



ESTATE PLANNING
— & —
ELDER LAW SERVICES



Personal Affairs Organizer

Phone: (888) PLAN-050 | www.formyplan.com

Northville | Brighton | Troy | Ann Arbor | Royal Oak | Bloomfield Hills

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To My Loved Ones

This booklet contains important documents and information which should spare you much anxiety, grief, bother and expense if I become incapacitated or pass away. I prepared certain estate planning documents. If I die or become unable to manage my own affairs, you should contact my attorneys (see page 18) right away to make sure you understand what should be done legally to protect me and my estate. This is especially true if it looks like I will need long term medical or nursing care. There are things that should be done before I enter long term care to make sure that my assets are protected and preserved.

I hope you will find the information in this booklet helpful. Thank you for your love and care, throughout the years, but especially during these difficult times.

Signature:

Date:

Important

This booklet contains important Estate Planning Documents and information that will be needed if you become incapacitated or pass away. It should be kept in a safe place at home.

**DO NOT KEEP THIS
BOOKLET IN A SAFE
DEPOSIT BOX!**

A trusted family member or friend should know where it is at all times.

TABLE OF CONTENTS

Instructions to Loved Onesi

 Directions on Storageii

 Table of Contentsiii

General Personal Information1

 My Family Tree2

 Medical History3

Financial Information - Bank Accounts4

 Financial Information - Stocks5

 Financial Information - Bonds6

Financial Information - Mutual Funds7

 Financial Information - Annuities8

Financial Information - Retirement9

 Financial Information - Insurance10-13

 Financial Information - Property14

 Financial Information - Debts15

Financial Information - Income/Expenses16

 Document Location17

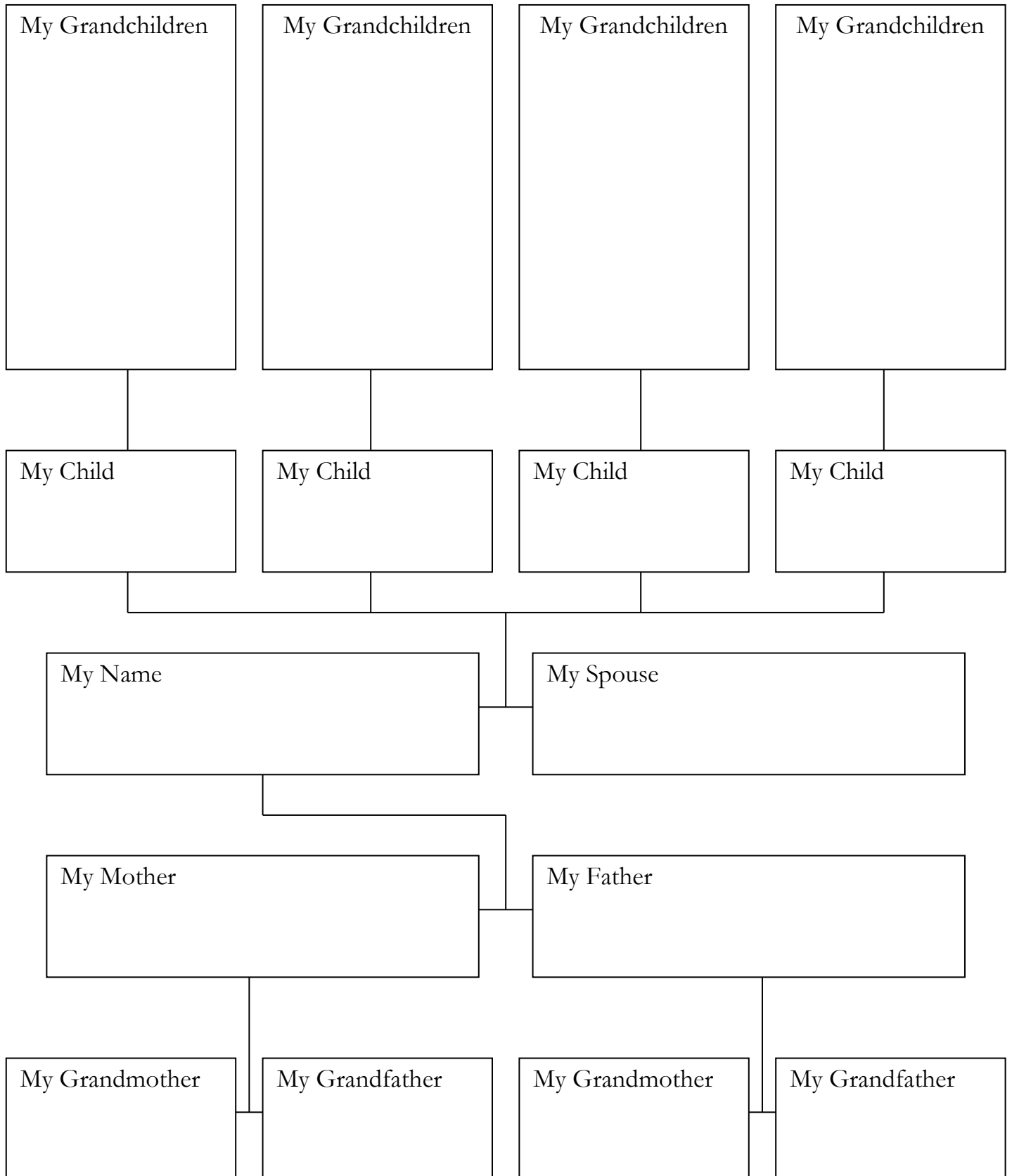
 Trusted Professionals18

Funeral and Burial Information19

GENERAL PERSONAL INFORMATION

Full Legal Name	_____
Current Address	_____
Phone Number	_____
Social Security Number	_____
Drivers License Number	_____
Gender	_____
Name At Birth	_____
Place of Birth	_____
Date of Birth	_____
Country of Citizenship	_____
Marital Status	_____
Name of Spouse	_____
Father's Name	_____
Mother's Name	_____
Occupation	_____
Retirement Date	_____
Branch of Service	_____
Date Entered Service	_____
Date Discharged	_____
Veteran's Serial Number	_____

(Include Full Names and Birthdays)



