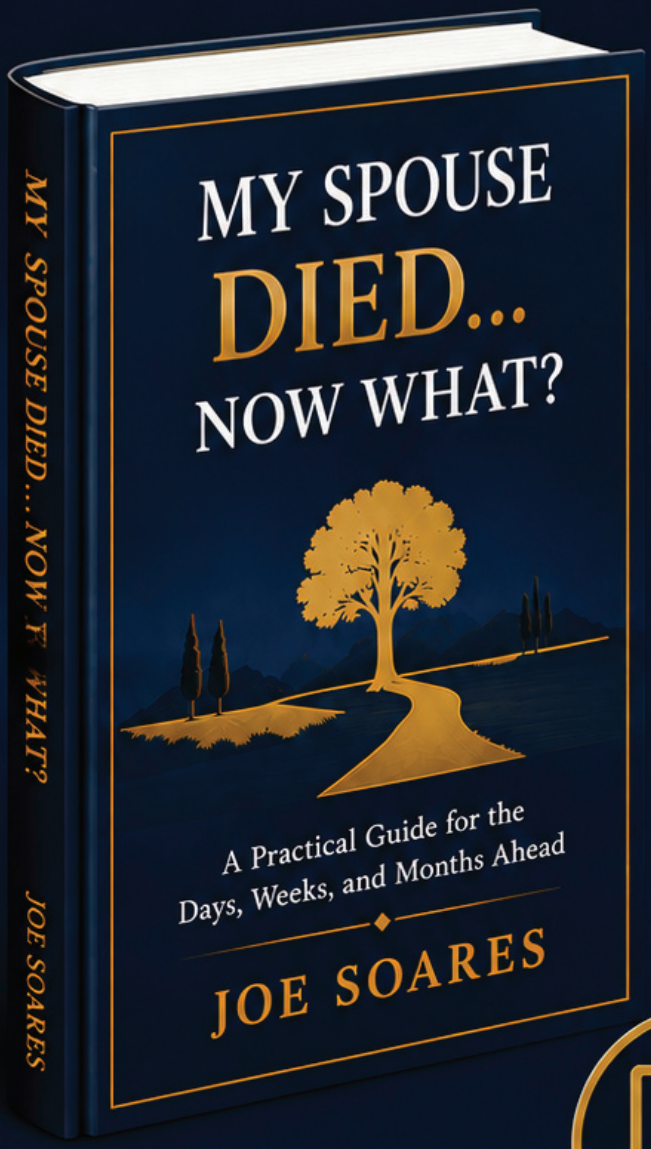
MY SPOUSE DIED... NOW WHAT?



DIGITAL ASSETS AND ONLINE ACCOUNTS RESOURCE

COMPANION RESOURCE

Supplemental Materials for Managing Digital Assets, Online Accounts, and Digital Legacy

SUPPLEMENTAL COMPANION RESOURCE

For readers of My Spouse Died... Now What?

JOE SOARES

JoeSoaresMusic.com

This Companion Resource is provided as supplemental material for readers of ***My Spouse Died... Now What?***

These materials are provided for educational and organizational purposes only and are not legal, tax, or financial advice. Laws and government forms change over time. Always verify current requirements with the appropriate government agency or a qualified professional.

JOE SOARES

JoeSoaresMusic.com

MONTHLY BILLS & AUTOMATIC PAYMENTS

INFORMATION

Date Completed: _____

Completed By: _____

Phone: _____

Email: _____

Where Documents Are Kept: _____

Use this worksheet to list all recurring bills and automatic payments.
This will help your family keep your accounts current and avoid late fees or service interruptions.

INSTRUCTIONS: List each recurring bill or automatic payment below. Include the payment amount, due date, how it is paid, and any important account details or notes.

