/or disability?:
Awards, Recognitions, Citations related to service:	Awards, Recognitions, Citations related to service:
Veterans organizations and benefits:	Veterans organizations and benefits:
Notes:	Notes:

Date Updated: _____

Real Estate			
PRIMARY RESIDENCE		INVESTMENT PROPERTY	
Address:		Address:	
Type/Description:		Type/Description:	
Assessor's Parcel #:		Assessor's Parcel #:	
Purchase Date:		Purchase Date:	
Name(s) on Deed:		Name(s) on Deed:	
Mortgage/Contract Holder:		Mortgage/Contract Holder:	
Mortgage/Contract Amount:		Mortgage/Contract Amount:	
Monthly Payment:		Monthly Payment:	
Interest Rate:	Due Date:	Interest Rate:	Due Date:
Improvements:		Improvements:	
Date:	Final Cost:	Date:	Final Cost:
Contractor:		Contractor:	
Annual Taxes:	Due Date:	Annual Taxes:	Due Date:
LOCATION OF REAL ESTATE PAPERS			
PRIMARY RESIDENCE		INVESTMENT PROPERTY	
Deed:		Deed:	
Mortgage/Lien(s):		Mortgage/Lien(s):	
Title and HO Insurance:		Title and HO Insurance:	
Tax Receipts:		Tax Receipts:	
Surveys:		Surveys:	
Homestead:		Homestead:	
Water Rights:		Water Rights:	

Date Updated: _____

Banking Information

PERSONAL ACCOUNTS					
Type	Bank Name	Name(s) on Account	Account Number	Beneficiary	PIN

BUSINESS ACCOUNTS					
Type	Bank Name	Name(s) on Account	Account Number	Beneficiary	PIN

Investments

Stock/Bond/ MF/Advisory	Owner	Account #	Advisor/Broker Name/Phone #	Beneficiary

Date Updated: _____

Annuities				
<i>Fixed/Variable/Indexed</i>	<i>Tax- Qualified?</i>	<i>Owner & Annuitant</i>	<i>Contract #/ Company/ Phone #</i>	<i>Beneficiary</i>

Retirement Accounts				
VESTED BENEFITS (I.E. PENSIONS, SOCIAL SECURITY, VETERAN'S BENEFITS, ETC.)				
<i>Source</i>	<i>Beneficiary</i>	<i>Date Payable</i>	<i>Monthly Amount</i>	<i>Survivor Benefit %</i>
RETIREMENT PLANS (401K, 403B, 457, SIMPLE, SEP, IRA, ROTH IRA, ETC.)				
<i>Type</i>	<i>Owner</i>	<i>Account #</i>	<i>Beneficiaries</i>	<i>Advisor/Broker</i>

Date Updated: _____

Credit Cards & Other Liabilities

<i>Creditor</i>	<i>Address/Phone</i>	<i>Acct #</i>	<i>Original Balance</i>	<i>Payment/ Int Rate</i>	<i>Due Date</i>	<i>Collateral</i>

Note: Include any loans on which you co-signed or any property which is pledged as collateral.

Debt Elimination Plan

Notes / Amounts Receivable

<i>Debtor</i>	<i>Payee</i>	<i>Original Amount</i>	<i>Date Established</i>	<i>Purpose of Debt</i>	<i>Security Deposit</i>	<i>Location of Copy</i>

Date Updated: _____

Insurance Contracts

LIFE INSURANCE

Type	Owner	Insured	Company/ Address	Agent/ Phone	Policy #	Face Value	Cash Value/ Loans	Premium/ Due Date	Beneficiary

DISABILITY INSURANCE

Type	Owner	Insured	Company/ Address	Agent/ Phone	Policy #	Benefit Amount	Premium/Due Date	Beneficiary

LONG-TERM CARE INSURANCE

Type	Owner	Insured	Company/ Address	Agent/ Phone	Policy #	Benefit Amount	Premium/Due Date	Beneficiary

