

Estate Planning Information Worksheet

This form helps you organize key information to ease the process for your heirs and trusted contacts in case of incapacitation or death. Ensure all fields are completed and keep this form in a secure place. We recommend keeping this form with your Wakefield Law, PC estate planning documents and updating it periodically.

Personal Information

Full Name: _____ Date of Birth: _____

Social Security Number: _____

Phone Number: _____ Email Address: _____

Spouse Information

Full Name: _____ Date of Birth: _____

Social Security Number: _____

Phone Number: _____ Email Address: _____

Children Information

Full Name: _____ Date of Birth: _____

Trusted Contacts

Primary Executor/Trustee

- Full Name: _____ Relationship to You: _____
- Phone Number: _____ Email Address: _____

Alternate Executor/Trustee

- Full Name: _____ Relationship to You: _____
- Phone Number: _____ Email Address: _____

Alternate Executor/Trustee

- Full Name: _____ Relationship to You: _____
- Phone Number: _____ Email Address: _____

Alternate Executor/Trustee

- Full Name: _____ Relationship to You: _____
- Phone Number: _____ Email Address: _____

Medical Power of Attorney

- Full Name: _____ Relationship to You: _____
- Phone Number: _____ Email Address: _____

Alternate Medical Power of Attorney

- Full Name: _____ Relationship to You: _____
- Phone Number: _____ Email Address: _____

Alternate Medical Power of Attorney

- Full Name: _____ Relationship to You: _____
- Phone Number: _____ Email Address: _____

Alternate Medical Power of Attorney

- Full Name: _____ Relationship to You: _____
- Phone Number: _____ Email Address: _____

Professional Information

Attorney Information

- Name: _____ Firm: _____
- Phone Number: _____ Email Address: _____

Financial Advisor

- Name: _____ Firm: _____
- Phone Number: _____ Email Address: _____

Tax Preparer/Accountant Information

- Name: _____ Firm: _____
- Phone Number: _____ Email Address: _____

Insurance Agent

- Name: _____ Firm: _____
- Phone Number: _____ Email Address: _____

Banker

- Name: _____ Firm: _____
- Phone Number: _____ Email Address: _____

Doctor Information

- Name: _____ Firm: _____
- Phone Number: _____ Email Address: _____

Pharmacist Information

- Name: _____ Firm: _____
- Phone Number: _____ Email Address: _____

Caregiver Information

- Name: _____ Firm: _____
- Phone Number: _____ Email Address: _____

Financial Information

Bank Accounts

- Institution Name: _____ Phone Number: _____

- Account Type (Checking, Savings, etc.): _____

- Ownership/Beneficiary: _____

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- Institution Name: _____ Phone Number: _____

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- Ownership/Beneficiary: _____

Bank Accounts

- Institution Name: _____ Phone Number: _____

- Account Type (Checking, Savings, etc.): _____

- Beneficiary: _____

Brokerage Accounts (Nonqualified Stocks, Bonds, Mutual Funds)

- Brokerage/Firm Name: _____ Phone Number: _____

- Account Number: _____ Advisor: _____

- Type of Investment: _____ Approx. Value: _____

- Beneficiary: _____

Brokerage Accounts (Nonqualified Stocks, Bonds, Mutual Funds)

- Brokerage/Firm Name: _____ Phone Number: _____

- Account Number: _____ Advisor: _____

- Type of Investment: _____ Approx. Value: _____

- Beneficiary: _____

Brokerage Accounts (Nonqualified Stocks, Bonds, Mutual Funds)

- Brokerage/Firm Name: _____ Phone Number: _____

- Account Number: _____ Advisor: _____

- Type of Investment: _____ Approx. Value: _____

- Beneficiary: _____

Financial Information Continued

Retirement Accounts (IRA, 401(k), 403(b) etc.)

- Institution Name: _____
- Account Number: _____
- Type of Account: _____
- Beneficiary: _____

Phone Number: _____
 Advisor: _____
 Approx. Value: _____

Retirement Accounts (IRA, 401(k), 403(b) etc.)

- Institution Name: _____
- Account Number: _____
- Type of Account: _____
- Beneficiary: _____

Phone Number: _____
 Advisor: _____
 Approx. Value: _____

Retirement Accounts (IRA, 401(k), 403(b) etc.)

- Institution Name: _____
- Account Number: _____
- Type of Account: _____
- Beneficiary: _____

Phone Number: _____
 Advisor: _____
 Approx. Value: _____

Retirement Accounts (IRA, 401(k), 403(b) etc.)

