

# Document Locator

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Help your power of attorney agents, executors and trustees by listing the location of the following documents in your home or office. Remove items that do not pertain to you.

Birth certificate –

Spouse's birth certificate –

Citizenship papers –

Passport –

Marriage certificate –

Divorce / separation records –

Military discharge papers –

Children's birth certificates –

Adoption papers –

Directives to children's guardians –

*Document Locator*

*Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)*

# Document Locator

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List of special considerations –

Safe combination (home) –

List of stored and loaned possessions –

Health insurance policy -

Homeowners policy –

Car insurance policy –

Property and casualty insurance -

Partnerships agreements –

List of partnerships –

Auto ownership records –

Titles and deeds to real estate –

Title insurance to real estate –

*Document Locator*

*Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)*

# Document Locator

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Property rental records –

Life insurance policies –

Death benefit plans –

Employee retirement plans –

Keough plan –

IRAs –

Investments -

Bonds –

Annuity contracts –

Stock-option plans –

Profit sharing plans –

*Document Locator*

*Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)*

# Document Locator

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List of checking and savings accounts –

Bank statements & cancelled checks –

Certificates of deposits –

Checkbooks –

Savings passbooks –

Credit cards –

Employment contracts –

Tax returns -

Income & gift tax returns –

Cemetery plot instructions –

*Document Locator*

*Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)*

# Logins and Passwords

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## Passwords

You will not be the first nor the last person if you did not leave a list of logins and passwords to access your electronic devices and accounts. Leaving data encrypted without sharing that information can potentially make things very difficult for those handling your estate when you are incapacitated or have passed.

For security, do not store passwords on your computer. Enter logins, save the document, then print and handwrite passwords. Place this document in a safe location known by your spouse, financial powers of attorney, executors and/or lawyer. Otherwise, leave a message in your will informing those people where to look.

If you are comfortable with encrypting files on your computer, save your passwords in a master file but share the master password for the encrypted file with the people who may need access to the file – and not just a spouse who may be in an automobile with you that leads to the demise of you both!

# Logins and Passwords

---

## *Desktop Computer Login*

Login:

Password:

## *Laptop Computer Login*

Login:

Password:

## *Cellphone Login*

Login:

Password:

## *Memory Device Login*

Type:

Login:

Password:

Type:

Login:

Password:

# Logins and Passwords

---

## *Email*

Email address:

Password:

Email address:

Password:

Email address:

Password:

# Logins and Passwords

---

## *Other accounts:*

Website:

Login:

Password:

Website:

Login:

Password:

Website:

Login:

Password:

Website:

Login:

Password:

Website:

Login:

Password:

*Logins and Passwords*

*Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)*



# Estate Contact Information

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## Quick Contacts

Provide a copy of this section along with your power of attorney documents and living will to your agents, attorney-in-facts, successor trustees and others who may need this contact information readily available. As contact information changes, provide updates to those you have previously received this information.

To quickly update others: highlight this section, copy and paste into an email and send to the recipient, who then has both an electronic and physical copy.

If those named as agents, attorney-in-facts, executors, personal representatives and successor trustees are listed as “Co-” rather than linear (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>), change the designation. If needed, add a 4<sup>th</sup> person.

Place a copy of these documents with your estate planning documents.

Your name:

Phone:

Address:

*Contact Information Checklist*

*Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)*

# Estate Contact Information

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## Financial Power of Attorney Agents / Attorney-in-Facts

1<sup>st</sup>:

Phone:

Email:

Relation:

Address:

2<sup>nd</sup>:

Phone:

Email:

Relation:

Address:

3<sup>rd</sup>:

Phone:

Email:

Relation:

Address:

*Contact Information Checklist*

*Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)*

# Estate Contact Information

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## Executors / Personal Representatives / Successor Trustees:

1<sup>st</sup>:

Phone:

Email:

Relation:

Address:

2<sup>nd</sup>:

Phone:

Email:

Relation:

