

An elderly couple is walking hand-in-hand on a paved path in a garden. The woman is on the left, wearing a bright orange polo shirt and white pants. The man is on the right, wearing a light-colored short-sleeved shirt and matching pants. They are both smiling and looking at each other. The background is a lush garden with green foliage and some red flowers.

Notes to my Family

Organizing our later years.

Module 2: Assets, Legal, and Financial

Hospice Giving Foundation :: 80 Garden Court, Suite 201 :: Monterey CA 93940 :: hospicegiving.org



Assets, Financial, and Legal

This module helps you prepare for legal considerations, which can become very complex without advance planning.

Notes to My Family is not a substitution for legal advice. However, this tool does provide you with a useful road map that can make the time spent with your advisors more efficient. Here you can find the right questions to ask your attorney or advisor about financial and legal matters, and your assets.

At the end of the Introduction PDF, you will find a glossary with simple, easy-to-understand definitions, as well as some best practices that can benefit you and your family. As a reminder, be sure to review your plans and wills on an annual basis.



Have the information below ready before starting to fill out this document.

Assets, Legal, and Financial Document Finder List

- Checking and saving account information, including online account usernames and passwords
- Credit / debit card information
- Retirement account information
- Titles to cars, boats, etc.
- Insurance Policies
- Household inventory
- Property details
- Will, Trust, and Power of Attorney information

Financial advisor / CPA:

Name:

Address:

Phone:

Email:

This advisor is familiar with my financial affairs:

YES

NO

Financial advisor / CPA:

Name:

Address:

Phone:

Email:

This advisor is familiar with my financial affairs:

YES

NO

Basic Bookkeeping Information

How do you currently pay your bills? *Check all that may apply:*

Manual Checking (you write checks and log in a simple check register)

My bookkeeper manages all my bills

Bill pay services through my banking institution, specify:

Bill pay services through vendors (such as PG&E, cable, department stores, etc). List the vendors you pay this way:

Personal computer checking / accounting (specify which program you use):

Quicken

User ID:

Password:

Quickbooks

User ID:

Password:

Other

User ID:

Password:

Cloud-based computer checking / accounting (specify which program you use):

Quickbooks Online

Website:

User ID:

Password:

Freshbooks

Website:

User ID:

Password:

Xero.com

Website:

User ID:

Password:

Mint.com

Website:

User ID:

Password:

Other

Website:

User ID:

Password:

Do you receive any income, such as social security or veteran's benefits, via direct deposit?

YES NO

If yes, please specify the type of income:

Monthly day of deposit:

Financial Institutions and Accounts

There are many types of financial accounts that we use in our daily lives, such as banking, checking, savings, and investment. Use this page to specify these accounts, along with institution name and online password / user id if you have one.

Type of Account

Notes

Name of Institution:

Account Number:

Debit / Credit Card No:
(if applicable)

Exp. Date:

User ID:

Password:

Do you use this account for Bill Pay?

YES NO

Type of Account

Notes

Name of Institution:

Account Number:

Debit / Credit Card No:
(if applicable)

Exp. Date:

User ID:

Password:

Do you use this account for Bill Pay?

YES NO

Type of Account

Notes

Name of Institution:

Account Number:

Debit / Credit Card No:
(if applicable)

Exp. Date:

User ID:

Password:

Do you use this account for Bill Pay?

YES NO

Type of Account

Notes

Name of Institution:

Account Number:

**Debit / Credit Card No:
(if applicable)**

Exp. Date:

User ID:

Password:

Do you use this account for Bill Pay?

YES NO

Type of Account

Notes

Name of Institution:

Account Number:

**Debit / Credit Card No:
(if applicable)**

Exp. Date:

User ID:

Password:

Do you use this account for Bill Pay?

YES NO

Type of Account

Notes

Name of Institution:

Account Number:

**Debit / Credit Card No:
(if applicable)**

Exp. Date:

User ID:

Password:

Do you use this account for Bill Pay?

YES NO

Additional Credit Cards

Use this section to record additional credit or debit cards that are not affiliated with a financial account.

