

...at we know  
...time before we have to go. You  
...now how much i love you al  
...in this Love Box are all the need  
...detail

# ESTATE PLAN

YOUR PERSONALIZED CHECKLIST

...easier on you, my beloved fa  
...Even though I'm gone, our  
...be uninterrupted into the future  
...wisely and follow our plans  
...your lives as strong as ever,  
...intended



# Contents

## **Your Legacy: Simple Steps to Estate Planning — p. 5**

- Life Insurance
- Health Insurance
- Pension Plan
- IRA, 401(k), and Keogh

## **Checklist for Your Estate Plan — p. 6**

- Create/Update Your Will
- Living Will
- Durable Powers of Attorney
- Setting Up a Trust
- Calculate Your Net Worth
- Letter of Instruction
- Your Final Arrangements
- Special Message to Your Family

## **Organizing Your Financial Records — p. 7**

- Financial Records Including Your Personal Information
- Financial Accounts
- Where Valuable Documents Can be Located
- Delegate Access to Safe Deposit Box
- Loan Payments
- List Organizations
- Letter of Instruction

## **Final Arrangements Personal Planning List — p. 8**

- Traditional Funeral or Cremation
- Name the Pastor
- Casket Bearers
- Favorite Scriptures or Readings
- Flowers or a Charity
- Personal Items

## **Final Arrangements Personal Planning List (continued) — p. 9**

- Music Choices
- Display Items
- Friends and Relatives List
- Memorial Money
- Sentimental Items
- Access to Your Will and Durable Powers of Attorney

**Checklist for My Beneficiaries — p. 11**

- My Attorney
- Life Insurance Policies
- Employers and Former Employers
- Social Security Administration
- Financial Institutions
- Veterans Administration
- IRA, 401(k), and Keogh
- Health Insurance
- Organizations

**Personal Information — p. 12**

**Who to Contact Immediately — p. 13**

**Employer Information — p. 14**

**Where Things Are: Important Document Locations — p. 15**

**Financial Records Locations — p. 16**

**Personal Items List** (Family Heirlooms/Sentimental Items) — p. 17

**Medical Information — p. 18**

- Husband / Partner
- Wife / Partner

**Medical Information** (continued) — p. 19

- Child Name

**Medical Information** (continued) — p. 20

- Pets

**Insurance and Financial Information — p. 22**

- Life Insurance

**Insurance and Financial Information** (continued) — p. 23

- Car Insurance
- Homeowners/Renters Insurance
- Private Health Insurance
- Employer Health Coverage
- Disability

**Insurance and Financial Information** (continued) — p. 24

- Financial Institution(s)
- Personal Financial Planner
- Personal Attorney
- Personal Accountant

**Insurance and Financial Information** (continued) — p. 25

- Annuities
- Mutual Funds
- Stockbroker

**Insurance and Financial Information** (continued) — p. 26

- Stock Holdings

**Insurance and Financial Information** (continued) — p. 27

- Mortgage Provider (Primary)
- Mortgage Provider (Secondary)
- Mortgage Provider (Vacation Home)

**Insurance and Financial Information** (continued) — p. 28

- Auto Loans
- Personal Loans
- Household Utility/Phone Information

**Insurance and Financial Information** (continued) — p. 29

- Household Information (Secondary)
- Household Information (Vacation)

**Insurance and Financial Information** (continued) — p. 30

- Credit Cards

**Insurance and Financial Information** (continued) — p. 31

- Organizations

## Your Legacy: Simple Steps to Estate Planning

What's one of the best gifts you could leave your beneficiaries?  
An organized estate.

Besides ensuring your wishes will be carried out, it relieves your loved ones of the tremendous stress of trying to decide what *you would have* wanted. State Farm® has created this personal checklist to help you organize your estate. It also covers insurance, financial, and personal planning.

Talk about your plans with your loved ones and the executor of your will. Also, consider consulting with your legal, financial, and tax advisers.

### Life Insurance

Life insurance can help provide for the ones you love – now and in the years to come. Be sure to periodically review your ownership, beneficiary, and coverage amount to ensure your policies accurately reflect your needs and wishes. Life insurance can be used to help preserve an estate (payment of estate taxes and settlement costs through an irrevocable trust), or just as importantly, create an estate (charitable giving or special needs trust). Proper ownership is a key component to maximizing the transfer of assets.

### Health Insurance

There are three major types of coverage that maximize and help protect your assets: **long-term care** helps pay the cost of your care at home or a long-term facility; **major medical** helps protect against health care's rising costs; and **disability**, which can help protect your income if you become disabled and can't work.

### Pension Plan

Review your pension plan's survivor benefits. This might be a plan offered through the military's Survivor Benefits Plan (SBP) or your employer. The SBP decisions you made can be changed if you divorce or marry. And periodically the government has open enrollment periods allowing the plan owner to make changes. Check with former employers for potential plans that you may have left behind.

