



ESTATEWISE

Planning your estate is a deep expression of love for the people and causes you care about. It is a gift of love.

MY INFORMATION

Name _____

CHILDREN OF PROMISE . PO BOX 2316 . ANDERSON, IN 46018
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A resource for you & those you love provided by Children of Promise



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There are entire books about estate planning and information. While this is not exhaustive, it will be helpful in gathering information for those left behind. You may add more information as fits your own circumstance.

Be careful about some information. Pin numbers, account numbers, and passwords would be better kept in a secure place. This document should be located where it can be used immediately after your death.

The book should not simply be available to anyone. Yet it is important that the appropriate people either have a copy or know where it is kept. They will need access to it quickly. *(For example your thoughts about the funeral will be needed.)*

The checklist is a good way to let people know where to find things, but not have too much information in writing.

You will almost certainly need to add pages. *(You may have several credit cards, multiple bank accounts, etc.)*

You love your family, and helping them deal with final things takes time and may be a tad uncomfortable. Yet, it is an act of love and care. It will help family, friends, and causes you care about.

Date you added your information _____



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DOCUMENT	LOCATION/INFORMATION
ADDRESS BOOKS	
ADOPTION PAPERS	
BANK ACCOUNT INFO (check books, statements, etc.)	
BIRTH CERTIFICATE	
CHARITIES I SUPPORT	
CREDIT CARDS	
CLUBS/ORGANIZATIONS	
DEBTS I OWE	
DEBTS OWED ME	
DEEDS/LEASES	
DISABILITY RECORDS	
DIVORCE PAPERS	
EMPLOYMENT INFO	
FAMILY TREE INFO	
FUNERAL ARRANGEMENTS	
HEALTH INSURANCE	
INVENTORY LIST (Household, etc.)	
INSURANCE - HEALTH	
INSURANCE - LIFE	
INSURANCE - LONG TERM CARE	
INSURANCE - PROPERTY, CAR, ETC.	
INTERNET INFORMATION (carrier, passwords, etc.)	



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DOCUMENT	LOCATION/INFORMATION
INVESTMENTS - (Stocks, bonds, etc.)	
KEYS - Home, work, car, storage, etc.	
MARRIAGE CERTIFICATE/RECORDS	
MEDICAL RECORDS (Including list of doctors)	
MILITARY RECORDS	
ORGAN DONATION RECORDS	
PASSPORT	
PET RECORDS	
POWER OF ATTORNEY	
PROPERTY OWNED LIST (real estate, car, etc.)	
TAX RECORDS	
TELEPHONE RECORDS	
SOCIAL SECURITY CARD	
VEHICAL RECORDS (Loan, Title, etc.)	
WILL/LIVING WILL/TRUSTS	
INVESTMENTS - (Stocks, bonds, etc.)	
KEYS - Home, work, car, storage, etc.	
MARRIAGE CERTIFICATE/RECORDS	



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INFORMATION ABOUT YOU:

FULL LEGAL NAME: _____

MAIDEN NAME: _____

SS # _____ -- _____ -- _____

CURRENT ADDRESS:

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

HOME TELEPHONE: _____

CELLULAR TELEPHONE: _____

PERSONAL E-MAIL ADDRESS(ES): _____

PERSONAL WEBSITE ADDRESSES: _____

PREVIOUS MARRIAGES: _____

EMPLOYER CONTACT INFORMATION: _____



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INFORMATION ABOUT YOUR SPOUSE

FULL LEGAL NAME: _____

MAIDEN NAME: _____

SS # _____ -- _____ -- _____

CURRENT ADDRESS:

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

HOME TELEPHONE: _____

CELLULAR TELEPHONE: _____

PERSONAL E-MAIL ADDRESS(ES): _____

PERSONAL WEBSITE ADDRESSES: _____

PREVIOUS MARRIAGES: _____

EMPLOYER CONTACT INFORMATION: _____



INFORMATION ABOUT YOU & WHO TO CONTACT

Children – List names and contact information:

Other key relatives/people and contact information:



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INFORMATION ABOUT YOU

Others to be contacted?