Card#:

Card#:

Card#:

Type:
Name of Institution:

Type:
Name of Institution

Type:
Name of Institution:

Expiration Date:

Expiration Date:

Expiration Date:

Card#:

Card#:

Card#:

Type:
Name of Institution:

Type:
Name of Institution:

Type:
Name of Institution:

Expiration Date:

Expiration Date:

Expiration Date:



One fast way to record your credit and debit card numbers is to place the cards face down on your home copier / printer and then copy first one side, and then the other. File the printout with your other records in case your cards get stolen - it's an easy quick reference!

Automatic Bill Payments

Name of Biller:

Name of Biller:

Name of Biller:

Account drawn from:

Account drawn from:

Account drawn from:

Date drawn:

Date drawn:

Date drawn:

Name of Biller:

Name of Biller:

Name of Biller:

Account drawn from:

Account drawn from:

Account drawn from:

Date drawn:

Date drawn:

Date drawn:

Retirement Accounts

Use this page to record your retirement accounts / plans. Please specify the type of retirement account / plan for each account listed. Common types include IRA, ROTH, 401K, 403B, and various government plans. Include any extra information in the notes section.

Type of Plan:

Notes:

Account Number:

Name of Institution:

Address:

Institution Phone:

Institution Email:

Beneficiary:

Beneficiary Phone:

Beneficiary Email:

Type of Plan:

Notes:

Account Number:

Name of Institution:

Address:

Institution Phone:

Institution Email:

Beneficiary:

Beneficiary Phone:

Beneficiary Email:

Type of Plan:

Notes:

Account Number:

Name of Institution:

Address:

Institution Phone:

Institution Email:

Beneficiary:

Beneficiary Phone:

Beneficiary Email:

Type of Plan:

Notes:

Account Number:

Name of Institution:

Address:

Institution Phone:

Institution Email:

Beneficiary:

Beneficiary Phone:

Beneficiary Email:

Type of Plan:

Notes:

Account Number:

Name of Institution:

Address:

Institution Phone:

Institution Email:

Beneficiary:

Beneficiary Phone:

Beneficiary Email:

Type of Plan:

Notes:

Account Number:

Name of Institution:

Address:

Institution Phone:

Institution Email:

Beneficiary:

Beneficiary Phone:

Beneficiary Email:

Loans

Use this page to record your outstanding loans and accompanying information. You may also want to record loans that have been paid in full, and note the location of any official documentation.

Loan Payee: **Notes / Purpose:**
Account Number:
Address:
Phone: **Close Date:**
Email:
Terms (years / percentage rate):

Loan Payee: **Notes / Purpose:**
Account Number:
Address:
Phone: **Close Date:**
Email:
Terms (years / percentage rate):

Loan Payee: **Notes / Purpose:**
Account Number:
Address:
Phone: **Close Date:**
Email:
Terms (years / percentage rate):

Loan Payee: **Notes / Purpose:**
Account Number:
Address:
Phone: **Close Date:**
Email:
Terms (years / percentage rate):

Loan Payee: **Notes / Purpose:**
Account Number:
Address:
Phone: **Close Date:**
Email:
Terms (years / percentage rate):

Property Information / Assets

Your primary residence / property:

Address: **City:**
ST: **Zip:** **Country:** **Yr Built:** **Sq Ft:**
Bath / Bed: **Estimated Value:** **Prop. Tax:** **Due On:**
Do you own this residence? **Do you rent this residence?**
 YES NO YES NO
If owned, location of Title / Deed:

Notes:

Other residence / property. Please indicate the type of property, such as second home, commercial, rental, farm land, or undeveloped land.

Property Type:

Address: **City:**
ST: **Zip:** **Country:** **Yr Built:** **Sq Ft:**
Bath / Bed: **Estimated Value:** **Prop. Tax:** **Due On:**
Do you own this residence? **Do you rent this residence?**
 YES NO YES NO
If owned, location of Title / Deed:

Notes:

Property Type:

Address: **City:**
ST: **Zip:** **Country:** **Yr Built:** **Sq Ft:**
Bath / Bed: **Estimated Value:** **Prop. Tax:** **Due On:**
Do you own this residence? **Do you rent this residence?**
 YES NO YES NO
If owned, location of Title / Deed:

Notes:

Property Notes:

Important Household Items

Item	Serial Number	Purchase Amount	Date Purchased	Appraised Value



A quick way to inventory your important household articles is to use a smart phone or video recorder to videotape your items, describing them as you go. If the item has a serial number or other distinguishing mark, make sure you capture that as well.

