

Senior Services
OF ALEXANDRIA



Planning Your Legacy

Important Information For Your Loved Ones



Date: _____

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www.actforalexandria.org

Senior Services of Alexandria
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January 15, 2014

A helpful tool for you from ACT for Alexandria and Senior Services of Alexandria...

The Life Planner was designed to help you and your loved ones prepare for what may happen in the event of your incapacitation or death. Completing the Organizer allows you to make dealing with your incapacitation or death easier for your loved ones and help make sure your wishes are carried out.

Once you have completed this document, you will want to keep a copy with your other important documents. You may also want to provide a copy to your executor and other trusted advisors such as your accountant and estate planning attorney.

In addition to what is included in the Life Planner, you will want to provide the following information to your executor and other trusted advisors:

- Social Security Number(s)
- ATM and Credit Card Number(s)
- Safety Deposit Location & Keys
- Safe Combination
- Computer Passwords

The Life Planner is not meant to take the place of legally drafted estate documents and will not hold up in court. It is important to draft necessary documents with an attorney who specializes in estate planning.

Please Note: Once the Life Planning Organizer is completed, it will contain personal and sensitive information. In order to protect yourself from identity theft, you should guard it and give it only to people you trust will do the same.

This document is being given to you as a courtesy and is not intended to constitute legal, financial, or tax advice.

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Part 1: Personal Data

Self

Full legal name: _____ Cell phone: _____
Street address: _____ City, State & ZIP Code: _____
Birth date: _____ Birth place: _____ Organ donor: Yes No Undecided
Primary care physician name & phone: _____
Health insurance plan name & ID #: _____
Medicare #: _____ Medigap #: _____
Blood type: _____ Allergies: _____
Medications and dosage: _____
Dentist name & phone: _____
Employer & address: _____ Work phone: _____
HR contact name & phone: _____
Supervisor name & phone: _____

Spouse

Full legal name: _____ Cell phone: _____
Street address: _____ City, State & ZIP Code: _____
Birth date: _____ Birth place: _____ Organ donor: Yes No Undecided
Primary care physician name & phone: _____
Health insurance plan name & ID #: _____
Medicare #: _____ Medigap #: _____
Blood type: _____ Allergies: _____
Medications and dosage: _____
Dentist name & phone: _____
Employer & address: _____ Work phone: _____
HR contact name & phone: _____
Supervisor name & phone: _____

Emergency Contact List

Name: _____ Relationship: _____
Home phone: _____ Cell phone: _____ Work phone: _____
Street address: _____ City, State & ZIP Code: _____

Name: _____ Relationship: _____
Home phone: _____ Cell phone: _____ Work phone: _____
Street address: _____ City, State & ZIP Code: _____

Name: _____ Relationship: _____
Home phone: _____ Cell phone: _____ Work phone: _____
Street address: _____ City, State & ZIP Code: _____

Children

Name: _____ **Birth Date:** _____ **Gender:** Male Female
School name / Work place: _____ **School / Work phone:** _____
Health insurance plan & ID #: _____ **Medications & dosage:** _____
Allergies: _____ **Blood type:** _____
Address: _____ **Marital Status:** _____

Name: _____ **Birth Date:** _____ **Gender:** Male Female
School name / Work place: _____ **School / Work phone:** _____
Health insurance plan & ID #: _____ **Medications & dosage:** _____
Allergies: _____ **Blood type:** _____
Address: _____ **Marital Status:** _____

Name: _____ **Birth Date:** _____ **Gender:** Male Female
School name / Work place: _____ **School / Work phone:** _____
Health insurance plan & ID #: _____ **Medications & dosage:** _____
Allergies: _____ **Blood type:** _____
Address: _____ **Marital Status:** _____

Name: _____ **Birth Date:** _____ **Gender:** Male Female
School name / Work place: _____ **School / Work phone:** _____
Health insurance plan & ID #: _____ **Medications & dosage:** _____
Allergies: _____ **Blood type:** _____
Address: _____ **Marital Status:** _____

Doctor name & phone: _____
Dentist name & phone: _____
Specialist name & phone: _____
Daycare provider & phone: _____

Pets

Veterinarian name & phone: _____
Pet name: _____ **Pet type:** _____
Special considerations: _____
Pet name: _____ **Pet type:** _____
Special considerations: _____

Heirs

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Street address: _____ City, State & ZIP Code: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Street address: _____ City, State & ZIP Code: _____

