







CHAPTER 1



IMPORTANT CONVERSATIONS TRACKER



Keep track of important conversations you have (or need to have) with your loved ones.

 PERSON	 TOPIC DISCUSSED	 DATE	 NOTES / NEXT STEPS

NOTES & REFLECTIONS

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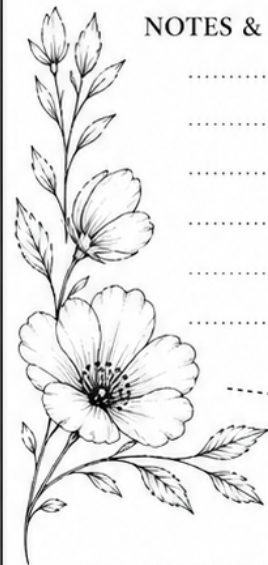
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*Open conversations today
can bring peace and clarity tomorrow.*



— CHAPTER 2 —



DEATH CERTIFICATE INFORMATION WORKSHEET



Use this worksheet to gather important details that are commonly needed to complete a death certificate.



SECURE INFORMATION

This is sensitive personal information.

Please store securely.

DECEASED INFORMATION

(As it should appear on the death certificate)

FULL LEGAL NAME _____

DATE OF DEATH AM PM Unknown

TIME OF DEATH _____

PLACE OF DEATH _____

(Facility, Hospital, Residence, etc.)

CITY _____ COUNTY OF DEATH _____

STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

PLACE OF BIRTH *(City, State, Country)* _____

FAMILY INFORMATION

FATHER'S FULL LEGAL NAME _____

MOTHER'S FULL LEGAL NAME _____

SPOUSE'S FULL LEGAL NAME *(if applicable)* _____

MARITAL STATUS Married Widowed Divorced Never Married

CHAPTER 2



DEATH CERTIFICATE INFORMATION WORKSHEET



SECURE INFORMATION

This includes sensitive personal information. Please store securely.

MILITARY SERVICE (if applicable)

BRANCH OF SERVICE
DATES OF SERVICE
RANK AT DISCHARGE
LOCATION OF DD214 OR DISCHARGE PAPERS

SUPPORTING DOCUMENTS LOCATED

Check the documents you have gathered and note where they are stored.

- Birth Certificate
Social Security Card
Marriage Certificate
Military Discharge Papers
Driver's License / ID Card
Other

NOTES / LOCATION OF DOCUMENTS

Blank lines for notes and document locations

RESIDENCE INFORMATION

CURRENT ADDRESS
CITY
STATE ZIP
COUNTY OF RESIDENCE
LENGTH OF TIME AT THIS ADDRESS

EDUCATION & OCCUPATION

HIGHEST LEVEL OF EDUCATION
PRIMARY OCCUPATION
EMPLOYER / BUSINESS NAME
EMPLOYER ADDRESS
LENGTH OF TIME IN THIS OCCUPATION

INFORMANT INFORMATION

NAME
RELATIONSHIP TO DECEASED
MAILING ADDRESS
CITY STATE ZIP
PHONE NUMBER (if applicable)
EMAIL (if applicable)

INFORMATION TO DECEASED

DATE OF DECEASED
MAILING ADDRESS
CITY STATE ZIP
PHONE NUMBER (if applicable)
EMAIL (if applicable)

ADDITIONAL NOTES

Blank lines for additional notes

IMPORTANT INFORMATION & FINAL WISHES

4. Legal Documents & Key Contacts

DOCUMENT / ROLE	NAME	PHONE / EMAIL	LOCATION / NOTES
Executor of Will			
Trustee (if applicable)			
Power of Attorney (Financial)			
Healthcare Proxy / Medical Power of Attorney			
Living Will			
Attorney			
Other Key Contact			
Other Key Contact			

5. Safe Deposit Box & Important Items

ITEM / LOCATION	INSTITUTION / LOCATION	KEY / ACCESS INFO	NOTES
Safe Deposit Box			
Will / Trust Documents			
Birth Certificate			
Marriage Certificate			
Property Deeds			
Vehicle Titles			
Other Important Items			
Other Important Items			

6. Personal Possessions & Valuables

List any cash, coins, collectibles, jewelry, or other valuable or meaningful items and where they are kept.