1. HOUSING & UTILITIES

BILL / SERVICE	COMPANY / PROVIDER	ACCOUNT NUMBER	AMOUNT	DUE DATE	HOW PAID (Auto Pay, Online, Check, etc.)	NOTES
Mortgage / Rent						
Homeowners / Renters Insurance						
Property Taxes						
Electricity						
Water / Sewer						
Natural Gas / Propane						
Trash / Recycling						
Internet / Cable						
Phone (Landline)						
Phone (Mobile)						
Other: _____						
Other: _____						

2. TRANSPORTATION

BILL / SERVICE	COMPANY / PROVIDER	ACCOUNT NUMBER	AMOUNT	DUE DATE	HOW PAID (Auto Pay, Online, Check, etc.)	NOTES
Auto Loan Payment						
Auto Insurance						
Fuel / Gas Card						
Tolls / Transponders						
Car Maintenance Plan						
Other: _____						

3. FINANCIAL & CREDIT

BILL / SERVICE	COMPANY / PROVIDER	ACCOUNT NUMBER	AMOUNT	DUE DATE	HOW PAID (Auto Pay, Online, Check, etc.)	NOTES
Credit Card 1						
Credit Card 2						
Personal Loan						
Student Loan						
Other Loan						
Safe Deposit Box						
Other: _____						

4. OTHER RECURRING PAYMENTS

BILL / SERVICE	COMPANY / PROVIDER	ACCOUNT NUMBER	AMOUNT	DUE DATE	HOW PAID (Auto Pay, Online, Check, etc.)	NOTES
Life Insurance Premium						
Health Insurance Premium						
Streaming Services						
Memberships / Subscriptions						
Alimony / Child Support						
Other: _____						
Other: _____						

MONTHLY TOTAL SUMMARY

Total Monthly Automatic Payments: $ _____

Review this list at least once a year or whenever accounts change.

NOTES

_____

_____

_____

A clear plan today brings peace of mind tomorrow.

AUTOMATIC PAYMENT WORKSHEET – BLANK

RECORD ALL RECURRING PAYMENTS AND AUTOPAYS (CONTINUATION)

ESTATE INFORMATION

Decedent: _____

Date of Death: _____

Surviving Spouse: _____

Prepared By: _____

Date Prepared: _____

INSTRUCTIONS: List all automatic drafts, autopayments, and recurring payments. Include the payment amount, frequency, payment method, and how to cancel or stop the payment. Review and cancel or update as needed.

#	PAYEE / COMPANY (What It's For)	ACCOUNT NUMBER (If Applicable)	AMOUNT ($)	FREQUENCY (Monthly, Quarterly, Annual, etc.)	PAYMENT METHOD (Bank Draft, Card, Online, etc.)	DATE DUE / DRAFTED	HOW TO CANCEL OR STOP (Phone, Website, Notes)
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

IMPORTANT REMINDERS

- Review this list at least once a year.
- Update if amounts, due dates, or payment methods change.
- Cancel or transfer payments as needed after the date of death.
- Keep copies of confirmations of any cancellations.

SUMMARY (Page 2 of 2)

Total Payments Listed on Page 2: _____

Total Monthly Amount: $_____

Total Quarterly Amount: $_____

Total Annual Amount: $_____

Additional Pages Used: _____

GRAND TOTAL (Pages 1 & 2)

Total Payments (Pages 1 & 2): _____

Total Monthly Amount: $_____

Total Quarterly Amount: $_____

Total Annual Amount: $_____

Total Pages Used: _____

"Well done, good and faithful servant."
Matthew 25:23 (KJV)

AUTOMATIC PAYMENT WORKSHEET – BLANK

RECORD ALL RECURRING PAYMENTS AND AUTOPAYS

ESTATE INFORMATION

Decedent: _____

Date of Death: _____

Surviving Spouse: _____

Prepared By: _____

Date Prepared: _____

INSTRUCTIONS: List all automatic drafts, autopayments, and recurring payments. Include the payment amount, frequency, payment method, and how to cancel or stop the payment. Review and cancel or update as needed.

#	PAYEE / COMPANY (What It's For)	ACCOUNT NUMBER (If Applicable)	AMOUNT ($)	FREQUENCY (Monthly, Quarterly, Annual, etc.)	PAYMENT METHOD (Bank Draft, Card, Online, etc.)	DATE DUE / DRAFTED	HOW TO CANCEL OR STOP (Phone, Website, Notes)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

TYPES OF PAYMENTS TO INCLUDE

- Utilities (Electric, Water, Gas, Internet, etc.)
- Credit Card Payments
- Loans / Mortgages / HELOCs
- Insurance Premiums (Auto, Home, Life, etc.)
- Subscriptions (Streaming, Memberships, etc.)
- Phone / Cable / Satellite
- Property Taxes (Escrow, Installments)
- Charitable Donations
- Any Other Recurring Payments

SUMMARY (Page 1 of 2)

Total Payments Listed on Page 1: _____

Total Monthly Amount: $_____

Total Quarterly Amount: $_____

Total Annual Amount: $_____

Additional Pages Used: _____

"The plans of the diligent lead surely to abundance, but everyone who is hasty comes only to poverty."

