You Don't Know What You Don't Know

A crucial conversation regarding financial preparation before a loved one's passing.

Presented By:

Lee N. Katz
(404) 307-6150
LeeKatzATL@gmail.com

General Information

Single/Partner 1

Full Name: _____

Date of Birth: _____

Birthplace: _____

Social Security Number: _____

Medicare Number: _____

Supplemental Insurance Number: _____

Driver's License Number; State and expiration date: _____

Current Residency Address: _____

Location of: _____

Marriage License (attach copy): _____

Divorce Decree, if applicable: _____

Passport Number: _____

Father's name, DOB and DOD, if applicable: _____

Mother's name, DOB and DOD, if applicable: _____

Safe Deposit Box Location and authorized persons: _____

Where are the keys: _____

Is there a safe in the house? Combination: _____

POA/Health Power/Advance Directive Location: _____

Named person on POA/Health Power: _____

Financial Power of Attorney, date and location: _____

Named person on POA: _____

Mental Health Power of Attorney, date, and location: _____

Named person: _____

Named Executor, will, date and location of original: _____

_____

General Information

Spouse/Partner 2

Full Name: _____

Date of Birth: _____

Birthplace: _____

Social Security Number: _____

Medicare Number: _____

Supplemental Insurance Number: _____

Driver's License Number; State and expiration date: _____

Current Residency Address: _____

Location of: _____

Marriage License (attach copy): _____

Divorce Decree, if applicable: _____

Passport Number: _____

Father's name, DOB and DOD, if applicable: _____

Mother's name, DOB and DOD, if applicable: _____

Safet Deposit Box Location and authorized person: _____

Where are the keys: _____

Is there a safe in the house? Combination: _____

POA/Health Power/Advance Directive Location: _____

Named person on POA/Health Power: _____

Financial Power of Attorney, date and location: _____

Named person on POA: _____

Mental Health Power of Attorney, date, and location: _____

Named person: _____

Named Executor, will, date and location of original: _____

_____

Passwords

Single/Partner 1

One Password or Equivalent Master Password: _____

Passwords/login name to all banks, insurance companies, financial advisors, email accounts, company accounts and real estate investments: _____

_____

_____

_____

_____

_____

_____

_____

Change Immediately upon death to prevent fraud.

Spouse/Partner 2

One Password or Equivalent Master Password: _____

Passwords/login name to all banks, insurance companies, financial advisors, email accounts, company accounts and real estate investments: _____

_____

_____

_____

_____

_____

_____

_____

Change Immediately upon death to prevent fraud.

Charitable Issues

Single/Partner 1

Goal is to fulfill the desires of your spouse/partner

Charity Pledges: _____

_____

Donor Advise Funds (DAF): _____

_____

Endowments: _____

_____

Bequests: _____

_____

Synagogue Commitments: _____

_____

Church Commitments: _____

_____

Private School Commitments: _____

(Donations & grandkid tuition)

Spouse/Partner 2

Goal is to fulfill the desires of your spouse/partner

Charity Pledges: _____

_____

Donor Advise Funds (DAF): _____

_____

Endowments: _____

_____

Bequests: _____

_____

Synagogue Commitments: _____

_____

Church Commitments: _____

_____

Private School Commitments: _____

(Donations & grandkid tuition)