Charities

Name: _____ Phone: _____

Street address: _____ City, State & ZIP Code: _____

Name: _____ Phone: _____

Street address: _____ City, State & ZIP Code: _____

Part 2: Financial Data

Advisors

Life & Health Insurance Protection

Insurance company name: _____

Agent: _____ Phone: _____

Life insurance policy #: _____ Disability policy #: _____

Long-term care policy #: _____ Other: _____

Household/Property & Casualty

Insurance company name: _____

Agent: _____ Phone: _____

Homeowner policy #: _____ Auto policy #: _____

Umbrella policy #: _____ Other: _____

Financial

Financial Advisor name: _____ Firm Name: _____

Phone: _____ E-mail: _____

Account #: _____ Account Title: _____ Current Value \$: _____ Beneficiary: _____

Account #: _____ Account Title: _____ Current Value \$: _____ Beneficiary: _____

Account #: _____ Account Title: _____ Current Value \$: _____ Beneficiary: _____

Financial Advisor name: _____ **Firm Name:** _____
Phone: _____ E-mail: _____
Account #: _____ Account Title: _____ Current Value s: _____ Beneficiary: _____
Account #: _____ Account Title: _____ Current Value s: _____ Beneficiary: _____
Account #: _____ Account Title: _____ Current Value s: _____ Beneficiary: _____

Financial Advisor name: _____ **Firm Name:** _____
Phone: _____ E-mail: _____
Account #: _____ Account Title: _____ Current Value s: _____ Beneficiary: _____
Account #: _____ Account Title: _____ Current Value s: _____ Beneficiary: _____
Account #: _____ Account Title: _____ Current Value s: _____ Beneficiary: _____

Other Professionals

Attorney name: _____ **Firm Name:** _____
Phone: _____ E-mail: _____

Accountant name: _____ **Firm Name:** _____
Phone: _____ E-mail: _____

Other: _____

Other: _____

Assets

Here is a list of all my other investments including real property. I have listed a contact person and telephone number for each item, as well as the location of any documentation.

Investment / Description: _____
Contact: _____
Phone: _____
Title / Documents are located: _____

Investment / Description: _____
Contact: _____
Phone: _____
Title / Documents are located: _____

Investment / Description: _____
Contact: _____
Phone: _____
Title / Documents are located: _____

Investment / Description: _____

Contact: _____

Phone: _____

Title / Documents are located: _____

Money is owed to us by: _____

Name: _____

Address: _____

Phone: _____

Amount: _____

Loan is in a signed writing: Yes No Documents are located: _____

Money is owed to us by: _____

Name: _____

Address: _____

Phone: _____

Amount: _____

Loan is in a signed writing: Yes No Documents are located: _____

Loaned and Stored Assets

I have assets stored at the following locations: _____

I have loaned the following personal property (furniture, art, collectibles etc.):

Objects	Person Holding Them
_____	_____
_____	_____
_____	_____
_____	_____

Other Assets Not Mentioned: _____

Bank

Bank name: _____ Branch address: _____ Phone: _____

Checking #: _____ Beneficiary: _____

Savings #: _____ Beneficiary: _____

Certificates of Deposit:

Amount: _____ Interest rate: _____ Maturity: _____ Beneficiary: _____

Amount: _____ Interest rate: _____ Maturity: _____ Beneficiary: _____

Bank name: _____ Branch address: _____ Phone: _____

Checking #: _____ Beneficiary: _____

Savings #: _____ Beneficiary: _____

Certificates of Deposit:

Amount: _____ Interest rate: _____ Maturity: _____ Beneficiary: _____

Amount: _____ Interest rate: _____ Maturity: _____ Beneficiary: _____

Insurance & Benefits

Life Insurance Coverage

Type	Owner	Beneficiary	Face Value	Loans	Cash Value	Carrier	Policy Number	Annual Premium

Disability Insurance Policies

Carrier	Policy Located At	Policy Number	Annual Premium	Premium Paid By

If I'm disabled, my disability insurance policy allows does not allow you to stop making premium payments.

Health Insurance Policies

Carrier	Policy Located At	Policy Number	Annual Premium	Premium Paid By

I have the following other policies:

Type	Carrier	Policy Location	Policy Number	Annual Premium
Auto				
Umbrella				
Home				
Boat/Airplane				
Long Term Care				
Jewelry				
Other				

The following insurance premiums are paid automatically from my bank account. Please make sure you do not close my account without making sure the premiums are still being paid.

Employment Benefits

I have the following disability and/or death benefits where I work or worked:

