**Lorain County Computer User’s Group, 7/13/21**

**3 - CHECK LIST – Where to Find Stuff When I am No Longer Here**

**DATE**

*When completed, this document can be used as a checklist or to do list for your executor / digital executor so that your estate can more easily be taken care of.*

Think about your executor, digital executor, family, etc. having to find the below items after you are gone. Being able to find the documents, etc. will make it easier to finalize things.

* Go into the detail on everything as if you are the person looking for the document, etc.
* *Using this Word table*, input your information in the categories that apply to you, delete those that don’t, and add more as necessary.
* You need to keep the document updated when there are changes to the information.
* Make sure the right people know where to find the document.

Where to save this document:

* On your hard drive
* On a flash drive
  + Create one each for the appropriate people.
* Encrypt the file on your hard drive or flash drive and give them the password.
* Don’t forget to keep your document updated 😉
* Use a password manager for all of your online presence – account / login / username / password, etc.
* Give master password to digital executor and/or executor.

**Note to Family Members:**

* You may want to start with a note to your relative(s) as to why you have created this document. Be sure to change the date each time you update the information.

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| **CATEGORY** | **QUESTIONS** | **ANSWERS** | | **COMMENTS** |
| **Valuable Papers** |  |  | |  |
|  | Where do you keep your valuable papers |  | |  |
|  | Safe deposit box – where is it |  | |  |
|  | Where is the key |  | |  |
|  | Fireproof safe (how do they get access) |  | |  |
|  | File cabinet |  | |  |
|  | Photographs and photo albums |  | |  |
| **Social Security Number** |  |  | |  |
|  | Where is your Social Security card |  | |  |
|  | Needed by |  | |  |
|  | Funeral Home |  | |  |
|  | Armed Forces for benefits |  | |  |
| **Birth Certificate** |  |  | |  |
|  | Location of your birth certificate (official copy) and photocopies. More than one copy may be needed. |  | |  |
| **Proof of Identity and Relationship(s) Where are they located** |  |  | |  |
|  | Driver License |  | |  |
|  | Passport |  | |  |
|  | Armed Forces discharge papers |  | |  |
|  | Marriage certificate(s) |  | |  |
|  | Divorce certificate(s) |  | |  |
|  | Prenuptial agreement(s) |  | |  |
|  | Divorce settlement(s) |  | |  |
| **Will / Living Trust** |  |  | |  |
|  | Where Is the original copy of your Will/Living Trust?  Do you have more than one original copy (recommended) where are they? |  | |  |
|  | Who are your witnesses and how to locate the witnesses |  | |  |
|  | Bank accounts associated with the Trust |  | |  |
| **Advance Health Care Directive** |  |  |  | |
|  | Where is the original (notarized) |  |  | |
| . | Does your doctor / medical plan / hospital have a copy |  |  | |
|  | Does it include information on |  |  | |
|  | Health Care Proxy |  |  | |
|  | Do Not Resuscitate (DNR) |  |  | |
|  | Donating your organs |  |  | |
|  | Donating your body to science |  |  | |
|  | Do you have a notarized copy you take when you travel |  |  | |
| **Power of Attorney** |  |  |  | |
|  | Name of person appointed to Power of Attorney |  |  | |
|  | Power of Attorney documentation |  |  | |
|  | Name of attorney or law firm that created your Advance HC Directive, Power of Attorney, Trusts, and Will or Living Trust |  |  | |
|  | Contact information (phone / email) |  |  | |
| **Funeral Arrangements** |  |  |  | |
|  | Where is the information |  |  | |
| **Burial Plot** |  |  |  | |
|  | Have you purchased a cemetery lot |  |  | |
|  | Plot details |  |  | |
|  | Location of deed |  |  | |
| **Obituary** |  |  |  | |
|  | Have you written your obituary |  |  | |
|  | Location |  |  | |
| **Health Insurance Information** |  |  |  | |
|  | Name of Plan |  |  | |
|  | Plan Number |  |  | |
|  | Phone Number |  |  | |
|  | Primary Care MD |  |  | |
|  | How does the plan want to be notified of a member’s death |  |  | |
| **Automatically Renewing Medications** |  |  |  | |
|  | Name of medication(s) |  |  | |
|  | Name of pharmacy |  |  | |
|  | Contact information |  |  | |
|  | Name of doctor who prescribed medication(s) |  |  | |
|  | Contact information |  |  | |
| **Insurance Policies** |  |  |  | |
|  | Life insurance |  |  | |
|  | Beneficiaries |  |  | |
|  | Car insurance |  |  | |
|  | Home insurance |  |  | |
|  | Other insurance policies (theft, fire, earthquake, etc.) |  |  | |
|  | List each insurance policy and policy number |  |  | |
|  | List the company which underwrites it |  |  | |
|  | Phone number and person to contact |  |  | |
|  | Where are the original policies (If you don’t know, maybe you should call the company and ask for a duplicate policy.) |  |  | |