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7. Funeral & Final Arrangements

My Preference (check one): Burial Cremation Other

Funeral / Memorial Service Preferences:

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Preferred Funeral Home (if any):

Contact Information:

Other Notes / Special Requests:

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8. Notes & Additional Information

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Taking the time today can bring peace of mind tomorrow.

CHAPTER 3

MEDICAL INFORMATION & FINAL WISHES

*Planning with clarity and care helps ensure your wishes
are understood and respected.*

1. Personal & Medical Information

INFORMATION	DETAILS	NOTES
Full Name		
Date of Birth		
Primary Care Physician		
Specialists		
Current Medical Conditions		
Allergies		
Current Medications		
Preferred Hospital / Healthcare System		
Blood Type		
Other Important Notes		

2. Insurance Information

TYPE OF INSURANCE	COMPANY NAME	POLICY NUMBER	CONTACT INFO	NOTES
Health Insurance				
Life Insurance				
Long-Term Care Insurance				
Other Insurance / Specialty Policies				

3. Digital Accounts & Access Information

(Keep this information secure)



SECURE INFORMATION
Store in a safe place and share
only with trusted individuals.

ACCOUNT TYPE	ACCOUNT / USERNAME	EMAIL / PHONE	PASSWORD LOCATION / NOTES
Email Accounts			
Phone Passcodes			
Cloud Storage			
Social Media Accounts			
Other Important Accounts			



— CHAPTER 4 —



ACCESS & ACCOUNT INFORMATION



*Keep track of important account access information
so it's available when you need it most.*

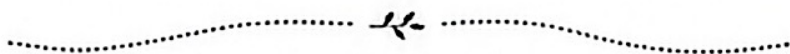


KEEP THIS INFORMATION SECURE

This information is sensitive. Store in a safe place and
share only with a trusted individual.

— DIGITAL ACCOUNTS OVERVIEW —

ACCOUNT / SERVICE	USERNAME / LOGIN ID	EMAIL ADDRESS ASSOCIATED	NOTES



*Access creates clarity. And clarity,
in the moments when it is needed most,
can make all the difference.*





— CHAPTER 4 —



ACCESS & ACCOUNT INFORMATION



— FINANCIAL ACCOUNTS & INVESTMENTS —

ACCOUNT TYPE (Bank, Credit Card, Loan, Investment, etc.)	INSTITUTION / COMPANY	ACCOUNT NUMBER	USERNAME / LOGIN ID	NOTES



ADDITIONAL DETAILS / NOTES

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— CHAPTER 4 —



ACCESS & ACCOUNT INFORMATION



— HOUSEHOLD ACCOUNTS & SERVICES —

SERVICE TYPE (Utility, Internet, Cable, Phone, Subscription, etc.)	PROVIDER / COMPANY	ACCOUNT NUMBER	USERNAME / LOGIN ID	NOTES



ADDITIONAL DETAILS / NOTES —

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CHAPTER 4

ACCESS & ACCOUNT INFORMATION




→ PHONE NUMBERS & VERIFICATION ACCESS ←

PHONE NUMBER	ASSOCIATED WITH (Accounts / Services)	TYPE (Mobile / Landline)	NOTES


→ HOME SECURITY & ALARM SYSTEMS ←

SYSTEM / COMPANY	ACCOUNT / PANEL NUMBER	ACCESS CODE / DISARM CODE	CUSTOMER SERVICE PHONE NUMBER	NOTES

→ PHYSICAL ACCESS ←



ITEM (Key / Safe / Storage, etc.)	LOCATION / DESCRIPTION (e.g., Garage Key; Safe in Office)	NOTES



THE FIRST 72 HOURS

Use this worksheet to help you stay organized during the first 72 hours and beyond.



SECURE INFORMATION

This includes sensitive personal information. Please store securely.





1. IMMEDIATE ACTIONS (FIRST 72 HOURS)

Focus on the most urgent and essential tasks first.

TASK	WHO TO CONTACT / WHAT TO DO	DATE & TIME COMPLETED
Contact medical professional or hospice nurse (if needed)		
Obtain legal pronouncement of death		
Notify close family members and loved ones		
Contact funeral home or mortuary		
Request certified copies of death certificate		
Make immediate practical arrangements (pets, home, belongings, etc.)		

2. IMPORTANT CONVERSATIONS TRACKER

Keep track of important conversations you have (or need to have).

