

Final Thoughts and Information for

*Loved Ones ...*

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From (Name)

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Date

## RECORDS

My important records are located: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ADVISORS

Some of the people you may need to contact are:

### Stifel Financial Advisor:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### Accountant:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### Estate Planning Attorney:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### Insurance Advisor:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### Other:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### Other:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### Other:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### Other:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

## DOCUMENTS

	Date Signed	Location
Will	_____	_____
Medical Power of Attorney	_____	_____
Medical Directive	_____	_____
General Power of Attorney	_____	_____
Living Trust	_____	_____
Insurance Trust	_____	_____
Charitable Trust	_____	_____
Minor's Trust	_____	_____
Pre-Nuptial Agreement	_____	_____
Post-Nuptial Agreement	_____	_____
Citizenship Papers	_____	_____
Retirement Plan Beneficiary Designation	_____	_____

I have appointed (in the above documents) the following fiduciaries to act on my behalf:

### Personal Representative/Executor:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

### Successor Trustee:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

### Power of Attorney for Financial Decisions:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

### Power of Attorney for Medical Decisions:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

### Guardian Over My Property:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

### Guardian for Me Personally:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

### Guardian Over My Minor Children:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

# INCOME SOURCES

## I work at:

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

## I have the following benefits where I currently or previously worked (briefly describe):

Deferred Compensation: \_\_\_\_\_  
Stock Ownership: \_\_\_\_\_  
Stock Options: \_\_\_\_\_  
Other Benefits to Which I Am Entitled: \_\_\_\_\_  
Benefits Office Contact: \_\_\_\_\_

## I am an owner of the following business:

Business Name: \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_  
Other Owner(s): Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Benefits Contact: Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

## I am retired and have the following pension income:

Company	Contact Phone	Monthly Income	Survivor Benefit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Income: \_\_\_\_\_

## I receive income from the following annuities:

Company: _____	Company: _____
Policy Number: _____	Policy Number: _____
Frequency: ___ Monthly ___ Quarterly ___ Annually ___ Semi-Annually ___ Other	Frequency: ___ Monthly ___ Quarterly ___ Annually ___ Semi-Annually ___ Other
Phone: _____	Phone: _____

## I am entitled to veteran's benefits due to the following military service:

Description of Service: \_\_\_\_\_  
Years of Service: From: \_\_\_\_\_ To: \_\_\_\_\_  
Contact the Veterans Administration at: \_\_\_\_\_

# ASSETS

The following is a list of contact information for all my investments and property that I may own.

**Where possible, a financial statement is attached.**

**Asset:** \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

**Asset:** \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

**Asset:** \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

**Asset:** \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

**Asset:** \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

**Asset:** \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

**Asset:** \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

**Asset:** \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

**Asset:** \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

**Asset:** \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

**Asset:** \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

**Asset:** \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

## DIGITAL ASSETS

### I. Electronic Device Access

Device	Website	Username	Pin	Password
Computer – home				
Computer – office				
Operating System				
Voice mail – home				
Voice mail – work				
Voice mail – cell				
Security system				
Tablet				
e-Reader				
GPS				
Router				
DVR				
Television				

### II. E-Mail Accounts

Description	E-Mail Address	Username	Pin	Password	Disposition Desires

### III. Domain Names

Website/Domain Name	Web Host	Username	Pin	Password

### IV. Online Storage (e.g., Google Drive, Dropbox)

Website/Domain Name	Website	Username	Pin	Password

### V. Financial Software (e.g., Quicken, TurboTax)

Website/Domain Name	Web Host	Username	Pin	Password

## DIGITAL ASSETS

### VI. Banking

Institution	Website	Username	Password	ATM Pin	Security Images
Checking					
Savings					
PayPal					

### VII. Stocks, bonds, securities

Institution	Website	Username	Password	Other Information

### VIII. Income Taxes

Item	Website	Username	Pin	Password
Federal income tax payment	www.eftps.com/eftps			
State income tax payment				
Prior computerized tax returns				

### IX. Retirement

Institution	Website	Username	Password	Other Information

### X. Insurance

Institution	Website	Username	Password	Other Information
Health				
Life				
Property				

### XI. Credit Cards (e.g., AMEX, Visa)

Institution	Website	Username	Password	Pin

## DIGITAL ASSETS

### XII. Debts (e.g., Mortgage, car loan)

Institution	Website	Username	Password	Other Information

### XIII. Utilities

Institution	Website	Username	Password	Other Information
Electric				
Gas				
Internet				
TV.				
Phone (landline)				
Cell phone				
Sewer				
Water				
Trash				

### XIV. Online Shopping (e.g., Amazon.com)

Institution	Website	Username	Password	Other Information



## DIGITAL ASSETS

### XV. Social Networks (e.g., Facebook, LinkedIn)

Institution	Website	Username	Password	Disposition Desires

### XVI. Digital Media Accounts

Institution	Website	Username	Password	Other Information
Netflix				
iTunes				
YouTube				
Hulu				
Nook				
Kindle				

### XVII. Loyalty Programs (e.g., Airline rewards)

Name	Website	Username	Password

### XVIII. Other Accounts (e.g., Skype, Instagram)

Name	Website	Username	Password

## LIABILITIES

The following is a list of contact information for all my creditors.

