

What my
family
should know



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TRUST COMPANY

At D.A. Davidson Trust Company, we are dedicated to helping you achieve your goals—both in realizing your aspirations of today and in shaping your legacy for the future. Our knowledgeable staff of trust professionals pledge to carry out your wishes with long-lasting commitment, integrity, and caring.

Introduction

This booklet is designed to provide you with the means of recording vital information for the use of your family or personal representative.

When needed, it is important to have this information located in one place. By filling out this booklet, you can eliminate hardships and delays in the handling and settling of your financial affairs.

We suggest that you keep this booklet in a safe place and let your personal representative or the person closest to you know of its location. It would also be beneficial to review this booklet on a yearly basis.

For client information purposes only. D.A. Davidson Trust Company and D.A. Davidson & Co. do not provide tax or legal advice. Please consult with your tax and/or legal professional for guidance on your specific situation.

Please use page 21 to add any additional information.



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What My Family Should Know

Full legal name: _____

Date of book completion: _____

Updated: _____

Home address: _____

Business address: _____

State of legal residence: _____

Persons to Notify in an Emergency

Name: _____ Relation: _____

Address: _____

Phone: _____ Email: _____

Name: _____ Relation: _____

Address: _____

Phone: _____ Email: _____

Name: _____ Relation: _____

Address: _____

Phone: _____ Email: _____

Personal Information and Citizenship

My date of birth is: _____

My city, county, state, and 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, schedule c)

Passport

Passport number/issue date: _____

City and state of issue: _____

Location of passport: _____

Marital Information

Present marital status:

- Single Married Domestic Partnership
 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 termination papers: _____

Other relationship details: _____

Medical Information

Accident/health insurance companies and policy numbers: _____

Physician: _____

Address: _____

Phone: _____ Email: _____

Dentist: _____

Address: _____

Phone: _____ Email: _____

Eye specialist: _____

Address: _____

Phone: _____ Email: _____

Other specialists: _____

Other medical details: _____

Pet Names: _____

Veterinarian: _____

Address: _____

Phone: _____ Email: _____

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 #/grade: _____

I have [] do not have [] a service-connected disability.

Claim #: _____

Military honors or decorations: _____

Location of discharge, disability, and honors papers: _____

Education

Schools attended: _____

Diplomas, degrees, dates: _____

Special honors: _____

Location of diplomas: _____

Religious, Fraternal, Professional Organizations and Affiliations

Names of organizations: _____

Membership, financial benefits: _____

Group life and other insurance benefits: _____

Location of membership cards/insignia/pins: _____

Current Personal 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. n/a []

Benefits in which I Participate

Pension/deferred compensation plan: _____

Profit sharing/401(k) plan: _____

Stock option: _____

Others: _____

Location of documents: _____

Benefits from former employers: _____

Professional Advisors

Financial Advisor: _____

Address: _____

Phone: _____ Email: _____

Executor/Personal Representative: _____

Address: _____

Phone: _____ Email: _____

Trust Officer: _____

Address: _____

Phone: _____ Email: _____

Attorney: _____

Address: _____

Phone: _____ Email: _____

Accountant: _____

Address: _____

Phone: _____ Email: _____

Insurance Agent: _____

Address: _____

Phone: _____ Email: _____

Power of Attorney: _____

Address: _____

Phone: _____ Email: _____

Health Care Power of Attorney: _____

Address: _____

Phone: _____ Email: _____

Digital Assets

Digital Wallet: _____

Website: _____ Device location: _____

Password: _____ PIN: _____

Cryptocurrency: _____

Website: _____ Device location: _____

Password: _____ PIN: _____

Online Documents/Files: _____

Type: _____ Device location: _____

User Name: _____ Password: _____

Social Networking (Facebook, Twitter, etc.): _____

Name: _____

User Name: _____ Password _____

Name: _____

User Name: _____ Password _____

Name: _____

User Name: _____ Password _____

Cloud Storage: _____

Name: _____ Recovery Phone #: _____

User Name: _____ Password: _____

Online Media Accounts (Music, photos, etc.): _____

Name: _____

User Name: _____ Password _____

Name: _____

User Name: _____ Password _____

Other Digital Assets: (Airline Mileage Plan Affinity) _____

Name: _____

User Name: _____ Password _____

Computer, Phone and Online Login Information

Computer/laptop/tablet location: _____

User ID: _____ Password: _____

Answer to security question: _____

Computer/laptop/tablet location: _____

User ID: _____ Password: _____

Answer to security question: _____

Cell phone #: _____ Password/Pin: _____

Carrier: _____ Account #: _____ Password: _____

Answer to security question: _____

Email account: _____

User ID: _____ Password: _____

Answer to security question: _____

Email account: _____

User ID: _____ Password: _____

Answer to security question: _____

Website: (ex. Target, Walmart, Amazon) _____

Account #: _____ User ID: _____ Password: _____

Answer to security question: _____

Website: _____

Account #: _____ User ID: _____ Password: _____

Answer to security question: _____

Website: _____

Account #: _____ User ID: _____ Password: _____

Answer to security question: _____

Sources of Income and Liabilities

Income (Check where applicable)

- | | | |
|------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Salary | <input type="checkbox"/> Stocks/Bonds | <input type="checkbox"/> Interest |
| <input type="checkbox"/> Trust(s) | <input type="checkbox"/> Social Security | <input type="checkbox"/> Mortgages |
| <input type="checkbox"/> Annuities | <input type="checkbox"/> Pension | <input type="checkbox"/> 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):

Name of bank: _____ Account #: _____

Mortgage(s):

