



Legacy Planner

To simplify matters for you and your loved ones, the following questions will be valuable in the event of a death. Please answer these questions to suit your plans and wishes. This document is not intended to replace your Will or other estate planning documents. All the details you provide to SFMG Wealth Advisors will be kept strictly confidential. Due to the sensitive nature of this information, please be sure this is kept in a secure location. If you prefer, SFMG may keep a copy of this document with your files, and it can be provided to your Executor when needed. Notify your Executor of the location of this document and their responsibilities.

GENERAL INFORMATION		
	You	Spouse
Name		
Date of Birth		
Social Security Number		
Mailing Address		

ESTATE DOCUMENTS

Do You and/or Your Spouse Have Ancillary Documents or a Will? Yes* No

Date of Will: _____ Executor/Executrix Name: _____

Prepared by (Attorney): _____ Phone Number: _____

Location: _____

Additional Information: _____

***Please provide a copy of your Will and Ancillary documents (power of attorney, medical power of attorney, etc.)**

Do You and/or Your Spouse Have a Trust Set Up? Yes* No

Bank/Trust Company/Custodian: _____ Phone Number: _____

Trust Officer/Trustee: _____ Name of Trust: _____

Type of Trust: _____ Other: _____

***Please provide a copy of your Trust(s)**

SAFETY DEPOSIT BOX

Location: _____ Key Location: _____

Box Number: _____ People Who Have Access: _____

Additional Information: _____

PERSONAL SAFE

Location: _____ Combination: _____

Key Location: _____ Additional Information: _____



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MEDICAL HISTORY		
	You	Spouse
Primary Doctor		
Doctor Phone Number		
Hospital		
Primary Dentist		
Allergic to the Following		
Past Treatments or Surgeries		
Conditions to be Aware of	<input type="checkbox"/> Cancer <input type="checkbox"/> Kidney Disorder <input type="checkbox"/> Heart <input type="checkbox"/> Diabetes <input type="checkbox"/> Circulatory Problems <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cancer <input type="checkbox"/> Kidney Disorder <input type="checkbox"/> Heart <input type="checkbox"/> Diabetes <input type="checkbox"/> Circulatory Problems <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
Organ Donor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood Type		
Insurance Policy Number		
Medicaid Number		
Medicare Number		

PET INFORMATION			
	Pet 1	Pet 2	Pet 3
Name			
Age			
Breed			
Veterinary Name/Location			
Illness/Allergies			
Medications			
Other			

DOCUMENT LOCATION	
Document	Location
Appraisals	
Automobile Title / Registration	
Birth Certificate	
Burial Agreement	
Checkbook and Credit Cards	
Citizenship Papers	
Contracts	
Will(s)	
General Power of Attorney	
Medical Power of Attorney	



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DOCUMENT LOCATION	
Document	Location
Medical Directive	
Organ Donation	
Trust Documents	
Deeds and Titles	
Social Security Card	
Passport	
Tax Returns	
Medical Records	
Funeral Plans / Burial Plots	
Marriage Certificate	
Divorce Decree	
Pre-Nuptial Agreement	
Post-Nuptial Agreement	
Military Records	
Investment Records	
Photos	
List of Passwords (Bank Accounts, Social Media, Subscriptions, etc.)	
Veterinary Records	
Key to:	
Key to:	
Key to:	
Other:	
Other:	
Other:	
Other:	
Other:	

FINANCIAL INFORMATION

If SFMG already has your detailed net worth information, you do not have to complete all of this section. Please fill out the information you know SFMG does not have. It is important to thoroughly fill in the financial information in order to best assist your family.

Bank Accounts			
Bank / Branch	Owner(s)	Account Type	Account Number



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Brokerage Accounts			
Custodian	Owner(s)	Account Type	Account Number

Retirement Accounts				
Type (ex. IRA, 401k)	Owner	Account Number	Primary Beneficiary	Contingent Beneficiary

Credit Cards		
Card Type	Card Number	Expiration

Life Insurance						
Type (ex. Whole, Variable, Term)	Company	Owner & Insured	Policy Number	Death Benefit	Primary Beneficiary	Contingent Beneficiary



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Real Estate Holdings			
Description	Address	Owner(s)	Location of Mortgage or Deed

Personal Property		
Description (ex: Car, Jewelry)	Location	Owner(s)

PROFESSIONAL ADVISORS			
Type	Name	Phone Number	Email Address
Attorney			
Stockbroker			
Banker			
Insurance Agent			
CPA			
Trust Officer			
Other			
Other			



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IN THE EVENT OF DEATH		
Information Needed for Death Certificate / Family History		
	You	Spouse
Full Birth Name		
Marital Name		
Social Security Number		
Drivers License Number		
Date of Birth		
Place of Birth		
Citizen of U.S.		
Marital Facts: Place / Date		
Father's Name		
Mother: Maiden Name		
Grandparents		
Children and Date of Birth		