| **Bank Account(s)** |  |  |  | |
|  | What bank accounts do you have |  |  | |
|  | Checking |  |  | |
|  | Savings |  |  | |
|  | Debit Card(s) |  |  | |
|  | Certificates of Deposit (CDs) |  |  | |
|  | Name of bank, contact and location details for all accounts |  |  | |
| **Are you treasurer for an organization where you control its money** |  |  |  | |
|  | Name or organization(s) |  |  | |
|  | Contact information |  |  | |
|  | Who should those funds go to |  |  | |
|  | Account number(s) |  |  | |
|  | Where are the bank statements |  |  | |
| **Organizations** |  |  |  | |
|  | Are there organizations that need to be notified that you are no longer here |  |  | |
|  | Name(s) |  |  | |
|  | Contact information |  |  | |
| **Tax Returns** |  |  |  | |
|  | Most recent W-2 forms / Social Security information received in January |  |  | |
|  | Income tax returns for current and previous year, including 1040 variations and 1099s, if applicable |  |  | |
| **Pension Plans and Retirement Benefit Information** |  |  |  | |
|  | Do you receive any retirement checks |  |  | |
|  | Will they continue to be paid to beneficiaries |  |  | |
|  | Who pays them |  |  | |
|  | Who do you contact |  |  | |
|  | 401(k) or 403(b) |  |  | |
|  | Roth IRAs |  |  | |
| **Investment Portfolio** |  |  |  | |
|  | Company |  |  | |
|  | Agent name / Contact information |  |  | |
|  | Account number(s) |  |  | |
|  | Do you keep track of them in your computer |  |  | |
|  | What is the file name |  |  | |
|  | Where are the monthly statements |  |  | |
|  | Stocks |  |  | |
|  | Bonds |  |  | |
|  | Mutual funds |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
| **Unemployment Benefits** |  |  |  | |
|  | Report the death to the unemployment benefits office |  |  | |
|  | Ask if there are remaining funds on the card |  |  | |
|  | Will the card be revoked |  |  | |
|  | Are remaining funds part of the estate |  |  | |
|  | Can beneficiaries receive them |  |  | |
|  | Does the debit card need to be destroyed or returned |  |  | |
|  |  |  |  | |
| **Debts** |  |  |  | |
|  | What debts do you have |  |  | |
|  | Amount |  |  | |
|  | Name / contact information |  |  | |
|  | Where is the paperwork |  |  | |
| **Credit Cards** |  |  |  | |
|  | Card number(s) |  |  | |
|  | Expiration date(s) |  |  | |
|  | Recent account statement(s) |  |  | |
|  | Login and password information for online account management (password program, etc.) |  |  | |
| **Store Charge Cards** |  |  |  | |
|  | Card number(s) |  |  | |
|  | Expiration date(s) |  |  | |
|  | Recent account statement(s) |  |  | |
|  | Login and password information for online account management (password program, etc. |  |  | |
| **Gasoline Credit Cards** |  |  |  | |
|  | Card number(s) |  |  | |
|  | Expiration date(s) |  |  | |
|  | Recent account statement(s) |  |  | |
|  | Login and password information for online account management (password program, etc. |  |  | |
| **Property** |  |  |  | |
|  | Where is the deed |  |  | |
|  | Is it paid off |  |  | |
|  | Mortgage Company |  |  | |
|  | Loan Number |  |  | |
|  | Contact information |  |  | |
|  | Has your property been surveyed |  |  | |
|  | Where is the survey |  |  | |
| **Other real estate** |  |  |  | |
|  | Same information as above |  |  | |
| **House and other keys** |  |  |  | |
|  | What keys do you carry with you |  |  | |
|  | Where are they located |  |  | |
|  | Where do you have any extra house keys |  |  | |
|  | What do they fit |  |  | |
|  | Where are they located |  |  | |
| **More Keys** |  |  |  | |
|  | Do you possess keys to anyone else’s house |  |  | |
|  | Where do you keep them |  |  | |
|  | Who should get them |  |  | |
| **Combination Lock** |  |  |  | |
|  | What is the combination to any locks you have |  |  | |
|  | Do you have padlocks |  |  | |
|  | Where are the keys |  |  | |
| **Household Utilities Account/Phone Number** | Electricity |  |  | |
|  | Gas |  |  | |
|  | Water |  |  | |
|  | Phone |  |  | |
|  | Cable |  |  | |
|  | Internet |  |  | |
|  | Gardener |  |  | |
| **Car** |  |  |  | |
|  | Where are the registration papers for the car(s) |  |  | |
|  | Is there a car loan |  |  | |
|  | Where is the loan agreement(s) |  |  | |
|  | Insurance company |  |  | |
|  | Name of agent |  |  | |
|  | Contact information |  |  | |
| **Pets** |  |  |  | |
|  | Discuss the disposition of any pets you may have. |  |  | |
|  | Veterinarian |  |  | |
|  | Contact information |  |  | |
| **Post Office Box** |  |  |  | |
|  | Where is it |  |  | |
|  | Number |  |  | |
|  | Where is the key / combination |  |  | |
| **Tickets** |  |  |  | |
|  | If you have purchased season tickets to stage shows, basketball, football or hockey games, where are they located or information about them |  |  | |