Bank/Credit Cards

Single/Partner 1

Bank #1

Contact Name: _____

Address: _____

Phone Number: _____

Checking Account Numbers: _____

Money Market/Savings Account Numbers: _____

Safe Deposit Box: _____

Website and Password: _____

Bank #2

Contact Name: _____

Address: _____

Phone Number: _____

Checking Account Numbers: _____

Money Market/Savings Account Numbers: _____

Safe Deposit Box: _____

Credit Card Number: _____

Website and Password: _____

Bank #3

Contact Name: _____

Address: _____

Phone Number: _____

Credit Card Number: _____

Website and Password: _____

Bank #4

Contact Name: _____

Credit Card Number: _____

Money Market/Savings Account Numbers: _____

Safe Deposit Box: _____

Website and Password: _____

Require a second level of confirmation ASAP, ie text code

Bank/Credit Cards

Spouse/Partner 2

Bank #1

Contact Name: _____

Address: _____

Phone Number: _____

Checking Account Numbers: _____

Money Market/Savings Account Numbers: _____

Safe Deposit Box: _____

Website and Password: _____

Bank #2

Contact Name: _____

Address: _____

Phone Number: _____

Checking Account Numbers: _____

Money Market/Savings Account Numbers: _____

Safe Deposit Box: _____

Credit Card Number: _____

Website and Password: _____

Bank #3

Contact Name: _____

Address: _____

Phone Number: _____

Credit Card Number: _____

Website and Password: _____

Bank #4

Contact Name: _____

Credit Card Number: _____

Money Market/Savings Account Numbers: _____

Safe Deposit Box: _____

Website and Password: _____

Require a second level of confirmation ASAP, ie text code

Insurance

Single/Partner 1

Life Insurance Policy

Name of Insured: _____

Name of Beneficiaries and percentage of life policy: _____

Insurance Company: _____

Policy Number: _____

Death Benefit Net: _____

Website and password: _____

Life Insurance Policy

Name of Insured: _____

Name of Beneficiaries and percentage of life policy owned: _____

Insurance Company: _____

Policy Number: _____

Death Benefit including CV: _____

Website and password: _____

Health Insurance Policies

Supplement: _____

ID number: _____

Contact info: _____

Website and password: _____

Long Term Care Insurance

Name of Insurance Company: _____

Policy Number: _____

Contact info: _____

Website and password: _____

Homeowners Policy, Auto, & Umbrella

Name of Company: _____

Contact telephone: _____

Website and Password: _____

Insurance

Spouse/Partner 2

Life Insurance Policy

Name of Insured: _____

Name of Beneficiaries and percentage of life policy: _____

Insurance Company: _____

Policy Number: _____

Death Benefit Net: _____

Website and password: _____

Life Insurance Policy

Name of Insured: _____

Name of Beneficiaries and percentage of life policy owned: _____

Insurance Company: _____

Policy Number: _____

Death Benefit including CV: _____

Website and password: _____

Health Insurance Policies

Supplement: _____

ID number: _____

Contact info: _____

Website and password: _____

Long Term Care Insurance

Name of Insurance Company: _____

Policy Number: _____

Contact info: _____

Website and password: _____

Homeowners Policy, Auto, & Umbrella

Name of Company: _____

Contact telephone: _____

Website Password: _____

Financial Information

Single/Partner 1

Lawyer's Name: _____
Address: _____
Phone Number: _____
Website and Password: _____
Legal Matter (Divorce, Will, Other): _____
Executor: _____

Lawyer's Name: _____
Address: _____
Phone Number: _____
Website and Password: _____
Legal Matter: _____
Location of all legal documents and who has access: _____

Financial Advisor: Stocks & Bonds
Firm: _____
Address: _____
Phone Number: _____
Website and Password: _____
Security Question: _____
Beneficiary on account (s): _____

Financial Advisor Roth IRA & Traditional IRA
Firm: _____
Address: _____
Phone Number: _____
Website and Password: _____
Security Question: _____
Beneficiary on account (s): _____

Treasury Accounts
I bond account Number: _____
T bills account Number: _____

Accountant Info
Name: _____
Address: _____
Phone Number: _____
Personal or Company: _____
Location of previous tax returns: _____
Website and password: _____
Require second step confirmation of authorization: _____

Financial Information

Spouse/Partner 2

Lawyer's Name: _____
Address: _____
Phone Number: _____
Website and Password: _____
Legal Matter (Divorce, Will, Other): _____
Executor: _____

Lawyer's Name: _____
Address: _____
Phone Number: _____
Website and Password: _____
Legal Matter: _____
Location of all legal documents and who has access: _____

Financial Advisor: Stocks & Bonds
Firm: _____
Address: _____
Phone Number: _____
Website and Password: _____
Security Question: _____
Beneficiary on account (s): _____

Financial Advisor Roth IRA & Traditional IRA
Firm: _____
Address: _____
Phone Number: _____
Website and Password: _____
Security Question: _____
Beneficiary on account (s): _____

Treasury Accounts
I bond account Number: _____
T bills account Number: _____

Accountant Info
Name: _____
Address: _____
Phone Number: _____
Personal or Company: _____
Location of previous tax returns: _____
Website and password: _____
Require second step confirmation of authorization: _____

Residence

Single/Partner 1

Residence address: _____

Tenant in Common, Individual or JTWROS: _____

County: _____

Location of Deed: _____

Residence County Tax Exemptions: _____

Who inherits residence: _____

Does Spouse/Partner have previous marriage residence (important for Will clarification: _____

Home Operations

All appliance warranties: _____

_____

_____

_____

AC repair service, name and address: _____

_____

Exterminator: _____

Landscaper: _____

Where are circuit breakers/fuses located: _____

Where is Water Cutoff: _____

Water Company Account Number and Password: _____

Electric Company Account Number and Password: _____

Gas Company Account Number and Password: _____

Cable Company Account Number and Password: _____

Security Company Account Number and Password: _____

Cell Phone Company Account Number and Password: _____

Residence

Spouse/Partner 2

Residence address: _____

Tenant in Common, Individual or JTWROS: _____

County: _____

Location of Deed: _____

Residence County Tax Exemptions: _____

Who inherits residence: _____

Does Spouse/Partner have previous marriage residence (important for Will clarification: _____