Service Information		
	You	Spouse
Pre-Arranged Funeral / Burial Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Paid Burial Costs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do You Prefer	<input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other: _____
If Cremation, What Type of Disposition	<input type="checkbox"/> Burial <input type="checkbox"/> Niche <input type="checkbox"/> Scattering Location: _____	<input type="checkbox"/> Burial <input type="checkbox"/> Niche <input type="checkbox"/> Scattering Location: _____
If Burial, Do You Prefer	<input type="checkbox"/> Headstone <input type="checkbox"/> Ground Plaque	<input type="checkbox"/> Headstone <input type="checkbox"/> Ground Plaque
Cemetery / Memorial Park Plot	<input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____
Church / Temple / Religious Service	<input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____
Rosary Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Military Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Graveside Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Open Casket	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clergyman / Officiate		
Pianist		
Soloist		
Songs to Sing		
Floral Preference		
In Lieu of Flowers, Send Donations to		
Articles to be Worn in Casket		
Newspapers to Notify		
Participating Organizations (fraternal, lodge, military, etc.)		

Your Funeral Home / Crematorium Preferred: _____

Address: _____ Phone: _____
Street City State Zip Code

Spouse's Funeral Home / Crematorium Preferred: _____

Address: _____ Phone: _____
Street City State Zip Code

Information for Military Services		
	You	Spouse
Date of Service		
Branch of Service		
Wars / Action Involved In		
Service Number		
V.A. Number		
Highest Rank Received		
Medals / Honors / Citations		



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Your Pallbearers			
Name	Relationship	Phone Number	Email Address
Spouse's Pallbearers			

Obituary Readings / Tombstone Engraving:



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LEGACY INFORMATION

When I am gone, I hope my family will learn from my experiences:

The most important thing I have done in my life is:

How I would like to be remembered:

Special Achievements / Awards / Offices Held / Etc.:

Other special memories:



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FAMILY CHECK LIST

This checklist is designed to help your family understand which tasks need to be addressed following a death. This document will help simplify and identify the first things that need to be taken care of.

Tasks to be Addressed	
<input type="checkbox"/> Notify immediate family and close friends	<input type="checkbox"/> Evaluate the emotional impact on the surviving spouse, children, relatives, friends
<input type="checkbox"/> Locate life insurance policies	<input type="checkbox"/> Arrange care for dependents
<input type="checkbox"/> Arrange care for pets	<input type="checkbox"/> Evaluate security needs at decedent's residence
<input type="checkbox"/> Cancel or rearrange home deliveries	<input type="checkbox"/> Have post office hold or forward mail
<input type="checkbox"/> Arrange for care or disposal of perishable property (food, plants, etc.)	<input type="checkbox"/> Review final wishes, funeral and burial preferences
<input type="checkbox"/> Contact decedent's clergy person and arrange for services as appropriate	<input type="checkbox"/> Arrange for mortuary, cemetery, burial, or cremation services as appropriate
<input type="checkbox"/> Notify other family members and friends	<input type="checkbox"/> Arrange an after the funeral reception (food, refreshments, etc.) if appropriate
<input type="checkbox"/> Prepare and arrange for an obituary	<input type="checkbox"/> Order a sufficient number of death certificates
<input type="checkbox"/> Keep records of all payments for funeral and other expenses	<input type="checkbox"/> Locate estate documents, wills, codicils, and trusts
<input type="checkbox"/> Locate safe-deposit boxes and keys	<input type="checkbox"/> Notify agents under any power of attorney
<input type="checkbox"/> Analyze business, partnership, and investment arrangements	<input type="checkbox"/> Locate other important documents, accounts, investments, passwords, etc.
<input type="checkbox"/> Notify Social Security, Medicare and other appropriate agencies	<input type="checkbox"/> Arrange for final income tax return and estate tax return
<input type="checkbox"/> Investigate Social Security death benefits	<input type="checkbox"/> Investigate veteran's burial allowance and other benefits
<input type="checkbox"/> Investigate other life insurance benefits (employee group coverage, organizations, etc.)	<input type="checkbox"/> Investigate employee benefits (vacation pay, death benefits, final wages, retirement plans, etc.)
<input type="checkbox"/> Investigate refunds on insurance or canceled subscriptions	<input type="checkbox"/> Explore options relating to IRA's and retirement accounts
<input type="checkbox"/> Meet with decedent's financial advisor	<input type="checkbox"/> Review investment portfolios
<input type="checkbox"/> Retain and meet with attorney regarding estate	<input type="checkbox"/> Review and cancel credit and charge accounts
<input type="checkbox"/> Retain and meet with CPA regarding tax and accounting matters	<input type="checkbox"/> Arrange to collect life insurance proceeds and discuss options with financial advisor
<input type="checkbox"/> Work with CPA to prepare inventory of accounts and list of debts	<input type="checkbox"/> Don't pay any of the decedent's debts until attorney discusses with family or executor
<input type="checkbox"/> If a trust is involved, arrange for any allocations or transfers	<input type="checkbox"/> Obtain valuations of assets, as appropriate