

ROADMAP FOR HEIRS

“It’s not about you, it’s about them!” Say it again ... ***“It’s not about you, it’s about them!”*** Great job! In an event of your sudden incapacity or death, your heirs need a breakdown of your personal finances. Speaking from experience, this summary will be invaluable for both of you. After my dad passed away, there wasn’t much to recapture, but thankfully he did leave adequate instructions. Had he not, my mom would have been hard pressed to address many of these areas. Therefore, the best time to complete the following pages is NOW (no procrastination), and then you’ll just need to tweak it through the years.

No plan is worth the paper it is printed on unless you do something with it!

We find most men, in some way, have taken on the responsibility for financial planning in their household. But regardless of who handles the finances, don’t allow your valuable information to become a treasure hunt for your loved ones in the event that you’re not able to communicate these matters. I have assisted countless widows attempting this task after their spouse passed, and it truly puts an added strain on their mental state and is not fair to them. The last thing you want is your loved ones forced to become forensic accountants to reassemble your assets and property once you’re gone. I empathize with the reasons people put this task off — nobody likes to think about a debilitating illness, disability or our demise. However, there is a 100% mortality rate and, unfortunately, that will not change.

Planning for our later days is not only being responsible, but it takes a tremendous amount of pressure off of our loved ones. That’s why having this information available for your heirs ahead of time could eliminate the potential of someone making unfavorable decisions that you wouldn’t agree with. This content can be a useful guide to assist you in keeping your life’s most important inventory in one place. I promise you, the time you invest in completing this information will be appreciated far beyond your lifetime.

