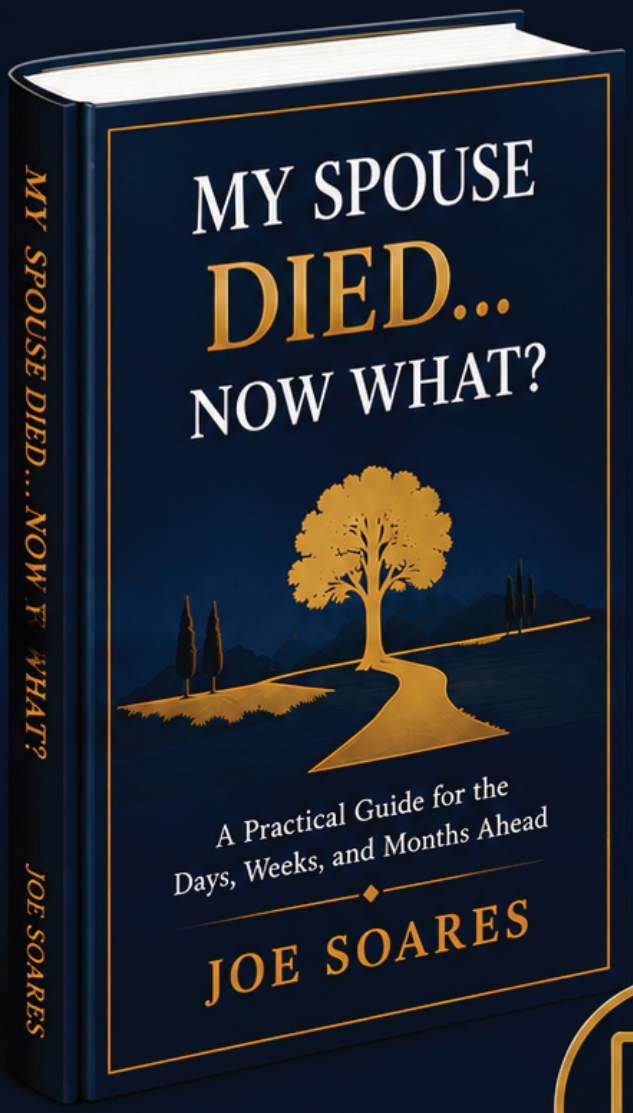
MY SPOUSE DIED... NOW WHAT?



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

MY SPOUSE DIED... NOW WHAT?

GETTING ORGANIZED CHECKLIST

Step One: Create Your System. Protect What Matters.

COMPANION RESOURCE 1

Use this checklist to create your organizational system and gather important information.

GETTING STARTED

- ☐ Obtain a three-ring binder or filing system
- ☐ Gather file folders or tab dividers
- ☐ Obtain notebook paper
- ☐ Purchase sheet protectors
- ☐ Obtain a large envelope or temporary document folder

CREATE YOUR BINDER

- ☐ Important Documents
- ☐ Notes
- ☐ Receipts
- ☐ Next Steps

GATHER INITIAL DOCUMENTS

- ☐ Death Certificate (when available)
- ☐ Will
- ☐ Trust documents
- ☐ Marriage Certificate
- ☐ Driver License
- ☐ Social Security cards
- ☐ Insurance Policies
- ☐ Bank Statements
- ☐ Retirement Statements
- ☐ Property Deeds
- ☐ Vehicle Titles
- ☐ Tax Returns
- ☐ Military Records *(if applicable)*
- ☐ Password list
- ☐ Other Important Papers *(list below)*

WHY THIS MATTERS

Having a system in place from the start will save time, reduce stress, and help you protect important documents and information during a difficult season.

CHOOSE A SAFE STORAGE LOCATION

- ☐ Original documents protected
- ☐ Copies kept in your binder
- ☐ Safe location identified

Location: _____

NOTES

"A good man leaves an inheritance to his children's children, but the wealth of the sinner is stored up for the righteous."

PROVERBS 13:22

MY SPOUSE DIED... NOW WHAT?

QUICK START CHECKLIST

Step Two: Take the First Steps. One Day at a Time.

COMPANION RESOURCE 2

Use this checklist as a simple guide during the first days and weeks ahead.

