

Survivor Notebook Outline

*Can include a generic calendar showing due dates, etc.

- I. Personal information
 - a. Name – full
 - b. Date of birth
 - c. Place of birth
 - d. Social Security number
 - e. ?
- II. List of Immediate Contacts – name, phone number, email
 - a. Spouse (or Significant Other)
 - i. Name
 - ii. Phone number(s) – work, cellular
 - iii. Email
 - b. Children
 - i. Name
 - ii. Phone number(s) – work, cellular
 - iii. Email
 - c. Parents
 - i. Name
 - ii. Phone number(s) – work, cellular
 - iii. Email
 - d. Close friends/neighbors
 - i. Name
 - ii. Phone number(s) – work, cellular
 - iii. Email
 - e. Employer – supervisor or HR
 - i. Name
 - ii. Phone number(s) – work, cellular
 - iii. Email
 - f. Pet and/or House sitter
 - i. Name
 - ii. Phone number(s) – work, cellular
 - iii. Email
- III. Burial
 - a. Obituary – if you don't write it, list the following for someone else to prepare
 - i. Date of birth
 - ii. Place of birth
 - iii. Parents' names

- iv. Surviving family member names (that you want listed)
 - v. Education
 - vi. Employment
 - vii. Interesting note about self, or something you want folks to remember you for/by
 - b. Funeral Home Information
 - c. Pallbearers
 - d. Minister/Priest
 - i. Name
 - ii. Phone number(s) – work, cellular
 - iii. Email
 - e. Music to be played
 - f. Service Readings (religious or otherwise)
- IV. Professionals – name, address, and phone numbers for each applicable
 - a. Doctor – Primary physician
 - i. Name
 - ii. Practice name
 - iii. Address
 - iv. Phone number
 - b. Lawyer
 - i. Name
 - ii. Firm name
 - iii. Address
 - iv. Phone number
 - v. Email address
 - c. Insurance agents
 - i. Life
 - 1. Name
 - 2. Firm name
 - 3. Address
 - 4. Phone number
 - 5. Email address
 - ii. Home
 - 1. Name
 - 2. Firm name
 - 3. Address
 - 4. Phone number
 - 5. Email address
 - iii. Automobile
 - 1. Name

2. Firm name
 3. Address
 4. Phone number
 5. Email address
 - iv. Other?
 1. Name
 2. Firm name
 3. Address
 4. Phone number
 5. Email address
- d. Accountant
 - i. Name
 - ii. Firm name
 - iii. Address
 - iv. Phone number
 - v. Email address
- e. Banker
 - i. Name
 - ii. Firm name
 - iii. Address
 - iv. Phone number
 - v. Email address
- f. Financial Advisor(s) / Securities Broker(s)
 - i. Name
 - ii. Firm name
 - iii. Address
 - iv. Phone number
 - v. Email address
- g. Dentist
 - i. Name
 - ii. Practice name
 - iii. Address
 - iv. Phone number

V. Assets

- a. Directions – include the following information for each, as applicable, plus any other data that will help
 - i. Account type – ex: Savings, Checking
 - ii. Bank, brokerage firm, credit card provider name
 - iii. Account holder name – if joint with spouse or child/parent, state who
 - iv. Account ownership type – single, joint, joint with survivor, etc

- v. Account number
- vi. Corporate Address
- vii. Corporate Phone number
- viii. Personal representative full contact information
- ix. Online account URL and login (user name, password, security question answers)

