



WORRY-FREE WEDNESDAYS

IMMEDIATELY AFTER MY DEATH

Please contact:

_____	_____	_____
(name)	(Relationship)	(Phone Number)
_____	_____	_____
(name)	(Relationship)	(Phone Number)
_____	_____	_____
(name)	(Relationship)	(Phone Number)
_____	_____	_____
(name)	(Relationship)	(Phone Number)
_____	_____	_____
(name)	(Relationship)	(Phone Number)

Please take care of the following responsibilities for my home/residence/dependents:

My important documents are located in the following location(s):

Document	Location	Document	Location	Document	Location
Will/Trusts		Life Insurance		Adoption/Divorce Papers	
After-Death Wishes/Arrangements		Health Insurance		Pre/Postnuptial Agreements	
Power of Attorney (Finance)		Long-Term Health Care Insurance		Marriage/Domestic Partnership Certificates	
Power of Attorney (Health Care)		Funeral Insurance		Passports/Citizenship Records	
Birth Certificate		Dental Insurance		Social Security/Military Records	
Financial Statements/Records		Property Insurance		Mortgage/ Promissory Notes/Deeds/Titles	
Username, Passwords		Car Insurance		Vehicle Title and Registration	