### IRA, 401(k), and Keogh

Review your IRA, 401(k), Keogh and any other retirement plans. Educate yourself on, or update, your beneficiary decisions and benefits.

## Checklist for Your Estate Plan

### ■ Create or update your will.

A will lets you decide what happens to your possessions and money when you die, as well as name a guardian of your minor children. Without a will, state courts and laws make those decisions for you.

### ■ Create a living will.

If you become too ill to make decisions for yourself, a living will outlines the medical steps you want taken. Discuss this with your family or those closest to you, so they understand your wishes.

### ■ Make durable powers of attorney.

If you become incapacitated, these documents allow you to appoint someone to make decisions on your behalf. There are two types: One to deal with health care decisions, the other to deal with legal, financial, and personal matters.

### ■ Consider setting up a trust.

A trust is a legal entity that holds property – real or personal, tangible or intangible – and is used in estate planning to manage or dispose of property, either during your lifetime or after your death. A trust can be as flexible as it needs to be to meet your goals and objectives. A trust avoids the lengthy probate process.

### ■ Calculate your net worth including life insurance proceeds.

If you have substantial net worth, you may want to consult with an estate planning attorney about how you can minimize estate taxes.

### ■ Create a letter of instruction.

In this letter, explain to your loved ones that you took the time to provide your personal and financial information through this guide to help them during this difficult time. By thinking through arrangements and listing your thoughts, you hope to save them time and worry. See the *Letter of Instruction* on page 7.

### ■ Plan your final arrangements.

Control the cost of your funeral or memorial service and take the burden off your survivors' shoulders by pre-planning your funeral. See the *Final Arrangements Personal Planning List* on page 8.

### ■ Create a special message to your family.

You may want to add a personal letter to your loved one(s) with any thoughts that you weren't able to express in your will or letter of instruction.

## NOTES

### Organizing Your Financial Records

■ **Your financial records should include your personal information.**

This list might include your Social Security number, birthdate, computer or smartphone IDs and passwords, family names and phone numbers, your driver's license number and VA claim number. Use the *Personal Information* list on page 12.

■ **Create a list of financial accounts.**

This list should include account numbers and important information about your bank accounts, insurance policies (life, homeowners, disability, credit, etc.), investments, and other financial matters. Use the *Insurance and Financial* sections starting on page 22.

■ **Create a list of where valuable documents can be located.**

Some of the documents might include birth and marriage certificates, military records, tax records, deeds, estate planning documents, and car titles. Use the *Where Things Are* section on page 15.

■ **Delegate access to your safe deposit box to someone.**

Safe deposit boxes are closed when you die and not opened until probate, in some states. That's why it's important to have a copy of your will and other critical documents in another location than just the safe deposit box.

■ **Create a list of your loan payments.**

Include in this list information about auto or personal loans, credit cards, and mortgage loans. Reference these lists starting on page 27.

■ **List any organizations you belong to** on page 31 and include information if any offer death benefits.

### Letter of Instruction

I, \_\_\_\_\_ (your name), completed this guide because I wanted to give you, my family, peace of mind after my death. I hope that by giving you my special instructions and ideas about how I feel about things, I'm making this time easier and less stressful for you.

Please know that this isn't a legal document. My will is the legal plan for my estate, but a will doesn't allow you to communicate your personal wishes. That's why I took the time to complete this checklist.

My thoughts expressed in this guide shouldn't be considered inflexible or binding. I understand that situations may change and call for a different plan than what I've outlined here.

## NOTES

### Final Arrangements Personal Planning List

Many people have definite ideas about the kind of funeral or memorial service they would prefer, the people involved, and the matter of flowers or memorials. Let's look at some of the things you might consider.

Do you want a **traditional funeral** or would you prefer **cremation**?

**Name the pastor**

... or **person** you'd like to **lead the funeral or memorial service**. If you want someone to give a eulogy, specify who you prefer. You may name the leader by name or simply specify that it be one serving your church at the time of your death.

**Casket bearers**

... chosen ahead of time can ease another chore for your family. You may want to list more than six in order of preference, in case some can't serve, so there's a reserve to choose from.

You may have **favorite scriptures or readings** you'd like to have used at your memorial service. If so, list them.

**Flowers or a charity**

Many people prefer a limited number of flowers and prefer that money be given to a memorial or charity. If you want, you can specify where you'd like the money to be donated. The funeral director can help spread the word – as well as family members.

**Personal items**

If you're planning a traditional burial, let your family know (in writing) if you have a preference for jewelry and clothing. If you don't have a specific preference, say so. Then they can use their own judgment and feel comfortable with it.



## NOTES

### Final Arrangements Personal Planning List (continued)

#### **Music choices**

Is there an organist, a soloist, or group of musicians you want to perform at your service? Is there a song or hymn especially meaningful to you? List options in case your first choices aren't available.