 PERSON	 TOPIC DISCUSSED	 DATE	 NOTES / NEXT STEPS

3. NOTES & REFLECTIONS

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Open conversations today can bring peace and clarity tomorrow.



THE FIRST 72 HOURS



4. REQUESTING CERTIFIED COPIES OF THE DEATH CERTIFICATE

Keep track of your certificate requests and important details.

DATE REQUESTED	FUNERAL HOME / LOCATION CONTACTED	HOW MANY COPIES REQUESTED	DATE RECEIVED

5. INFORMATION YOU MAY BE ASKED TO PROVIDE

Gather important information that may be needed by the funeral home.

IDENTIFYING INFORMATION	ADDITIONAL INFORMATION <i>(if applicable)</i>
Full Legal Name _____	Occupation / Career _____
Date of Birth _____	Employer _____
Place of Birth _____	Education _____
Social Security Number _____	Marital Status _____
Father's Full Name _____	Spouse's Full Name _____
Mother's Full Name _____	Hobbies / Interests _____
Military Service <i>(if applicable)</i>	
<input type="checkbox"/> Branch _____	Clothing Needed for Viewing / Service
<input type="checkbox"/> Dates of Service _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Rank at Discharge _____	Notes _____
<input type="checkbox"/> DD214 or Discharge Papers Located <input type="checkbox"/> Yes <input type="checkbox"/> No	_____

6. PLANNING A MEMORIAL OR FUNERAL SERVICE

Use this space to note early decisions and ideas.

Type of Service *(memorial, funeral, celebration of life, etc.)* _____

Location Options *(funeral home, place of worship, other)* _____

Date / Time Preferences _____

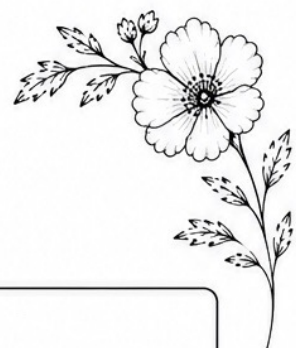
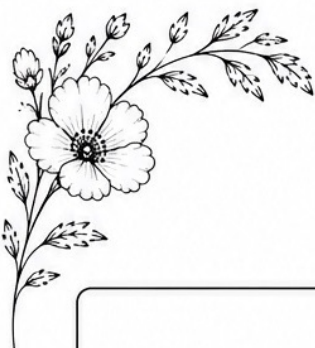
Officiant / Speaker _____

Music / Readings _____

Special Requests / Ideas _____



THE FIRST 72 HOURS



7. IMMEDIATE PRACTICAL MATTERS

Track important tasks and arrangements.

TASK / ARRANGEMENT	NOTES / DETAILS	DATE & TIME COMPLETED
Secure home / property		
Arrange care for pets		
Retrieve personal belongings <i>(if passing occurred outside home)</i>		
Notify employer <i>(if applicable)</i>		
Notify school / caregivers <i>(if applicable)</i>		
Gather important documents (Wills, Insurance, IDs, etc.)		
Other: _____		

8. PEOPLE TO NOTIFY

List family, friends, organizations, and others to notify.

NAME / ORGANIZATION	RELATIONSHIP / NOTES

9. NOTES & REFLECTIONS

Use this space for thoughts, reminders, or anything you want to write down.

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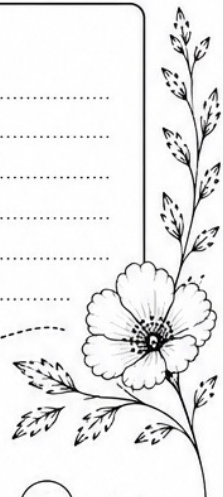
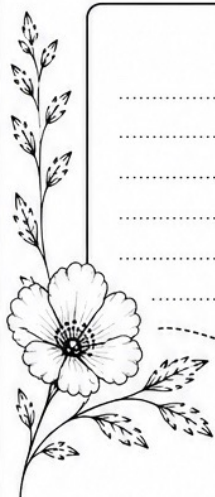
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*You do not have to do everything at once.
One small step at a time is enough.*





THE FIRST 72 HOURS



10. IMPORTANT DOCUMENTS & INFORMATION LOCATIONS

Note where important documents and information can be found.