- Institution Name: _____
- Account Number: _____
- Type of Account: _____
- Beneficiary: _____

Phone Number: _____
 Advisor: _____
 Approx. Value: _____

Life Insurance Policies

- Provider: _____
- Policy Number: _____
- Beneficiaries: _____

Contact Information: _____
 Advisor: _____

Life Insurance Policies

- Provider: _____
- Policy Number: _____
- Beneficiaries: _____

Contact Information: _____
 Advisor: _____

Life Insurance Policies

- Provider: _____
- Policy Number: _____
- Beneficiaries: _____

Contact Information: _____
 Advisor: _____

Real Estate & Property

Primary Residence

- Address: _____

- Mortgage Amount: _____ Lender: _____

- Ownership Type (Individual, Joint, Trust): _____

Other Properties

- Address: _____

- Mortgage Amount: _____ Lender: _____

- Ownership Type (Individual, Joint, Trust): _____

Other Properties

- Address: _____

- Mortgage Amount: _____ Lender: _____

- Ownership Type (Individual, Joint, Trust): _____

Homeowners Insurance

- Provider: _____

- Policy Number: _____

- Provider: _____

- Policy Number: _____

- Provider: _____

- Policy Number: _____

Keys & Passwords

- Key Location: _____ Garage Code: _____

- Key Location: _____ Garage Code: _____

- Key Location: _____ Garage Code: _____

Passwords & Digital Accounts

(Note: Use a secure password manager if possible. Avoid writing passwords directly on the form.)

Email Accounts

- Provider (e.g., Gmail, Outlook): _____

- Username: _____ Password: _____

- Backup/Recovery Information: _____

- Provider (e.g., Gmail, Outlook): _____

- Username: _____ Password: _____

- Backup/Recovery Information: _____

- Provider (e.g., Gmail, Outlook): _____

- Username: _____ Password: _____

- Backup/Recovery Information: _____

Social Media Accounts

- Platform (e.g., Facebook, Instagram): _____

- Username: _____ Password: _____

- Platform (e.g., Facebook, Instagram): _____

- Username: _____ Password: _____

- Platform (e.g., Facebook, Instagram): _____

- Username: _____ Password: _____

Other Online Accounts (e.g., Amazon, Netflix)

- Service: _____

- Username: _____ Password: _____

- Service: _____

- Username: _____ Password: _____

- Service: _____

- Username: _____ Password: _____

Utility Service (e.g. DTE, Consumers, Water)

- Service: _____ Acct. Number: _____

- Username: _____ Password: _____

- Service: _____ Acct. Number: _____

- Username: _____ Password: _____

- Service: _____ Acct. Number: _____

- Username: _____ Password: _____

Important Documents & Locations

Will

- Location: _____ Date of Last Update: _____

Trust Documents

- Location: _____ Date of Last Update: _____

Power of Attorney

- Location: _____ Date of Last Update: _____

- Agent Name: _____

Advance Healthcare Directive

- Location: _____ Date of Last Update: _____

- Agent Name: _____

Deeds & Titles

- Address/Vehicle: _____

- Location: _____

- Address/Vehicle: _____

- Location: _____

- Address/Vehicle: _____

- Location: _____

Other Important Documents

- Birth Certificates, Marriage License, etc.: _____

- Location: _____

- Birth Certificates, Marriage License, etc.: _____

- Location: _____

- Birth Certificates, Marriage License, etc.: _____

- Location: _____

Debts & Liabilities

Credit Cards

- Card Provider: _____

Account Number: _____

- Average Amount Owed: _____

- Card Provider: _____

Account Number: _____

- Average Amount Owed: _____

- Card Provider: _____

Account Number: _____

- Average Amount Owed: _____

- Card Provider: _____

Account Number: _____

- Average Amount Owed: _____

Loans (Auto, Personal, etc.)

- Lender: _____

Loan Number: _____

- Amount Owed: _____

- Lender: _____

Loan Number: _____

- Amount Owed: _____

- Lender: _____

Loan Number: _____

- Amount Owed: _____

Other Liabilities (Debts, Lawsuits, Child Support)

- Type of Liability: _____

Amount Owed: _____

- Helpful Information: _____

- Type of Liability: _____

Amount Owed: _____

- Helpful Information: _____

- Type of Liability: _____

Amount Owed: _____

- Helpful Information: _____