#### **Display items**

Are there any special photos, videos, awards or other items and memorabilia that define your life that you'd like displayed at your service?

You may want to make a **list of names, addresses, and phone numbers of friends and relatives** who should be notified.

If you want, you can **specify how the memorial money is to be used**. You may have a favorite charity you want to help, for instance.

If you haven't included **sentimental items or family heirlooms** in your will, make a list of to whom these items are to go to after your death. Use the *Personal Items List* on page 17.

#### **Provide easy access to your will and durable powers of attorney.**

The original, signed copy of your will should be kept at your attorney's office. Also, keep a copy at your home in a fireproof file and be sure to give a signed copy to your executor.



## NOTES

### Checklist for My Beneficiaries

*Things to know and to do immediately, or soon after my death.*

Here are individuals or organizations and agencies that should be contacted either immediately following – or up to one year – after my death to receive any death or other benefits I may qualify for. Some benefits have expiration dates, so please be sure to contact them right away. I've checked those that are applicable to me:

**My attorney**

Contact my attorney to have my will read and to learn the next steps for my estate settlement. See page 24 for contact information.

**Life insurance policies**

See *Insurance Information* on page 22 for details and how to take proceeds.

**Employers and former employers**

See my *Employer Information* on page 14 for details about possible death benefits.

**Social Security Administration**

Social Security pays a one-time, lump sum death benefit to my surviving spouse (if applicable).

**Financial institutions**

See the list of *Financial Institutions* on page 24.

**Veterans Administration**

I may be eligible for a pension and reimbursement for some funeral expenses.

Date and Rank at time of separation \_\_\_\_\_.

Location of DD Form 214 \_\_\_\_\_.

**IRA, 401(k), and Keogh**

See page 16 for plan locations.

**Health insurance**

See *Private Health Insurance* on page 23 for contact information. If this applies, ask whether they pay some toward my last illness, or some toward a death benefit.

**Organizations**

See my *Organizations* list on page 31 for details about which one(s) may offer a memorial service or have life insurance available. Contact each about returning dues paid.

## NOTES

## Personal Information

Social Security number:

Birthdate:

Computer #1 user ID and password:

Computer #2 user ID and password:

Mobile/Smartphone user ID and password:

Driver's license number:

VA claim number:

**Family names:**

Phone numbers:

Email addresses:

**Family names:**

Phone numbers:

Email addresses:

**Family names:**

Phone numbers:

Email addresses:

**Family names:**

Phone numbers:

Email addresses:

## NOTES

### Who to Contact Immediately

**Contact Person:**

Relationship:

Phone # and email:

**Contact Person:**

Relationship:

Phone # and email:

**Contact Person:**

Relationship:

Phone # and email:

**Contact Person:**

Relationship:

Phone # and email:

**Contact Person:**

Relationship:

Phone # and email:

**Contact Person:**

Relationship:

Phone # and email:

**Contact Person:**

Relationship:

Phone # and email:

## NOTES

### Employer Information

**Workplace #1:**

Employer's name:

Human Resources contact:

Supervisor name and phone:

Other contacts:

Details of whether they offer any death benefits:

**Workplace #2:**

Employer's name:

Human Resources contact:

Supervisor name and phone:

Other contacts:

Details of whether they offer any death benefits:

**Workplace #3:**

Employer's name:

Human Resources contact:

Supervisor name and phone:

Other contacts:

Details of whether they offer any death benefits:

## NOTES

### Where Things Are: Important Document Locations

My will (original):

Copy of my will:

Copy of spouse's will:

Final arrangements instructions:

Cemetery plot deed:

Mortgage deed:

Birth certificate:

Citizenship papers:

Social Security card:

Life Insurance policy:

Health Insurance policy:

Auto Insurance policy:

Homeowners Insurance policy:

Business Insurance policy:

Military discharge:

Trust agreements:

Partnership agreements:

Auto titles:

Incorporation papers:

Marriage certificate:

Divorce records:

Pre-nuptial agreement:

Children's birth certificates:

Adoption papers:

## NOTES

## Financial Records Locations

Checking:

Savings:

Money Market:

Pension Plans:

Bank statements:

Canceled checks:

Checkbooks:

Tax returns:

Federal income:

State income:

List of credit cards:

Stock certificates:

Mutual Funds:

Bonds:

Other investments:

IRA, 401(k), or Keogh Plans:

Annuity contracts:

Stock-option plans:

Stock-purchase plans:

Profit-sharing plans:

Retirement plans:

Rental property records:

Notes and loans:

Safe deposit box:

Safe deposit box key:

Safe combination:

Safe Security codes:

Spare keys:





## NOTES

### Medical Information

It is important to obtain current copies of medical records every two years, in the event that a spouse or both parents become deceased before the two-year maturity date of a life insurance policy. Any claim made in less than two years will require an investigation to rule out fraudulent or pre-existing conditions. This investigation will require copies of all medical/dental records.