Proverbs 21:5 (KJV)

"Well done, good and faithful servant."
Matthew 25:23 (KJV)

PHOTOCOPY THIS PAGE AS OFTEN AS NEEDED.

Account Update Tracker

Companion Resource

As you update, transfer, or close accounts, keep a written record of every account you contact. This will help you stay organized and provide important reference information in the future.

Estate Information

Decedent: _____

Date of Death: _____

Surviving Spouse: _____

Prepared By: _____

Date Prepared: _____

How to use this worksheet

Write down every account or service you need to update, transfer, or close. Record the date you contacted the company, who you spoke with, what was discussed, and the outcome. Include any confirmation number and note if additional documents are required.

This record will save you time and help prevent confusion later.

Helpful tips

- Keep all confirmation numbers and representative names with this record.
- Make copies of any forms or documents you send to the company.
- If a follow-up is needed, set a reminder and note the date in the Next Step / Completed column.

Date Contacted	Company / Account	Update / Close / Transfer	Representative Name	Confirmation Number	Documents Needed	Next Step / Completed

Notes

_____

_____

_____

Summary

Total Accounts to Update / Close / Transfer: _____

Completed: ..... _____

In Progress: ..... _____

Still Need Attention: ..... _____

"Trust in the LORD with all thine heart; and lean not unto thine own understanding. In all thy ways acknowledge him, and he shall direct thy paths."

Proverbs 3:5-6 (KJV)

ESTATE EXPENSE LEDGER

BLANK WORKSHEET

Record all estate-related expenses paid during estate administration.

ESTATE INFORMATION

Estate Name: _____ **Personal Representative:** _____

Date of Death: _____ **Estate File #:** _____

INSTRUCTIONS

Record each expense paid on behalf of the estate, whether paid from the estate account or personally by the surviving spouse or personal representative. Keep receipts and supporting records with this worksheet.

#	Date	Payee	Description	Category	Amount	Paid By	Receipt?	Reimb.?
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

NOTES

SUMMARY

Total Expenses: _____

Total Reimbursed: _____

Outstanding Reimbursements: _____

"The thoughts of the diligent tend only to plenteousness."

Proverbs 21:5 (KJV)

SUBSCRIPTION CANCELLATION CHECKLIST

ESTATE ADMINISTRATION COMPANION RESOURCE

Cancel or Transfer Recurring Subscriptions and Memberships

Estate of: _____ Personal Representative: _____

Decedent: _____ County: _____

Date of Death: _____ Case / File No.: _____

DATE PREPARED: _____

1 INSTRUCTIONS

Use this checklist to identify, cancel, or transfer recurring subscriptions and memberships.
Contact each provider to confirm cancellation and retain written confirmation.

2 SUBSCRIPTIONS AND MEMBERSHIPS

SERVICE / COMPANY NAME	TYPE OF SERVICE (Streaming, Software, Box, etc.)	ACCOUNT / MEMBER ID	MONTHLY / ANNUAL COST	DATE NOTIFIED	CANCELLED (✓)	CONFIRMATION RECEIVED (✓)

3 COMMON SUBSCRIPTION CATEGORIES

- ☐ Streaming Services
- ☐ Music Services
- ☐ Cloud Storage
- ☐ Software / Apps
- ☐ Audiobooks / E-Books
- ☐ News / Magazines
- ☐ Fitness / Wellness
- ☐ Meal / Food Delivery
- ☐ Online Shopping Memberships
- ☐ Vehicle Services
- ☐ Professional Associations
- ☐ Hobby / Interest Clubs
- ☐ Charitable Donations
- ☐ Education / Courses
- ☐ Security / Monitoring
- ☐ Email / Domain Services
- ☐ Phone / Internet Add-Ons
- ☐ Other: _____

4 NOTES

5 CANCELLATION CONFIRMATION

Total Subscriptions Identified: _____ Total Cancelled: _____ Total Transferred: _____

Representative Signature: _____ Date: _____

IMPORTANT REMINDER:
Continue monitoring bank and credit card statements for 2–3 months to ensure all recurring charges have stopped. Keep all written confirmations with estate records.