Date Updated: _____

Insurance Contracts *(Continued)*

HOME/AUTO/UMBRELLA INSURANCE							
Type	Owner	Insured	Company/ Address	Agent/Phone	Policy #	Coverage Amount	Deductible/ Premium/Due Date

Date Updated: _____

Other Rights & Interests					
VEHICLES (AUTOMOBILES, BOATS, RVS, ETC.)					
<i>Make</i>	<i>Model</i>	<i>Year</i>	<i>VIN</i>	<i>Owner</i>	<i>Location of Vehicle & Keys</i>
BUSINESS INTERESTS					
<i>Name</i>	<i>Location</i>	<i>Type of Entity</i>	<i>Description</i>	<i>Agreement Dates</i>	<i>Restrictions</i>
OTHER					
<i>Type</i>	<i>Description</i>				
Club Memberships					
Timeshare Interests					
Royalties					
Copyrights, Patents, etc.					
Inheritances					
Other					
Special Instructions					

Date Updated: _____

Other Rights & Interests (Continued)

MISCELLANEOUS

<i>Type</i>	<i>Location & Access Information</i>
Cash, Precious Metals, etc.	
Home Safe	
Other	

STORAGE UNITS/SAFE DEPOSIT BOXES

<i>Company/ Location</i>	<i>Renter</i>	<i>Combo/Key Location</i>	<i>Location of Documents</i>	<i>Entrance Code</i>	<i>Inventory/ Contents</i>

SECURITY/ACCESS CODES & PASSWORDS
(Social media, Cloud storage, etc.)

<i>Type/Description</i>	<i>Code/Password & Instructions</i>

Date Updated: _____

Maintenance & Service Providers

<i>Service</i>	<i>Company</i>	<i>Contact Person</i>	<i>Phone Number</i>
Alarm/Security			
Appliance Repair			
Auto Service			
Cable TV			
Computer/Internet			
Domestic Help			
Dry Cleaners			
Electrician			
Electricity Provider			
Gas/Oil Provider			
Handyman			
Heating/AC			
Landscaping			
Newspaper			
Painter			
Pest Control			
Plumber			
Snow Removal			
Telephone Service			
Trash Pickup			
Veterinarian			
Water/Sewer			

Date Updated: _____

Important Information About Your Home

Location of gas meter:	How to turn gas off:
Location of main water valve:	How to turn water off:
Do you turn water off outside water valves in winter?:	Location of electrical breaker panel:
List any other inside secrets such as scheduled and unscheduled services and unique characteristics:	
Notes:	

Date Updated: _____

Funeral Instructions in the Event of My Death

CLIENT 1

Arrangements for:

Burial/Internment/Cremation/Donation

Pre-Paid?:

Funeral Home:

Viewing Location:

Cemetery:

Wishes for Ashes:

Location of Deed to Plot:

Donation of Organs/Body:

To Whom?

Type of Service:

Open/Closed Casket?

Location of Service:

Pastor/Clergy:

Hymns / Music / Readings, etc.

Who should give the eulogy?

Who should speak?

Flowers or wishes in lieu of flowers (charity)?

Guest Book or Memorial Cards?

Transportation to burial site?

Reception after service?

Location:

Who should write your obituary?

Other wishes:

Date Updated: _____

Funeral Instructions in the Event of My Death *(Continued)*

CLIENT 2

Arrangements for:	
Burial/Internment/Cremation/Donation	Pre-Paid?:
Funeral Home:	Viewing Location:
Cemetery:	Wishes for Ashes:
Location of Deed to Plot:	
Donation of Organs/Body:	To Whom?
Type of Service:	
Open/Closed Casket?	
Location of Service:	Pastor/Clergy:
Hymns / Music / Readings, etc.	
Who should give the eulogy?	
Who should speak?	
Flowers or wishes in lieu of flowers (charity)?	
Guest Book or Memorial Cards?	
Transportation to burial site?	
Reception after service?	Location:
Who should write your obituary?	
Other wishes:	

Note: Executor should ask funeral director for multiple copies of death certificate for processing insurance, pension, Social Security, and any other legal claims.