Home Operations

All appliance warranties: _____

_____

_____

_____

AC repair service, name and address: _____

_____

Exterminator: _____

Landscaper: _____

Where are circuit breakers/fuses located: _____

Where is Water Cutoff: _____

Water Company Account Number and Password: _____

Electric Company Account Number and Password: _____

Gas Company Account Number and Password: _____

Cable Company Account Number and Password: _____

Security Company Account Number and Password: _____

Cell Phone Company Account Number and Password: _____

Long Term Care

Single/Partner 1

Assisted Living/Long Term Care Facility: _____

Long Term Care Insurance: _____

Name of Insurance Company: _____

Policy Number: _____

Contact information: _____

_____

Website and password: _____

Financial Power of Attorney, date and location: _____

_____

Named person on POA: _____

Mental Power of Attorney, date, and locaton: _____

_____

Named person: _____

Burial Information: _____

_____

Cremation Information: _____

_____

(Prepaid policies AND location of policy): _____

_____

NOTE: ALL PERSONS HAVING POA SHOULD HAVE A COPY OF DOCUMENT REFLECTING SAME

Long Term Care

Spouse/Partner 2

Assisted Living/Long Term Care Facility: _____

Long Term Care Insurance: _____

Name of Insurance Company: _____

Policy Number: _____

Contact information: _____

_____

Website and password: _____

Financial Power of Attorney, date and location: _____

_____

Named person on POA: _____

Mental Power of Attorney, date, and locaton: _____

_____

Named person: _____

Burial Information: _____

_____

Cremation Information: _____

_____

(Prepaid policies AND location of policy): _____

_____

NOTE: ALL PERSONS HAVING POA SHOULD HAVE A COPY OF DOCUMENT REFLECTING SAME

Retirement Accounts

Single/Partner 1

Social Security Number: _____

Monthly Benefits: _____

Medicare Number: _____

Social Security Number-Spouse: _____

Monthly Benefits: _____

Medicare Number: _____

Pension-Husband: _____

Employer: _____

Account #: _____

Monthly benefit: _____

Website and password: _____

Pension-Wife: _____

Employer: _____

Account #: _____

Monthly Benefit: _____

Website and password: _____

RMD status: _____

IRA/Roth/Inherited IRA

Bank/Financial Advisor: _____

Phone Number: _____

Contact Person: _____

Beneficiary(s): _____

(Review any conflict with Will beneficiary)

Note: Determine if private/government pension is shared with previous spouse/partner.

Retirement Accounts

Spouse/Partner 2

Social Security Number: _____

Monthly Benefits: _____

Medicare Number: _____

Social Security Number-Spouse: _____

Monthly Benefits: _____

Medicare Number: _____

Pension-Husband: _____

Employer: _____

Account #: _____

Monthly benefit: _____

Website and password: _____

Pension-Wife: _____

Employer: _____

Account #: _____

Monthly Benefit: _____

Website and password: _____

RMD status: _____

IRA/Roth/Inherited IRA

Bank/Financial Advisor: _____

Phone Number: _____

Contact Person: _____

Beneficiary(s): _____

(Review any conflict with Will beneficiary)

Note: Determine if private/government pension is shared with previous spouse/partner.

Medical

Single/Partner 1

Doctor's Name: _____

Specialty: _____

Office Address: _____

Phone Numbers: _____

Website and password: _____

Doctor's Name: _____

Specialty: _____

Office Address: _____

Phone Numbers: _____

Website and password: _____

Doctor's Name: _____

Specialty: _____

Office Address: _____

Phone Numbers: _____

Website and password: _____

Doctor's Name: _____

Specialty: _____

Office Address: _____

Phone Numbers: _____

Website and password: _____

Doctor's Name: _____

Specialty: _____

Office Address: _____

Phone Numbers: _____

Website and password: _____

Health Power of Attorney, primary and backup: _____

_____

Mental Health Care Power of Attorney, primary and backup: _____

_____

Medical

Spouse/Partner 2

Doctor's Name: _____

Specialty: _____

Office Address: _____

Phone Numbers: _____

Website and password: _____

Doctor's Name: _____

Specialty: _____

Office Address: _____

Phone Numbers: _____

Website and password: _____

Doctor's Name: _____

Specialty: _____

Office Address: _____

Phone Numbers: _____

Website and password: _____

Doctor's Name: _____

Specialty: _____

Office Address: _____

Phone Numbers: _____

Website and password: _____

Doctor's Name: _____

Specialty: _____

Office Address: _____

Phone Numbers: _____

Website and password: _____

Health Power of Attorney, primary and backup: _____

_____

Mental Health Care Power of Attorney, primary and backup: _____

_____

Business Investments

Single/Partner 1

Residence: Tenants in Common, WROS or in one name only: _____

_____

_____

Real Estate Investments (passive): _____

_____

Managing Partner of Investor Group: _____

Contact Information: _____

Location of Agreements/Documents: _____

_____

Business Loan Guarantees: _____

_____

Operating Business (Active): _____

Ownership: _____

Bank Authorization: _____

Tax returns: _____

_____

Treasury Accounts

I Bond Account Number: _____

T Bills Account Number: _____

Business Investments

Spouse/Partner 2

Residence: Tenants in Common, WROS or in one name only: _____

_____

_____

Real Estate Investments (passive): _____

_____

Managing Partner of Investor Group: _____

Contact Information: _____

Location of Agreements/Documents: _____

_____

Business Loan Guarantees: _____

_____

Operating Business (Active): _____

Ownership: _____

Bank Authorization: _____

Tax returns: _____

_____

Treasury Accounts

I Bond Account Number: _____

T Bills Account Number: _____

NOTES