Your Full Legal Name

First Middle Last

Birthplace _____,
City State Zip Code County/Country

Date of Birth _____ Social Security # _____
MM/DD/YYYY

Best Contact # _____ Occupation _____

Retired __Y __N (if yes, date) _____ Single __ Married __ Widowed __ Divorced __

Legal address _____

City State Zip Code County

Who is my Power of Attorney? _____

Location of document _____

Who is my Medical Power of Attorney? _____

Location of document _____

Who is my Financial Power of Attorney? _____

Location of document _____

Spouse Full Legal Name

First Middle Last Maiden Name

Birthplace _____,
City State Zip Code County/Country

Date of Birth _____ Social Security # _____
MM/DD/YYYY

Best Contact # _____ Occupation _____

Retired __Y __N (if yes, date) _____ Single __ Married __ Widowed __ Divorced __

Legal address _____

_____, _____, _____, _____
City State Zip Code County

Who is my Power of Attorney? _____

Location of document _____

Who is my Medical Power of Attorney? _____

Location of document _____

Who is my Financial Power of Attorney? _____

Location of document _____

Children

1) Full Legal Name

_____, _____, _____
First Middle Last

Birthplace _____, _____, _____, _____
City State Zip Code County/Country

Date of Birth _____ Social Security # _____
MM / DD / YYYY

Best Contact # _____ Occupation _____

Single ___ Married ___ Widowed ___ Divorced ___ Spouse's Name _____

Legal address _____

_____, _____, _____, _____
City State Zip Code County

Kids

Name _____ DOB _____ Best Contact # _____

Name _____ DOB _____ Best Contact # _____

Name _____ DOB _____ Best Contact # _____

Name _____ DOB _____ Best Contact # _____

Name _____ DOB _____ Best Contact # _____

2) Full Legal Name

First Middle Last

Birthplace _____,
City State Zip Code County/Country

Date of Birth _____ Social Security # _____
MM / DD / YYYY

Best Contact # _____ Occupation _____

Single ___ Married ___ Widowed ___ Divorced ___ Spouse's Name _____

Legal address _____

City State Zip Code County

Kids

Name _____ DOB _____ Best Contact # _____

Name _____ DOB _____ Best Contact # _____

Name _____ DOB _____ Best Contact # _____

Name _____ DOB _____ Best Contact # _____

Name _____ DOB _____ Best Contact # _____

3) Full Legal Name

First Middle Last

Birthplace _____,
City State Zip Code County/Country

Date of Birth _____ Social Security # _____
MM / DD / YYYY

Best Contact # _____ Occupation _____

Single ___ Married ___ Widowed ___ Divorced ___ Spouse's Name _____

Legal address _____

City State Zip Code County

Kids

Name _____ DOB _____ Best Contact # _____

Name _____ DOB _____ Best Contact # _____

Name _____ DOB _____ Best Contact # _____

Name _____ DOB _____ Best Contact # _____

Name _____ DOB _____ Best Contact # _____

4) Full Legal Name

First Middle Last

Birthplace _____
City State Zip Code County/Country

Date of Birth _____ Social Security # _____
MM / DD / YYYY

Best Contact # _____ Occupation _____

Single ___ Married ___ Widowed ___ Divorced ___ Spouse's Name _____

Legal address _____

City State Zip Code County

Kids

Name _____ DOB _____ Best Contact # _____

Name _____ DOB _____ Best Contact # _____

Name _____ DOB _____ Best Contact # _____

Name _____ DOB _____ Best Contact # _____

Name _____ DOB _____ Best Contact # _____

5) Full Legal Name

First Middle Last

Birthplace _____,
City State Zip Code County/Country

Date of Birth _____ Social Security # _____
MM / DD / YYYY

Best Contact # _____ Occupation _____

Single ___ Married ___ Widowed ___ Divorced ___ Spouse's Name _____

Legal address _____

City State Zip Code County

Kids

Name _____ DOB _____ Best Contact # _____

Name _____ DOB _____ Best Contact # _____

Name _____ DOB _____ Best Contact # _____

Name _____ DOB _____ Best Contact # _____

Name _____ DOB _____ Best Contact # _____

Your Home

Who has an extra key to my home? _____ Contact # _____

Is there an extra hidden key? ___Y ___N Location _____

Name of security monitoring company _____ Contact # _____

Security code _____ Password or secret word _____

Home/Office Computer:

What's my computer password? _____

Where is a list of other passwords? _____

Cell phone and iPad/Tablet:

Cell phone carrier _____ Account # _____

Cell phone log-in password _____

iPad/Tablet log-in password _____

Friends/Neighbors:

Who knows and watches out for you? _____

Best Contact # _____ Email _____

Who would help you in the case of an emergency? _____

Best Contact # _____ Email _____

Important Emergency Contacts:

Police _____ Fire _____ Ambulance _____

Financials:

Net worth _____ Monthly Income _____

Monthly Expenses _____ Estimated Tax Bracket _____

Financial Records:

Where are your financial and other personal records kept (within your home)? _____

Where are the original copies of your will, trusts, and Durable Power of Attorney? _____

