

Organizer of General Information, Document Locations, Funeral Preferences



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This worksheet is intended to help provide basic information to family members or those who may be handling your affairs if you become incapacitated or pass away suddenly. This form is not legally binding, but can be a helpful tool. Please contact our office if you need additional copies for future updates.

General Information

Name: _____ Soc. Sec. #: _____

Address: _____

Date of Birth: _____ Place of Birth: _____ A resident of Ohio since: _____

Father's Name: _____

Mother's Name (Maiden): _____

Notes about family / next of kin: _____

Legal Documents and General Records

I have executed the following estate-planning documents:

Will Executor: _____

Trust Trustee: _____

Durable Power of Attorney [Financial] Agent: _____

Power of Attorney for Health Care / Living Will Agent: _____

My physician has a copy (Y / N) Name: _____

Other estate-planning documents: _____

Location of these documents: _____

Names & contact information for my attorney(s): _____

Location of Birth Certificate: _____

Location of Marriage Certificate: _____

Location of Social Security Card and other records: _____

If Veteran: Branch _____ Serial #: _____ Years: _____

Location of Military/Discharge papers: _____

Other important records and their locations: _____

Asset & Income Information

We recommend you list all assets, with their worth, ownership information, and beneficiary and contingent beneficiary information, on a separate spreadsheet or list. Our office can provide a form if you would like one.

Location of important documents related to:

Real Estate documents & deeds (note multiple properties): _____

Automobile titles (note number of vehicles): _____

Bank accounts: _____

Investment accounts (stocks, bonds, mutual funds): _____

Paper savings bonds: _____

Life Insurance policies: _____

IRA, 401(k), annuity documents: _____

Pensions with or without a survivor benefit: _____

Safe deposit box? (Y / N) Bank: _____ Location of key: _____

Loans you have made to family members: _____

You should discuss with your attorney how you want those loans handled after your death.

Location of tax returns: _____

Other asset information: _____

Preferences for how your household contents, jewelry, tools, etc, should be divided:

Use separate sheet if lengthy, and consider including a copy in the same envelope as your Will. To make a designation legally binding, please contact Niehaus Law Office, LLC or another attorney to update your Will.

Liability / Debt Information (note location of important documents)

Mortgages / Lines of Credit: _____

Automobile Loans: _____

Other Loans: _____

Credit card accounts and numbers: *(Use separate sheet if lengthy)* _____

Other liability information or payment information on loans: _____

Insurance

Insurance Agent(s): _____

Location for Property / Auto / Umbrella Policy Information: _____

Medical / Dental / Vision Insurance Information: _____

Disability Insurance: _____

Other Insurance Information: _____

Funeral and Burial Arrangements and Preferences

Information regarding arrangements that have already been made (pre-planning, pre-payment, plans for donation of body): _____

Preferred Funeral Home/Director: _____

Preferred Location for Service: _____

Preferred Interment Location (note if plot / crypt is already owned): _____

Preferences for the service (such as):

Visitation and burial Burial only Visitation and cremation Cremation only
 Other _____

Any special requests for the funeral (*e.g., officiant, vocalist, pall bearers, closed casket, clothing for you, items you would like to be buried with*) _____

Donations in lieu of or in addition to flowers to: _____

Other funeral / burial notes: _____

Important Online Accounts

Indicate where your usernames and passwords can be found for important online accounts, computer logins, phone passwords, voicemail passwords, passwords for email, online storage, important financial websites, other websites or social media accounts.

Keys, Codes, Etc

Other important information – garage codes, location of spare keys, security system information.

Other Notes

Consider attaching contact information for persons and organizations to notify at your death, or notes regarding your wishes for the care for your minor children, etc.

Date Completed: _____

(Signature)



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