"He that is faithful in that which is least is faithful also in much: and he that is unjust in the least is unjust also in much."

LUKE 16:10 (KJV)

THANK YOU FOR LETTING US SERVE YOU.

CLEAR DOCUMENTS. SMOOTH PROCESS. PEACE OF MIND.

FUNERAL EXPENSE TRACKER

BLANK WORKSHEET

Track all funeral-related expenses and payments.

ESTATE INFORMATION

Decedent: _____ **Personal Representative:** _____

Date of Death: _____ **Funeral Home:** _____

INSTRUCTIONS

Record every funeral-related expense, payment, reimbursement, or donation. Keep receipts with this worksheet.

#	Date	Vendor/Payee	Description	Amount	Paid By	Receipt	Paid
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

NOTES

SUMMARY

Total Funeral Expenses: _____

Insurance Benefits Received: _____

Amount Still Owed: _____

"A good name is better than precious ointment..."

Ecclesiastes 7:1 (KJV)

Subscriptions, Memberships & Automatic Payments

List all subscriptions, memberships, and automatic payments to help your trusted person manage or cancel as needed.
Review this list regularly and keep it in your Important Documents Binder.

1. Subscriptions & Memberships

Service / Membership (e.g., Netflix, Amazon Prime, AAA)	Account Username / Email	Website / Login URL	Billing Cycle (Monthly, Yearly)	Payment Amount (USD)	Payment Method (Last 4 Digits)	Notes

2. Automatic Payments & Bills

Payee / Company (e.g., Utilities, Phone, Gym)	Type of Payment (Bill, Loan, Subscription)	Payment Amount (USD)	Payment Date (Monthly Date)	Payment Method (Last 4 Digits)	Notes

3. Loans & Credit Accounts

Creditor / Company (e.g., Mortgage, Auto Loan)	Type of Loan / Account (Mortgage, Auto, Credit Card)	Account Number (Last 4 Digits)	Payment Amount (USD)	Payment Due Date (Monthly Date)	Notes

4. Free Trials & Renewal Reminders

Service / Membership	Trial End Date / Renewal Date	Action Needed (Cancel, Continue, Review)	How to Cancel / Contact Info	Notes

TIPS

- Review this list at least once a year.
- Cancel unused subscriptions before they renew.
- Keep account login details in a secure password manager.
- Notify your trusted person of any changes.

IMPORTANT TO INCLUDE

- All subscriptions & memberships
- Automatic payments & bills
- Loans & credit accounts
- Free trials & renewal dates
- Account usernames & login info
- Payment methods & last 4 digits
- How to cancel or contact support

NOTES

REMEMBER

Unmanaged subscriptions and automatic payments can add up. This list helps protect your finances and saves your family time and stress.

KEEP THIS INFORMATION PRIVATE AND SECURE.

Store this page in your Important Documents Binder.

Date Completed: _____ Reviewed / Updated: _____

Cancel & Update Checklist

Use this checklist to cancel services in your spouse's name and update accounts, policies, and subscriptions.
Check off each item as you complete it.

CATEGORY	EXAMPLES	CANCEL / UPDATE	DATE COMPLETED	NOTES
FINANCIAL ACCOUNTS	• Bank accounts • Credit cards • Loans / Lines of credit	☐	_____	
INSURANCE POLICIES	• Life, health, auto, home • Umbrella / Liability • Long-term care	☐	_____	
UTILITIES & SERVICES	• Electric, gas, water, trash • Internet, cable, phone • Security systems	☐	_____	
MAIL & DELIVERIES	• USPS mail forwarding • Magazine / Newspaper • Package deliveries	☐	_____	
SUBSCRIPTIONS & MEMBERSHIPS	• Streaming services • Clubs / Organizations • Gyms / Fitness	☐	_____	
ONLINE ACCOUNTS	• Email accounts • Social media • Cloud storage	☐	_____	
EMPLOYMENT & BENEFITS	• Employer / HR department • Retirement accounts • Pension / Benefits	☐	_____	
LEGAL & GOVERNMENT	• Social Security Administration • DMV • Voter registration	☐	_____	
PERSONAL & OTHER	• Professional licenses • Volunteer organizations • Any other accounts	☐	_____	

