

What My Family Should Know

Full Legal Name



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We are providing this document to you so that you can record vital information for your family to use if something should happen to you. By filling out this document, you will minimize delays and potential hardships in the handling and settling of your financial affairs.

We suggest that you keep this document in a safe place at home or in some other convenient location (not necessarily a safe deposit box, which would not be accessible on weekends or at night). You should be sure to let your closest family member or your executor know where you have stored this document. It would also be a good idea to review this document on a yearly basis.

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What My Family Should Know

_____ Full Legal Name

Date this Booklet Completed: _____ Updated: _____

Personal Information and Citizenship

Home Address: _____

Business Address: _____

State of Legal Residence: _____

Persons to Notify in Emergency:

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

My date of birth is: _____

My city, county, state country of birth are: _____

I have do not have a Birth Certificate.

Location of my Birth Certificate: _____

I am a citizen of: _____

Citizenship by Birth Naturalization Marriage

Location of Citizenship papers: _____

Social Security

Social Security Number: _____

Taxpayer Identification Number: _____

(Used on Federal Income Tax Returns)

Passport

Passport Number/Issue Date: _____

City and State of Issue: _____

Location of Passport: _____

Physical Identification

Identifying marks or scars: _____

Marital Information

Present marital status:

Single Married Divorced Separated Widowed

I am married to: _____

Date, Place of Marriage: _____

Location of Marriage Certificate: _____

Previously married to: _____

Date, Place of Prior Marriage(s): _____

Terminated by: Divorce Annulment Separation Death

Date, Place of Termination: _____

Location of Papers: _____

Other Marital Details: _____

Medical Information

Accident/Health Insurance (Companies and Policy Nos.):

Physician: _____

Address: _____

Telephone: _____

Eye Specialist: _____

Address: _____

Telephone: _____

Other Specialists: _____

Other Medical Details: _____

Family Records

Father's Full Name: _____

Place, Date of Birth: _____

Mother's Maiden Name: _____

Place, Date of Birth: _____

Children (names, addresses): _____

Grandchildren (names, addresses): _____

Other Close Relatives: _____

Military Service

I have have not served in the military.

Country served: _____

From: _____ To: _____ Branch: _____

Serial No./Grade: _____

I have do not have a service-connected disability.

Claim No: _____

Military Honors or Decorations: _____

Location of Discharge, Disability & Honors Papers: _____

Education

Schools Attended: _____

Diplomas, Degrees, Dates: _____

Location of Diplomas: _____

Special Honors: _____

***Religious, Fraternal and Professional
Organizations and Affiliations***

Membership, Financial Benefits: _____

Group Life & Other Insurance Benefits: _____

Location of Membership Cards/Insignia: _____

Current Employment, Business Information

I am employed by: _____

Address: _____

Date Employed: _____ Title: _____

Location of Employment Agreement/Proof of Benefits: _____

My firm has has not contracted to purchase my interests in the event of my death.

Benefits in Which I Participate

Pension/Deferred Compensation Plan: _____

Profit Sharing: _____

Stock Options: _____

Others: _____

Location of Documents: _____

Former Employment, Business Information

1. Business/Employer: _____
Address: _____
From: _____ To: _____
Pension, profit sharing, benefits: _____

Location of Documents: _____

2. Business/Employer: _____
Address: _____
From: _____ To: _____
Pension, profit sharing, benefits: _____

Location of Documents: _____

3. Business/Employer: _____
Address: _____
From: _____ To: _____
Pension, profit sharing, benefits: _____

Location of Documents: _____

4. Business/Employer: _____
Address: _____
From: _____ To: _____
Pension, profit sharing, benefits: _____

Location of Documents: _____

Professional Advisors

Attorney: _____

Address: _____

Telephone: _____

Accountant: _____

Address: _____

Telephone: _____

Executor: _____

Address: _____

Telephone: _____

Insurance Agent: _____

Address: _____

Telephone: _____

Stockbroker: _____

Address: _____

Telephone: _____

I have given my Power of Attorney to: _____

Address: _____

Telephone: _____

Additional Information: _____

Sources of Income and Liabilities

Income: (Check where applicable)

- Salary Stocks/Bonds Interest Social Security
 Trust(s) Mortgages Annuities Pension Other

Location of Documents: _____

Accounts Receivable:

I am owed money/other assets: Yes No

Location of Documents: _____

Liabilities

I owe money or I am obligated financially for the following:

Bank/Loan(s): _____

Mortgage(s): _____

Other: _____

Location of Documents: _____

Notes

Personal Financial Information and Affairs

Bank Accounts—Checking & Savings:

1. Name of Bank: _____
Type of Account: _____
Account Number: _____
Address: _____
Telephone: _____

2. Name of Bank: _____
Type of Account: _____
Account Number: _____
Address: _____
Telephone: _____

3. Name of Bank: _____
Type of Account: _____
Account Number: _____
Address: _____
Telephone: _____

Safe Deposit Box/Location of Safe, Strong Box:

Name of Bank/Type of Box: _____
Location of Box/Key: _____
In Whose Name: _____

Insurance Policies:

I have the following life insurance policies:

1. Company / Phone No.: _____
Name of Insured: _____
Policy No.: _____ Amount of Benefit: _____
Beneficiary: _____

2. Company / Phone No.: _____
Name of Insured: _____
Policy No.: _____ Amount of Benefit: _____
Beneficiary: _____

3. Company / Phone No.: _____
Name of Insured: _____
Policy No.: _____ Amount of Benefit: _____
Beneficiary: _____

I have the following other types of policies

Automobile Insurance Company: _____
Policy No.: _____
Homeowners Insurance Company: _____
Policy No.: _____

Real Estate:

Owned: _____
Location of Deeds and Titles: _____
Other Documents: _____

Securities:

I own stocks and/or bonds: Yes No

Stocks/Bonds and Location of certificates: _____

Location of records of sales and purchases: _____

Personal Property:

I have prepared an inventory of my valuable personal property:

Yes No

Location of Inventory: _____

Location of List of Personal Assets and Suggested Distribution:

Frequent Flier and Loyalty Accounts

Include usernames, passwords and account numbers

Account	Username	Password
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes

Last Will and Testament

I have have not made a Will.

Date of my Last Will and Testament: _____

Executor(s): _____

Address(es): _____

Telephone: _____

Attorney who drafted my Will: _____

Address: _____

Telephone: _____

Location of my Last Will and Testament (original and all copies):

I have made changes (codicils) to my Will.

Date(s) of Codicil(s): _____

Location of Codicil(s): _____

Other Details: _____

Notes

Trust Documents

Date(s) of my Trust Agreements: _____

Attorney who Drafted my Trust(s): _____

Address: _____

Location of my Trust Agreement(s) (originals and all copies):

I have have not made changes (amendments) to my Trust.

Date(s) of Amendment(s): _____

Location of Amendment(s): _____

Other Details: _____

Living Will

I have have not made a Living Will.

Date of my Living Will: _____

Attorney who drafted my Living Will: _____

Address: _____

Telephone: _____

Location of Living Will: _____

I have have not notified my physician that I have made a Living Will.

Name of Physician Notified: _____

Other Details: _____

Location of Other Important Papers

Automobile/Boat Registrations: _____

Income Tax Records>Returns: _____

Funeral Service Instructions & Information

I have have not made arrangements for my funeral and burial.

My preferences are:

Funeral home: _____

Place of service: _____

Church preference: _____

Church address: _____

Clergyman's name: _____

Address: _____

Telephone: _____

Participating organizations (fraternal/military): _____

Pallbearers – Names, address, telephone numbers:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Alternates: _____

Readings/Songs: _____

Organist Name/Phone: _____

Soloist Name/Phone: _____

Visitation: Yes No Casket: Open Closed

Clothing: _____

Flowers or Memorials/Donations in Lieu of Flowers: _____

Obituary: Yes No

Newspapers: _____

Addresses: _____

Casket: Metal Wood Other

Exterior Color: _____ Interior Color: _____

Name of Cemetery: _____

Address: _____

Lot in name of: _____

Location of Lot: _____

Preference for Marker Inscription: _____

Cremation/Disposition of Ashes: _____

Other special instructions or information: _____

Glossary

Administration: The administration of an estate is the court-supervised distribution of the assets held in the name of a deceased person alone at the time of death. If there is no will, the person who manages this distribution is called an *administrator*, if male; an *administratrix*, if female. If there is a will which names an individual or a financial institution (such as a bank trust department) to manage this distribution, the term *executor* is used for a male or a corporation; *executrix* is used for a female.

Codicil: A codicil is an amendment or a supplement to a will; after the codicil has been signed and properly completed in accordance with state law, it stands as a separate legal document which adds to, omits from, or otherwise alters the will.

Last Will and Testament: A will is the legal document which expresses a persons binding decisions concerning the disposition of the assets owned in his or her name alone at the time of death, and the appointment of the persons who will manage the distribution of those assets as well as the person(s) who will act as the guardians for any minor children who survive without a legal parent to care for them.

Living Will: A living will is a legal binding document which states that, if the person who signed the living will should be in a terminal condition, with no reasonable medical expectation of recovery, and which as a medical probability will result in the person's death, then medical care shall be withheld or withdrawn, and only medications to alleviate pain shall be administered. No all states have laws which recognize living wills, and there are different provisions among those states which have enacted such laws.

Power of Attorney: A power of attorney is a legal document in which a person authorizes someone else to act for him or her. A *durable* power of attorney is one which allows another person to act even if the person who signed the power of attorney becomes incapacitated. The durable power of attorney is a very helpful document for designating another person to make health care and financial decisions in the event of mental or physical disability without the expensive and embarrassing process of a legal declaration of incompetence.

Probate: Probate is the court proceeding which determines whether a person's will (if any) is valid; formally appoints the executor (named in the will) or the administrator (when there is no will) to manage the assets owned in the deceased's name alone at the time of death; approves the payment of debts and taxes; identifies the heirs of the deceased; and ensures that the property owned by the deceased is distributed as he or she directed in the will, or as state law requires if there is no will.

Trust: A trust is a legal document which can be created during a person's lifetime (called an *inter vivos* trust), or which can be included in a person's will (called a *testamentary* trust). A trust usually names a