Insurance

Be sure to include any types of insurance policies you have. Some common insurance includes homeowners, renters, automobile, life insurance, health insurance, and long-term care insurance.



Type of Policy:

Agency Name:

Phone:

Email:

Beneficiary, if applicable:

Notes:

Contact / Agent Name:

Policy / Account Number:

Website:

Policy Value, if applicable:

Type of Policy:

Agency Name:

Phone:

Email:

Beneficiary, if applicable:

Notes:

Contact / Agent Name:

Policy / Account Number:

Website:

Policy Value, if applicable:

Type of Policy:

Agency Name:

Phone:

Email:

Beneficiary, if applicable:

Notes:

Contact / Agent Name:

Policy / Account Number:

Website:

Policy Value, if applicable:

Type of Policy:
Agency Name:
Phone: **Email:**
Beneficiary, if applicable:
Notes:

Contact / Agent Name:
Policy / Account Number:
Website:
Policy Value, if applicable:

Type of Policy:
Agency Name:
Phone: **Email:**
Beneficiary, if applicable:
Notes:

Contact / Agent Name:
Policy / Account Number:
Website:
Policy Value, if applicable:

Type of Policy:
Agency Name:
Phone: **Email:**
Beneficiary, if applicable:
Notes:

Contact / Agent Name:
Policy / Account Number:
Website:
Policy Value, if applicable:

Type of Policy:
Agency Name:
Phone: **Email:**
Beneficiary, if applicable:
Notes:

Contact / Agent Name:
Policy / Account Number:
Website:
Policy Value, if applicable:

Legal Information

Information about my Will

I have prepared a Will: YES NO

If yes, an official copy of the will is stored:

Date executed:

Attorney:

Address:

City:

ST:

Zip:

Country:

Phone:

Email:

Notes:

Information about my Living Trust

I have prepared a Living Trust: YES NO

If yes, an official copy of the trust is stored:

Date executed:

Attorney:

Address:

City:

ST:

Zip:

Country:

Phone:

Email:

Notes:

Financial Power of Attorney

I have prepared a Financial Power of Attorney: YES NO

If yes, an official copy of the Power of Attorney is stored:

Date executed:

Attorney:

Address:

City:

ST:

Zip:

Country:

Phone:

Email:

Notes:

Advance Health Care Directives

Select those you have completed and indicate where the original signed copy can be found.

Be sure to give copies of these important documents to those you authorize to act on your behalf.



POLST

An official copy of my POLST is stored:

Date executed:

Signed by:

Agent / Proxy:

Agent's Contact Info:

Home Ph:

Cell Ph:

Email:

Check if your POLST is part of your medical record at your local hospital.

Notes:

Durable Power of Attorney for Healthcare

An official copy is stored:

Date executed:

Signed by:

Agent / Proxy:

Agent's Contact Info:

Home Ph:

Cell Ph:

Email:

Check if your Durable Power of Attorney for Healthcare is part of your medical record at your local hospital.

Notes:

Five Wishes

An official copy is stored:

Date executed:

Signed by:

Agent / Proxy:

Agent's Contact Info:

Home Ph:

Cell Ph:

Email:

Check if your Five Wishes is part of your medical record at your local hospital.

Notes:

Important Contacts

Attorney(s)

Name:

Address:

Phone:

Email:

This person is familiar with my estate and / or legal affairs:

YES NO

Attorney(s)

Name:

Address:

Phone:

Email:

This person is familiar with my estate and / or legal affairs:

YES NO

Trustee

Name:

Address:

Phone:

Email:

This person is familiar with my estate and / or legal affairs:

YES NO

Successor Trustee

Name:

Address:

Phone:

Email:

This person is familiar with my estate and / or legal affairs:

YES NO

Executor

Name:

Address:

Phone:

Email:

This person is familiar with my estate and / or legal affairs:

YES NO

Other

Name:

Address:

Phone:

Email:

This person is familiar with my estate and / or legal affairs:

YES NO

Other

Name:

Address:

Phone:

Email:

This person is familiar with my estate and / or legal affairs:

YES NO

Other

Name:

Address:

Phone:

Email:

This person is familiar with my estate and / or legal affairs:

YES NO

General Notes:

End of NTMF Assets, Legal, and Financial PDF