Church, friends, neighbors, work, doctors, etc.



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INFORMATION ABOUT YOU

DO YOU HAVE:

LIVING WILL? _____ Y _____ N

Where is this located? _____

____ WILL ____ TRUST ____ OTHER ESTATE DOCUMENTS?

Where are these located? _____

POWER OF ATTORNEY? _____ Y _____ N

Where is this located? _____

GUARDIAN FOR CHILDREN?: _____

Have they been asked to serve?: _____ Y _____ N

EXACUTOR OF ESTATE: _____

Have they been asked to serve?: _____ Y _____ N



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YOU

FATHER'S NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DATE OF DEATH: _____

PLACE OF BURIAL: _____

CAUSE OF DEATH: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

TELEPHONE: _____

OTHER INFORMATION: _____



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YOU

MOTHER'S NAME: _____

MAIDEN NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DATE OF DEATH: _____

PLACE OF BURIAL: _____

CAUSE OF DEATH: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

TELEPHONE: _____

OTHER INFORMATION: _____



ESTATEWISE

YOUR SPOUSE

FATHER'S NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DATE OF DEATH: _____

PLACE OF BURIAL: _____

CAUSE OF DEATH: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

TELEPHONE: _____

OTHER
INFORMATION: _____



ESTATEWISE

YOUR SPOUSE

MOTHER'S NAME: _____

MAIDEN NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DATE OF DEATH: _____

PLACE OF BURIAL: _____

CAUSE OF DEATH: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

TELEPHONE: _____

OTHER
INFORMATION: _____



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MY INSURANCE POLICIES HEALTH INSURANCE

COMPANY: _____

ADDRESS: _____

EMPLOYER PLAN: _____

MEMBER NUMBER: _____

GROUP POLICY NUMBER: _____

PERSONS COVERED: _____

ADDITIONAL COVERAGE: _____

PAYMENT *(include amount & due date, if not deducted automatically from salary)*: _____

MEDICARE NUMBERS: _____

MEDICAID NUMBERS: _____

LONG TERM CARE INSURANCE

COMPANY: _____

ADDRESS: _____

POLICY NUMBER: _____

LOCATION OF POLICY: _____



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MY INSURANCE POLICIES LIFE INSURANCE

COMPANY: _____

AMOUNT: _____

BENEFICIARY: _____

LOCATION OF POLICY: _____

SPOUSE'S LIFE INSURANCE POLICY &
COMPANY: _____

POLICIES ON SPOUSE &
CHILDREN: _____

LOCATION OF POLICY: _____

DISABILITY INSURANCE

NAME: _____

ADDRESS: _____

MEMBER NUMBER: _____

LOCATION OF POLICY: _____



MY INSURANCE POLICIES PROPERTY INSURANCE

MORTGAGE INSURANCE COMPANY: _____

POLICY NUMBER: _____

ADDRESS: _____

PAYMENT (*include amount & due date*): _____

LOCATION OF MORTGAGE INSURANCE POLICY: _____

HOMEOWNER'S INSURANCE COMPANY: _____

POLICY NUMBER: _____

ADDRESS: _____

PAYMENT (*include amount & due date*): _____

LOCATION OF HOMEOWNER'S INSURANCE POLICY: _____

VEHICLE INSURANCE

COMPANY: _____

ADDRESS: _____

POLICY NUMBER: _____

PAYMENT (*include amount & due date*): _____

LOCATION OF POLICY: _____



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MY FINANCIAL INFORMATION

BANK ACCOUNTS:

BANK: _____

ADDRESS: _____

ACCOUNT NUMBER: _____

IS THIS A JOINT ACCOUNT? WITH WHOM?: _____

IS THERE A DEBIT CARD(S) ISSUED ON THIS ACCOUNT?: ____Y ____N

ATM CARD NUMBER & PIN NUMBER: (Or where to secure): _____

LOCATION OF CHECKBOOKS, STATEMENTS, & OTHER INFO: _____

INVESTMENTS:

(Include IRAs, 401Ks, Certificates of Deposit, Stocks, Bonds, etc.)