DOCUMENT / INFORMATION	LOCATION / NOTES
Will / Trust Documents	
Insurance Policies	
Birth Certificate	
Social Security Card	
Military Discharge Papers (DD214)	
Marriage Certificate	
Deeds / Property Documents	
Bank Accounts / Statements	
Safe Deposit Box (Location / Key)	
Other Important Documents	
Other Important Documents	

11. FAMILY CONTACTS & SUPPORT

List family members or close friends who can provide support.

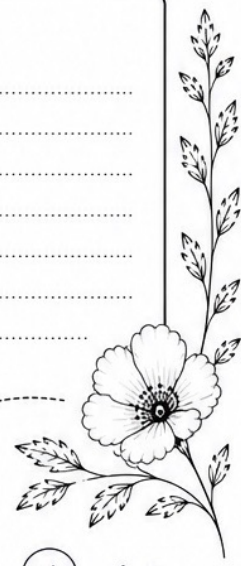
NAME	RELATIONSHIP	PHONE NUMBER / EMAIL

12. NEXT STEPS & REMINDERS

List next steps, follow-up items, or reminders for the coming days and weeks.

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*Take care of what you can today.
Let time and support help with the rest.*





THE FIRST 72 HOURS



SECURE INFORMATION

This includes sensitive personal information.
Please store securely.

13. FINANCIAL ACCOUNTS & INSTITUTIONS

List known financial accounts and institutions.

INSTITUTION / ACCOUNT TYPE	ACCOUNT NUMBER (LAST 4)	CONTACT INFORMATION	NOTES

14. SUBSCRIPTIONS, MEMBERSHIPS & ONLINE ACCOUNTS

List any recurring services, memberships, or online accounts.

SERVICE / MEMBERSHIP	ACCOUNT EMAIL / USERNAME	NOTES / NEXT STEPS

15. ADDITIONAL NOTES

Use this space for anything else you want to remember.

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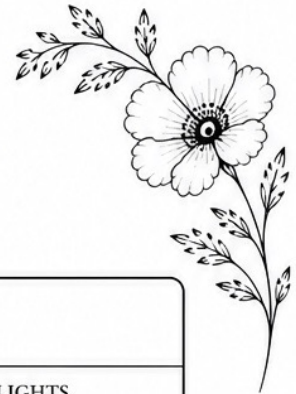
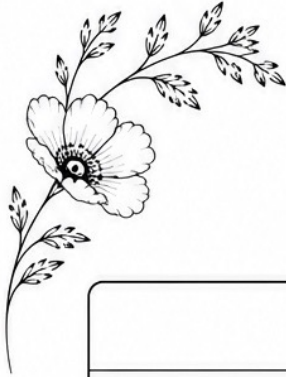
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You are not alone.
Take one step at a time, and be gentle with yourself.





THE FIRST 72 HOURS



16. WRITING AN OBITUARY

Use this space to gather information for an obituary.

KEY INFORMATION	LIFE SUMMARY & HIGHLIGHTS
Full Name _____	<i>Notes about their life, accomplishments, personality, and meaningful moments.</i>
Age _____	_____
Date of Passing _____	_____
Place of Residence _____	_____
Survived By _____	_____
_____	_____
_____	_____
Preceded in Death By _____	_____
_____	_____
_____	_____

17. SERVICE INFORMATION (IF KNOWN)

Record details for a memorial or funeral service.

Type of Service _____	PEOPLE RESPONSIBLE FOR:
Date _____	<input type="checkbox"/> Arrangements _____
Time _____	<input type="checkbox"/> Contacting Others _____
Location _____	<input type="checkbox"/> Service Program _____
Address _____	<input type="checkbox"/> Music / Readings _____
_____	<input type="checkbox"/> Reception / Gathering _____
Officiant / Speaker _____	<input type="checkbox"/> Flowers / Decorations _____
Special Music / Readings _____	<input type="checkbox"/> Other _____
Reception / Gathering Afterward _____	
Additional Notes _____	

18. FINAL THOUGHTS & REMINDERS

Use this space for any final notes, reminders, or reflections.