Retirement Plan(s): _____

Military Retirement Benefits: _____

Military Survivor Benefits: _____

Life Insurance: _____

Health Insurance: _____

Long Term Care Insurance: _____

Disability Insurance: _____

Deferred Compensation: _____

Stock Ownership: _____

Cafeteria Plan: _____

Flexible Spending Accounts: _____

Other: _____

Loans and Credit

Mortgage holder: _____

Phone: _____ Account #: _____ Interest Rate: _____

Second mortgage holder: _____

Phone: _____ Account #: _____ Interest Rate: _____

Home equity loan holder: _____

Phone: _____ Account #: _____ Interest Rate: _____

Car loan: _____

Phone: _____ Account #: _____ Interest Rate: _____

Car loan: _____

Phone: _____ Account #: _____ Interest Rate: _____

Credit Card: _____ Phone: _____ Interest Rate: _____

Credit Card: _____ Phone: _____ Interest Rate: _____

Credit Card: _____ Phone: _____ Interest Rate: _____

Other loan: _____ Phone: _____ Interest Rate: _____

Part 3: Personal Document Locator

Document	Location	Other information/Who to contact
Personal Papers		
My will (original)	_____	_____
Spouse's will	_____	_____
Trust agreements	_____	_____
Power of attorney	_____	_____
Advanced Medical Directive/Living Will	_____	_____
Birth certificate	_____	_____
Passports	_____	_____
Social Security card	_____	_____
Marriage certificate	_____	_____
Divorce/separation papers	_____	_____
Adoption papers	_____	_____
Military papers	_____	_____
Family death certificates	_____	_____

Document	Location	Other information/Who to contact
Employment record		

Property Papers

Vehicle titles		
Property deeds		
Appraisals		

Financial Papers

Bank accounts		
Credit card accounts		
Home & property loans		
Tax returns		
Previously filed Form 706		

Insurance Policies

Home		
Health		
Vehicle		
Long Term Care		

Retirement and Life Insurance

Pension benefit information		
IRAs, 401(k), 457, 403(b)		
Life insurance		
Social Security		

Document	Location	Other information/Who to contact
Other		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I do do not have a safe deposit box.

It can be found at: _____

The following people have signature authority on the box: _____

I do do not have a personal safe. The safe can be found: _____

Part 4: General Information

My e-mail address is: _____

My Internet account is with: _____ Account Number: _____

Other online accounts

User Name	Password	How to Access	Desire at Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency numbers

Local police: _____

Local fire department: _____

Local hospital: _____

Household emergency

Plumber: _____ Phone: _____

Electrician: _____ Phone: _____

Heating provider: _____ Phone: _____

Telephone company: _____ Phone: _____

Electric company: _____ Phone: _____

Cable company: _____ Phone: _____

Town Hall: _____ Phone: _____

AAA/Towing: _____ Phone: _____

Other: _____ Phone: _____

Other: _____ Phone: _____

Nearest neighbors

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Executor

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Alt Phone _____ Email _____

Alternate Executor

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Alt Phone _____ Email _____

Trustee

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Alt Phone _____ Email _____

Successor Trustee

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Alt Phone _____ Email _____

Guardian for Minor Children

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Alt Phone _____ Email _____

Alternate Guardian

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Alt Phone _____ Email _____

Power of Attorney for Healthcare

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Alt Phone _____ Email _____

Power of Attorney for Finances

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Alt Phone _____ Email _____

Personal Property Distribution/List to Dispose of Personal Property Referenced in Will or Trust

Description/Location _____ Recipient, City & State _____

Description/Location _____ Recipient, City & State _____

Description/Location _____ Recipient, City & State _____

Description/Location _____ Recipient, City & State _____

Description/Location _____ Recipient, City & State _____

Description/Location _____ Recipient, City & State _____

Description/Location _____ Recipient, City & State _____

Description/Location _____ Recipient, City & State _____

Description/Location _____ Recipient, City & State _____

Description/Location _____ Recipient, City & State _____

Description/Location _____ Recipient, City & State _____

Description/Location _____ Recipient, City & State _____

Description/Location _____ Recipient, City & State _____

Part 5: Funeral Arrangements: Instructions for My Survivors

Religious affiliations, if any: _____

Place of worship, of any: _____

Clergy to contact: _____

Address: _____

I prefer: Burial Cremation Bequeathal

I prefer: Funeral Service Memorial Service No Ceremony

Funeral Home: _____

Address: _____ Phone: _____

Memorial Society: _____

Address: _____ Phone: _____

Bequeathal Arrangements with: _____

Address: _____ Phone: _____

Other Arrangements: _____

If Funeral

Cemetery preferred: _____

Address: _____ Phone: _____

I would like the following pallbearers: _____

I prefer: A Viewing No Viewing No Casket
 Open Casket Closed Casket
 Embalming No Embalming
 Flowers No Flowers
 Donations (if any) to: _____

If Service Will Be Held, I Prefer the Following:

Music: _____

Readings: _____

Participants: _____

If Cremation:

I would like my ashes to be handled as follows:

I prefer no more than \$_____ be spent on my funeral, if possible. Prepaid Funeral: Yes No

Burial Plot: Yes No Title is located: _____

Biographical Data (for Obituaries and Death Notices)

Educational: _____

Civic Affiliations: _____

Political Affiliations: _____

Religious Affiliations: _____

Military Service: _____

Honors/Awards/Achievements: _____

Employment Highlights: _____

Survivors (Immediate Family): _____

Government organizations

Social Security Administration
1-800-772-1213
www.ssa.gov

IRS
1-800-829-1040
www.irs.gov

**FEMA (Federal Emergency
Management Agency)**
1-800-621-FEMA (3362)
www.fema.gov