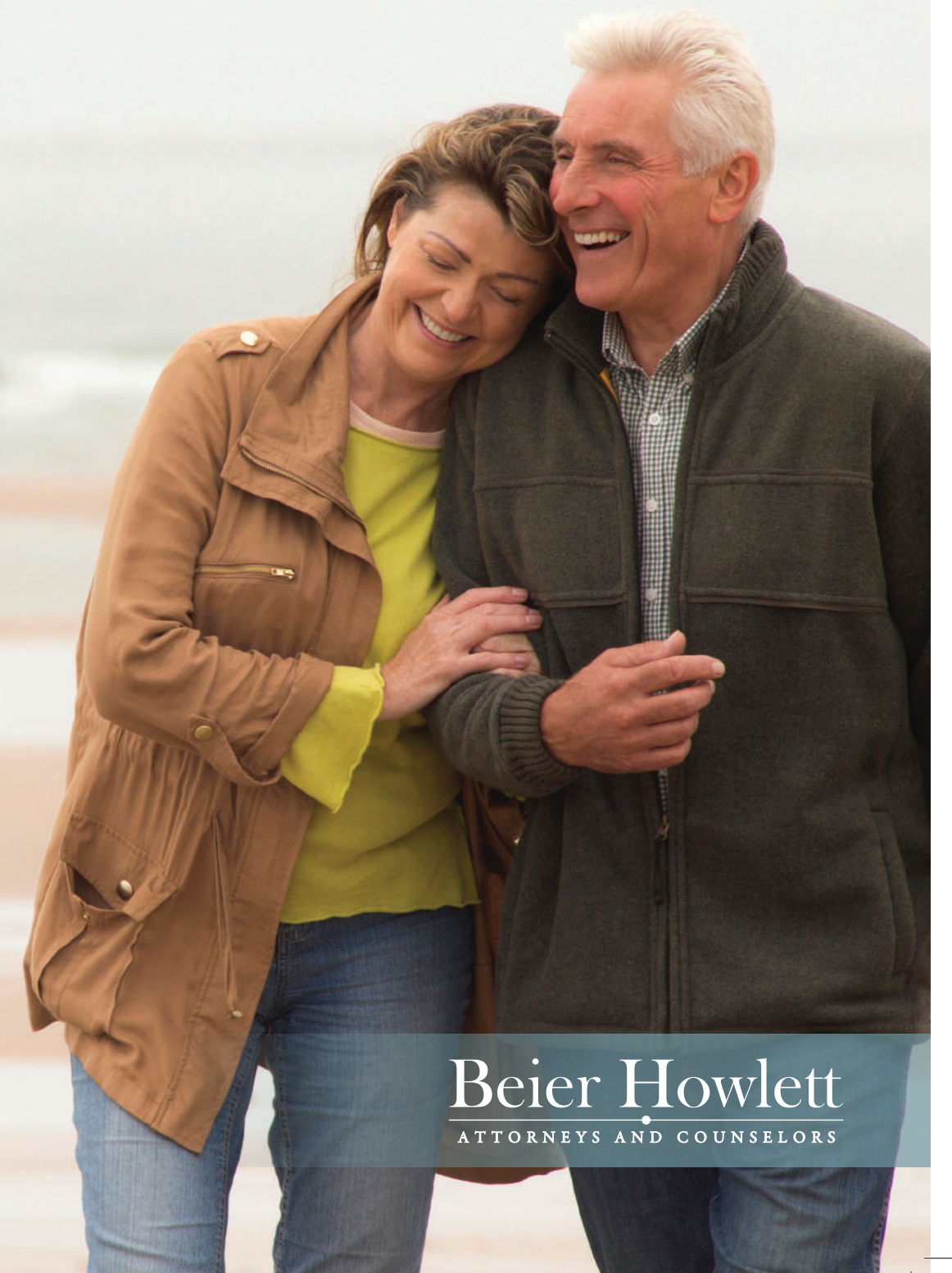


*As part of a  
comprehensive estate plan, someone  
should have detailed knowledge of  
your affairs, or at least a list of where  
the information referred to in this  
Checklist may be found.*

***At Beier Howlett***  
*we can help you review this  
information and prepare appropriate  
estate plan documents.*

**CHECKLIST of  
INFORMATION**  
*your family needs to know*



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# CHECKLIST OF INFORMATION

## ○ DO YOU HAVE AN ESTATE PLAN?

1. Will
2. Trust
3. Financial Durable Power of Attorney
4. Durable Power of Attorney for care of minor or incapacitated person
5. Patient Advocate Designation
6. Authorization to Disclose Medical Information
7. Designation of Funeral Representative