IMPORTANT

- Contact each company directly.
- Ask if any written confirmation is needed to cancel or update.
- Keep a record of names, dates, and confirmation numbers.
- Some items may continue billing until you cancel.

AFTER YOU CANCEL OR UPDATE

- Request written confirmation.
- Check your accounts for any final charges.
- Update your records in your Important Documents Binder.
- Notify your spouse or trusted person when all items are complete.

TIP

Work in sections and take your time. It's okay to complete this checklist over several days or weeks.

REMEMBER: *Scammers may try to take advantage during this time. Be cautious of unsolicited calls or emails requesting personal information. Contact companies directly using the phone numbers on your statements or official websites.*

UTILITY TRANSFER CHECKLIST

ESTATE ADMINISTRATION COMPANION RESOURCE

Transfer or Close Utility Services for the Estate

Estate of: _____ | Personal Representative: _____

Decedent: _____ | County: _____

Date of Death: _____ | Case / File No.: _____

DATE PREPARED: _____

1 INSTRUCTIONS

Use this checklist to notify, transfer, or close utility services for the deceased. Contact each provider to determine required documentation. Retain copies of all confirmations.

2 UTILITY SERVICES

UTILITY TYPE	ACCOUNT NUMBER	PROVIDER NAME	PHONE NUMBER / WEBSITE	TRANSFER TO SURVIVING SPOUSE?	CLOSE ACCOUNT?	DATE NOTIFIED	CONFIRMATION RECEIVED (✓)
Electricity				☐ Yes ☐ No	☐ Yes ☐ No	_____	☐
Natural Gas				☐ Yes ☐ No	☐ Yes ☐ No	_____	☐
Water / Sewer				☐ Yes ☐ No	☐ Yes ☐ No	_____	☐
Trash / Recycling				☐ Yes ☐ No	☐ Yes ☐ No	_____	☐
Internet				☐ Yes ☐ No	☐ Yes ☐ No	_____	☐
Landline Phone				☐ Yes ☐ No	☐ Yes ☐ No	_____	☐
Cell Phone				☐ Yes ☐ No	☐ Yes ☐ No	_____	☐
Cable / Satellite TV				☐ Yes ☐ No	☐ Yes ☐ No	_____	☐
Home Security				☐ Yes ☐ No	☐ Yes ☐ No	_____	☐
Other				☐ Yes ☐ No	☐ Yes ☐ No	_____	☐

3 DOCUMENTS THAT MAY BE REQUIRED

- ☐ Death Certificate
- ☐ Letters of Administration / Personal Representative Documentation
- ☐ Valid ID of Personal Representative
- ☐ Proof of Address (for transfer)
- ☐ Account Number
- ☐ Final Readings (if required)
- ☐ Other: _____

4 NOTES

_____

_____

_____

_____

_____

_____

_____

IMPORTANT REMINDER:

Promptly notifying utility providers can prevent additional charges and help protect the estate from unnecessary expenses.
Keep all confirmation numbers and correspondence with providers.

"A faithful man shall abound with blessings: but he that maketh haste to be rich shall not be innocent."

PROVERBS 28:20 (KJV)

THANK YOU FOR LETTING US SERVE YOU.

CLEAR DOCUMENTS. SMOOTH PROCESS. PEACE OF MIND.

RETIREMENT AND PENSION BENEFITS WORKSHEET

Record the information you receive from employers, pension administrators, and retirement plan custodians.

Use this worksheet to keep track of all retirement plans, pensions, and retirement accounts in your spouse's name. Attach additional sheets if you need more space.