ACCOUNT NUMBER: _____

TYPE: _____

COMPANY: _____

BENEFICIARY: _____

LOCATION OF RECORDS: _____



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MY FINANCIAL INFORMATION SAFETY DEPOSIT BOX

SAFETY DEPOSIT BOX NUMBER: _____

BANK: _____

ADDRESS: _____

ACCESSIBLE BY: _____

LOCATION OF KEY OR CODE: _____

CONTENTS: _____

CREDIT CARDS

NAME: _____

ACCOUNT NUMBER: _____

PIN NUMBER: (Or where to secure): _____

ISSUED BY: _____

ADDRESS: _____

IS ACCOUNT BALANCE INSURED?: ____Y ____N

LOCATION OF STATEMENTS & OTHER
INFO: _____



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FUNERAL ARRANGEMENTS

CHURCH: _____

TELEPHONE: _____

PLACE FOR SERVICE: (Funeral home, church, etc.): _____

SPECIAL REQUESTS FOR SERVICE (*music, flowers, readings, participants etc.*): _____

MILITARY HONORS? ____Y ____N

OBITUARY

WHERE PUBLISHED: _____

WHAT I WANT INCLUDED IN THE OBITUARY: _____



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ORGAN DONOR?: _____Y _____N

Where organ donor documents are located: _____

FUNERAL HOME PREFERENCE: _____

PRE-PAID PLAN: _____Y _____N

Where are these documents?: _____

ADDRESS: _____

TELEPHONE: _____

BURIAL (*casket, vault, crypt, urn*)?: _____

MY CHOICE OF CEMETARY: _____

CLOTHING TO BE BURIED IN: _____

CREMATION? _____Y _____N

WHAT I WOULD LIKE DONE WITH MY ASHES: _____

DONATION OF BODY?: _____Y _____N

ORGANIZATION TO RECEIVE MY REMAINS: _____

ARRANGEMENTS MADE FOR THIS IN ADVANCE?: _____Y _____N

LOCATION OF DOCUMENTS: _____



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OTHER THINGS I WANT YOU TO KNOW ABOUT MY SERVICE



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OTHER THINGS I WANT YOU TO KNOW ABOUT ME

History, facts, values, what to do with pets, etc.

Lined writing area consisting of 20 horizontal lines.



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PERSONAL NOTES TO PEOPLE

(You may wish to seal these in envelopes and simply state where the notes may be found.)



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CHARITABLE BEQUESTS & GIFTS

Many people want to continue to make a difference through a gift to a not-for-profit. The gift may be simply to your cause, or designated. Some give to an endowment which continues to give for generations to come. You make a difference in life, you want the difference to live on. This is not a will nor legal document. It gives information and shares your wishes.

Personal note about your reason for giving (You may wish to make a statement): _____

Named in my will/trust or other documents: _____

Not named in documents, but I want a gift given to: _____

Do you have an income producing gift? (CGA or Trust): ____Y ____N

Where are documents?: _____

Who to contact?: _____



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INFORMATION

Many people want their love for children through Children of Promise (and other causes) to live on by making a gift through their will or other estate plans. If you wish to support your church or other not for profit contact them for their legal name and information.

This will be helpful for your attorney in making an estate gift. If you have questions, or wish to discuss an estate gift contact Children of Promise. You can rest assured that we will chat without any pressure on you.

CHILDREN OF PROMISE, INC.

PO Box 2316

Anderson, IN 46018

EIN # 36-4490602

The EIN number is a federal identification number. It will help insure that it is clear which organization the gift goes too.

Contact

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