






Senior Family Solutions
Simplifying Relocation

 seniorfamilysolutions.com
 502.805.2990
 info@seniorfamilysolutions.com
 8002 New Lagrange Road, Louisville, Kentucky 40222

SENIOR PLANNING GUIDE

Chart Your Course: A Compassionate Guide to Planning for Life's Next Chapter

Planning for what happens after you're gone can be a confusing time for both you and your loved ones. Make the transition easier by filling out key information in the guide below. We encourage you to reach out to us as well as your funeral director, attorneys, accountants, etc. to help you through this process.

Upon my death, this document should be given to _____

PERSONAL INFORMATION

First, Middle, and Last Name	
Nickname	
Birth/Maiden Name	
Address, City, Street, Zip Code	
Date of Birth	
Social Security Number	
Marital Status	
Spouse's Name	
Spouse's Birth Name	
Date and Place of Marriage	

EMPLOYMENT

Employment Status	Working	Retired	Year Retired:
Occupation			
Employer			
Years Employed			

RELIGIOUS AFFILIATION

Religion	
Place of Worship	

EDUCATION

School Name	
Degrees	

MILITARY SERVICE

Branch		
Year Discharge		
Served During War Time	Yes	No

FAMILY & LOVED ONES

Name	Relation	Contact Information

FRATERNAL & UNION MEMBERSHIP

Name	Contact Information

CHARITABLE ORGANIZATIONS YOU BELONG TO OR GIVE TO

Organization Name	Contact Information

IMPORTANT DOCUMENTS (SPECIFY THE LOCATION OF EACH DOCUMENT)

	Document	Location and Party
Needed Complete Needs Reviewed	Will(s) or Trusts	
Needed Complete Needs Reviewed	Power of Attorney	
	Birth Certificate	
	Social Security Card	
	Marriage License/Certificate	
	Divorce Decree and all Amendments	
	Passport(s)	
	Fireproof Box	
	Safe Deposit Box	
	Income Tax Records/Tax Returns	
	Military Services (Include a copy of your DD214)	

MILITARY SERVICES DETAILS

Branch	
Rank	
Other Military Records (location)	
Date and Place of Induction	
Date and Place of Discharge	

INCOME & BENEFITS

To receive government benefits, you will need some or all of the following documents:

	Proof of Death (Death Certificate or Funeral Service Provider Document)
	Deceased, Spouse, and Children's Social Security Numbers
	Dependent Children's Birth Certificate
	Marriage Certificate, Divorce Decree (if Divorced)
	Deceased W2 Form or Federal Self-employment Tax Returns for the Most recent Year
	Bank Information to Direct Deposit Your benefits

IMPORTANT COLLECTIBLES

e.g., art, coins, sports memorabilia, etc.

--

PASS CODES

Phone	
Tablet	
Computer	
Other	

GOVERNMENT BENEFITS

To receive government benefits, you will need some or all of the following documents:

	Proof of Death (Death Certificate or Funeral Service Provider Document)
	Deceased, Spouse, and Children's Social Security Numbers
	Dependent Children's Birth Certificate
	Marriage Certificate, Divorce Decree (if Divorced)
	Deceased W2 Form or Federal Self-employment Tax Returns for the Most recent Year
	Bank Information to Direct Deposit Your benefits

ESTATE PLANNING

Funeral and Cemetery Arrangement Documents

Life Insurance Policies

Insurance Company	Agent Name & Phone Number	Policy Number	Benefit Amount	Beneficiary

HEALTH/DISABILITY/ACCIDENT POLICIES

Insurance Company	Agent Name	Phone Number	Policy Number

Important Details

Insurance Company	Agent Name	Phone Number	Policy Number

Important Details

Insurance Company	Agent Name	Phone Number	Policy Number

Important Details

Insurance Company	Agent Name	Phone Number	Policy Number

Important Details

PROPERTY, AUTO, OTHER INSURANCE

Insurance Company	Agent Name	Phone Number	Policy Number
Property Insured			
Insurance Type			

Insurance Company	Agent Name	Phone Number	Policy Number
Property Insured			
Insurance Type			

Insurance Company	Agent Name	Phone Number	Policy Number
Property Insured			
Insurance Type			

Insurance Company	Agent Name	Phone Number	Policy Number
Property Insured			
Insurance Type			

Insurance Company	Agent Name	Phone Number	Policy Number
Property Insured			
Insurance Type			

Insurance Company	Agent Name	Phone Number	Policy Number
Property Insured			
Insurance Type			

Insurance Company	Agent Name	Phone Number	Policy Number
Property Insured			
Insurance Type			