If you have a safe deposit box, where is the key? _____

What is the box number? _____ Bank name _____

Speak to _____

Key People / Agent / Advisors

Friends / colleagues / other family members

Name _____

Best Contact # _____ Email _____

Name _____

Best Contact # _____ Email _____

Name _____

Best Contact # _____ Email _____

Minister / Priest / Rabbi

Best Contact # _____ Email _____

Financial advisor / broker / money manager

Best Contact # _____ Email _____

Attorney

Best Contact # _____ Email _____

CPA/Accountant

Best Contact # _____ Email _____

Banker

Best Contact # _____ Email _____

Veterinarian

Best Contact # _____ Email _____

Insurance – Homeowners, Auto, Life & Health, LTC Insurance

Homeowners company _____ Agent _____

Policy # _____ Best Contact # _____

Auto company _____ Agent _____

Policy # _____ Best Contact # _____

Life company _____ Agent _____

Policy # _____ Best Contact # _____

Health company _____ Agent _____

Policy # _____ Best Contact # _____

LTC company _____ Agent _____

Policy # _____ Best Contact # _____

Your Health Care

Primary & Specialist Physician(s) _____

Best Contact # _____ Speak to _____

Primary & Specialist Physician(s) _____

Best Contact # _____ Speak to _____

Primary & Specialist Physician(s) _____

Best Contact # _____ Speak to _____

Primary & Specialist Physician(s) _____

Best Contact # _____ Speak to _____

Primary & Specialist Physician(s) _____

Best Contact # _____ Speak to _____

Medication(s) Duration/dosage/mg/Prescribing Physician _____

Medication(s) Duration/dosage/mg/Prescribing Physician _____

Medication(s) Duration/dosage/mg/Prescribing Physician _____

Medication(s) Duration/dosage/mg/Prescribing Physician _____

Medication(s) Duration/dosage/mg/Prescribing Physician _____

Insurance Carrier _____ Is it Group/Individual/Medicare coverage? _____

Policy # _____ Best Contact # _____

If Medicare, do you have a Medicare Supplement or Advantage plan? __Y __N

Company _____ Policy # _____

Best Contact # (For Medicare) _____

Pharmacy name and contact #? _____

Preferred Hospital _____ Preferred Nursing Home _____

Preferred Nursing Community _____

Preferred Retirement Community _____

Preferred Funeral Home _____

Preferred Cemetery/Mausoleum _____

Spouse Health Care

Primary & Specialist Physician(s) _____

Best Contact # _____ Speak to _____

Primary & Specialist Physician(s) _____

Best Contact # _____ Speak to _____

Primary & Specialist Physician(s) _____

Best Contact # _____ Speak to _____

Primary & Specialist Physician(s) _____

Best Contact # _____ Speak to _____

Primary & Specialist Physician(s) _____

Best Contact # _____ Speak to _____

Medication(s) Duration/dosage/mg/Prescribing Physician _____

Medication(s) Duration/dosage/mg/Prescribing Physician _____

Medication(s) Duration/dosage/mg/Prescribing Physician _____

Medication(s) Duration/dosage/mg/Prescribing Physician _____

Medication(s) Duration/dosage/mg/Prescribing Physician _____

Insurance Carrier _____ Is it Group/Individual/Medicare coverage? _____

Policy # _____ Best Contact # _____

If Medicare, do you have a Medicare Supplement or Advantage plan? __Y __N

Company _____ Policy # _____

Best Contact # (For Medicare) _____

Pharmacy name and contact #? _____

Preferred Hospital _____ Preferred Nursing Home _____

Preferred Nursing Community _____

Preferred Retirement Community _____

Preferred Funeral Home _____

Preferred Cemetery/Mausoleum _____

Custodial Care

Have you made prearrangements for custodial care? _____

Best Contact # _____ Speak to _____

Do you have LTC insurance? Y N Company _____

If so, where is the policy? _____ Policy # _____

Best Contact # _____

Postmortem Preferences

Prearranged postmortem preferences _____

Details of this written prearrangement is located where? _____

I prefer my body to be cremated, buried, entombed, embalmed, donated to science? _____

Do you plan to make an organ donation? _____

Have you purchased a burial plot? _____ A headstone? _____

Have you chosen a funeral home? _____

If so, where are the details of these prearrangements written? _____

Have any or all of these expenses been paid? _____

Death Certificate Data:

First Middle Last

Father's Full Name:

First Middle Last

Mother's Full Name/Maiden:

First Middle Last

Military veteran? Y N Branch of Service? _____

Spouse

First Middle Last

Father's Full Name:

First

Middle

Last

Mother's Full Name/Maiden:

First

Middle

Last

Military veteran? Y N Branch of Service? _____

What's owned: (Assets)

Bank accounts: (Checking, Savings, Money Market, Certificate of Deposit)

Institution	Type of account	Account #	Account Value	Paid on Death*
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* - Make sure these accounts have a Paid on Death designation

Accounts receivables: (Anyone that owes you money)

If so, name the entity or person and the location of relevant documents.