Name of bank: _____ Account #: _____

Home equity line of credit:

Name of bank: _____ Account #: _____

Other: _____

Location of documents: _____

Credit Card(s)

Type of card: _____ Issuing bank: _____ Account #: _____

Type of card: _____ Issuing bank: _____ Account #: _____

Type of card: _____ Issuing bank: _____ Account #: _____

Type of card: _____ Issuing bank: _____ Account #: _____

Record of Personal and Financial Information and Affairs

Bank Accounts – checking and savings

1. **Name of bank:** _____ City _____

Type of account: _____ Account #: _____

Personal Banker: _____

User Name: _____ Password _____

2. **Name of bank:** _____ City _____

Type of account: _____ Account #: _____

Personal Banker: _____

User Name: _____ Password _____

3. **Name of bank:** _____ City _____

Type of account: _____ Account #: _____

Personal Banker: _____

User Name: _____ Password _____

Safe Deposit Box – location of safe, strong box

Name of bank/type of box: _____

Location of key: _____

In whose name: _____

Personal Safe – location, combination and contents

Location: _____

Combination: _____

Contents: _____

Location of Other Hidden Assets (cash/jewelry)

Location: _____

Contents: _____

Insurance Policies

I have the following life insurance policies:

1. **Company:** _____

Policy number: _____ Amount of benefit: _____

Name of insured: _____

Beneficiary/contact info: _____

2. **Company:** _____

Policy number: _____ Amount of benefit: _____

Name of insured: _____

Beneficiary/contact info: _____

3. **Company:** _____

Policy number: _____ Amount of benefit: _____

Name of insured: _____

Beneficiary/contact info: _____

I have the following other types of policies:

Automobile insurance: _____

Policy number: _____

Homeowners insurance: _____

Policy number: _____

Other insurance: _____

Policy number: _____

Real Estate

Owned (attach copy of tax statement with property description): _____

Location of deeds, titles, other documents: _____

Securities

Individual account:

Name of institution: _____ Account #: _____

Contact name/phone: _____

Joint account:

Name of institution: _____ Account #: _____

Contact name/phone: _____

IRA:

Name of institution: _____ Account #: _____

Contact name/phone: _____

401(k):

Name of institution: _____ Account #: _____

Contact name/phone: _____

Locations of other certificates and cost basis: _____

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, or attach: _____

Other Accounts (e.g. HSA, 529, Alternative Investments)

Last Will and Testament

I have [] have not [] made a will. Date of my last will and testament: _____

Executor/personal representative(s): _____

Address(es): _____

Phone: _____

Attorney who drafted my will: _____

Address: _____

Phone: _____

Location of my last will and testament: _____

(original and all copies)

I have [] have not [] made changes (codicils) to my will.

Date(s) of codicil(s): _____

Location of codicils: _____

Other details: _____

Living Will/Health Care Directive

I have [] have not [] made a living will/health care directive. Date: _____

Attorney who drafted my living will/health care directive: _____

Address: _____

Location of my living will/health care directive: _____

I have [] have not [] informed my physician that I have a living will/health care directive.

Name of physician notified: _____

Other details: _____

Trust Documents

I have [] have not [] created trusts in my lifetime.

Date(s) of my trust agreement(s): _____

Attorney who drafted my trust(s): _____

Address: _____

Location of my trust agreement(s): _____

I have [] have not [] made amendments to my trust(s).

Date(s) of amendment(s): _____

Location of amendments: _____

Trustee: _____

Successor Trustee: _____

Other details: _____

Trust Officer: _____

Phone: _____ Email: _____

Location of Other Important Items

Automobile registrations/keys: _____

Other vehicle (boat, ATV, snowmobile, etc.) registrations/keys: _____

Income tax records/returns: _____

Other records/documents: _____

Funeral Service/Cremation Instructions and Information

I have [] have not [] made pre-arrangements for my funeral and burial/cremation.

I have [] have not [] made pre-payment for my funeral and burial/cremation.

My preferences are:

Choice of funeral home: _____

Place of service: _____

Church or place of worship: _____

Address: _____

Clergyman's name: _____

Address: _____

Phone: _____

Participating organizations (fraternal/military): _____

Pallbearers (names, addresses, phone numbers): _____

Alternate pallbearers (names, addresses, phone numbers): _____

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 [] Photo: Yes [] No []

Newspaper(s): _____

Address(es): _____

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: _____

Additional Information

Notes

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. The person or trust company who manages this distribution is called a Personal Representative or Administrator.
- 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 that expresses a person's 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 person 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/ Health Care Directive:** A living will or health care directive is a legally binding document that sets out what actions should be taken for health care if the person is no longer able to, due to illness or incapacitation. Not 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 that allows another person to act even if the person who signed the power of attorney becomes incapacitated. The durable power of attorney is a helpful document for designating another person to make health care and/or financial decisions in the event of mental or physical disability without the need for guardianship proceedings.
- Probate:** Probate is the court proceeding that 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 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 directed in the will, or as state law requires if there is no will.
- Trust:** A trust is a legal document that can be created during a person's lifetime (called an inter vivos trust), or that can be included in a person's will (called a testamentary trust). A trust usually names a person or a financial institution to act as a trustee, to control and manage the property placed in the trust for the benefit of another person (called a beneficiary). The property that is placed in the trust is called the corpus of the trust.

Contact Us

D.A. Davidson Trust Company maintains a number of trust locations across the Western U.S. for ease and convenience.

For more information regarding D.A. Davidson Trust Company, please refer to our website at dadavidson.com or call 1-800-634-5526

- Not FDIC Insured
- No Bank Guarantee
- May Lose Value



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