



TUSHAUS WEALTH MANAGEMENT

SURVIVORS GUIDE

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TAKE TIME NOW TO PLAN

When a loved one dies, family and friends are tasked with tying up the details of a life. They must navigate a maze of paperwork and distribute assets according to the deceased's wishes – all while managing an overwhelming feeling of loss.

Eventually, someone will handle your affairs after your death. The best gift you can give them is to organize your financial and legal lives as much as possible before that time comes. This Survivors Guide is designed to help you think through all the questions your loved ones might have after you die, including:

- Where is your money located – and how can they get access to it?
- How should your possessions and financial accounts be distributed among your heirs?
- Do you have outstanding debts that need to be discharged?
- What life insurance and annuity policies do you hold?
- Who are the people who can provide wise advice (legal, financial, medical) about your affairs?
- What happens with your business, if you own one?
- Have you made arrangements for the care of dependent children?

Taking time now to plan relieves your loved ones of the burden of figuring it out later, when you're no longer here to ask. Within this guide, you can list your arrangements for your final days, including how you wish to be cared for in case of incapacity or how you envision your final resting place. You also have space to include information about important legal documents, such as trusts, wills, birth and marriage certificates, life insurance policies and more.

As you work through this document, we encourage you to talk with an attorney, life insurance agent, financial professional or other advisor who can help you think through questions as they arise. These contacts also can provide support and input to your loved ones as they're settling your estate.

**All individuals should complete a separate Survivors Guide.*

LOCATION OF IMPORTANT PAPERS

Item	Location
Last will and testament	
Revocable living trust	
Living will	
Durable powers of attorney	
Limited partnership papers	
Promissory notes	
Credit cards	
Checkbooks	
Monthly bank statements	
Canceled checks	
CD certificates	
Stock & bond certificates	
Annuities	
Mutual funds	
Other investments	
Retirement plans	
Pension, profit sharing or other retirement or death benefits	
Tax records	
Mortgage records	
Car loan records	
Deeds to property	
Timeshare deed	
Property tax bills	
Vehicle registration	
Life insurance policies	
Property/casualty insurance policies	
Medical insurance policies	
Medical records	
Marriage certificate(s)	
Birth certificate(s)	
Death certificate(s)	

Item	Location
Divorce certificate(s)	
Adoption papers	
Social Security card(s)	
Driver's license(s)	
Passport(s)	
Military service records, including serial number	
VA claim number	
Veteran's discharge certificate	
Immigration & naturalization papers	
Location of safes and combinations	
Software passwords, codes	
Other	

IMPORTANT CONTACTS

FINANCIAL PLANNER

Name: _____

Address: _____

Phone: _____

Email: _____

EXECUTOR OF WILL

Name: _____

Address: _____

Phone: _____

Email: _____

CERTIFIED PUBLIC ACCOUNTANT (CPA)

Name: _____

Address: _____

Phone: _____

Email: _____

BANKING CONTACT

Name: _____

Address: _____

Phone: _____

Email: _____

ATTORNEY

Name: _____

Address: _____

Phone: _____

Email: _____

LANDLORD

Name: _____

Address: _____

Phone: _____

Email: _____

DOCTOR

Name: _____

Address: _____

Phone: _____

Email: _____

BUSINESS ASSOCIATE

Name: _____

Address: _____

Phone: _____

Email: _____

FUNERAL HOME

Name: _____

Address: _____

Phone: _____

Email: _____

REAL ESTATE AGENT

Name: _____

Address: _____

Phone: _____

Email: _____

FAMILY RECORDS AND INFORMATION

About the Family

My name: _____

Place and date of birth: _____

CHILDREN

Full Name	Place of Birth	Date of Birth

OTHER FAMILY

Full Name	Place of Birth	Date of Birth

FAMILY RECORDS LOCATION

Item	Location
Medical records	
Marriage certificates	
Other important family records	

WILLS AND SAFE DEPOSIT BOXES

Wills/Trusts

- I have a will/trust.
- I do not have a will/trust. *(NOTE: If you checked this box, we encourage you to schedule a consultation with an estate planning attorney very soon.)*

Original and copies of my will/trust are located at: _____

Executor's name, address and phone number: _____

Name of attorney, address and phone number: _____

Safe Deposit Boxes

- I do not have a safety deposit box.
- It is held in my name only.
- It is held jointly with

Box number _____

Name and location of bank _____

Location(s) of keys _____

INSURANCE AND ANNUITIES

LIFE INSURANCE

I have the following life and long-term care insurance policies:

Insurance Company	Policy #	Owner	Face Value	Beneficiary

**If any policies listed are survivorships (last-to-die) plans, it is also important to notify the insurer.*

OTHER FAMILY MEMBERS:

Insurance Company	Policy #	Face Value	Beneficiary

Government Life Insurance

I served in the _____ (branch of service) from _____ (date) to _____ (date) and received the following type of discharge: _____

