

Note: Before completing this form, please save and rename the form so that you will have a blank original for future use by other family members.



Date:

Full Legal Name:

In the event I become seriously ill or die, I have completed/updated the following information for the use of my loved ones. I hope this **Life Planning Checklist** makes life a little easier for you at a difficult time. This **Life Planning Checklist** is not intended to act as a legal document, nor is it my intent that this document shall amend or modify any legal document that I have previously executed or subsequently execute.

Nickname (also known as):

Current address:

Current phone number:

Social security number:

Date of birth:

Place of birth:

State residency (e.g., where you vote, driver's license, address on tax return):

Medical Professional Contact Information

Primary care physician's name & phone number:

Specialist's name, specialty & phone number:

Specialist's name, specialty & phone number:

Specialist's name, specialty & phone number:

Optometrist/Ophthalmologist's name & phone number:

Dentist's name & phone number:

Health insurance plan name, phone number & ID#:

Optical insurance plan name, phone number & ID#:

Dental insurance plan name, phone number & ID#:

Medications & dosages:

Allergies:

Living will/health care power of attorney (location and name of designee):

Key Contacts (name, address and office phone number)

Accountant/CPA:

Attorney:

Banker/bank branch:

Clergy:

Credit Card Company(s):

Funeral director/funeral home:

Home health care provider (preferred):

Hospital (preferred):

Human resources contact (current or prior employment):

Insurance agent/property and casualty:

Investment advisor/financial planner:

Landscaping/property management:

Life insurance agent:

Neighbors (who may have a key to the house, security codes, will collect the mail, water the plants, etc.):

Service providers (plumber, electrician, HVAC, telephone, cable/satellite, exterminator, garbage, etc.):

Pets

Pet(s) name(s):

Veterinarian name & phone number:

Special considerations/instructions:

User Names and Passwords to On-line Banking Accounts, Investment Accounts or Personal Web Based Sites

Website:

User name:

Password:

Instructions to power of attorney or executor:

Website:

User name:

Password:

Instructions to power of attorney or executor:

Website:

User name:

Password:

Instructions to power of attorney or executor:

Website:

User name:

Password:

Instructions to power of attorney or executor:

Website:

User name:

Password:

Instructions to power of attorney or executor:

IMPORTANT DOCUMENTS

Name of document:	Exists	Location/Comments
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Adoption papers	<input type="checkbox"/>	
Birth certificate	<input type="checkbox"/>	
Driver's license	<input type="checkbox"/>	
Marriage certificate	<input type="checkbox"/>	
Passport/citizenship	<input type="checkbox"/>	
Pre-nuptial agreement	<input type="checkbox"/>	
Safe and combination/key	<input type="checkbox"/>	
Safe deposit box(es) and keys	<input type="checkbox"/>	
Social security card	<input type="checkbox"/>	

Other:



529 college saving plans

Alternative investments

Bearer bonds (not in an account)

Beneficiary forms

Company retirement plans

Cost basis documentation

Investment account statements

Investment club documents

Stock certificates (not in an account)

Other company benefits

Other:



Accident insurance

Annuity policies

Auto insurance

Group life policies

- Homeowner's insurance
- Life insurance policies
- Mortgage insurance
- Specific illness coverage
- Travel insurance
- Veteran's benefits
- Other:



- Appraisal of personal property
- Checking account statements
- Credit card statements
- Buy/sell or partnership agreement
- Deferred compensation agreement
- Federal/state gift tax returns
- Federal/state/local income tax returns
- Loans outstanding (money owed)
- Medical bills/records
- Mortgage documents
- Motor vehicle title(s)
- Pending legal issues
- Promissory notes (debts owed)

- Property tax records
- Real estate deeds
- Rental and/or lease agreements
- Saving/money market statements
- Other:



- Durable/financial power of attorney
- Last will and testament
- Letter of instructions to executor
- Living will/health care power of attorney
- Trust documents
- Other:



- Cemetery plot deed
- Military discharge papers
- Pre-paid funeral documentation
- Other:

Burial instructions:

Funeral home/director's name and phone number:

Cremation or burial:

Eulogy to be given by:

Flowers:

Hymns:

Officiate (pastor/priest/rabbi/etc.):

Pallbearers:

Scripture to be read:

Wording on memorial:

Health History

Oftentimes physicians want to know the health history of parents and grandparents. Many times this information is unavailable. For the benefit of current and future generations, please list major/chronic health problems that you and your loved ones have suffered from, including age of onset, treatment and severity:

Obituary

I would like to have the following information included in my obituary:

Spouse:

Date of marriage:

Children of this marriage:

Children of previous marriage/other children:

Grandchildren:

Great-grandchildren:

Father's name:

Mother's name:

Other family members:

Religious affiliation:

Military service:

Fraternal or civic organizations:

In lieu of flowers, please send donations to:

Other relationships, personal information or accomplishments:

The people, places, events, organizations and causes that have meant the most to me, for the following reasons, are:

The things or accomplishments that I am most proud of are:

The actions, words or events that I regret the most are:

The words of wisdom/sentiment that I would like to share with my loved ones are:

The hopes and dreams that I hold for my loved ones are:

I would like to be remembered ...

*Note: You should save a copy of this document on your home computer and print a copy for your records. You may also want to give a printed copy to a trusted loved one or tell them where you keep your copy. You may, or may not, want to give it to them in a sealed envelope with instructions to open only in case of serious illness or death. **To prevent identity theft, please make sure that all***

copies of this document are kept in a secure place and DO NOT SEND BY EMAIL.

For your convenience: if you would like to give family members an electronic copy of your personal documents, e.g., last will & testament, powers of attorney, etc., we will be glad to scan your documents for you and covert them into a PDF format, which can easily be viewed or printed.

This Life Planning Checklist is provided courtesy of:

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