## ○ LIST OF ASSETS

1. What are they?
2. Cost basis for income tax purposes
3. Who owns them?
4. Are they just in your name?
5. Are they joint with anyone else—if so, who are the other joint owners?
6. Are they “in trust for” accounts—if so, who are the beneficiaries?
7. Are they registered in the name of your estate planning trust?
8. Who are the beneficiaries of:
  - (a) Your insurance contracts
  - (b) Your IRA or other qualified plan benefits
  - (c) Any other benefits or contracts where you have the right to designate a beneficiary
  - (d) Always name both a primary beneficiary and an alternate beneficiary

## ○ WHERE DO YOU KEEP YOUR IMPORTANT DOCUMENTS?

1. Deeds, land contracts, mortgages, etc.
2. Titles to cars, boats, etc.
3. Stock certificates
4. Bank passbooks and bank account information
5. Birth certificates, marriage certificates, passports, etc.
6. Military service records
7. Wills and trusts and other similar documents

## ○ DO YOU HAVE A SAFE DEPOSIT BOX?

1. Where is it located?
2. Where is the key?
3. Who can obtain entry to the box?

## ○ TAX RETURNS—INCOME, GIFT, EMPLOYMENT, OTHER

1. Where are your records maintained?
2. What returns do you file?
3. Who does your tax returns?
4. Where do you keep your tax returns?
5. Where do you keep a record of your estimated tax payments?

## ○ WHAT KEY BILLS DO YOU HAVE TO PAY, AND HOW WILL THEY BE PAID IF YOU CAN'T PAY THEM?

1. Medical and prescription drug insurance premiums
2. Other insurance premiums
  - (a) Homeowners
  - (b) Car
  - (c) Umbrella
  - (d) Disability
  - (e) Life
  - (f) Long term care
3. Mortgage payments
4. Credit card charges
  - (a) What cards do you have and where are they?
  - (b) Does anyone else have the right to use these?
  - (c) Are any items automatically charged to the account?
5. Property taxes
6. Income taxes
7. Rent payments or condo association fees
8. Expenses in connection with home (includes such items as fuel oil contracts, yard maintenance, snow removal, utility bills, etc.)
9. What bills are paid automatically and from which accounts?

## ○ SECRET HIDING PLACES FOR KEYS, RECORDS, CASH, ETC.

## ○ DO YOU HAVE DIGITAL ASSETS?

1. What social network, financial, photo, music, auction, gaming and cloud storage digital accounts do you have?
2. Have you chosen someone to administer your digital assets?
3. Should this person have access to both the catalog and content of all, or only selected, electronic communications?
4. What should happen to the content of these accounts upon your death?
5. Does someone know your user names, passwords, PINs?

## ○ MEDICAL INFORMATION

1. Doctors
2. Hospitals
3. Drugs taken
4. Who prescribes your drugs and where do you obtain them?
5. Insurance plans
6. Any rented medical equipment? If so, from where?
7. Where are your medical records maintained?
8. Allergies, implants, significant medical conditions
9. Do you have caregivers?
  - (a) List names and phone numbers
  - (b) Who handles caregivers' employment taxes?
10. Is anyone dependent on you for care?

## ○ MONIES YOU RECEIVE PERIODICALLY—WHERE ARE THEY DEPOSITED?

1. Social security
2. Pensions
3. GI pensions
4. Dividends, interest, etc.
5. Annuities
6. IRA and 401k required minimum distributions
7. Consider using direct deposit for part or all of the above

## ○ KEY CONTACTS (NAMES, ADDRESSES, PHONE NUMBERS)

1. Brokers
2. Financial advisors
3. Accountants
4. Lawyers
5. Doctors
6. Insurance agents
7. Family members
8. Friends

## ○ WISHES REGARDING CARE AT THE END OF LIFE

1. Do you have long term care insurance?
2. Do you want to be cared for in your own home or in a facility?
3. Your wishes regarding use or withdrawal of life support
4. Your wishes regarding organ donation

## ○ FUNERAL AND BURIAL/CREMATION

1. Have you named a Funeral Representative?
2. Have you prearranged for services?
  - (a) Where?
  - (b) Is this prepaid?
  - (c) Where is the Deed?
3. Do you have cemetery plots?
  - (a) Where?
  - (b) Who may be buried there?
  - (c) Where is the Deed?
4. Do you want an obituary, viewing, and funeral ceremony?
5. Discuss these wishes with your next-of-kin

## ○ PETS

1. Who will take care of your pets if you are temporarily unable to do so?
2. Who will take your pets upon your death?
3. Does this person know which vet you use?
4. Do you want to provide a sum of money to be used for care of pets in the event of your death?