



First United

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Wealth Management

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Organizing My Affairs



It's never too early to get organized. This workbook was created so that you may record crucial personal and financial data that your survivors may require after your death. Because maintaining a copy of this data is important in a time of need, you may want to keep a copy in a safe spot that is known by at least two other family members or close friends in addition to a copy that you keep in a safe deposit box.

My First United Wealth Management Advisor

Name:

Title:

Address:

Phone:

Email:

Personal & Family Information

Personal Information

Legal Name:

SSN:

Birthdate:

Place of Birth:

Maiden Name *(if applicable)*:

Other Names I Have Used:

Former Spouse(s) *if applicable*:

Spouse's Legal Name:

SSN:

Birthdate:

Place of Birth:

Maiden Name *(if applicable)*:

Other Names My Spouse Has Used:

Former Spouse(s) *if applicable*:

Children of this Marriage

Legal Name:

Birthdate:

Address:

Phone:

Email:

Special Needs *(if applicable)*:

Legal Name:

Birthdate:

Address:

Phone:

Email:

Special Needs *(if applicable)*:

Personal & Family Information

Children of this Marriage (continued)

Legal Name:	Birthdate:
Address:	
Phone:	Email:
Special Needs <i>(if applicable)</i> :	

Legal Name:	Birthdate:
Address:	
Phone:	Email:
Special Needs <i>(if applicable)</i> :	

Parents/Step Parents/In-Laws

Legal Name:		
Address:		
Phone:	Email:	
Relationship:	Living/Deceased:	

Legal Name:		
Address:		
Phone:	Email:	
Relationship:	Living/Deceased:	

Legal Name:		
Address:		
Phone:	Email:	
Relationship:	Living/Deceased:	

Personal & Family Information

Personal Information

Legal Name:

SSN:

Birthdate:

Place of Birth:

Maiden Name *(if applicable)*:

Other Names I Have Used:

Former Spouse(s) *if applicable*:

Spouse's Legal Name:

SSN:

Birthdate:

Place of Birth:

Maiden Name *(if applicable)*:

Other Names My Spouse Has Used:

Former Spouse(s) *if applicable*:

Children of this Marriage

Legal Name:

Birthdate:

Address:

Phone:

Email:

Special Needs *(if applicable)*:

Legal Name:

Birthdate:

Address:

Phone:

Email:

Special Needs *(if applicable)*:

Personal & Family Information

Children of this Marriage (continued)

Legal Name:	Birthdate:
Address:	
Phone:	Email:
Special Needs <i>(if applicable)</i> :	

Legal Name:	Birthdate:
Address:	
Phone:	Email:
Special Needs <i>(if applicable)</i> :	

Parents/Step Parents/In-Laws

Legal Name:		
Address:		
Phone:	Email:	
Relationship:	Living/Deceased:	

Legal Name:		
Address:		
Phone:	Email:	
Relationship:	Living/Deceased:	

Legal Name:		
Address:		
Phone:	Email:	
Relationship:	Living/Deceased:	

Personal & Family Information

Former Spouse (if applicable)

Legal Name:	Birthdate:
Address:	
Phone:	Email:
Date of Marriage:	Date of Termination:

Children of Terminated Marriage

Legal Name:	Birthdate:
Address:	
Phone:	Email:
Special Needs (if applicable):	

Legal Name:	Birthdate:
Address:	
Phone:	Email:
Special Needs (if applicable):	

Legal Name:	Birthdate:
Address:	
Phone:	Email:
Special Needs (if applicable):	

Legal Name:	Birthdate:
Address:	
Phone:	Email:
Special Needs (if applicable):	

Personal & Family Information

Siblings or Other Relatives

Legal Name:	
SSN:	Birthdate:
Gender:	Marital Status:
Address:	
Phone:	Email:
Relationship:	Living/Deceased:

Legal Name:	
SSN:	Birthdate:
Gender:	Marital Status:
Address:	
Phone:	Email:
Relationship:	Living/Deceased:

Legal Name:	
SSN:	Birthdate:
Gender:	Marital Status:
Address:	
Phone:	Email:
Relationship:	Living/Deceased:

Legal Name:	
SSN:	Birthdate:
Gender:	Marital Status:
Address:	
Phone:	Email:
Relationship:	Living/Deceased:

Wills\Trusts\Estate Planning

Last Will and Testament

Date Executed:	Location:
Attorney for Will:	Phone:
Executor:	
Address:	
Phone:	Email:
Successor Executor:	
Address:	
Phone:	Email:

Trusts Under Agreement

Name of Trust:	
Attorney for Trust:	Phone:
Date Executed:	Location:
Trustee(s):	
Trustee Bank (if applicable):	
Address:	
Contact Person:	
Phone:	Email:

Name of Trust:	
Attorney for Trust:	Phone:
Date Executed:	Location:
Trustee(s):	
Trustee Bank (if applicable):	
Address:	
Contact Person:	
Phone:	Email:

Wills\Trusts\Estate Planning

Durable Power of Attorney

Date Executed: _____ Location: _____

Name(s) of Agents Appointed: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Co-Agent or Successor: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Co-Agent or Successor: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Co-Agent or Successor: _____

Wills\Trusts\Estate Planning

Living Will

Date Executed:	Location:
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The following individuals have copies:

Name:

Address:

Phone:

Email:

Name:

Address:

Phone:

Email:

Name:

Address:

Phone:

Email:

Health Care Directive

Name:

Address:

Phone:

Email:

Name:

Address:

Phone:

Email:

Name:

Address:

Phone:

Email:

Personal Documents

My survivors or executor(s) may need the following information upon my death.

Updated as of: _____

Description	Location of Information & Documents
Social Security Number	
Driver's License Number	
Birth Certificate	
Adoption Papers	
Marriage License and Certificates	
Divorce/Separation Papers	
Military Statement of Service Retirement Orders Last Active Duty Pay Statement First Retirement Pay Statement VA Disability	
Tax Records for Current and Past Years Include Copies of Any Gift or Estates Tax Returns Files over the Last 3 Years	
Passport Number	
Tax Identification Numbers of Trusts	
Appraisals for Valuables (jewelry, antiques, etc.)	
Prepaid Funeral Arrangement Paperwork	
Citizenship Papers	
Other	

Location of Safe Deposit Boxes

Name of Depository:	Box Number:
Address:	
Phone:	
Contact Person:	
Location of Key:	
Contents/Inventory:	

Name of Depository:	Box Number:
Address:	
Phone:	
Contact Person:	
Location of Key:	
Contents/Inventory:	

Name of Depository:	Box Number:
Address:	
Phone:	
Contact Person:	
Location of Key:	
Contents/Inventory:	

Contacts

The names of those who may need to be notified of my death.

Executor/Executrix:

Address:

Phone:

Email:

Executor/Executrix:

Address:

Phone:

Email:

Executor/Executrix:

Address:

Phone:

Email:

Executor/Executrix:

Address:

Phone:

Email:

Executor/Executrix:

Address:

Phone:

Email:

Executor/Executrix:

Address:

Phone:

Email:

Executor/Executrix:

Address:

Phone:

Email:

Financial Institutions

Name of Financial Institution:

Address:

Phone:

Contact Person:

Accounts:

Account Type	Account Number	PIN (if applicable)

Name of Financial Institution:

Address:

Phone:

Contact Person:

Accounts:

Account Type	Account Number	PIN (if applicable)

Name of Financial Institution:

Address:

Phone:

Contact Person:

Accounts:

Account Type	Account Number	PIN (if applicable)

Financial Institutions

Name of Financial Institution:

Address:

Phone:

Contact Person:

Accounts:

Account Type	Account Number	PIN (if applicable)

Name of Financial Institution:

Address:

Phone:

Contact Person:

Accounts:

Account Type	Account Number	PIN (if applicable)

Name of Financial Institution:

Address:

Phone:

Contact Person:

Accounts:

Account Type	Account Number	PIN (if applicable)

Credit Cards & Personal Loans

Name of Institution/Company:

Card Number:

Type:

Lost or Stolen Card Call:

Name of Institution/Company:

Card Number:

Type:

Lost or Stolen Card Call:

Name of Institution/Company:

Card Number:

Type:

Lost or Stolen Card Call:

Name of Institution/Company:

Card Number:

Type:

Lost or Stolen Card Call:

Name of Institution/Company:

Account Number:

Type:

Phone:

Estimated Payoff:

Name of Institution/Company:

Account Number:

Type:

Phone:

Estimated Payoff:

Name of Institution/Company:

Account Number:

Type:

Phone:

Estimated Payoff:

Name of Institution/Company:

Account Number:

Type:

Phone:

Estimated Payoff:

Real Estate

Primary Residence

How Property is Titled:

Address:

Phone:

Mortgage Company/Contact Person:

Trusted Neighbor Contact:

Second Residence or Vacation Property

How Property is Titled:

Address:

Phone:

Mortgage Company/Contact Person:

Trusted Neighbor Contact:

Additional Residence or Vacation Property

How Property is Titled:

Address:

Phone:

Mortgage Company/Contact Person:

Trusted Neighbor Contact:

Investment or Rental Property

How Property is Titled:

Address:

Phone:

Mortgage Company/Contact Person:

Currently Rented? If so, name of lessee:

Investment or Rental Property

How Property is Titled:

Address:

Phone:

Mortgage Company/Contact Person:

Investments

Financial Institution	Owners & Beneficiaries
Name:	
Address:	
Phone:	
Investment Type:	
Account Number:	
Name:	
Address:	
Phone:	
Investment Type:	
Account Number:	
Name:	
Address:	
Phone:	
Investment Type:	
Account Number:	
Name:	
Address:	
Phone:	
Investment Type:	
Account Number:	
Name:	
Address:	
Phone:	
Investment Type:	
Account Number:	

Life Insurance & Annuities

Company	Beneficiaries
Name:	
Address:	
Phone:	
Agent:	
Policy Number:	
Face Value:	
Name:	Location of Policy:
Address:	
Phone:	
Agent:	
Policy Number:	
Face Value:	
Name:	
Address:	
Phone:	
Agent:	
Policy Number:	
Face Value:	
Name:	Location of Policy:
Address:	
Phone:	
Agent:	
Policy Number:	
Face Value:	
Name:	
Address:	
Phone:	
Agent:	
Policy Number:	
Face Value:	

Other Insurance Policies

Company	Beneficiaries
Name:	
Address:	
Phone:	
Agent:	Location of Policy:
Policy Number:	
Face Value:	
Name:	
Address:	
Phone:	
Agent:	Location of Policy:
Policy Number:	
Face Value:	
Name:	
Address:	
Phone:	
Agent:	Location of Policy:
Policy Number:	
Face Value:	
Name:	
Address:	
Phone:	
Agent:	Location of Policy:
Policy Number:	
Face Value:	
Name:	
Address:	
Phone:	
Agent:	Location of Policy:
Policy Number:	
Face Value:	

Other Insurance Policies

Company	Beneficiaries
Name:	
Address:	
Phone:	
Agent:	
Policy Number:	
Face Value:	Location of Policy:
Name:	
Address:	
Phone:	
Agent:	
Policy Number:	
Face Value:	Location of Policy:
Name:	
Address:	
Phone:	
Agent:	
Policy Number:	
Face Value:	Location of Policy:
Name:	
Address:	
Phone:	
Agent:	
Policy Number:	
Face Value:	Location of Policy:
Name:	
Address:	
Phone:	
Agent:	
Policy Number:	
Face Value:	Location of Policy:

Miscellaneous Checklist

Miscellaneous Items	Details
Names and Phone Numbers of Those Who May Want My Pets	
Secret Hiding Places for Selected Items	
Security System Company Name, Phone, Codes	
Spare Key(s) Locations Home, Vehicle, Safe Deposit Box, Garage	
Codes to Combination Locks	
Name & Phone Number of Anyone or Service Provider Who Has Keys	
Location of My Address Book(s)	
Location of Rented Storage Units and Keys or Codes	
Names and Contact Information for Services, i.e. Pest Control, Pool, Lawn, etc.	
Other:	

Online Accounts	
Username	Password



[MyBank.com/wealth](https://www.mybank.com/wealth)

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