

Sharon L. Parker, P.A.

Attorney at Law
P.O. Box 983,
26 West Court Street, Marion NC 28752
Telephone: (828)652-2441

Sharon L. Parker
sp@sharonlparker.com
www.sharonlparker.com

IMPORTANT INFORMATION WORKSHEET

FOR YOUR EXECUTOR

Date Completed: _____ Reviewed and updated: _____
Reviewed and updated: _____

LOCATION OF PERSONAL PAPERS

(Cross out items that do not apply to you)

LOCATION

Birth/Adoption papers _____
For you and your children

Marriage Certificate _____

Divorce Decree _____

Death certificates of deceased _____
Spouses or Children

Attach copies of the following:

Original Last Will and Testament _____
My Executors are: _____

Durable Power of Attorney _____
My Agents are: _____ Recorded yes/no County: _____
Deed Book/Page _____

Living Will _____

Healthcare Power of Attorney _____
My Agents are: _____
Copies with Living Will have already given to:

Social Security Cards [not in Wallet] _____

Medicare/Medicaid/Health Insurance Cards _____

Military Records/DD-214 _____

Naturalization Papers _____

Revocable or Irrevocable Trust _____
[Attach copy]

Safe Deposit Box: Number, location _____
And where the keys are kept

Life/Auto/Home/Insurance Policies _____
List each policy separately

Vehicle Titles and Registrations _____
Including boats, mobile homes, trailers _____
[attach copies]

List of personal property with high value _____

Loan and Mortgage documents _____
Especially credit insurance documents

**Copies of front and back all Credit Cards _____
and Health Insurance Cards**

Individual Stock Certificates [name stock/location certificate] _____

Pensions/Retirement/Annuities/401k _____
documents

US Savings Bonds _____

My address book is kept _____

Usernames and passwords are recorded at _____

Real Property Deeds [Mark One] **All of my real property is in McDowell County**
McDowell Deed Book/Page _____

 **All or my real property in North Carolina but some is located
outside of McDowell County**
Deed Book/Page/County _____

Deed Book/Page/County _____

 I also have real property in the following States (besides NC):
Deed Book/Page/County/State _____

Attach Copies Of All Deeds And Tax Bills with tax parcel numbers and valuations

Documents where PEOPLE OWE ME money _____

Corporate Books for my Corporations _____

Cemetery plot/columbarium documents _____

My Preferred Hospital/Hospice _____

WHAT TO DO FIRST:

Call following relatives, friends, neighbors in this order (See list attached for addresses/phone numbers or use my address book)

Notify my Executor, who is: _____

Address and Phone _____

My Executor will obtain the Original of my Will

My Original will is located at _____

Notify my Employer (name and phone #) _____

Call my attorney (name and phone #)

Call my CPA/Accountant/Tax preparer (name and phone #)

Make arrangements with this Funeral Home _____

(See below)

Request multiple certified copies of my death certificate [at least 1 for each vehicle, each bank account and each insurance policy, 401K, IRAs, annuities, etc.

Confirm that the Funeral Home will contact Social Security

CEMETERY AND/OR FUNERAL

Choose one of the below:

___ I have not prepaid or made any advance funeral arrangements.

or

___ I have prepaid some of my funeral arrangements with _____
funeral home and that paperwork is kept _____.

My Choice of Funeral Home _____
Type of Funeral/Burial preferred (at church, _____
Memorial service, gravestone, _____
Cremation, choice of hymns/readings, etc) _____

Religious preference/Minister _____

Cemetery plot location, columbarium, _____
records (give to funeral director)

FACTS FOR THE FUNERAL DIRECTOR/Obituary

My Full Legal Name _____

Address _____

Marital Status, spouse info if applicable _____

Father and Mother’s Full Name _____

Military Service (if applicable) _____

Social Security Number [take card] _____

High School/ College/Graduate School _____

Employers: _____

Favorite Activities: _____

Family Members who pre-deceased me: _____
That I would like noted in my obituary

Family/friends to be noted in my Obituary _____

FINANCIAL INFORMATION

SAVINGS, CHECKING, SAFE DEPOSIT BOX, MONEY MARKET ACCOUNTS
AND CERTIFICATES OF DEPOSIT (LIST BANK(S) AND ACCOUNT NUMBER(S))

Bank and Address	Account/Number	Names on accounts/passwords
------------------	----------------	-----------------------------

Location of passbooks, statements/ checkbooks/keys

INVESTMENT ACCOUNTS

Institution/ Address	Account/Number	Names on account	Agent/Phone
----------------------	----------------	------------------	-------------

Location of passbooks, statements/ checkbooks/keys/Passwords

Individual STOCKS certificates/ BONDS/NOTES where people owe me money

Institution/ Address Company	Account/Number Number of Shares	Type ownership Purchase price	Agent
---------------------------------	------------------------------------	----------------------------------	-------

CREDIT/STORE CARDS [best attach front and back copy and update each year]

Company	Acct Number	Name on Card	Credit Life Ins.?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OUTSTANDING LOANS (OTHER THAN MORTGAGE, which is below)

Name holding loan Collateral (if any)	Address/phone	Acct Number	Location of Contract (Credit Life insurance?-get copy)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INSURANCE POLICIES

LIFE INSURANCE

Name of Company/address	Agent's Name	Amount	Policy #/Location	Beneficiary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ACCIDENT INSURANCE:

Name of Company/address	Agent's Name	Amount	Policy #/Location	Beneficiary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

AUTOMOBILE INSURANCE:

Name of Company/address	Agent's Name	Amount	Policy #/Location
_____	_____	_____	_____
_____	_____	_____	_____

HOMEOWNERS' INSURANCE:

Name of Company/address	Agent's Name	Amount	Policy #/Location
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL/HEALTH INSURANCE:

Name of Company/address Agent's Name Amount Policy #/Location

LONG TERM DISABILITY OR LONG TERM CARE INSURANCE:

Name of Company/address Agent's Name Amount Policy #/Location

PROPERTIES

Address Owner Location of Deed/papers Mortgage Improvements

MORTGAGES/HOME EQUITY LINES

Name of Company/address Amount Payment/when due Drafted/what account?

MORTGAGE INSURANCE? For which property?

Name of Company/address Agent's Name Amount Policy #/Location

VEHICLES/MOBILE HOMES/BOATS/TRAILERS

YEAR/MAKE/MODEL VIN Location of TITLE/KEYS/REGISTRATION

INCOME TAX INFORMATION

Location of previous years' returns _____

Location of current tax year's records,
receipts, etc. _____

Name and phone # of tax preparer _____

VETERAN INFORMATION

Years served and Service _____
Wounded or disabled? _____
ID Number _____
Receiving pension or disability? _____
 how much/who notify? _____
VA Life Insurance Policy? _____
Location of DD214 other paperwork _____

DOCTORS/PHYSICIANS

Names, addresses and phone of each _____

CHILDREN/PARENTS/SIBLINGS/FRIENDS TO INFORM

Names, addresses and phone of each _____

PETS

1. Type, name, breed, color **EACH PET** _____
Microchip number _____
Special needs _____
Veterinarian name, address and phone _____

Person(s) who will care for pet, name _____
Address, and phone _____