1. Deceased Spouse Information

Spouse's Full Name: _____ Date of Birth: _____

Date of Death: _____ Social Security Number (last 4): _____

2. Retirement Plan or Pension Information

	Plan / Pension #1	Plan / Pension #2	Plan / Pension #3	Plan / Pension #4
Employer / Plan Name				
Type of Plan / Pension *(e.g., Pension, 401(k), 403(b), 457, IRA, Roth IRA, TSP, etc.)*				
Plan Administrator / Custodian				
Contact Name				
Phone Number				
Mailing Address				
Email Address				
Account / Plan Number				
Website (if applicable)				

3. Benefits and Payment Information

	Plan / Pension #1	Plan / Pension #2	Plan / Pension #3	Plan / Pension #4
Am I the named beneficiary?	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure
Survivor Benefit Available?	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure
Monthly Survivor Benefit	$_____	$_____	$_____	$_____
Date Monthly Payments Will Begin (if known)	_____	_____	_____	_____
Lump Sum Payment Option?	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure
Lump Sum Amount (if known)	$_____	$_____	$_____	$_____
Other Benefit Options Discussed				

4. Action Items and Deadlines

	Plan / Pension #1	Plan / Pension #2	Plan / Pension #3	Plan / Pension #4
Forms / Documents Requested				
Date Forms Mailed or Expected	_____	_____	_____	_____
Deadline to Respond	_____	_____	_____	_____
Tax Professional Consulted?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Notes / Important Details				
Next Steps				

5. Representative Information

	Plan / Pension #1	Plan / Pension #2	Plan / Pension #3	Plan / Pension #4
Representative's Name				
Date of Conversation				
Confirmation / Reference Number				

Keep a copy of all forms and documents you submit in your Important Documents binder.

The plans of the diligent lead surely to abundance. Proverbs 21:5

Companion Resources

See Appendix B – Retirement and Pension Benefits Worksheet and Telephone Call Log.

RETIREMENT & PENSION SURVIVOR BENEFITS WORKSHEET

Companion Resource Library

COMPARING YOUR SURVIVOR BENEFIT OPTIONS

Use this worksheet to compare retirement income options, document important decisions, and record conversations with retirement plan administrators.

1 Monthly Income Comparison

Benefit Source	Monthly Amount
Survivor Pension	$ _____
My Social Security Benefit	$ _____
Survivor Social Security Benefit	$ _____
Other Retirement Income	$ _____
Annuity Income	$ _____
Other Income	$ _____
Estimated Total Monthly Income	**$ _____**

2 Survivor Benefit Details

Survivor Pension Percentage (check one):

☐ 100% ☐ 75% ☐ 66⅔% ☐ 50% ☐ Other _____ %

Payments Begin: _____

Cost of Living Adjustments (COLA): ☐ Yes ☐ No

If yes, explain: _____

_____

_____

Health Insurance Continues? ☐ Yes ☐ No

If yes, describe: _____

_____

3 Retirement Account Decisions

Accounts Available (check all that apply):

☐ Pension ☐ 401(k) ☐ 403(b)

☐ IRA ☐ Roth IRA ☐ Thrift Savings Plan (TSP)

☐ 457 Plan ☐ Other _____

Questions I Need Answered:

_____

_____

_____

_____

4 Questions for the Retirement Plan Administrator

- ☐ Am I the beneficiary?
- ☐ What survivor benefits are available?
- ☐ Is there a lump-sum option?
- ☐ Can benefits begin immediately?
- ☐ Are there tax consequences?
- ☐ What deadlines apply?
- ☐ What forms must be completed?
- ☐ What happens if I wait?
- ☐ Can I change my election later?

Other: _____

_____

5 Professional Guidance

Tax Professional: _____ Date: _____

Recommendations:

_____

_____

Financial Advisor: _____ Date: _____

Recommendations:

_____

_____

6 Action Items

- ☐ Requested forms
- ☐ Returned forms
- ☐ Beneficiary confirmed
- ☐ Survivor benefit approved
- ☐ Direct deposit established
- ☐ Taxes reviewed
- ☐ Copies filed in binder
- ☐ Follow-up appointment scheduled

Other: _____

_____

7 Notes

_____

_____

_____

_____

_____

_____

_____

_____

"Well done, good and faithful servant." Matthew 25:23 (KJV)

Photocopy This Page As often As needed.