



My Own Estate

Only \$9.95 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 _____

My Will Information.....



Will Dated _____

Will Dated _____

Location _____

Location _____

Drawn Up By _____

Drawn Up By _____

Telephone _____

Telephone _____

Executors _____

Executors _____

My Living Trust Information.....

Trust Date _____

Trust Date _____

Location _____

Location _____

Drawn Up By _____

Drawn Up By _____

Revocable _____

Revocable _____

Successor Trustee _____

Successor Trustee _____

Address _____

Address _____

City _____

City _____

State _____ Zip Code _____

State _____ Zip Code _____

Telephone _____

Telephone _____

Relationship _____

Relationship _____

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_____

My Employment Details.....



Employer _____

Employer _____

Address _____

Address _____

City _____

City _____

State _____ Zip Code _____

State _____ Zip Code _____

Telephone _____

Telephone _____

Payroll Number _____

Payroll Number _____

Contact _____

Contact _____

Company Pension Plan: Yes No

Company Pension Plan: Yes No

Company Insurance Plan: Yes No

Company Insurance Plan: Yes No

Self Employed _____

Self Employed _____

Address _____

Address _____

City _____

City _____

State _____ Zip Code _____

State _____ Zip Code _____

Telephone _____

Telephone _____

Federal ID _____

Federal ID _____

Independent Contractor _____

Independent Contractor _____

Company _____

Company _____

Address _____

Address _____

City _____

City _____

State _____ Zip Code _____

State _____ Zip Code _____

Telephone _____

Telephone _____

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 _____

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 _____

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 _____

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 _____

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 _____

Gas 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 _____

Store Card _____

Address _____

City _____

State _____ Zip Code _____

Telephone _____

Account No. _____

Pass Code _____

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 _____