MOE

My Own Estate

Only $1.95 for Electronic Version of:
My Own Estate + My Own Company + My Home

Includes

- ✓ Contacts
- ✓ Will Location
- ✓ Document Locations
- ✓ Employment Details
- ✓ Bank Accounts
- ✓ Savings Accounts
- ✓ Insurance Details
- ✓ Health Care
- ✓ 401 K - IRA
- ✓ Pension
- ✓ Investments
- ✓ Stocks
- ✓ Bonds
- ✓ Social Security
- ✓ Credit Card
- ✓ Home
- ✓ Auto
- ✓ Special

Your Estate Planning Made Easier

This sample shows just a few of the important information pages that are included within My Own Estate Booklet. Filling in the applicable information will save your loved ones countless hours, along with emotional stress, in disposing of your estate, when the time comes. Don't delay - get your copy now and fill it in immediately! Go over the contents with your loved ones - place in a secure location.

The Important Information and Document Locations Contained Within This Booklet Are The Property Of:

Name:_____

Address:_____

City:_____

State:_____ **Zip Code**_____

Telephone_____

Wills - Contacts - Documents - Insurance - Pensions

This information is provided with the understanding that the publisher is not engaged in rendering legal, estate, 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.

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Contents and Locations Of My Estate Information and Documents

- ☐ Important Contacts
- ☐ Last Will and Testament Location
- ☐ Document Locations
- ☐ Employment Details
- ☐ Bank Accounts
- ☐ Savings Accounts
- ☐ Insurance Details
- ☐ Health Care Insurance
- ☐ 401 K Information
- ☐ Pension Information
- ☐ Investments \ Stocks \ Bonds
- ☐ Social Security Information
- ☐ Credit Card Information
- ☐ Home & Auto Information
- ☐ Special Information
- ☐ Additional Information

When finished filling in your important information, place a check mark in the appropriate box - your loved ones can then quickly view which pages apply to your estate.

Why and how you should use this booklet.....

At both the start and end of our life, it is someone else's responsibility to go through a whole lot of paperwork. No one likes to think that one day we will **die** or perhaps be involved in a **serious accident** or contact a **debilitating illness** - leaving us unable to communicate with others. Using this document correctly will give you the secure **knowledge** that you have provided a **comprehensive record** of your most important information and where they are located, which will help those responsible to look after your affairs, when it becomes necessary.

During our adult lives, most of us will conduct many important financial transaction that will affect not only our own future, but those of our loved ones after we are gone. We take out insurance - buy stocks and bonds, take on a mortgage, or at the very least open a bank account. But research has shown that a staggering 50% of all individuals over the age of 65 have not even made a will, let alone left details of where their most important documents are kept. Millions of dollars of unclaimed matured insurance policies - dormant accounts - stocks & bonds will never be claimed, simply due to the fact, surviving beneficiaries have never been made aware of their existence.

Please fill in these pages without delay!

By taking the time now, to fill in the pages that apply to you - then arranging for the document's safe storage, it will **save** an immense amount of **time**, **stress**, and **expense** for the person(s) who will be responsible for your affairs after death or should you become incapacitated.

Even with planning, disposing of your estate can be overwhelming!

Reduce their chore - print all entries clearly, taking care to cross check that you have entered all details correctly, especially policy numbers. Having to fill out the details on pages will give you a good opportunity to **relocate** these documents and **record** their location.

Use this document to review your financial security

When completing the pages, you will probably come across headings and pages that do not presently apply - why not use this opportunity to ask your financial advisor or insurance broker to help you, when considering new policies or renewing or updating old ones?

But most importantly.....

Once all the information has been entered, this becomes a **very important** document in itself. You should arrange for its **safe storage** immediately - never in your own residence, in case of fire or burglary. Above all, make sure that the person(s) who would need this information is fully made **aware** of its whereabouts!

Important People to Contact.....

Family_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Family_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Attorney_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Financial Advisor_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Accountant_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Doctor_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Other_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Other_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Sample Sample Sample Sample

My Will Information.....

Will Dated_____

Location_____

_____

Drawn Up By_____

_____

Telephone_____

Executors_____

_____

Will Dated_____

Location_____

_____

Drawn Up By_____

_____

Telephone_____

Executors_____

_____

Sample

My Living Trust Information.....

Trust Date_____

Location_____

_____

Drawn Up By_____

_____

Revocable_____

Successor Trustee_____

_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Relationship_____

Trust Date_____

Location_____

_____

Drawn Up By_____

_____

Revocable_____

Successor Trustee_____

_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Relationship_____

Sample

My Documents Information.....