Insurance Company	Agent Name	Phone Number	Policy Number
Property Insured			
Insurance Type			

UNBRELLA POLICIES

Insurance Company	Agent Name	Phone Number	Policy Number
Insurance Type			

Insurance Company	Agent Name	Phone Number	Policy Number
Insurance Type			

Insurance Company	Agent Name	Phone Number	Policy Number
Insurance Type			

Insurance Company	Agent Name	Phone Number	Policy Number
Insurance Type			

Insurance Company	Agent Name	Phone Number	Policy Number
Insurance Type			

Insurance Company	Agent Name	Phone Number	Policy Number
Insurance Type			

Insurance Company	Agent Name	Phone Number	Policy Number
Insurance Type			

Insurance Company	Agent Name	Phone Number	Policy Number
Insurance Type			

Insurance Company	Agent Name	Phone Number	Policy Number
Insurance Type			

Insurance Company	Agent Name	Phone Number	Policy Number
Insurance Type			

REAL ESTATE

If there is lease keep a copy of the lease with your other important documents

Address	Mortgage Company	Phone Number	Loan Number

Attached Lease Details

Address	Mortgage Company	Phone Number	Loan Number

Attached Lease Details

Address	Mortgage Company	Phone Number	Loan Number

Attached Lease Details

Address	Mortgage Company	Phone Number	Loan Number

Attached Lease Details

AUTOMOBILE INFORMATION

Auto	Lien Holder	Phone Number	Loan Number

Details

Auto	Lien Holder	Phone Number	Loan Number

Details

Auto	Lien Holder	Phone Number	Loan Number

Details

BANK RECORDS

Financial Institution	Phone Number	Address	Account Type
Banker Name		Phone Number & Email	

Financial Institution	Phone Number	Address	Account Type
Banker Name		Phone Number & Email	

Financial Institution	Phone Number	Address	Account Type
Banker Name		Phone Number & Email	

BANK RECORDS (CONTINUED)

Financial Institution	Phone Number	Address	Account Type
Banker Name		Phone Number & Email	

Financial Institution	Phone Number	Address	Account Type
Banker Name		Phone Number & Email	

Financial Institution	Phone Number	Address	Account Type
Banker Name		Phone Number & Email	

STOCKS, BONDS, CD'S BROKERAGE ACCOUNT, MUTUAL FUNDS

Brokerage Firm	Phone Number	Account Number	Account Type
Brokers Name		Phone Number & Email	

Brokerage Firm	Phone Number	Account Number	Account Type
Brokers Name		Phone Number & Email	

Brokerage Firm	Phone Number	Account Number	Account Type
Brokers Name		Phone Number & Email	

Brokerage Firm	Phone Number	Account Number	Account Type
Brokers Name		Phone Number & Email	

INVESTMENTS

Including Limited Partnerships

Other Investments	Phone Number	Account Number	Acct. Type/Cert. Number

PENSIONS/RETIREMENT PLANS/KEOUGH/IRA

Income Source	Phone Number	Account Number	Acct. Type/Cert. Number

CREDIT ACCOUNTS - MONTHLY

Creditor Name	Phone Number	Address	Account Number

PERSONAL ADVISORS

Accountant	Address	Phone Number	Email

Notes

Accountant	Address	Phone Number	Email

Notes

Attorney	Address	Phone Number	Email

Notes

Attorney	Address	Phone Number	Email

Notes

Attorney	Address	Phone Number	Email

Notes

Investment Advisor	Address	Phone Number	Email

Notes

PERSONAL ADVISORS (CONTINUED)

Investment Advisor	Address	Phone Number	Email

Notes

Investment Advisor	Address	Phone Number	Email

Notes

Physician	Address	Phone Number	Email

Notes

Physician	Address	Phone Number	Email

Notes

Physician	Address	Phone Number	Email

Notes

Physician	Address	Phone Number	Email

Notes

PERSONAL ADVISORS (CONTINUED)

Physician	Address	Phone Number	Email

Notes

Real Estate Agent	Address	Phone Number	Email

Notes

Pastor, Minister, etc.	Address	Phone Number	Email

Notes

FRIENDS & RELATIVES TO NOTIFY

Name	Relationship	Phone Number	Email

Address (City, State, Zip, Province)

Name	Relationship	Phone Number	Email

Address (City, State, Zip, Province)

FRIENDS & RELATIVES TO NOTIFY (CONTINUED)

Name	Relationship	Phone Number	Email

Address (City, State, Zip, Province)

