

Estate Directory™



This directory contains valuable estate information to assist in locating relatives, friends, advisors, assets and important personal papers.

COMPLETED BY

DATE



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THE PURPOSE OF THE ESTATE DIRECTORY™

The Estate Directory™ is designed to help you organize critical personal information to be used at a time when it will be needed the most. Documenting this data now will prepare others to assist with your affairs in the event of a severe disability or death.

The Estate Directory™ will help to quickly locate the important people in your life, as well as your important personal documents, at a time when things are very complicated.

The benefit of this type of advance planning is enormous, and people who might ordinarily be overlooked may be contacted immediately.

Please be accurate and thorough when completing these details. When the time comes to use this guide in assisting others with your affairs, you may not be able to provide any input.

This directory should be left with a person you trust, and its whereabouts should be identified on a card you carry with you at all times.

Please use a pencil.

In case of an emergency, the primary contacts are:

Full Name of Key Personal Contact

Address

Phone (Res) Phone (Bus)

Email

Full Name of Key Financial Professional

Address

Phone (Res) Phone (Bus)

Email

Your information will be kept strictly confidential in accordance with privacy regulations.

This is not a legal document. This does not serve as a will.

FIRST THINGS YOU NEED TO DO AT THE TIME OF MY DEATH

1. Call a friend or family member to help.

Name/Phone

2. Call the most important friends and family members.

Name/Phone

Name/Phone

Name/Phone

Name/Phone

Name/Phone

Name/Phone

3. Notify employer

Name/Phone

4. Make arrangement with funeral home

Name/Phone

5. Request at least 10 copies of the death certificate. Ask the funeral director to get them for you.

6. Call my attorney to begin the process of settling my will

Name/Phone

7. Set up an appointment with the local social security office and file a claim immediately to avoid any possibility of losing any benefit checks

Phone

8. Notify the insurance company to start process of collecting benefits:

Name/Phone/Amt

Name/Phone/Amt

Name/Phone/Amt

Name/Phone/Amt

9. Notify the lenders (mortgage company, credit card companies, etc.) with which I have accident or death insurance. With insurance, the balance will be paid off free and clear.

Name/Phone

Name/Phone/Amt

Name/Phone/Amt

10. Key People to Notify

Executor/Executrix/Phone

Financial Advisor/Phone

Accountant/Tax Advisor/Phone

Clergy Name/Spiritual Advisor/Phone

PERSONAL INFORMATION

This information may be requested for a number of purposes including hospitalization, to receive benefits, or by the funeral home.

	Self	Spouse
Full Name		
Residence		
Phone #		
Date of Birth		
Soc. Sec. #		
Primary Doctor		
Hospital		
Health Insurance Company/Policy #/ Phone		
1.		
2.		
Allergies		
Notes		
Birthplace		
Father's Name		
Father's Birthplace		
Mother's Maiden Name		
Children		
Grandchildren		
Length of residence in area		
Military Service		
Occupation		
Affiliations		
Employer Company Name		
Phone#		

LOCATION OF PERSONAL PAPERS

	Self	Spouse
Birth Certificate		
Divorce Decree		
Last Will and Testament		
Living Will Information		
Marriage Certificate		
Military Records		
Naturalization Papers		
Organ Donor Information		
Social Security Card		
Trust Agreement		
Tax Returns		
Safe Deposit Box		
Bank		
Address		
Bank Phone #		
The name on the box is		
The key to the box is located		
The box contains		
Company Benefits		
Life Insurance		
Profit Sharing		
Pension Plan		
Other Benefits		
Other Important Papers		

BANKING INFORMATION

Money Market Accounts/Certificates of Deposit

Bank

Address / Phone #

Names on the account

Type of account

Approx. amount

Additional notes

Location of papers or certificate

Bank

Address/Phone #

Names on the account

Account Number

Type of Account

Approx. amount

Additional Notes

Location of Papers or Certificate

Bank

Address/Phone #

Names on the account

Account Number

Type of Account

Approx. amount

Additional Notes

Location of Papers or Certificate

BENEFITS YOU CAN EXPECT

Life Insurance

Record information for all additional life insurance policies. Include Veteran's Insurance, if applicable.

	Policy 1	Policy 2	Policy 3	Policy 4
Person's life insured				
Amount				
Location of policy				
Insurance company				
Company address				
Contact / Phone #				
Type of policy				
Policy number				
Issue date / Maturity date				
Beneficiaries				
How paid out				
Other options on pay-out				
Additional notes				

Life Insurance Policies on Mortgage and Other Loans

	Policy 1	Policy 2
Loan Insured / Account #		
Company / Insurance Policy #		
Address / Phone #		
Location of policy		
Coverage		

RECORD OF WHAT I OWE

Credit Cards:

(All credit cards in my name should be cancelled or converted to your name.)

Company

Address / Phone #

Name on card

Location of card

Life insurance on card balance Yes No

Company

Address / Phone #

Name on card

Location of card

Life insurance on card balance? Yes No

Company

Address / Phone #

Name on card

Location of card

Life insurance on card balance? Yes No

Loans:

Bank or mortgage company

Address / Phone #

Name on loan

Account number

Monthly payment

Approx balance as of

Location of papers and payment book

Collateral? Yes No

Life insurance on card balance Yes No

BURIAL & MEMORIAL PREPARATIONS

Insurance Policies for Burial / Funeral:

Policy	Contact / Phone #	Notes
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Funeral Home

Desires for Internment:

Burial	Cremation
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Cemetery or Other (note if plots are purchased and where documents are kept)

Ashes to be scattered

Memorial stone

Other charities or memorials

Memorial Service

Place	Contact	Speaker
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Favorite music

Favorite readings

Speakers / Pall Bearers

Name	Address	Phone
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Name	Address	Phone
------	---------	-------

Name	Address	Phone
------	---------	-------

Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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Desires



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