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| **Hidden Cash Money** |  |  |  |
|  | Do you have cash hidden somewhere (wouldn’t it be a shame if the old sofa was sold for $50 and you had $200 in cash hidden in it)? |  |  |
| **Papers for Family Members** |  |  |  |
|  | If you have established file folders for specific family members to have – perhaps some collectables - where do you keep them? |  |  |
|  | Things you might like to see happen. (Remember these are not binding unless specifically mentioned in a valid will/living trust. |  |  |
| **DNA Test Results** |  |  |  |
|  | Name of company & contact information |  |  |
| **ONLINE PRESENCE Create a list of your online accounts** |  |  |  |
|  | Do you really need all of them |  |  |
|  | Have you had some for a gazillion years and haven’t used them for a long time |  |  |
|  | Why not close them = one less thing for your digital asset executor to do |  |  |
| **Password Manager** |  |  |  |
|  | Use a password manager program so all the account names, numbers, logins, passwords etc. are in the same location |  |  |
|  | *Give master password to Digital Asset Executor, Encrypted the file on your hard drive or flash drive* |  |  |
|  | *Do not include any logins, passwords in a will = public document* |  |  |
| **Make it easier for your digital executor….** |  |  |  |
|  | Research how to close accounts |  |  |
|  | Create list of URLs on how to close accounts |  |  |
|  | Download the instructions |  |  |
|  | Close down e-mail accounts / phone last |  |  |
|  | *NOTE: Facebook, various companies, etc. might need to send a verification e-mail that your digital executor needs to respond to* |  |  |
| **Create an IRS account before the crooks do it for you** | <https://sa.www4.irs.gov/eauth/pub/login.jsp> |  |  |
| **Create a Social Security account** | <http://www.ssa.gov/myaccount/> |  |  |
| **Other Items that are applicable only to you** | Think carefully as to your own situation; go into the detail you would on every subject if you were the person looking for some document or thing. |  |  |