

Beyond the Numbers



Estate planning goes well beyond the numbers. We've built this piece to help you gather your most important non-financial information into one place, viewable and sharable at a glance. While exact steps and plan will depend on your specific circumstances, coupled with Later is Now, the checklist below can help ensure you and your loved ones don't miss anything crucial. While it is intended for you to use independently as you see fit, as your trusted financial advisors, we can help you fill in the blanks as you need us. (Please note this is not a legal document.)

COMPLETED AS OF _____

POINT PEOPLE

In addition to those who play legal roles (as presented/referenced in Later is Now), please list any other point people (caregivers, family members, trusted friends) who would be helpful to those who have legal authority.

Name	Relationship to You	Phone	Email	Note

LETTERS OF INTENT/CORRESPONDENCE TO FAMILY AND FRIENDS

In addition to letters of intent, some people wish to write additional letters that expand on their intent and/or leave specific communications to family and friends. Please indicate whether you have created any of these (type of correspondence and location).

Letters of Intent

Letters to Family or Friends

LOCATION OF DOCUMENTS

END OF LIFE WISHES/PREFERENCES

(including funeral plans/arrangements, organ donation, obituary, and other information)

Funeral & After-Death Plans/Preferences

Funeral

Do I have a pre-paid/pre-arranged funeral? YES NO (If yes, please specify)

Do I have a preferred funeral home? YES NO (If yes, please specify)

Burial

If buried, do I have a location or plot I prefer or have already arranged? (please describe)

Cremation

If cremated, what would I like done with my ashes? (please describe)

Organ Donation

I want to donate my organs YES NO (If yes, please specify donation preferences)

I want to donate my body for research/academic purposes YES NO (If yes, please specify donation preferences)

If my body cannot be donated, following are my alternative disposition preferences:

After-Death Service Preferences

I wish to have a

- Celebration of Life
- Memorial Service
- Church Service
- Other Religious Service
- Military Service
- Ash-Spreading Ceremony
- Other

Please list any other after-death service preferences, which could include information regarding the following:

- Apparel and Accessories
- Casket
- Urn
- Headstone
- Monument with Epitaph
- Type of Funeral Service
- Music
- Specific Readings
- Flowers
- Donations
- Religious Institution/Point Person
- Pallbearers
- Obituary Preferences
- Other things you may want to happen

MY CHILDREN, GRANDCHILDREN AND DEPENDENTS

Child/Children

Name	Date of Birth	State of Residence	Email	Marital Status	Relationship	Dependent
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Grandchild/Grandchildren

Name	Date of Birth	State of Residence	Email	Marital Status	Relationship	Dependent
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

**Please list any children or grandchildren who are deceased as of this document's date.*

PETS

(Name, type, location, veterinarian information, desired placement, and additional notes)

HEALTH CARE AND INSURANCE PROVIDERS

Doctors

Name	Type	Phone	Address	City & State

Health Insurance

Provider	Policy Number	Group Number	Phone	Misc

Health Care Notes

MY INFORMATION

Primary Residence

Address	City	State	Zip Code
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Secondary Residence

Address	City	State	Zip Code
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Email / Phone Numbers

Email	Home Phone	Cell Phone	Work Phone
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Date of Birth	Birth City
State Driver's License #	Social Security #

Parents Information

Mother's Name	Father's Name
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Spouse / Partner

Full Name	Marriage Date
Address (if differnece)	
Date of Birth	Birth City
State Driver's License #	Social Security #
Email	Cell Phone
Home Phone	Work Phone