My serial number was _____

The status of my government life insurance is as follows (expired or still in force: face amount):

The policy is located at:

OTHER GOVERNMENT SOURCES

My family will be eligible for the benefits that are checked and described below:

- Railroad retirement
- Civil service
- Active military or veterans' service-connected death
- Veterans' non-service-connected death
- Benefits because of my state or local government employment

My VA claim number is _____

Records and documents needed to apply for benefits are located at:

MEMBERSHIP ORGANIZATIONS

Because of my membership in various organizations (union, trade association, fraternal benefit society, etc.), my survivors may be eligible for certain benefits as follows:

Organization	Type of Benefit

The papers needed to apply for such benefits are located at:

Policies for all insurance coverage and annuities are located at:

HEALTH INSURANCE

My health insurance policies (hospitalization, disability income, accident, long-term care, etc.) are as follows:

Insured	Insurance Company	Policy #	Type of Insurance

ANNUITIES

I have the following annuities:

Insurance Company	Policy #	Annuitant	Beneficiary

PROPERTY/CASUALTY INSURANCE

I have the following type(s) of insurance (homeowners, automobile, personal liability, business coverage, fire, vehicle and disability, etc.):

Insurance Company	Policy #	Type of Insurance

BENEFITS AVAILABLE UPON MY DEATH

AVAILABLE DEATH BENEFITS, PRESENT EMPLOYER

My employer is:

Name	Address	Phone

My family may be eligible for the following benefits from my employer upon my death
(check all that apply):

- Group life insurance
- Deferred compensation
- Group health insurance (death benefit)
- Credit union deposits
- COBRA continuation coverage
- Pension (survivors benefits)
- Profit-sharing plan (survivors benefits)
- Unpaid salary
- Other

If I am killed on the job, additional benefits may be payable to my family from:

- Workers' compensation
- Accident travel insurance, common carrier insurance, tickets purchased by credit card
- Other _____

PAST EMPLOYERS

Because of my previous employment there, I have a vested interest in the pension plan or other benefits at:

Papers needed to apply for benefits are located at:

SOCIAL SECURITY

The Social Security Administration offers a variety of benefits. Call 800.772.1213 or visit www.ssa.gov for help in calculating the dollar amount below and for complete details on all Social Security benefits.

A lump sum burial benefit of \$255 may be payable to my spouse or children.

Social Security may provide my children a monthly benefit of \$_____.

My Social Security number is _____-_____-_____.

Children's Social Security numbers:

Child's Name	Social Security Number

To receive benefits, you will need the following information:

- A certified copy of the death certificate
- The deceased's Social Security number
- Information on the deceased's employer and approximate earnings for the past two years, such as tax returns or W-2s
- Your marriage certificate
- Social Security numbers and birth certificates for you and your dependent children

NOTE: Order at least 15 death certificates. A separate certified death certificate will be needed for each insurance policy and each asset (real estate, stocks, bonds, mutual funds, bank accounts, etc.). The funeral director can order death certificates for you.

SOURCES OF IMMEDIATE CASH / CARE OF DEPENDENT CHILDREN

Sources of Immediate Cash

During the period immediately following my death, the best sources for my family to obtain cash for immediate needs are as follows:

Care of Dependent Children

In the event I (or, if married, my spouse and I) die while my children are young, the following arrangements have been made on their behalf (provide name, relationship, address and phone number of guardian and describe trust arrangements, if any):

OR my will contains the following guardianship designation and trust arrangement:

OR no official arrangements have been made to date, but I hope that the following arrangements could be made:

TRUST INFORMATION

Trust(s) I Have Set Up:

Bank, trust company or other fiduciary: _____

Trust officer: _____

Phone number: _____

The trust is:

- Funded
- Unfunded

REAL ESTATE INFORMATION

REAL ESTATE OWNED

Home address: _____

It is owned:

Jointly by _____

Singly by _____

Mortgagor: _____

Phone number: _____

Location of mortgage or deed: _____

I have a second home at: _____

It is owned:

Jointly by _____

Singly by _____

Mortgagor: _____

Phone number: _____

Location of mortgage or deed: _____

Other real estate owned (excluding business, farm or other enterprise):

FINANCIAL ASSETS

BANK ACCOUNTS *(including Savings & Loan Associations, Credit Union)*

Type of Account (Checking, Savings, CD)	Account #	Owner(s)	Location

Location of passbooks, checkbooks, canceled checks and statements:

Stocks, Bonds and Securities Portfolio

Stocks, bonds, securities _____

Records located _____

Mutual fund companies _____

Records located _____

Money market account(s) _____

Records located _____

Additional Financial Information

Major debts (other than first mortgages and revolving charge accounts):

Money owed to me:

Location of notes payable and receivable:

Other information:

BUSINESS, FARM OR OTHER ENTERPRISE INFORMATION

Name of business _____

Type of business _____

Location _____

Percentage of ownership (%) _____

Form of business (sole proprietorship, partnership, corporation):

Other owners (if any):

Is the business subject to a buy/sell agreement?