Address:

3<sup>rd</sup>:

Phone:

Email:

Relation:

Address:

Location of last will & testament and/or living trust (if applicable):

*Contact Information Checklist*

*Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)*

# Estate Contact Information

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## Medical Power of Attorney Agents:

1<sup>st</sup>:

Phone:

Email:

Relation:

Address:

2<sup>nd</sup>:

Phone:

Email:

Relation:

Address:

3<sup>rd</sup>:

Phone:

Email:

Relation:

Address:

Primary physician name:

Address and phone:

*Contact Information Checklist*

*Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)*

# Estate Contact Information

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## Emergency Contacts

Name 1<sup>st</sup>:

Phone:

Email:

Address:

Relationship:

Name 2<sup>nd</sup>:

Phone:

Email:

Address:

Relationship:

Name 3<sup>rd</sup>:

Phone:

Email:

Address:

Relationship:

*Contact Information Checklist*

*Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)*

# Estate Contact Information

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## Family Contacts

Name:

Phone:

Email:

Address:

Relationship:

Name:

Phone:

Email:

Address:

Relationship:

Name:

Phone:

Email:

Address:

Relationship:

*Contact Information Checklist*

*Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)*

# Estate Contact Information

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## Friends to Contact

Name:

Phone:

Email:

Address:

Relationship:

Name:

Phone:

Email:

Address:

Relationship:

Name:

Phone:

Email:

Address:

Relationship:

*Contact Information Checklist*

*Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)*

# Estate Contact Information

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## Employment Contacts

Name:

Company:

Phone:

Email:

Address:

Relationship:

Name:

Company:

Phone:

Email:

Address:

Relationship:

Name:

Company:

Phone:

Email:

Address:

Relationship:

*Contact Information Checklist*

*Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)*



# Estate Contact Information

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## Beneficiary Contact Information

**If listing a charity, include a website address.**

Name:

Phone:

Email:

Address:

Relationship:

Name:

Phone:

Email:

Address:

Relationship:

Name:

Phone:

Email:

Address:

Relationship:

*Contact Information Checklist*

*Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)*

# Estate Contact Information

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## **Additional Contacts**

Property and Casualty Insurance Agent

Name:

Company:

Phone:

Email:

Address:

Life Insurance Agent

Name:

Company:

Phone:

Email:

Address:

Financial Advisor

Name:

Company:

Phone:

Email:

Address:

*Contact Information Checklist*

*Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)*

# Estate Contact Information

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Estate Planner

Name:

Company:

Phone:

Email:

Address:

Accountant

Name:

Company:

Phone:

Email:

Address:

Lender

Name:

Company:

Phone:

Email:

Address:

*Contact Information Checklist*

*Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)*

# Estate Contact Information

---

Realtor

Name:

Company:

Phone:

Email:

Address:

Electricity

Name:

Company:

Phone:

Email:

Address:

Phone / Internet Provider

Name:

Company:

Phone:

Email:

Address:

*Contact Information Checklist*

*Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)*

# Estate Contact Information

---

Religious Leader

Name:

Company:

Phone:

Email:

Address:

*Contact Information Checklist*

*Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)*

# Estate Contact Information

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## **Businesses Owned**

Talk to an attorney or accountant regarding your business succession plans. Whatever your succession plan does not cover, list the information here.

**Name:**

**Type:**

**Buy/Sell in place?**

**Partners:**

**Important contacts:**

**List of assets:**

**Bank accounts:**

**Instructions:**

**Name:**

**Type:**

**Buy/Sell in place?**

**Partners:**

**Important contacts:**

**List of assets:**

**Bank accounts:**

**Instructions:**

*Contact Information Checklist*

*Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)*

# SUCCESSOR TRUSTEE GUIDE

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## TRUST BASICS

You were chosen because the Trustor believes you pay attention to details and can act in a fair and honest manner. Always remember to keep accurate records of all transactions and activities and never make decisions benefiting you and not the beneficiaries.

