



Estate Planning Workbook  
What your loved ones need to know

**FORMAN, POCKELL & ASSOCIATES, P.A.**

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**My personal information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Email \_\_\_\_\_

SSN \_\_\_\_\_ U.S. Citizen Y/N If not, where? \_\_\_\_\_

Military service Y/N Branch? \_\_\_\_\_ Years served? \_\_\_\_\_

**My Family Information**

Spouse, children, parents and siblings, pets

Name	Relationship	Date of Birth	Beneficiary Yes or No

Date and place of marriage \_\_\_\_\_

Prior marriages, if any, to \_\_\_\_\_ Dates \_\_\_\_\_

**Child Care (or Pet) Instructions**

Name \_\_\_\_\_

Medications, Diet or other information (food/treat preferences, grooming, exercise, play & safety precautions, fears/habits, medical conditions or requirements, special care needs, favorite toys, etc.) \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

If unable to reach this person, please contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Child's Physician:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

School/Day Care Provider:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

FOR PETS:

Veterinarian:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

**Physician information**

Name \_\_\_\_\_

Practice name \_\_\_\_\_

Address \_\_\_\_\_

Type of physician \_\_\_\_\_ Phone number \_\_\_\_\_

Comments/ notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Practice name \_\_\_\_\_

Address \_\_\_\_\_

Type of physician \_\_\_\_\_ Phone number \_\_\_\_\_

Comments/ notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other important contacts (business, friends, other family)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number(s) \_\_\_\_\_

<b>INCOME OVERVIEW</b>			
<b>Unpaid Salary Or Commissions due from Employer (if applicable)</b>			
Name	Employee Number	Value	Beneficiaries
Contact Person	Notes:		
<b>Do you have a Pension?</b>			
Name on Policy	Employee Number	Value	Beneficiaries
Contact Person	Notes:		
<b>Would there be any Profit Sharing balances?</b>			
Name	Employee Number	Value	Beneficiaries
Contact Person	Notes:		
<b>Would there be any incentive awards from employer?</b>			
<b>Would there be any Accrued Sick Days or Vacation pay?</b>			
<b>Would there be any Union Balances?</b>			
Notes:			

<b>Social Security Income</b>			
From Deceased	Name	Social Security #	
Other	Name	Social Security #	
Notes:			
<b>Income from a Trust</b>			
Name of Trust and Trustee			
Do you have a copy to provide?	Yes	No	
Attorney Information			
<b>Savings/ Bank Accounts (circle one: joint or individual)</b>			
Accounts	Value	Phone Number	Account Number
Joint      Individual			
Joint      Individual			
Joint      Individual			
Joint      Individual			

**Life Insurance information**

Policy Holder (company) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Amount \_\_\_\_\_ Beneficiary \_\_\_\_\_

Policy Holder (company) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Amount \_\_\_\_\_ Beneficiary \_\_\_\_\_

**Loans, Charge Cards, Other debts**

Payable balance	Monthly payment	Owed to	For	Account number

# INVESTMENTS

Qualified Assets: i.e. Annuities, IRA's, 401K's,				
Company	Account #	Phone	Amount	Beneficiary
Special Instructions				
Company	Account #	Phone	Amount	Beneficiary
Special Instructions				
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Special Instructions				
Company	Account #	Phone	Amount	Beneficiary
Special Instructions				



<b>Health Care Information</b>	
Insurance Company	
Policy Number	
Group Number	
Will the company's health plan continue to cover family members?	
Is there an option to convert to personal coverage after the employee is deceased?	
Notes or Special Instructions:	
<b>Health Care Information</b>	
Insurance Company	
Policy Number	
Group Number	
Will the company's health plan continue to cover family members?	
Is there an option to convert to personal coverage after the employee is deceased?	
Notes or Special Instructions:	

## Continual Expenses

Company	Account Number	Payable Balance/Monthly payment	Instructions /Details

## Persons and Institutions to Be Notified of My Death

Name	Relationship	Address	Phone

## My Essential Documents

Where can your loved ones find important legal documents?

Location of documents

Social Security Card	
Original Estate Documents: Final Wills, trusts, etc.	
Birth Certificate	
Marriage Certificate/ Divorce Decrees	
Real Estate Deeds/Homeowners Insurance paperwork	
Living Will	
Organ/Tissue Donor Information	
Durable Power of Attorney (Financial)	
Military Papers	
Tax Records/ Documents	
Membership Cards	
Automobile Registration and Insurance Papers	
Banking Records	
Other:	

## Final Arrangements

Typical Questions/ Arrangements	
<b>Funeral Service, Memorial Service or both?</b>	
Where do you want your service?	
Open or Closed Casket?	
Describe the service you would like. (Elaborate, simple, religious, etc.)	
Pall Bearers?	1.
	2.
	3.
	4.
	5.
	6.
Officiant?	
Speakers?	
Flowers?	
Donations in lieu of flowers? What organization?	
Dollar Guidance?	
Any Expenses Prepaid?	
<b>Donate my body for anatomical study?</b>	
<b>Burial, cremation or entombment?</b>	
Where?	
With Spouse?	
Tombstone, grave marker?	
Any expenses prepaid?	
Music?	
Special readings?	
<b>Lodge/fraternal associations?</b>	
<b>Military remembrances?</b>	
Have you drafted an obituary?	

**Websites / Passwords/Memberships**

Account	Website	Username	Password

**Any other notes, requests, important information, etc.**

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