Birth Certificate_____

In Safety Deposit Box: Yes ☐ No ☐

Bank_____

Other Location_____

_____

Marriage Certificate_____

In Safety Deposit Box: Yes ☐ No ☐

Bank_____

Other Location_____

_____

Property Deed_____

In Safety Deposit Box: Yes ☐ No ☐

Bank_____

Other Location_____

_____

Property Deed_____

In Safety Deposit Box: Yes ☐ No ☐

Bank_____

Other Location_____

_____

Auto Title_____

In Safety Deposit Box: Yes ☐ No ☐

Bank_____

Other Location_____

Auto Title_____

In Safety Deposit Box: Yes ☐ No ☐

Bank_____

Other Location_____

Burial Plot_____

In Safety Deposit Box: Yes ☐ No ☐

Bank_____

Other Location_____

Funeral Home_____

Telephone_____

Power Of Attorney_____

In Safety Deposit Box: Yes ☐ No ☐

Bank_____

Other Location_____

Whom Designated_____

_____

Sample

My Employment Details.....

Employer_____

_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Payroll Number_____

Contact_____

Company Pension Plan: Yes ☐ No ☐

Company Insurance Plan: Yes ☐ No ☐

Employer_____

_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Payroll Number_____

Contact_____

Company Pension Plan: Yes ☐ No ☐

Company Insurance Plan: Yes ☐ No ☐

Self Employed_____

_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Federal ID_____

Independent Contractor_____

_____

Company_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Self Employed_____

_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Federal ID_____

Independent Contractor_____

_____

Company_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Sample

My Bank Accounts.....

Bank_____

Branch_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Type Account_____

Bank_____

Branch_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Type Account_____

Bank_____

Branch_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Type Account_____

Bank_____

Branch_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Type Account_____

Bank_____

Branch_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Type Account_____

Bank_____

Branch_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Type Account_____

Sample

My Savings Accounts.....

Institution_____

Branch_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Beneficiaries_____

_____

Institution_____

Branch_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Beneficiaries_____

_____

Institution_____

Branch_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Beneficiaries_____

_____

Institution_____

Branch_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Beneficiaries_____

_____

Institution_____

Branch_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Beneficiaries_____

_____

Institution_____

Branch_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Beneficiaries_____

_____

Sample

My Insurance Policies.....

Insurance Co._____

Policy No._____

Address_____

City_____

State_____ Zip Code_____

Telephone_____ Value $_____

Local Agent_____

Telephone_____

Beneficiaries_____

Insurance Co._____

Policy No._____

Address_____

City_____

State_____ Zip Code_____

Telephone_____ Value $_____

Local Agent_____

Telephone_____

Beneficiaries_____

Insurance Co._____

Policy No._____

Address_____

City_____

State_____ Zip Code_____

Telephone_____ Value $_____

Local Agent_____

Telephone_____

Beneficiaries_____

Insurance Co._____

Policy No._____

Address_____

City_____

State_____ Zip Code_____

Telephone_____ Value $_____

Local Agent_____

Telephone_____

Beneficiaries_____

Insurance Co._____

Policy No._____

Address_____

City_____

State_____ Zip Code_____

Telephone_____ Value $_____

Local Agent_____

Telephone_____

Beneficiaries_____

Insurance Co._____

Policy No._____

Address_____

City_____

State_____ Zip Code_____

Telephone_____ Value $_____

Local Agent_____

Telephone_____

Beneficiaries_____

Sample

My 401 K \ Pension \ IRA Accounts.....

Institution_____

Branch_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Contact_____ Type_____

Beneficiaries_____

Institution_____

Branch_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Contact_____ Type_____

Beneficiaries_____

Institution_____

Branch_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Contact_____ Type_____

Beneficiaries_____

Institution_____

Branch_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Contact_____ Type_____

Beneficiaries_____

Institution_____

Branch_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Contact_____ Type_____

Beneficiaries_____

Institution_____

Branch_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Contact_____ Type_____

Beneficiaries_____

Sample

My Credit Card Information.....

Bank Card_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Pass Code_____

Bank Card_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Pass Code_____

Bank Card_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Pass Code_____

Bank Card_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Pass Code_____

Gas Card_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Pass Code_____

Store Card_____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Pass Code_____

Sample
Sample
Sample

Bank Cards: Visa - Master Card - Discover Card - American Express - Diner's Club or similar type credit cards.

My Property \ Insurance Coverage.....

Home: First ☐ Second ☐ In Trust ☐

Mortgage Co._____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Contact_____

Joint Ownership_____

_____

Transfer On Death? Yes ☐ No ☐

Name_____

Value $_____

Ins.: First ☐ Second ☐ In Trust ☐

Insurance Co._____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Policy No._____

Contact_____

Paid by Escrow? Yes ☐ No ☐

Paid by Owner? Yes ☐ No ☐

Coverage_____

Premium $_____ Date_____

Rider Policies_____

Home: First ☐ Second ☐ In Trust ☐

Mortgage Co._____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Account No._____

Contact_____

Joint Ownership_____

_____

Transfer On Death? Yes ☐ No ☐

Name_____

Value $_____

Ins.: First ☐ Second ☐ In Trust ☐

Insurance Co._____

Address_____

City_____

State_____ Zip Code_____

Telephone_____

Policy No._____

Contact_____

Paid by Escrow? Yes ☐ No ☐

Paid by Owner? Yes ☐ No ☐

Coverage_____

Premium $_____ Date_____

Rider Policies_____

Sample