

The following is from the University of Maryland University College, HSBC North America Military Finance Education Center. It is an excellent compilation of important information everyone should complete, and maintain, for their estate.

(http://militaryfinance.umuc.edu/estate/estateplan_checklist.html)

One of the most valuable gifts you can leave to your heirs is a well-organized estate and accurate records of your important personal data. The form that follows is intended to provide an organized structure for you to record important personal data. Your heirs will thank you for printing the following form and completing this information—do it now!

Personal and Financial Records

Personal History

1	Your full legal name (including maiden name):	
2	Your address:	
3	Your telephone number:	
4	Your state of domicile and date of domicile:	
5	Your home of record:	
6	Your date of birth:	
7	Your place of birth:	
8	Your Social Security number:	
9	The country of your citizenship, if other than the United States:	
10	Your marital status (single, married, divorced, separated, widowed):	
11	Your spouse's full legal name (including maiden name):	
12	Your spouse's address (if different from your own):	
13	Your spouse's date of birth:	
14	Your spouse's place of birth:	
15	Your spouse's Social Security number:	
16	The country of your spouse's citizenship, if other than the United States:	
17	Date of marriage:	
18	Your former spouse(s)'s full legal names (including maiden name(s))	

19	Your former spouse(s)'s addresses:	
20	Date of marriage to former spouse(s):	
21	Your children's full legal names (including maiden and married names):	
22	Your children's addresses and telephone numbers:	
23	Your children's dates of birth:	
24	Your father's full legal name:	
25	Your mother's full legal name (including maiden name):	
26	Your grandchildren's full legal names (including maiden and married names):	

Military Service

1	Your branch of service:	
2	Your dates of service:	
3	Your rank:	
4	Your service number:	
5	Date of discharge:	
6	Type of discharge:	
7	Your service-connected disabilities (_____%):	
8	Your pension and retirement information is located:	

Employment

1	Your present employer:	
2	Your present work address:	
3	Your present work telephone number:	
4	Your date of employment:	
5	Your position:	
6	Your employment benefits (life insurance plans, stock options, pension plans, profit-sharing plans) (Include contact information for each):	

Real Estate

1	Address of real estate currently owned:	
2	How the real estate is owned (sole owner, jointly)?	
3	If property is owned jointly, names and addresses of other owners:	
4	Real estate purchase price:	
5	Date real estate purchased:	
6	Current tax assessment value:	
7	Mortgage or deed of trust held by:	
8	Current loan amount:	
9	Location of deeds, deeds of trust, title insurance, title abstracts:	
10	If real estate is leased, provide name, address, and telephone number of lessee and location of lease:	

Financial Accounts

1	Name of bank or financial institution:	
2	Account number(s):	
3	Type of account (checking, savings, certificate of deposit, money market, Individual Retirement Account):	
4	Current balance:	
5	Name of owner of account (Provide all joint owners' names and addresses):	

Stocks and Bonds

1	Investment broker name, address, and telephone number:	
2	Type of asset (stocks, bonds, mutual fund):	

3	Account number, certificate number or serial number:	
4	Purchase price:	
5	Current value:	
6	Maturity date, if applicable:	
7	Location of certificates or bonds:	
8	Name of owner of accounts or certificates (Provide all joint owners' names and addresses):	

Automobiles

1	Make, model, and year:	1.	2.
2	Location of title:		
3	Loan amount:		
4	Name of holder of loan and address:		
5	Name of owner (Provide all joint owners' names and addresses):		

Business Interests

1	Type of business (sole proprietorship, partnership, limited liability company, corporation):	
2	Type and amount of ownership (sole owner, shares, membership interest):	
3	Estimated value of business or share of ownership interest:	
4	Name, address, and telephone number of business contacts (CPA, attorney, manager, president):	

Titled Assets

1	Description of asset (boats, RVs, trailers, etc.):	
2	Location of asset:	
3	Location of title to asset:	

4	Purchase price of asset:	
5	Current value of asset:	
6	Name of owner (Provide all joint owners' names and addresses):	

Safe-Deposit Boxes

1	Location of safe-deposit box:	
2	Location of key:	
3	Names and addresses of individuals with signature access to box:	

Insurance Policies

1	Type of policy (life, health, disability, automobile, homeowners, renters):	
2	Policy number:	
3	Name, address, and telephone number of insurance agent:	
4	Amount of coverage:	
5	Location of insurance policy:	

Funeral/Burial Instructions

1	Instructions for burial or cremation:	
2	Cemetery name and address and lot numbers, if applicable:	
3	Location of deed to cemetery lot, if applicable:	
4	Name and address of memorial gifts, if applicable:	
5	Special wishes for ceremony:	
6	Provide a copy of any prepaid funeral policy, if applicable.	

Tax Returns

1	Location of filed tax returns:	
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2	Name, address, and telephone number of individual or company who prepared tax returns:	
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Will

1	Location of original will and any codicils:	
2	Date of will and any codicils:	
3	Name, address, and telephone number of attorney who prepared will:	
4	Name, address, and telephone number of executor/executrix:	

Trusts

1	Location of any trusts:	
2	Date of trust:	
3	Name, address, and telephone number of attorney who prepared trust:	
4	Name, address, and telephone number of trustees:	

Financial Power of Attorney

1	Name of agent:	
2	Address and telephone number of attorney-in-fact (agent):	
3	Location of original power of attorney:	

Medical Power of Attorney

1	Name of agent:	
2	Address and telephone number of agent:	
3	Location of power of attorney:	

Living Will

1	Location of living will:	
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Additional Contacts

1	Attorney name, address, and telephone number:	
2	Accountant name, address, and telephone number:	
3	Doctor name, address, and telephone number:	

Important Personal Friends

1	The following individuals should be notified of my death:	
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