The creators of the trust (the **Trustors**) often name themselves the initial managers of the trust (the **Trustees**). You are inactive until they resign, are incapacitated or are deceased. Once you are active, follow the trust's instructions.

Here are answers to common trust questions:

1. **What is a trust?** Picture a trust as a box to hold assets. It is a legal entity like yourself or a business and it does not terminate when its creators (the Trustors) pass. It terminates when the trust no longer holds any assets.

**Need to know:** The tax ID of the trust is often a Trustor's social security number.

2. **Why put assets in a trust?** Trusts can make management of assets during a resignation or an incapacitation easier for a financial power of attorney. After the Trustors' passing, the trust can control distributions for young beneficiaries, help assets avoid probate, reduce the likelihood of someone contesting the estate and minimize potential estate taxes.

3. **What assets are in a trust?** You will typically find a home, bank accounts, autos, life insurance payouts and personal property. Assets such as IRAs, 401ks and annuities typically are not in the trust for tax reasons. If the Trustor owned business, it typically will not be in the trust but there may be an assignment of interest allowing the Successor Trustee to manage those assets as well.

4. **How will you know if an asset is in the trust?** Assets such as bank accounts and property will have the trust name listed as the owner.

**Example:** John and Sally Doe's titled assets would show the owner as:

The JS Doe Family Living Trust Dated January 8, 2008

5. **What roles are there in a trust?** **Trustors** (also known as Grantors or Settlers) create the trust. Trustors are the only ones able to change trust language. Trustors often appoint themselves as the initial Trustees. **Trustees** manage trust assets for the beneficiaries. **Beneficiaries** receive income and assets from the trust. While he or she is living, the Trustor(s) is the beneficiary of the trust. When no more Trustors are living, the beneficiaries normally are family, friends and / or charities. At this point, beneficiaries have a right to see the accounting and a copy of the trust.

# SUCCESSOR TRUSTEE GUIDE

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## WHAT TO KNOW

Print these instructions and if Four Peaks Planning, Inc. prepared the trust, call at anytime for assistance free of charge. Phone: (480) 229-6220.

1. To prevent you from being liable of the trust's obligations, always add the word "Trustee" after your name when signing for the trust.

**Example:** For trust transactions, John Smith should sign his name

*"John Smith, Trustee"*

2. You are legally required to follow the Trustor's instructions to the best of your abilities. You are not judged by the performance of the assets, only by your conduct. Your conduct is based on what a reasonable person would do in a reasonable situation. Keep accurate records of all transactions. Consult professional advisors when in doubt.
3. The trust has explicit instructions to be followed. Arizona Revised Statutes cover areas not spelled out in the trust. Common law decisions from the state Supreme Court and Court of Appeals can help provide guidance on how to proceed in unusual situations. Consult a legal professional if you need assistance with the trust's instructions.
4. Treat all people named in the trust with respect.
5. Trusts typically indicate how Successor Trustees are compensated and there are federal guidelines.
6. Hire professional help if needed, such as accountants, financial advisors and attorneys. The trust will pick up the cost.
7. You can resign as Successor Trustees if overwhelmed. It is likely Successor Trustees are listed after you. If not, a corporate trustee can be appointed.

## WHAT NOT TO DO

- If you are managing financial assets, **do not make risky investments.**
- Prior to distribution, **do not combine trust assets with your own.**
- Prior to distribution, **do not use trust assets for your benefit** unless explicitly directed by the trust.



# SUCCESSOR TRUSTEE GUIDE

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## DURING AN INCAPACITATION OR RESIGNATION

### What to Understand

- **Successor Trustees act like financial powers of attorneys.** They have control of all trust assets and must act only in the Trustor's interest, not beneficiaries who may inherit the estate when the Trustor passes
- **Once the initial Trustee is healthy again, you become inactive.**

### Initial Things To Do

- ❑ **Ensure the Trustor is receiving quality care.**
- ❑ **Contact family members,** employers and friends.
- ❑ **Get copies** of health care power of attorneys and directives to the primary physician.
- ❑ **Get a note of incapacitation from the doctor(s)** or note of resignation from the initial Trustee(s).

