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## Personal

Full Name	
Date of Birth	
Name of Spouse	
Primary Address	
Email address	_____ _____
Telephone (home/cell)	<u>Home:</u> _____ <u>Cell:</u> _____
Children & Contact Details If your child is under 18 please list guardianship information.	<u>Name:</u> _____ <u>Phone:</u> _____ <u>Email:</u> _____  <u>Name:</u> _____ <u>Phone:</u> _____ <u>Email:</u> _____  <u>Name:</u> _____ <u>Phone:</u> _____ <u>Email:</u> _____

# Life Transition Binder

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<p>Have you signed up to be an Organ Donor?</p>	
<p>What are your End of life Wishes? (burial, cremation, Donate your body to science or natural organic reduction - NOR )</p>	
<p>Have you Pre-paid your end of life expenses?</p>	<p><u>Type of costs prepaid:</u></p> <ul style="list-style-type: none"> <li>• funeral expenses</li> <li>• cemetery plot</li> <li>• memorial plaque or headstone</li> </ul> <p><u>Company:</u> _____</p> <p><u>Phone #:</u> _____</p> <p><u>Details:</u> _____</p> <p><u>Company:</u> _____</p> <p><u>Phone #:</u> _____</p> <p><u>Details:</u> _____</p>
<p><b>Religious Directives:</b> Do you want a Religious service, a Memorial service &amp;/or Celebration of life?</p>	

## Property

Real Estate	Property address: _____  Owner: _____ Registered in: _____ County  Parcel ID: _____ Book _____ Page: _____
Mortgage	Bank: _____ Phone: _____ Account: _____ How is the mortgage paid? _____
Home Owners Association	Association name: _____ Contact #: _____ Payment frequency: _____ Payment amount: _____ How do you pay it? _____ What's included: _____ _____
Home Equity Line of Credit (HELOC)	Bank: _____ Phone: _____ Account: _____ How is your HELOC paid? _____

## Financial

### Legal Matters

Accountant	<u>Company Name:</u> _____ <u>Contact:</u> _____ <u>Phone:</u> _____
Financial Advisor	<u>Company Name:</u> _____ <u>Contact:</u> _____ <u>Phone:</u> _____
Estate lawyer	<u>Company Name:</u> _____ <u>Contact:</u> _____ <u>Phone:</u> _____
Will	<u>Location of Will:</u> _____ _____ <u>Personal Representative /Executor:</u> <u>Primary:</u> _____ <u>Contact #:</u> _____  <u>Successor:</u> _____ <u>Contact #:</u> _____
Trust	<u>Name of Trust (IRR or REV)</u> _____  <u>Trustee:</u> _____ <u>Phone #:</u> _____  <u>Successor Trustee:</u> _____ <u>Phone #:</u> _____

# Life Transition Binder

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## Home Owner's Insurance and Car Insurance

Do you use an insurance agency to purchase your home or car Insurance?

Agency	<u>Company:</u> _____ <u>Phone:</u> _____
Home Owner's Insurance	<u>Company:</u> _____ <u>Phone:</u> _____ <u>Rep:</u> _____ <u>Policy #:</u> _____
Umbrella Insurance Policy	<u>Company:</u> _____ <u>Phone:</u> _____ <u>Rep:</u> _____ <u>Policy #:</u> _____
Car Insurance	<u>Company:</u> _____ <u>Phone:</u> _____ <u>Policy #:</u> _____
Car Insurance	<u>Company:</u> _____ <u>Phone:</u> _____ <u>Policy #:</u> _____

How do you pay for the above Insurance – automatic payment from bank account, charge to credit card or do you pay by check?

Other kinds of Insurance to consider: Flood Insurance, RV, motorcycle, trailer, ATV.

# Life Transition Binder

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## Annual Home/Car/Safety Checklist

- Smoke Detectors--Check/Change Batteries once a year Month:\_\_\_\_\_
- Dryer
  - Check/clean outside vent
  - Check/clean dryer hose
- Car Inspection Sticker Month\_\_\_\_\_
- Car Registration Month\_\_\_\_\_
- Update File Of Life (medication changes, health changes) and make copies for following locations:
  - Home (on Refrigerator)
  - Car
  - Purse/Wallet
  - Binder
  - Primary and alternates proxies
- Late Fall: Winterize house/sprinkler/outdoor faucets
- Late Fall: Clean Gutters if applicable
- \_\_\_\_\_
- \_\_\_\_\_