FIRST 72 HOURS

- ☐ Contact Funeral Home
- ☐ Obtain Death Certificates
- ☐ Locate the Will
- ☐ Locate Important Documents
- ☐ Notify Immediate Family
- ☐ Secure Home
- ☐ Care for Pets
- ☐ Locate Insurance Policies
- ☐ Begin Important Documents Binder
- ☐ Begin Telephone Log

FIRST WEEK

- ☐ Contact Employer
- ☐ Contact Social Security
- ☐ Notify Life Insurance
- ☐ Review Automatic Payments
- ☐ Identify Monthly Bills
- ☐ Gather Financial Statements
- ☐ Contact Attorney *(if needed)*
- ☐ Contact Accountant *(if needed)*

DON'T RUSH

- ☐ Don't sell the home yet
- ☐ Don't give away valuables
- ☐ Don't close every account immediately
- ☐ Don't make major financial decisions while grieving

REMEMBER

Take things one step at a time.
It is okay to ask for help.
You do not have to do this alone.

QUESTIONS / NOTES

"*Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go.*"

JOSHUA 1:9

IMPORTANT DOCUMENTS INVENTORY – BLANK WORKSHEET

RECORD THE LOCATION OF IMPORTANT LEGAL, FINANCIAL, AND PERSONAL DOCUMENTS

ESTATE INFORMATION

Decedent: _____

Date of Death: _____

Surviving Spouse: _____

Prepared By: _____

Date Prepared: _____

INSTRUCTIONS: List all important documents and records related to the estate. Include the document name, a brief description, where the original is located, and any digital copies or backup location. Keep this list updated and share the location with your executor or trusted family member.

#	DOCUMENT NAME (Be Specific)	DESCRIPTION / PURPOSE (What It Is)	LOCATION OF ORIGINAL (Safe, File, Drawer, etc.)	DIGITAL COPY? (Yes / No)	NOTES (Access Info, Password, Who Has Access, etc.)
1				☐ Yes ☐ No	
2				☐ Yes ☐ No	
3				☐ Yes ☐ No	
4				☐ Yes ☐ No	
5				☐ Yes ☐ No	
6				☐ Yes ☐ No	
7				☐ Yes ☐ No	
8				☐ Yes ☐ No	
9				☐ Yes ☐ No	
10				☐ Yes ☐ No	
11				☐ Yes ☐ No	
12				☐ Yes ☐ No	
13				☐ Yes ☐ No	
14				☐ Yes ☐ No	
15				☐ Yes ☐ No	

CATEGORIES TO CONSIDER

- Estate Planning Documents (Will, Trust, Codicils, POA, etc.)
- Financial Accounts & Statements
- Insurance Policies
- Real Estate / Deeds
- Tax Returns / Records
- Retirement / Benefit Statements
- Business Documents
- Personal Records (Birth Cert., etc.)
- Medical Records / Directives
- Vehicle Titles / Registration
- Other Important Documents

SUMMARY (Page 1 of 2)

Total Documents Listed on Page 1: _____

Estate Planning Documents: _____

Financial Documents: _____

Insurance Documents: _____

Property Documents: _____

Other Documents: _____

Additional Pages Used: _____

"A prudent man foreseeth the evil, and hideth himself: but the simple pass on, and are punished."

Proverbs 22:3 (KJV)

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

PHOTOCOPY THIS PAGE AS OFTEN AS NEEDED.

IMPORTANT DOCUMENTS INVENTORY – BLANK WORKSHEET

(CONTINUATION)

ESTATE INFORMATION

Decedent: _____

Date of Death: _____

Surviving Spouse: _____

Prepared By: _____

Date Prepared: _____

INSTRUCTIONS: List all important documents and records related to the estate. Include the document name, a brief description, where the original is located, and any digital copies or backup location. Keep this list updated and share the location with your executor or trusted family member.