Entity/Person	Date of Loan	Loan Amount	Terms	Payments
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Investment Accounts: (Brokerage, Real Estate, Commodities, Royalties)

Institution	Type of Account	Account #	Account Value	Beneficiary*

* - Make sure these accounts have a Paid on Death designation (beneficiary)

Life Insurance:

Institution	Death Benefit Amount	Account #	Account Value	Beneficiary
Best Contact # _____				Speak to _____
Best Contact # _____				Speak to _____
Best Contact # _____				Speak to _____
Best Contact # _____				Speak to _____
Best Contact # _____				Speak to _____

Spouse

Institution Death Benefit Amount Account # Beneficiary

Best Contact # _____ Speak to _____

Best Contact # _____ Speak to _____

Best Contact # _____ Speak to _____

Best Contact # _____ Speak to _____

Best Contact # _____ Speak to _____

Other potential Death Benefits: (e.g. Veterans Administration)

Particularly Special Personal Possessions: (Collectables, art and antiques with a monetary or emotional value)

Description of Item Desired Beneficiary of Possession

Particularly Special Personal Possessions Continued:

Real Estate: (Including your primary residence and other properties)

Description Address Estimated Value Equity Beneficiary

What's owed: (Liabilities)

Mortgage(s): (Include both first mortgage and equity line of credit)

Financial Institution Loan # Interest Rate Amount Owed Contact #

Auto Loan(s):

Auto Financial Institution Loan # Amount Owed Contact #

Loan: (Any other loans, e.g., student loan, or debt you may have to another person)

Financial Institution/Person Loan # Contact # Amount Owed

Credit Cards:

Financial Institution Account # Interest Rate Amount Owed Contact #

Income: (For each income source, name the entity providing the income)

Entity/Account # Income Amount Duration Best Contact #

One last nugget that can be just as important regarding “the stuff you’ve accumulated” (contributed by Carolyn P. Boyd):

Having heard friends saying lately, “I don’t know what to do with my family items, no one in my family wants them,” let me offer a few suggestions based on my own experience with my family’s large collection and few relatives:

1. Separate the true “family heirlooms” and “valuable collectibles” from stuff you bought in a thrift store because you thought it was pretty or is of sentimental value only to you.
2. Research the going value of both online; this can be ebay, Abebooks, a known auction house, etc. Keep a list of these values. If you truly have or believe you have many items of notable worth, find a reputable appraiser and pay for a professional evaluation. Write any known provenance on the bottom, in a drawer or pinned to the hem.
3. Make a list (preferably with photos) of any bequests and pass it around one by one to family, starting with closest relatives down to any distant in-laws who might possibly be interested. Assign items to the first requester, break ties by lot, and write the winner’s name on the object in an unseen location and arrange for pickup.
4. Make a list of these bequests and give a copy to three people and put a copy with your will.

No related or requesting takers:

1. Contact local or special interest museums, guilds or libraries. For example: If your local library has a genealogy collection, they are the obvious place for your great uncle’s diary or bound family tree research. If you have a collection of early historical memorabilia, contact a local museum or college history department. If you have vintage quilts, contact your local quilting shop, guild, or look online for the National Quilt Museum. This general advice applies to any potentially valuable collectible from spinning wheels to arrowheads.

Sell and enjoy or bequeath the money:

1. Contact a reputable local auction house.
2. Contact a reputable antique dealer or picker.
3. Have a garage sale. (Research first.)
4. Advertise on an online website. (There are potential hazards in this method.)

Be philanthropic:

1. Contact a nearby resale shop or non-profit and arrange for pick-up or self-delivery.
2. Contact a shelter or Habitat for Humanity to see what sort of donations they accept.

Some things to understand about our things:

1. They are just things, some of historical value, sentimental value or monetary value.
2. This process of distributing our things is labor intensive, but it can be fulfilling as a way of remembering, doing something kind or helpful to others and possibly saving something of historical value.
3. They may be a growth experience, an opportunity to learn new things and meet new people.

Finally: If you are not able or do not want to do any of the above, consider these alternatives:

1. Give everything to the person in your family or friends who is most in need of financial help or personal growth and let him or her profit from the experience.
2. Make no provision for your belongings and create suffering for your family, perhaps permanently. Relatives have broken off connections over a China tea service.
3. Start now on a “Swedish Death Cleanse,” with or without family’s or friend’s help, and relive your whole life and use any money generated for whatever you want!

Date last revised _____

Signature _____ **Spouse Signature** _____



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