



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 C)F						

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).

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Letters of Intent	Letters	ιο	raillii	7 01	rnen	u٥

LOCATION OF DOCUMENTS



END OF LIFE WISHES/PREFERENCES

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

□ Funeral			
Do I have a pre-paid/pre-arranged funeral?	■ YES ■	NO (If yes, please spec	ify)
	■ VES ■	NO //6/	.c. 1
Do I have a preferred funeral home?	I TES I	NO (If yes, please spec	<i></i>
□ Burial			
If buried, do I have a location or plot I prefer or have	e already ar	ranged? <i>(please des</i>	cribe)
☐ Cremation			
If cremated, what would I like done with my ashes?(p	olease descr	ibe)	
Organ Donation			
I want to donate my organs			
. Hand to donate my organo	■ YES ■	NO (If yes, please spec	ify donation preferences)
. Hant to donate my organic	■ YES ■	NO (If yes, please spec	ify donation preferences)
	■ YES ■	NO (If yes, please spec	ify donation preferences)
I want to donate my body for research/academic purposes	■ YES ■		ify donation preferences)
	■ YES ■	NO (If yes, please spec	
I want to donate my body for research/academic purposes	■ YES ■	NO (If yes, please spec	



After-Death Service Preferences

l wish	to have a
	Celebration of Life
	Memorial Service
	Church Service
	Other Religious Service
	Military Service
	Ash-Spreading Ceremony
	Other
	se list any other after-death service preferences, which could include information regarding ollowing:
	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

Grandchild/Grandchildren

Name	Date of Birth	State of Residence	Email	Marital Status	Relationship	Dependent

*Please list any children or grandchildre	n who are deceased as o	f this document's d	ate.

(Name, type, locat	ion, veterinarian	information, des	ired placement, and	d additional no	tes)



HEALTH CARE AND INSURANCE PROVIDERS

Doctors

Name	Туре	Phone	Address	City & State

Health Insurance

Provider	Policy Number	Group Number	Phone	Misc

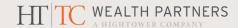
Health Care Notes		



MY INFORMATION

Primary Residence

Address	Clty	State	Zip Code			
	-					
Secondary Residence						
Address	Clty	State	Zip Code			
Email / Phone Numbers						
Email	Home Phone	Cell Phone	Work Phone			
ate of Birth City						
State Driver's License #	Social Se	Social Security #				
Parents Information						
Mother's Name	Father's Na	Father's Name				
Spouse / Partner						
Full Name	Marriage Da	Marriage Date				
Address (if differnece)						
Date of Birth	Birth (Birth City				
State Driver's License #	Social Se	Social Security #				
Email	Cell Ph	Cell Phone				
Home Phone	Work F	Work Phone				



ADDITIONAL INFORMATION

List any extra information you wish for your loved ones to know.

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Life happens. Let's plan for it, together.



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