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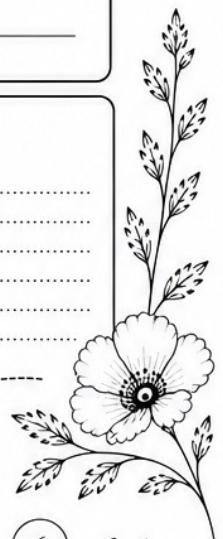
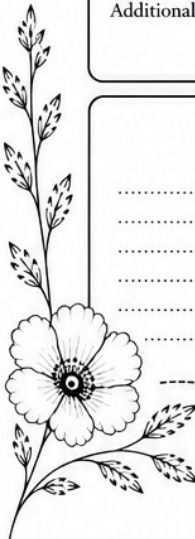
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You are doing your best in a difficult time.
Be patient with yourself, and lean on the support around you.



CHAPTER 6



THE FIRST 30 DAYS



A steady and practical approach to the tasks that come after the initial days have passed.



1. IMPORTANT NOTIFICATIONS

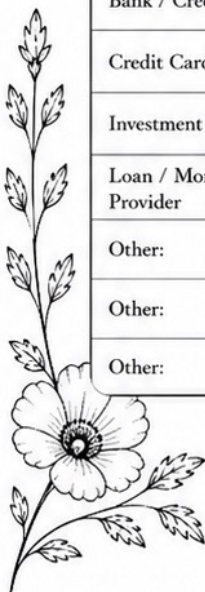
Organizations and institutions you may need to notify.

ORGANIZATION / INSTITUTION	PHONE / WEBSITE	DATE CONTACTED	NOTES / NEXT STEPS
Social Security Administration			
Pension / Retirement Provider(s)			
Life Insurance Company(ies)			
Other Insurance Company(ies)			
Veterans Affairs (if applicable)			
Employers / HR Departments			
Government / Benefits Offices			
Other:			

2. FINANCIAL INSTITUTIONS

Contact banks, credit card companies, and financial institutions to inform them of the passing.

INSTITUTION	ACCOUNT TYPE	DATE CONTACTED	NOTES
Bank / Credit Union			
Credit Card Company			
Investment / Brokerage			
Loan / Mortgage Provider			
Other:			
Other:			
Other:			



*One step at a time.
Patience and care will guide you forward.*



CHAPTER 6

THE FIRST 30 DAYS

3. ACCOUNTS & SERVICES

Track the status of accounts and services you have contacted.

ACCOUNT / SERVICE	STATUS	DATE UPDATED	NOTES
	<input type="checkbox"/> Contacted <input type="checkbox"/> Closed <input type="checkbox"/> Transferred <input type="checkbox"/> Pending		
	<input type="checkbox"/> Contacted <input type="checkbox"/> Closed <input type="checkbox"/> Transferred <input type="checkbox"/> Pending		
	<input type="checkbox"/> Contacted <input type="checkbox"/> Closed <input type="checkbox"/> Transferred <input type="checkbox"/> Pending		
	<input type="checkbox"/> Contacted <input type="checkbox"/> Closed <input type="checkbox"/> Transferred <input type="checkbox"/> Pending		
	<input type="checkbox"/> Contacted <input type="checkbox"/> Closed <input type="checkbox"/> Transferred <input type="checkbox"/> Pending		
	<input type="checkbox"/> Coming		

4. IMMEDIATE EXPENSES & PAYMENTS

Keep track of payments and essential expenses.

EXPENSE / PAYMENT	AMOUNT	DATE PAID	PAID TO / NOTES
Funeral Arrangements			
Outstanding Bills			
Utilities / Services			
Mortgage / Rent			
Groceries / Household			
Transportation			
Supplies / Miscellaneous			
Other:			
Other:			

5. INSURANCE & BENEFITS CLAIMS

Track life insurance and other benefit claims.



SECURE INFORMATION
Store in a safe place and share only with trusted individuals.

POLICY / BENEFIT	PROVIDER	DATE CLAIMED	STATUS / NOTES
Life Insurance Policy			
Health Insurance Benefits			
Accidental Death Benefit			
Other Benefit / Policy			
Other Benefit / Policy			

6. NOTES & REMINDERS

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One step at a time.
Patience and care will guide you forward.



SERVICES & UTILITIES TRACKER



Monitor utilities, maintenance, and home-related services.

PROVIDER	PHONE / ACCOUNT	STATUS

STATUS KEY

- ACTIVE PENDING CHANGE TO CANCEL COMPLETED NOTES

*Moving through practical matters thoughtfully and gradually
can help bring clarity and peace during difficult seasons.*





FINANCIAL ACCOUNTS & INSTITUTIONS



Contact banks, credit card companies, and financial institutions to inform them of the passing.