Name	Relationship	Phone Number	Email

Address (City, State, Zip, Province)

Name	Relationship	Phone Number	Email

Address (City, State, Zip, Province)

Name	Relationship	Phone Number	Email

Address (City, State, Zip, Province)

Name	Relationship	Phone Number	Email

Address (City, State, Zip, Province)

Name	Relationship	Phone Number	Email

Address (City, State, Zip, Province)

FAMILY TREE

Father's Name	Date of Birth	Father's Birthplace
Mother's Name	Date of Birth	Mother's Birthplace

Grandfather's Name	Date of Birth	Grandfather's Birthplace
Grandmother's Name	Date of Birth	Grandmother's Birthplace

HEALTHCARE DECISION MAKER FOR ME WHEN/IF I AM UNABLE

Healthcare Agent (First Choice)

Name	Address	Phone Number

Healthcare Agent (Second Choice)

Name	Address	Phone Number

Healthcare Agent (Third Choice)

Name	Address	Phone Number

FINAL WISHES

Funeral Home to Contact

Name	Address*	Phone Number	Email

*City, State, Zip, Province

Plans will be paid for by:

	Funded Plan with Funeral Home Above
	Family at Time of Death
	Permanent Life Insurance that will Reimburse Family (I Understand this Can Take up to 6 Months or More)

FINAL WISHES (CONTINUED)

Funeral Preferences

Place of Service

Funeral Home	
Church/Chapel	
Graveside	
Other	
Clergy/Officiant	
Vocalist	
Organist	
Music	
Flowers	
Suggested Memorial Contributions	
Reading Selection(s)	
Clothing for Burial	
Special Instructions	
Newspapers to be Notified	
Picture for the Obituary	

PALLBEARERS

Name	Address*	Phone Number	Email
Name	Address*	Phone Number	Email
Name	Address*	Phone Number	Email
Name	Address*	Phone Number	Email
Name	Address*	Phone Number	Email

*City, State, Zip, Province

HONORARY PALLBEARERS

Name	Address*	Phone Number	Email
Name	Address*	Phone Number	Email
Name	Address*	Phone Number	Email
Name	Address*	Phone Number	Email
Name	Address*	Phone Number	Email
Name	Address*	Phone Number	Email

*City, State, Zip, Province

JEWELRY

	On
	Off
	Removed after service and given to:

GLASSES

	On
	Off
	Removed after service and given to:

SPRINKLE MY ASHES IN THE FOLLOWING LOCATIONS:

--

OTHER REQUESTS:

--

SOCIAL MEDIA

	Facebook–User Name, Password	
	Facebook Messenger–User Name, Password	
	Instagram–User Name, Password	
	TikTok–User Name, Password	
	LinkedIn–User Name, Password	
	Twitter–User Name, Password	
	Snapchat–User Name, Password	
	Pinterest–User Name, Password	

FINAL DISPOSITION

	Burial
	Water Cremation
	Fire Cremation
	Body Composting

If the remains will not be interred, what would you like to have done with them?

FUNERAL MERCHANDISE

Casket	Copper	Bronze	Steel	Wood
Vault	Steel	Concrete	Other:	
Urn	Bronze	Marble	Wood	Other:

NAME OF CEMETERY

Address (City, State, Zip, Province)	Phone	Description of the Burial Property

	Plot
	Open/Close Costs
	Perpetual Care

	Monument
	Type:
	Inscription:

MONUMENT COMPANY NAME, ADDRESS, TELEPHONE NUMBER

	Monument Paid For
	Monument Not Paid For

HOW I WISH TO BE REMEMBERED

--

PASSWORDS

Company Name	
Website Address	
User Name	
Password	
Password Reset Question/Answer	

BILLS, CREDIT CARDS, AND OTHER THINGS TO CONSIDER

Social Security Administration - www.socialsecurity.gov or 800.772.1213

Veterans Administration - www.va.gov or 800.827.1000

Credit Bureaus

	Experian 888.397.3742
	Equifax 800.525.6285
	Transunion 800.680.7289
	Collect Mail/Forward Mail
	Cancel Newspaper and Other No-longer-needed Services Such as Cable, Phone, Etc.
	Locate Car Keys
	Care for Pets
	Remove Perishables
	Arrange for Lawn Care, Snow Removal

BILLS, CREDIT CARDS, AND OTHER THINGS TO CONSIDER (CONTINUED)

	Secure Possessions in the Home
	Arrange for Furniture, Clothing, Pots/Pans, Dishes, Utensils Donations
	Arrange for the Sale of the Home
	Close Down All Social Media