PRIMARY CARE PHYSICIAN

Name

Address First M.I. Last

Street City State Zip

Phone _____

PHYSICIAN

Name

Address First M.I. Last

Street City State Zip

Phone _____

PHARMACIST

Name

Address First M.I. Last

Street City State Zip

Phone _____

SPECIAL MEDICAL CONDITIONS/ALLERGIES

BANK ACCOUNTS

Checking Savings CD Money Market Safety Deposit Box

Bank/Credit Union _____

Account # _____ Name Location/Branch

Account in Name of: _____

Contents of Safety Deposit Box: _____

Checking Savings CD Money Market Safety Deposit Box

Bank/Credit Union _____

Account # _____ Name Location/Branch

Account in Name of: _____

Contents of Safety Deposit Box: _____

Checking Savings CD Money Market Safety Deposit Box

Bank/Credit Union _____

Account # _____ Name Location/Branch

Account in Name of: _____

Contents of Safety Deposit Box: _____

Checking Savings CD Money Market Safety Deposit Box

Bank/Credit Union _____

Account # _____ Name Location/Branch

Account in Name of: _____

Contents of Safety Deposit Box: _____

STOCKS

Name of Stock _____

Certificate # _____ # of Shares _____

Account in Name of: _____

Name of Stock _____

Certificate # _____ # of Shares _____

Account in Name of: _____

Name of Stock _____

Certificate # _____ # of Shares _____

Account in Name of: _____

Name of Stock _____

Certificate # _____ # of Shares _____

Account in Name of: _____

Name of Stock _____

Certificate # _____ # of Shares _____

Account in Name of: _____

Name of Stock _____

Certificate # _____ # of Shares _____

Account in Name of: _____

BONDS

Bond Owned By: _____
Name

Issuer _____ Value \$ _____

Beneficiary: _____
Name

Bond Owned By: _____
Name

Issuer _____ Value \$ _____

Beneficiary: _____
Name

Bond Owned By: _____
Name

Issuer _____ Value \$ _____

Beneficiary: _____
Name

Bond Owned By: _____
Name

Issuer _____ Value \$ _____

Beneficiary: _____
Name

MUTUAL FUNDS

Owner _____
Name

Name of Fund: _____ Account #: _____

Name of Company: _____ Phone #: _____

Owner _____
Name

Name of Fund: _____ Account #: _____

Name of Company: _____ Phone #: _____

Owner _____
Name

Name of Fund: _____ Account #: _____

Name of Company: _____ Phone #: _____

Owner _____
Name

Name of Fund: _____ Account #: _____

Name of Company: _____ Phone #: _____

Owner _____
Name

Name of Fund: _____ Account #: _____

Name of Company: _____ Phone #: _____

Owner _____
Name

Name of Fund: _____ Account #: _____

Name of Company: _____ Phone #: _____

ANNUITIES

Owner _____
Name

Account No(s) _____

Name of Institution _____ Phone # _____

Beneficiary _____
Name

Owner _____
Name

Account No(s) _____

Name of Institution _____ Phone # _____

Beneficiary _____
Name

Owner _____
Name

Account No(s) _____

Name of Institution _____ Phone # _____

Beneficiary _____
Name

Owner _____
Name

Account No(s) _____

Name of Institution _____ Phone # _____

Beneficiary _____
Name

RETIREMENT PLANS

Plan Type: Trad. IRA Roth IRA 401K 403B Other_____

Owner _____

Name

Account No(s)_____

Name of Institution_____ Phone #_____

Beneficiary _____

Name

Plan Type: Trad. IRA Roth IRA 401K 403B Other_____

Owner _____

Name

Account No(s)_____

Name of Institution_____ Phone #_____

Beneficiary _____

Name

Plan Type: Trad. IRA Roth IRA 401K 403B Other_____

Owner _____

Name

Account No(s)_____

Name of Institution_____ Phone #_____

Beneficiary _____

Name

Plan Type: Trad. IRA Roth IRA 401K 403B Other_____

Owner _____

Name

Account No(s)_____

Name of Institution_____ Phone #_____

Beneficiary _____

Name

LIFE INSURANCE