1. FINANCIAL INSTITUTIONS

List financial institutions and account details.

INSTITUTION	ACCOUNT TYPE	ACCOUNT / REFERENCE NUMBER	DATE CONTACTED	NOTES

2. CREDIT CARDS

Record credit card company information and account details.

CREDIT CARD COMPANY	ACCOUNT ENDING IN	DATE CONTACTED	NOTES

3. LOANS & MORTGAGES

List loans, mortgages, and other outstanding accounts.

LOAN / MORTGAGE PROVIDER	TYPE OF LOAN	ACCOUNT / REFERENCE NUMBER	NOTES

4. ADDITIONAL NOTES & NEXT STEPS

Use this space to note any other accounts, follow-up actions, or reminders.

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Moving through practical matters thoughtfully and gradually can help bring clarity and peace during difficult seasons.





REFLECTIONS & NEXT STEPS



A gentle space for thoughts, reminders, and practical planning.

1. WHAT HAS BEEN ACCOMPLISHED

Take a moment to acknowledge the progress you have made.

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2. NEXT STEPS TO FOCUS ON

List the next steps or tasks to focus on.

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3. REMINDERS FOR MYSELF

Important reminders or things to keep in mind.

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4. ADDITIONAL NOTES

Use this space for any other notes or reflections.

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*Moving through practical matters thoughtfully and gradually
can help bring clarity and peace during difficult seasons.*



CHAPTER 8



SUPPORTING A SURVIVING SPOUSE

Moving Forward, One Step at a Time

*Use this worksheet to identify needs, consider support options,
and plan for stability and well-being.*



SECURE INFORMATION

This includes sensitive personal information.
Please store securely.

1. CURRENT LIVING SITUATION & NEEDS

Take time to observe, listen, and note areas where support may be helpful.

AREA	CURRENT SITUATION / OBSERVATIONS	POTENTIAL NEEDS (Short Term / Long Term)
EMOTIONAL WELL-BEING		
DAILY ROUTINES (e.g., meals, sleep, household tasks)		
SAFETY & SECURITY (e.g., home, mobility, emergency access)		
SOCIAL CONNECTION (e.g., family, friends, community)		
HEALTH & MEDICAL CARE (e.g., appointments, medications, records)		
TRANSPORTATION		
PETS (care and support)		
OTHER CONCERNS OR NOTES		

*Consistent support, kindness, and gentle presence
can bring comfort and stability.*





TRUST & ESTATE ADMINISTRATION BASICS



Understanding the Foundations

Use this worksheet to begin exploring key estate planning tools and concepts to help provide clarity and protection.



SECURE INFORMATION

This includes sensitive personal information.
Please store securely.

1. KEY ESTATE PLANNING DOCUMENTS

List important legal documents you have or plan to create.

DOCUMENT	PURPOSE	STATUS / NOTES
Will		
Revocable Living Trust		
Power of Attorney (Financial)		
Power of Attorney (Medical)		
Advance Directive (Living Will)		
Do Not Resuscitate (DNR) Order		
Other Documents (Specify) _____		

*Planning ahead with clarity and care
can bring stability, protection, and peace of mind.*





TRUST & ESTATE ADMINISTRATION BASICS

2. ROLES & RESPONSIBILITIES

List key individuals who may have important roles in your estate plan.

ROLE	NAME	CONTACT INFORMATION	NOTES
Executor (Will)			
Trustee (Trust)			
Successor Trustee			
Agent (Financial Power of Attorney)			
Agent (Medical Power of Attorney)			
Healthcare Provider / Physician			
Attorney			
Accountant / Financial Advisor			
Other (Specify) _____			

3. ASSET OVERVIEW

List major types of assets to help in future planning and administration.

- | | |
|--|---|
| <input type="checkbox"/> Real Estate _____ | <input type="checkbox"/> Personal Property (e.g., vehicles, jewelry, art) _____ |
| <input type="checkbox"/> Bank Accounts _____ | <input type="checkbox"/> Business Interests _____ |
| <input type="checkbox"/> Investment Accounts _____ | <input type="checkbox"/> Other Assets (Specify) _____ |
| <input type="checkbox"/> Retirement Accounts _____ | _____ |
| <input type="checkbox"/> Life Insurance _____ | <input type="checkbox"/> Notes / Additional Information _____ |
| | _____ |

4. TRUST FUNDING CHECKLIST

If you have a trust or plan to create one, use this checklist as a guide.