b. Personal

- i. Life and burial insurance – (include credit life for home and credit cards?)
- ii. Checking accounts
- iii. Savings accounts
- iv. Brokerage accounts
 - v. Stocks and bonds (not in brokerage account)
 - vi. Mutual funds and money market accounts
 - vii. Certificates of deposit
- viii. Retirement Accounts
 - 1. Individual Retirement Accounts (IRAs)
 - 2. ROTH account
 - 3. Employer 401-k account
 - 4. Pension or employer profit-sharing plan
 - 5. Retirement Plans – not already considered, ex: Annuities
- ix. Safe deposit box
 - 1. Bank name
 - 2. Box number
 - 3. Key location
- x. Household safe or lock box
 - 1. Location
 - 2. Contents list
 - 3. Combination or location of key
- xi. Jewelry – include descriptions, receipts, photographs, history
- xii. Vehicles – automobiles, campers/RVs, snowmobiles, boats
 - 1. Listing of make/model
 - 2. Location of titles
 - 3. Automobile insurance company and representative
- xiii. Real Estate – by location
 - 1. Location
 - 2. Ownership information – who else is on title/loan
 - 3. Bills
 - a. Regularly occurring – TV, internet, water/sewage, electric
 - i. Type
 - ii. Company

1. Name
2. Mailing address
3. Phone number
- iii. Account number
- iv. Due date
- v. Amount
- b. Periodic or special – heating oil, insurance, snow plow, etc
 - i. Type
 - ii. Company
 1. Name
 2. Mailing address
 3. Phone number
 - iii. Account number
 - iv. Due date
 - v. Amount
- xiv. Household Inventory
 1. Standard items – suggest basic itemized list by Room
 2. Special Item (repeat for each specialty item as needed – ex: “Great-grandma’s sideboard”, family silver, etc)
 - a. Description
 - b. Location
 - c. Disposition – special wishes not included in Will
 - d. History/provenance
 - e. Estimated/insured value
- xv. Valuable collections (artwork, stamps, coins, etc)
- xvi. Other assets not covered –
 1. Promissory notes owed to you,
 2. Joint ownership in items (real estate, vehicles, etc) other than with your spouse, etc

VI. Liabilities

- a. Mortgage information
 - i. Mortgage holder
 - ii. Home Owner’s Insurance
 - iii. Taxes
 1. Type – school, property, automobile
 2. Due dates
 3. Mailing address and phone number
 4. Amounts
- b. Credit cards
 - i. Card/bank/store name

- ii. Card number
 - iii. Number of cards on account – and in whose name(s)
 - iv. Billing
 - 1. Mailing address
 - 2. Phone number
 - 3. Due date (if balance)
 - c. Outstanding payable by you
 - i. Estimated Federal and/or State Income taxes
 - 1. Amount
 - 2. Due date
 - 3. Mailing address
 - ii. Home equity loan
 - 1. Amount
 - 2. Due date
 - 3. Mailing address
 - iii. Loan against retirement account
- VII. Documents – include a copy and/or location where each can be located
 - a. Will
 - b. Trust
 - c. Advance Directives:
 - (http://www.medicinenet.com/advance_medical_directives/article.htm)
 - i. Living Will
 - ii. Health Proxy – including DNR if desired
 - iii. Durable Power of Attorney (DPOA)
 - 1. Medical DPOW
 - 2. Legal DPOA
 - d. Tax returns for the last 3 years
- VIII. Other
 - a. Pets
 - i. Veterinarian –
 - 1. Name
 - 2. Address
 - 3. Phone number
 - ii. Daily feeding/care instructions
 - iii. Pet future caregivers/guardians –
 - 1. Name
 - 2. Address
 - 3. Phone number
 - 4. Email
 - iv. Funds set aside for pet care

- b. ??
- IX. Business
- a. Sole owner
 - i. Directions for immediate and short term continuation of business
 - ii. Disposition of business and/or business assets
 - iii. Checking accounts
 - iv. Savings accounts
 - v. Life insurance for business
 - 1. Company – name, address, phone number
 - 2. Policy number and value
 - 3. Insurance agent – name, address, phone number
 - vi. Assets
 - vii. Liabilities
 - b. Joint ownership or partnership
 - i. Business Buy-Sell agreements
 - ii. Partnership certificates
 - iii. Checking accounts
 - iv. Savings accounts
 - v. Life insurance for business
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 - vi. Assets
 - vii. Liabilities