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone # _____

Beneficiary _____

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone # _____

Beneficiary _____

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone # _____

Beneficiary _____

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone # _____

Beneficiary _____

HOMEOWNER'S INSURANCE

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone # _____

Residence _____

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone # _____

Residence _____

AUTOMOBILE INSURANCE

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone # _____

Vehicle _____

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone # _____

Vehicle _____

MEDICAL/HEALTH INSURANCE

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone # _____

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone # _____

DENTAL/VISION INSURANCE

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone # _____

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone # _____

LONG TERM CARE INSURANCE

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone # _____

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone # _____

OTHER INSURANCE (Marine, Renters, Umbrella Policy, Etc.)

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone # _____

Type _____

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone # _____

Type _____

REAL ESTATE

1. Address _____
Owner(s) on Title _____
Year Purchased _____ Purchase Price _____
2. Address _____
Owner(s) on Title _____
Year Purchased _____ Purchase Price _____
3. Address _____
Owner(s) on Title _____
Year Purchased _____ Purchase Price _____
4. Address _____
Owner(s) on Title _____
Year Purchased _____ Purchase Price _____

MOTOR VEHICLES/BOATS

1. Year/Make/Model _____
Owner(s) on Title _____
Year Purchased _____ Purchase Price _____
2. Year/Make/Model _____
Owner(s) on Title _____
Year Purchased _____ Purchase Price _____
3. Year/Make/Model _____
Owner(s) on Title _____
Year Purchased _____ Purchase Price _____
3. Year/Make/Model _____
Owner(s) on Title _____
Year Purchased _____ Purchase Price _____

Birth and Marriage Certificates

Insurance Policies

Savings Account Passbooks

Checks and Check Records

Tax Returns

Receipts

Current Unpaid Bills

Stock and Bond Certificates

Military Records

Deeds and Mortgages

Drivers License

Social Security Card

Vehicle/Boat Registrations

Contracts

Other

Other

Other

Locations of Bank Boxes

These are the professionals that I trust and would want to assist with my needs.

Name of Professional Telephone No.

Estate Planning Attorneys* Estate Planning & Elder Law Services, P.C. (734) 432-3132

Physicians/Dentists _____

Minister/Priest/Rabbi _____

Financial Advisor _____

Accountant/Tax Preparer _____

Insurance Agent _____

Funeral Home Director _____

Real Estate Agent _____

Other _____

* Although the attorneys at Estate Planning & Elder Law Services, P.C. deal almost exclusively with Elder Law, Estate Planning and Estate Administration matters, they are able to provide referrals to competent attorneys practicing in other areas.

FUNERAL AND BURIAL INFORMATION

You can help ensure that your funeral or memorial service reflects your wishes by providing the following information.

Cemetery of Choice

Cemetery Costs Are Prepaid

Yes No

Funeral Home of Choice

Funeral Costs Are Prepaid

Yes No

Favorite Poem or Scripture

My Favorite Song or Music

My Favorite Flower

My Favorite Color

My Favorite Things

I Want My Family to Remember Me For:

Other Special Instructions