- | | COMPLETED | DATE |
|--|--------------------------|-------|
| <input type="checkbox"/> Review all assets to be included in the trust | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Transfer title of real estate to the trust (if applicable) | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Update beneficiary designations on accounts (if necessary) | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Retitle bank and investment accounts in the name of the trust | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Notify relevant institutions of the trust | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Review and update the trust funding as needed | <input type="checkbox"/> | _____ |

Thoughtful planning today can bring peace and security to those you care about most.





TRUST & ESTATE ADMINISTRATION BASICS



5. IMPORTANT DOCUMENT LOCATION

Record where original documents are stored and who has access.

DOCUMENT	LOCATION (Safe, File, Digital, etc.)	WHO HAS ACCESS	NOTES
Will			
Trust Document			
Power of Attorney (Financial)			
Power of Attorney (Medical)			
Advance Directive (Living Will)			
DNR Order			
Insurance Policies			
Other Important Documents (Specify) _____			

6. COMPETENCY DOCUMENTATION

Note any documentation related to mental competency at the time important decisions were made.

Type of Documentation (e.g., evaluation, letter, assessment): _____
 Date Completed: _____ By (Professional / Provider): _____
 Purpose: _____
 Location of Original Document: _____
 Notes: _____

7. VIDEO STATEMENT (IF APPLICABLE)

Record details about any video statement of intent.

Date Recorded: _____ Location of Recording: _____
 Who Recorded It: _____ Where It Is Stored: _____
 Summary of Key Points (Optional): _____

8. NOTES & NEXT STEPS

Use this space to write down any questions, reminders, or next steps.

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*Taking time to plan today
can help protect your wishes and bring peace to tomorrow.*





TRUST & ESTATE ADMINISTRATION BASICS



9. PROFESSIONAL SUPPORT TEAM

List professionals who may assist with estate planning and administration.

PROFESSIONAL	NAME / FIRM	PHONE / EMAIL	ROLE / SERVICES	NOTES
Estate Attorney				
Accountant / Tax Professional				
Financial Advisor				
Insurance Agent				
Other (Specify)				

10. KEY CONTACTS FOR NOTIFICATION

List individuals and organizations that may need to be notified when the time comes.

Family Members: _____
 Close Friends: _____
 Employer (if applicable): _____
 Banks / Financial Institutions: _____
 Credit Card Companies: _____
 Utilities / Service Providers: _____
 Other (Specify): _____

11. ADDITIONAL CONSIDERATIONS

Are there any special circumstances, wishes, or instructions to keep in mind?

.....

12. NEXT STEPS

List any actions you plan to take and target dates.

ACTION STEP	TARGET DATE
_____	_____
_____	_____
_____	_____

Prepared today, protected tomorrow.
 Peace of mind begins with a plan.





TRUST & ESTATE ADMINISTRATION BASICS



13. COMMUNICATION PLAN

Consider how and when your wishes and plans will be shared.

Who should be informed about my estate plan? _____

Have I discussed my wishes with key individuals? Yes No In Progress

Notes: _____

Where are important documents and information located? _____

Any special instructions or messages for my loved ones? _____

14. REVIEW & UPDATE SCHEDULE

Regular reviews help ensure your plan remains up to date.

I plan to review my estate plan:

Annually Every 2–3 Years After Major Life Events Other: _____

Next Review Date: _____

Circumstances That May Require an Update (e.g., marriage, divorce, births, deaths, financial changes):

15. FINAL THOUGHTS

Use this space to reflect on your goals and what matters most.

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Thoughtful planning is a gift of care, clarity, and peace of mind.





TRUST & ESTATE ADMINISTRATION BASICS



16. QUESTIONS TO ASK MY ESTATE ATTORNEY

List any questions you have or topics you would like to discuss.

17. PERSONAL VALUES & WISHES

What is most important to you when it comes to your legacy and decisions?

18. CONFIRMATION

Review your plan and confirm that key documents are complete and accessible.

- I have created or updated my key estate planning documents.
- My documents are signed, dated, and stored securely.
- Key individuals know where important documents are located.
- I will review and update my plan as needed.

Date Completed: _____

*The time you invest in planning today
can bring peace, protection, and clarity for tomorrow.*





RECORD KEEPING & PROTECTION

Building a clear, consistent record creates clarity, organization, and peace of mind.