### What To Do Next

- ❑ **Review the Grantor's insurance coverage** and limits for health, disability and long-term care policies.
- ❑ **Search for a list of assets and liabilities.** Gather all financial statements, insurance information and property deeds.
- ❑ **Apply for disability benefits** through the Trustor's employer, social security, private insurance and veteran's services.
- ❑ **If there are dependents,** you will need to look after their care. A court may appoint a guardian if the incapacitation will be lengthy.
- ❑ **Contact the preparer of the trust** or similar advisor for additional advice.

### Ongoing

- ❑ **Pay the bills.** Identify bills / payments payment due dates.
- ❑ **Keep track of all medical expenses** during the Trustor's incapacitation
- ❑ **Keep accurate records** of all your activities.

### Don't Forget

- ❑ **Prepare and file tax returns** by April 15th.
- ❑ **Pay property taxes.**

# SUCCESSOR TRUSTEE GUIDE

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## AFTER THE TRUSTOR(S) PASS

### What to Understand

- ❑ **Successor Trustees act like an executor** of a last will and testament. However, if all assets are in a trust or list beneficiaries, the court process of probate is avoided allowing you to work at your own pace.
- ❑ **Repay all estate debts prior to distribution.** Otherwise creditors can reclaim money from beneficiaries, which causes more problems if money is already spent.
- ❑ **Once the trust has been distributed and accounting is wrapped up, your job is finished.** Some trusts hold inheritances for young beneficiaries or maintain residences for a surviving spouse/children, in which case you remain the Successor Trustee until all the trust's tasks are completed.

### Initial Things To Do

- ❑ **Order at least 15 death certificates.** These can take over a week to receive and will be needed for many steps. Death certificates are available in the state the death occurred. In Arizona: [http://www.azdhs.gov/vitalrcd/death\\_index.htm](http://www.azdhs.gov/vitalrcd/death_index.htm)
- ❑ **Contact the family,** beneficiaries and other Successor Trustees asking if they have any questions as you begin handling the estate.
- ❑ **Keep accurate records** of final medical and funeral expenses.
- ❑ **Search for a list of assets and liabilities.** Gather all financial statements, insurance information and property deeds, including values at time of death.
- ❑ **Make sure anything of value is insured** otherwise you may be personally liable. Start by contacting the Trustor's insurance agent.
- ❑ **Estimate the estate size.** Estate taxes are due on estates valued past a state or federal limit. These limits change over time. Research current estate tax limits and contact a professional if this threshold may be passed.
- ❑ **Read the trust** and other related documents. Power of Attorney documents are only useful during the Trustor's lifetime so ignore these documents.
- ❑ **If probate is needed** for assets outside the trust, contact the executor / personal representative (you are likely serving this role as well - read the will).

# SUCCESSOR TRUSTEE GUIDE

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Once you have death certificates

- ❑ **Be ready** with your ID, death certificates and a copy of the trust.
- ❑ **Collect payouts** from life insurance, IRAs, 401k's and other assets listing beneficiaries. If beneficiaries are named on policies, this money may be immediately distributed. If the trust is the beneficiary, deposit the payout into a trust bank account - this money may not be distributed until all debts, liabilities and taxes are paid.
- ❑ **Pay all debts & liabilities.** Contact credit card companies, lenders for updated balances. Debts are typically not in the trust's name. Debts are found in the deceased's name. No need to pay off a mortgage balance if a property is being sold but continue cutting checks for monthly mortgage payments, real estate taxes and insurance on the property.
- ❑ **Prepare and file final tax returns**

Finishing Steps

- ❑ **Gather all information** including assets inventories, accounting and taxes and prepare copies for the beneficiaries.
- ❑ **Ask the beneficiaries to sign a document** approving your accounting, waiving any claims against you and promising to pay any trust expenses that arise after the beneficiaries have received the trust's assets.