#### Husband / Partner

Doctor:
Dentist:
Acupuncturist:
Homeopathic:
Mental health:
Medications:

#### Wife / Partner

Doctor:
Dentist:
Acupuncturist:
Homeopathic:
Mental health:
Medications:

## NOTES

### Child Name:

Doctor:

Dentist:

Acupuncturist:

Homeopathic:

Mental health:

Medications:

### Child Name:

Doctor:

Dentist:

Acupuncturist:

Homeopathic:

Mental health:

Medications:

### Child Name:

Doctor:

Dentist:

Acupuncturist:

Homeopathic:

Mental health:

Medications:

## NOTES

### **Pet Name:**

Type of pet:

Veterinarian phone #:

Feeding schedule:

Routines:

Special instructions:

### **Pet Name:**

Type of pet:

Veterinarian phone #:

Feeding schedule:

Routines:

Special instructions:

### **Pet Name:**

Type of pet:

Veterinarian phone #:

Feeding schedule:

Routines:

Special instructions:



## NOTES

## Insurance and Financial Information

### Life Insurance

#### ***Policy #1:***

Name of policyholder:

Company:

Contact:

Policy #:

Amount:

Beneficiary:

#### ***Policy #2:***

Name of policyholder:

Company:

Contact:

Policy #:

Amount:

Beneficiary:

#### ***Policy #3:***

Name of policyholder:

Company:

Contact:

Policy #:

Amount:

Beneficiary:

## NOTES

### Car Insurance

Company:

Contact:

Policy #:

### Homeowners/Renters Insurance

Company:

Contact:

Policy #:

Homeowners/Renters insurance company:

Homeowners/Renters insurance phone #:

Homeowners/Renters policy #:

Landlord name/phone # *(if applicable)*:

### Private Health Insurance

Company:

Contact:

Policy #:

### Employer Health Coverage

Company:

Contact:

Policy #:

### Disability

Company:

Contact:

Policy #:

## NOTES

### Financial Institution(s)

Bank #1:

Phone #:

Bank #2:

Phone #:

Bank #3:

Phone #:

### Personal Financial Planner

Name:

Phone #:

### Personal Attorney

Name:

Phone #:

### Personal Accountant

Name:

Phone #:



**NOTES**

**Annuities**


**Mutual Funds**


**Stockbroker**

Name:
Phone #:

## NOTES

### Stock Holdings

**Company name:**

Stock symbol and exchange:

Purchase price/date:

**Company name:**

Stock symbol and exchange:

Purchase price/date:

**Company name:**

Stock symbol and exchange:

Purchase price/date:

**Company name:**

Stock symbol and exchange:

Purchase price/date:

**Company name:**

Stock symbol and exchange:

Purchase price/date:

## NOTES

### Mortgage Provider (Primary):

Phone #:

Name on mortgage:

Mortgage account #:

Monthly payment amount:

Payment method (online, auto draft, or mail):

### Mortgage Provider (Secondary):

Phone #:

Name on mortgage:

Mortgage account #:

Monthly payment amount:

Payment method (online, auto draft, or mail):

### Mortgage Provider (Vacation Home):

Phone #:

Name on mortgage:

Mortgage account #:

Monthly payment amount:

Payment method (online, auto draft, or mail):

## NOTES

### Auto Loans

**Contact information:**

Details:

**Contact information:**

Details:

### Personal Loans

**Contact information:**

Details:

**Contact information:**

Details:

### Household Utility/Phone Information

Water:

Garbage:

Electricity:

Home phone:

Mobile phone:

Cable:

Internet:

## NOTES

### Household Information (Secondary)

Water:

Garbage:

Electricity:

Home phone:

Mobile phone:

Cable:

Internet:

### Household Information (Vacation)

Water:

Garbage:

Electricity:

Home phone:

Mobile phone:

Cable:

Internet:

Landscaping:

Housekeeper:

## NOTES

### Credit Cards

Credit card company:
Mail or online payment:
User ID and password:
Due date:
Phone #:
Card #:

Credit card company:
Mail or online payment:
User ID and password:
Due date:
Phone #:
Card #:

Credit card company:
Mail or online payment:
User ID and password:
Due date:
Phone #:
Card #:

## NOTES

### Organizations

**Name:**

Membership ID:

Contact phone # or email:

Details of whether they offer any death benefits:

**Name:**

Membership ID:

Contact phone # or email:

Details of whether they offer any death benefits:

**Name:**

Membership ID:

Contact phone # or email:

Details of whether they offer any death benefits:

**Name:**

Membership ID:

Contact phone # or email:

Details of whether they offer any death benefits:







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