**Where possible, a statement is attached.**

### Primary Mortgage:

Lender: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

### Auto:

Lender: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

### Secondary Mortgage:

Lender: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

### Auto:

Lender: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

### Home Equity Line of Credit:

Lender: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

### Auto:

Lender: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

### Business Loan:

Lender: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

### Other:

Lender: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

### Education Loan:

Lender: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

### Other:

Lender: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

## INSURANCE COVERAGE

I have the following **LIFE INSURANCE** policies:

Type:	_____	Type:	_____
Owner:	_____	Owner:	_____
Beneficiary:	_____	Beneficiary:	_____
Face Amount	_____	Face Amount	_____
Company:	_____	Company:	_____
Phone:	_____	Phone:	_____
Policy Location:	_____	Policy Location:	_____
Type:	_____	Type:	_____
Owner:	_____	Owner:	_____
Beneficiary:	_____	Beneficiary:	_____
Face Amount	_____	Face Amount	_____
Company:	_____	Company:	_____
Phone:	_____	Phone:	_____
Policy Location:	_____	Policy Location:	_____

I have the following **OTHER INSURANCE** policies:

### Disability

Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Location: \_\_\_\_\_

### Long-Term Care

Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Location: \_\_\_\_\_

### Health Insurance

Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Location: \_\_\_\_\_

### Umbrella Liability

Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Location: \_\_\_\_\_

### Homeowners

Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Location: \_\_\_\_\_

### Auto

Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Location: \_\_\_\_\_

### Other

Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Location: \_\_\_\_\_

## GENERAL INFORMATION

My safe deposit box is located: \_\_\_\_\_

The key is located: \_\_\_\_\_

The following persons have signature authority on my safe deposit box: \_\_\_\_\_

My personal safe is located: \_\_\_\_\_

The combination is/key is located at: \_\_\_\_\_

My storage unit is located: \_\_\_\_\_

The keypad number is: \_\_\_\_\_

The combination is/key is located at: \_\_\_\_\_

Upon my death, my heirs  will/  will not receive a distribution or benefits from a trust.

If yes, the trust document was created by: \_\_\_\_\_

The trust is located: \_\_\_\_\_

I am currently the trustee for a trust. The trust document is located: \_\_\_\_\_

I am a beneficiary of a trust. The trust document is located: \_\_\_\_\_

I am a member of the following religious/fraternal groups: \_\_\_\_\_

## AT MY DEATH

### People to Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Funeral Home:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Prepaid Cemetery Plot:** \_\_\_\_\_

Address: \_\_\_\_\_

Plot/Drawer No.: \_\_\_\_\_

Location of Information: \_\_\_\_\_

I am an organ donor. My donor information is located: \_\_\_\_\_

I, \_\_\_\_\_, wish to be buried next to my deceased ( spouse or significant other/  parent/  
 child) at \_\_\_\_\_ (name of cemetery).

I  do /  do not wish to be cremated.

Crematory: \_\_\_\_\_

Ashes to be buried or scattered: \_\_\_\_\_

Religious/other representative to perform service: \_\_\_\_\_

I  am /  am not a Veteran. What branch of armed services? \_\_\_\_\_

I  do /  do not wish to have military funeral honors.

## AT MY MEMORIAL

- At any memorial service for me, I want to include the following music, songs, readings, or other plans for that service: \_\_\_\_\_

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- Tombstone engraving: \_\_\_\_\_

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- In lieu of flowers, please request donations to: \_\_\_\_\_

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- Other special requests: \_\_\_\_\_

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## FINAL THOUGHTS

Some reflections and desires to help provide direction for those I cherish:

- I hope my loved ones will learn the following from my experiences: \_\_\_\_\_

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- I believe the most important things in life are: \_\_\_\_\_

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- The most significant thing I have done in my life is: \_\_\_\_\_

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- My hope is that the recipients will use their inheritance to accomplish the following: \_\_\_\_\_

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- I would like to be remembered for: \_\_\_\_\_

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# STIFEL

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