Distribution Tips

- ❑ Most trusts have No Contest Clauses disinheriting anyone legally challenging the trust. This clause should make your job easier.
- ❑ To settle disputes have beneficiaries prioritize items they would like to inherit.
- ❑ Some assets may need appraisal for settling disputes, an estate sale/auction or estate tax calculations.
- ❑ Making distributions to young beneficiaries could be one of your biggest responsibilities. Most trusts restrict access to beneficiaries until they meet certain requirements, such as age. **Distributions can be made prior to this age for reasonable health, education, maintenance or support needs** – a decision made by the Successor Trustee. Some requests, such as doctor's visits and school supplies, are easy decisions to make. Other requests can be more difficult so ask the Trustor(s) before they pass for examples.

# SUCCESSOR TRUSTEE GUIDE

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## Accounting Tips

- ❑ **Consult an accountant or CPA for advice.** This guide may not be comprehensive depending on the year the Trustors pass.
- ❑ **Prepare an annual accounting report** for the other successor trustees and beneficiaries. Allow them to ask questions.
- ❑ **Inventory all trust assets**, including approximate values, insurance information and relevant information
- ❑ **Gather statements** for all trust bank accounts and investments;
- ❑ **List debts** of the trust
- ❑ **List claims** to the trust and what actions the Trustee has taken
- ❑ **List disbursements** from the trust including whether the disbursement came from principal or income
- ❑ **Gather all receipts**
- ❑ **Gather all tax statements**
- ❑ **Provide details of the trustee's compensation** and the method used to calculate the compensation.
- ❑ **Successor Trustee should have the beneficiaries sign receipts** of a) distributions and b) accounting reports.

If you have any questions and the trust was prepared by Four Peaks Planning, Inc., contact us and we'll be happy to assist free of charge: **(480) 229-6220**.

Important: Please consult with Four Peaks Planning, Inc. before undertaking any actions. The information is provided with the understanding that the publisher is not engaged in rendering legal, tax or investment advice. While every attempt has been made to provide current and accurate information, neither the author nor the publisher can be held accountable for any errors or omissions. You agree not to hold any employee of Four Peaks Planning, Inc. liable for action you take from these pages without consulting a professional first.

# SENTIMENTAL VALUE ITEMS

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In this section provide a description – financial, sentimental or both - of any personal property you own for your executors, trustees and beneficiaries.

*Example: Antique Tools – Passed down by John’s great-grandfather to each succeeding generation.*

*Approximate value: \$300*

# Information for Guardians & Successor Trustees

---

These pages provide insight to your children's guardians on variety of topics. If creating a trust to withhold money until an age such as 25 or 30, money can be distributed early for reasonable health, education, maintenance and support needs. Here is your opportunity to express how your thoughts and offer examples of how you would want requests handled.

**Close Family Members:**

**Activities:**

**Allowances:**

**Clothing:**

**Dietary:**

**Driving:**

*Child Information for Guardians & Successor Trustees*

*Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)*

# Information for Guardians & Successor Trustees

---

**Education – Grade School and High School:**

**Education – College or Trade Schools:**

**Religious Values:**

**Travel:**

**Wedding Costs:**

**Other:**

# Information for Guardians

---

Child's Name: \_\_\_\_\_

Date of birth:

Location of birth certificate:

Social security number:

Primary physician:

Phone:

Address:

Medications (dosage/frequency):

School:

Grade:

Address:

Teacher:

Close friend name / parent / phone:

Close friend name / parent / phone:

Close friend name / parent / phone:

Close friend name / parent / phone:

Close friend name / parent / phone:



# Information for Guardians

---

## Likes And Dislikes

Books:

Movies:

TV shows:

Toys:

Sports:

Hobbies:

Activities:

Colors:

Holidays:

Breakfast foods:

Lunch foods:

Dinner foods:

Desserts:

Restaurants:

## Additional Notes:

# Information for Guardians

---

Child's Name: \_\_\_\_\_

Date of birth:

Location of birth certificate:

Social security number:

Primary physician:

Phone:

Address:

Medications (dosage/frequency):

Conditions:

Allergies:

School:

Grade:

Address:

Teacher:

Close friend name / parent / phone:

Close friend name / parent / phone:

Close friend name / parent / phone:

Close friend name / parent / phone:

Close friend name / parent / phone:

# Information for Guardians

---

## Likes And Dislikes

Books:

Movies:

TV shows:

Toys:

Sports:

Hobbies:

Activities:

Colors:

Holidays:

Breakfast foods:

Lunch foods:

Dinner foods:

Desserts:

Restaurants:

## Additional Notes:

# Information for Guardians

---

Child's Name: \_\_\_\_\_

Date of birth:

Location of birth certificate:

Social security number:

Primary physician:

Phone:

Address:

Medications (dosage/frequency):

Conditions:

Allergies:

School:

Grade:

Address:

Teacher:

Close friend name / parent / phone:

Close friend name / parent / phone:

Close friend name / parent / phone:

Close friend name / parent / phone:

Close friend name / parent / phone:

*Child Information for Guardians & Successor Trustees*

*Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)*

# Information for Guardians

---

## Likes And Dislikes

Books:

Movies:

TV shows:

Toys:

Sports:

Hobbies:

Activities:

Colors:

Holidays:

Breakfast foods:

Lunch foods:

Dinner foods:

Desserts:

Restaurants:

## Additional Notes:

# Medical Information

---

Physician Information for \_\_\_\_\_ (your name)

## Insurance

Company:

Phone:

Policy #:

Plan Number:

## Primary Physician

Name:

Phone:

Address:

Email:

Notes:

## Additional Physicians

Specialty:

Name:

Phone:

Address:

Email:

Notes:

*Medical Information*

Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)

# Medical Information

---

## Additional Physicians

Specialty:

Name:

Phone:

Address:

Email:

Notes:

Specialty:

Name:

Phone:

Address:

Email:

Notes:

*Medical Information*

*Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)*

# Medical Information

---

**Medication information for \_\_\_\_\_** (your name)

## Conditions and Medications

Condition:

Prescription Name:

Usage notes (dosage/frequency):

Prescribing Physician:

Phone:

Notes:

Condition:

Prescription Name:

Usage notes (dosage /frequency):

Prescribing Physician:

Phone:

Notes:



# Medical Information

---

Condition:

Prescription Name:

Usage notes (dosage /frequency):

Prescribing Physician:

Phone:

Notes:

Condition:

Prescription Name:

Usage notes (dosage /frequency):

Prescribing Physician:

Phone:

Notes:

Condition:

Prescription Name:

Usage notes (dosage t/frequency):

Prescribing Physician:

Phone:

Notes:

*Medical Information*

Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)

# Medical Information

---

Physician Information for \_\_\_\_\_ (your name)

## Insurance

Company:

Phone:

Policy #:

Plan Number:

## Primary Physician

Name:

Phone:

Address:

Email:

Notes:

## Additional Physicians

Specialty:

Name:

Phone:

Address:

Email:

Notes:

*Medical Information*

Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)

# Medical Information

---

## Additional Physicians

Specialty:

Name:

Phone:

Address:

Email:

Notes:

Specialty:

Name:

Phone:

Address:

Email:

Notes:

*Medical Information*

*Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)*

# Medical Information

---

**Medication information for \_\_\_\_\_** (your name)

## Conditions and Medications

Condition:

Prescription Name:

Usage notes (dosage/frequency):

Prescribing Physician:

Phone:

Notes:

Condition:

Prescription Name:

Usage notes (dosage /frequency):

Prescribing Physician:

Phone:

Notes:

# Medical Information

---

Condition:

Prescription Name:

Usage notes (dosage /frequency):

Prescribing Physician:

Phone:

Notes:

Condition:

Prescription Name:

Usage notes (dosage /frequency):

Prescribing Physician:

Phone:

Notes:

Condition:

Prescription Name:

Usage notes (dosage t/frequency):

Prescribing Physician:

Phone:

Notes:

*Medical Information*

Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)

# Pet Information

---

Pet name:

Pet type:

Breed:

Date of birth:

Pet ID # and State / County:

Microchip / Tattoo #:

Registry information (how to access and change):

Vet name:

Vet phone:

Vet address:

Medications (dosage/frequency):

Medical alerts (ie. Food allergies, at-risk behaviors [eating rocks, swallows tennis balls, fears, etc]):

Feeding instructions:

Favorite toys:

Favorite foods:

Favorite treats:

Exercise (if applicable):

*Pet Information*

Download additional and updated forms at: [www.fourpeaksplanning.com](http://www.fourpeaksplanning.com)

# Pet Information

---

Grooming / Cleaning notes (if applicable):

Primary guardian for pet:

Phone:

Email:

Backup guardian for pet:

Phone:

Email:

**Additional Notes:**

# Legacy Information

---

This section provides you the opportunity to leave a biography about yourself to your children and future generations. While some information may be anecdotal, medical information could potentially be of use for grandchildren and great-grandchildren.

Expand on these sections as you wish. Additional ideas for inclusion:

- Photographs
- Family trees
- Audio recordings
- Video recordings
- Letters, birthday cards, etc. offering insight into the personalities and experiences of previous generations



# Legacy Information

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## *Background*

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Your Name:

Date of Birth:

Place of Birth:

Mother's Name:

Mother's Place of Birth:

Father's Name:

Father's Place of Birth:

## *Personal*

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Where You Lived and When:

When Married:

How You Met Your Spouse:

Favorite Activities with Spouse:

# Legacy Information

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Children:

Favorite Activities with Children:

Pets:

Medical Notes of Interest:

## *Education and Career*

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Education:

Languages Learned:

Careers held:

# Legacy Information

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Professional Accomplishments:

Volunteer Accomplishments:

Useful Skills:

## *Arts*

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Favorite Books and Why:

Favorite Movies and Why:

Favorite Musicians:

Favorite Artists:

# Legacy Information

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Favorite Crafts:

Musical Instruments Played:

## *Activities*

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Favorite Sports Teams:

Sports played:

Hobbies:

Collectables:

## *Experiences*

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Places of Interest Visited:

Advice on Love:

# Legacy Information

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Advice on Friends:

Advice on Happiness:

Advice on Careers:

Lessons Learned in Life:

## *Miscellaneous*

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Favorite Historical Figures and Why:

Important Political Issues and Views:

# Legacy Information

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Provide first-hand insight into family members' future generations did not or will not have the opportunity to know.

Name:

Place of birth:

Dates lived:

Spouse:

Children:

Education:

Occupation:

Interesting notes:

Medical notes:

Name:

Place of birth:

Dates lived:

Spouse:

Children:

Education:

Occupation:

Interesting notes:

Medical notes:

# Legacy Information

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Name:

Place of birth:

Dates lived:

Spouse:

Children:

Education:

Occupation:

Interesting notes:

Medical notes:

# Legacy Information

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	Email	Have Call
<input type="checkbox"/> Financial advisor	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Old 401(k)'s or IRAs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> College savings	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Insurance	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Life	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Homeowners / auto	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long-Term Care	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Disability	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Umbrella	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Accountant	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Credit repair	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Realtor	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lender / Refinance	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Home repair / remodeling	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Computer repair	<input type="checkbox"/>	<input type="checkbox"/>

If selected "Have Call" I, the undersigned, consent to having my contact information shared with a person in that field. If not indicated above, I do not wish to have information nor assistance at this time in the areas above.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_



# Legacy Information

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