Information on any other business interests or farms owned:

Arrangements that have been made (or should be made after my death) in continuing or disposing of each business interest:

Location of business books, records and pertinent papers:

Additional information:

Contact information for person(s) who could offer sound advice in carrying on the business or operating the farm OR in disposing of the business or farm:

PERSONAL LETTER OF DIRECTION

Dear family and friends,

My biggest wish for you has always been for harmony and peace. I want that to continue beyond my death, and I hope to avoid any misunderstandings or hurt feelings as my items are distributed. As a result, I've given a great deal of thought as to how I might make it easier for you to deal with the details of my life when I'm gone.

In the following guide, you'll find a list of my accounts as well as specific items to be distributed to specific individuals. I know some of these items have more sentimental value than monetary value, and I've tried to make my best judgment on who receives which items. I've done my best to be sure that everyone is treated fairly, and I am so sorry if anyone feels I've made a wrong decision in how my possessions are distributed.

Thank you for your love and support!

FUNERAL AND BURIAL PREFERENCES

Body or Organs to be Donated: _____

- Yes (indicate specific organs NOT to be donated, if any)
- No (see Health Care Durable Power of Attorney or Health Care Directive)

Preferred mortuary: _____

City _____ State _____

Place of Service

Church _____

Mortuary chapel _____

Church or denomination _____

Person to Be in Charge of Final Arrangements

(see Health Care Durable Power of Attorney or Health Care Directive)

Relationship _____ Phone _____

Description of Services Desired

Special readings or music _____

Service to be conducted by _____

Internment Requests

I prefer:

- Earth burial
- Cremation
- Mausoleum

Name of cemetery _____

City _____ State _____

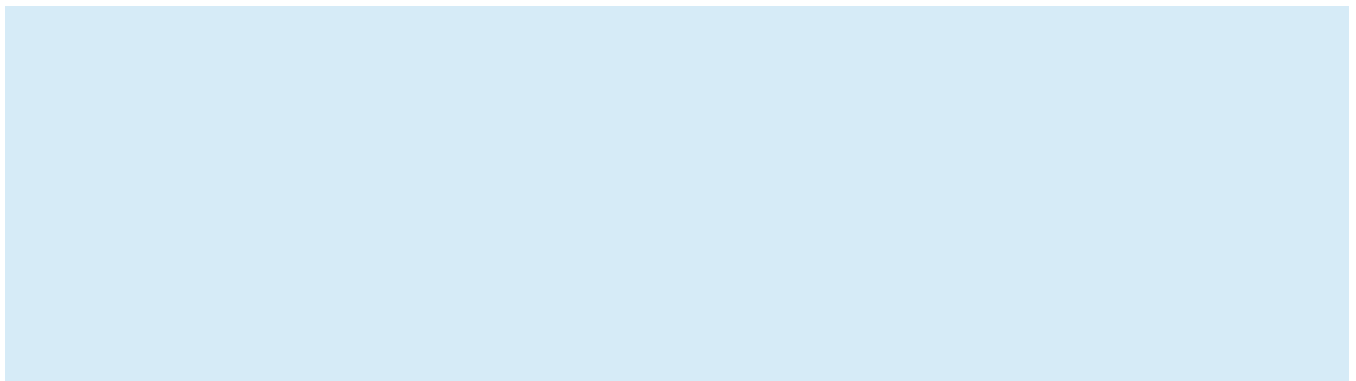
- I have reserved facilities (attach deed and/or other paperwork)
- I have not reserved facilities

OBITUARY INFORMATION

This biographical information will be of help in preparing an obituary news story about me:

A large, empty light blue rectangular area intended for the user to provide biographical information for their obituary.

My obituary should be sent to the following newspapers:

A large, empty light blue rectangular area intended for the user to list the newspapers where they want their obituary published.

PEOPLE TO NOTIFY

Name	
Relationship	
Address	
Phone	

Name	
Relationship	
Address	
Phone	

Name	
Relationship	
Address	
Phone	

Name	
Relationship	
Address	
Phone	

Name	
Relationship	
Address	
Phone	

Name	
Relationship	
Address	
Phone	

Name	
Relationship	
Address	
Phone	

Name	
Relationship	
Address	
Phone	

ADDITIONAL INSTRUCTIONS AND INFORMATION

Additional instructions or information for survivors that has not been covered previously:

Date completed and/or updated _____

My signature _____

Witness _____

Address _____

Witness _____

Address _____

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of _____, County of _____

On _____ before me, _____

(Name/Title, i.e. "Jane Doe, Notary Public")

personally appeared _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(Signature)

(Notary Seal)



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a Registered Investment Advisor.

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