SECURE INFORMATION

This includes sensitive personal information. Please store securely.

1. COMMUNICATION & ACTIVITY LOG

Use this log to keep notes on important communications, decisions, instructions, and tasks related to the estate.

DATE & TIME	WHO WAS INVOLVED	SUMMARY OF WHAT OCCURRED (Calls, Meetings, Decisions, Instructions, Errands, etc.)	FOLLOW-UP NEEDED (Yes/No/Notes)

2. NOTES & OBSERVATIONS

Use this space for any additional thoughts, updates, or observations.

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A few simple notes today can become a powerful source of clarity and protection tomorrow.





RECORD KEEPING & PROTECTION



6. IDENTITY PROTECTION CHECKLIST

Steps you can take to help protect against identity-related issues.

- Notify credit bureaus of passing (Equifax / Experian / TransUnion).
- Monitor credit reports for unusual activity.
- Review bank and credit card accounts for unauthorized transactions.
- Forward mail or notify the post office.
- Close or cancel unnecessary accounts and subscriptions.
- Secure personal information and documents.
- Change passwords on important accounts.
- Other Steps / Notes: _____

7. DOCUMENT LOCATION INVENTORY

Note where important documents are stored so they can be easily located when needed.

DOCUMENT / ITEM	LOCATION (Binder, Safe, File, etc.)	ACCESS INSTRUCTIONS / NOTES

8. KEY PROFESSIONALS & CONTACTS

List professionals and other key contacts involved in estate matters.

NAME / FIRM	ROLE / SERVICE	PHONE / EMAIL	NOTES

*Organized records create clarity.
Clarity brings confidence and peace.*





RECORD KEEPING & PROTECTION



9. SUPPORT SYSTEM & RESOURCES

List people, services, or resources that may provide support during the process.

NAME / RESOURCE	TYPE OF SUPPORT / SERVICE	CONTACT INFORMATION	NOTES

10. IMPORTANT NOTES & REMINDERS

Use this space for reminders, follow-ups, instructions, or anything important to remember.

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11. REVIEW & UPDATE SCHEDULE

Regular reviews help ensure records stay accurate and up to date.

I plan to review my records:

Monthly Every 3 Months Every 6 Months Annually Other: _____

Next Review Date: _____

REVIEW DATE	WHAT WAS REVIEWED / UPDATED	NOTES / ACTIONS TAKEN

A little time spent today
can prevent stress tomorrow.





RECORD KEEPING & PROTECTION



12. LESSONS LEARNED & IMPROVEMENTS

What has worked well? What could be improved? What will you do differently?

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13. QUESTIONS TO FOLLOW UP ON

List questions you have or topics to discuss with professionals or family.

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14. PERSONAL NOTES

Use this space for any additional thoughts, reflections, or notes.

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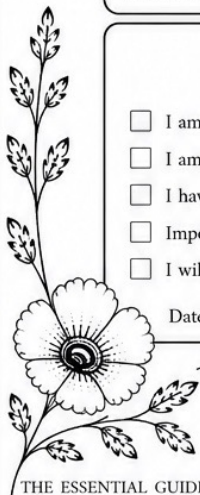
15. CONFIRMATION

Review your record keeping system and confirm key steps are in place.

- I am keeping clear and consistent records of communication and activity.
- I am tracking income, expenses, and important accounts.
- I have taken steps to protect against identity-related issues.
- Important documents are organized and easy to locate.
- I will continue to update and review my records regularly.

Date Completed: _____

*Organized records today
create clarity, confidence, and peace of mind.*



RECORD KEEPING & PROTECTION

Clear documentation today creates clarity, confidence, and protection for tomorrow.

16. IMPORTANT DATES & DEADLINES

Track key dates and deadlines related to the estate.

DATE	EVENT / DEADLINE	DESCRIPTION / NOTES	ACTION NEEDED	COMPLETED (✓)

17. FOLLOW-UP ACTIONS & NEXT STEPS

List action items that need attention and any next steps to take.

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18. LONG-TERM CONSIDERATIONS

What long-term plans or goals should be considered as responsibilities continue?

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19. ADDITIONAL NOTES

Use this space for any other notes, thoughts, or information.

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Small, consistent steps create a strong foundation for a smoother journey ahead.