#	DOCUMENT NAME (Be Specific)	DESCRIPTION / PURPOSE (What It Is)	LOCATION OF ORIGINAL (Safe, File, Drawer, etc.)	DIGITAL COPY? (Yes / No)	NOTES (Access Info, Password, Who Has Access, etc.)
16				☐ Yes ☐ No	
17				☐ Yes ☐ No	
18				☐ Yes ☐ No	
19				☐ Yes ☐ No	
20				☐ Yes ☐ No	
21				☐ Yes ☐ No	
22				☐ Yes ☐ No	
23				☐ Yes ☐ No	
24				☐ Yes ☐ No	
25				☐ Yes ☐ No	
26				☐ Yes ☐ No	
27				☐ Yes ☐ No	
28				☐ Yes ☐ No	
29				☐ Yes ☐ No	
30				☐ Yes ☐ No	

TIPS

- Store originals in a secure, fireproof location if possible.
- Keep digital copies organized and backed up.
- Review this list at least once a year and after any major life changes.
- Inform your executor or trusted family member where this list and the documents are kept.

SUMMARY (Page 2 of 2)

Total Documents Listed on Page 2: _____

Estate Planning Documents: _____

Financial Documents: _____

Insurance Documents: _____

Property Documents: _____

Other Documents: _____

Additional Pages Used: _____

GRAND TOTAL (Pages 1 & 2)

Total Documents (Pages 1 & 2): _____

Estate Planning Documents: _____

Financial Documents: _____

Insurance Documents: _____

Property Documents: _____

Other Documents: _____

Total Pages Used: _____

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

PHOTOCOPY THIS PAGE AS OFTEN AS NEEDED.

Personal Information Worksheet

This worksheet is for your information only. Share it with your spouse or trusted person and keep it updated. Store it in your Important Documents Binder.

BASIC INFORMATION

Full Legal Name: _____

Date of Birth: _____

Social Security Number: _____

Driver License Number: _____

State Issued: _____ Expiration Date: _____

Passport Number: _____

Passport Expiration Date: _____

Address: _____

_____

City: _____ State: ____ ZIP: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

FAMILY INFORMATION

Spouse's Full Name: _____

Date of Birth: _____

Marriage Date: _____

Children:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Other Dependents:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

TIPS

- Review this information at least once a year and update as needed.
- Make sure your spouse or trusted person knows where this information is kept.
- Do not share your Social Security number or account numbers unless absolutely necessary.
- Keep this worksheet with other important documents in a secure location.

EMPLOYMENT INFORMATION

Employer: _____

Job Title: _____

Work Phone: _____

Work Email: _____

Date Started: _____

Retirement Plan Provider: _____

Plan Account Number: _____

HEALTH INFORMATION

Primary Doctor: _____

Phone: _____

Health Insurance Company: _____

Policy Number: _____

Group Number: _____

Medicare Number: _____

Medicare Part: ☐ A ☐ B ☐ C ☐ D

Prescription Plan: _____

ADDITIONAL NOTES

_____

_____

_____

_____

_____

_____

_____

_____

IMPORTANT: *This worksheet is not a legal document. It is a place to record important information for your reference only. Always keep your original legal documents in a safe place.*

TELEPHONE CONTACT LOG – BLANK

CARTER WSTATE

Record all telephone conversations regarding the estate.

ESTATE INFORMATION

Decedent:	William "Bill" Carter
Date of Death:	May 7, 2025
Surviving Spouse:	Helen Carter
Prepared By:	_____
Date Prepared:	_____

INSTRUCTIONS: Write down every call made or received about the estate. Include the date, time, who you spoke with, and a brief summary of what was discussed or decided.

#	DATE MM/DD/YY	TIME AM / PM	CONTACT / COMPANY	PHONE # / NUMBER	PURPOSE OF CALL	SPOKE WITH (Name / Title)	SUMMARY OF CONVERSATION / ACTION TAKEN	FOLLOW-UP NEEDED?	FOLLOW-UP DATE
1	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
2	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
3	__/__/____	: ☐ AM : ☐ PM						☑ Yes ☐ No	__/__/____
4	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
5	__/__/____	: ☐ AM : ☐ PM						☑ Yes ☐ No	__/__/____
5	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
7	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
6	__/__/____	: ☐ AM : ☐ PM						☑ Yes ☐ No	__/__/____
8	__/__/____	: ☐ AM : ☐ PM						☑ Yes ☐ No	__/__/____
9	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
10	__/__/____	: ☐ AM : ☐ PM						☑ Yes ☐ No	__/__/____
11	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
12	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
14	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
15	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____

NOTES

- Write everything down while on the call.
- Ask for the name of the person you speak with.
- Note any promised follow-up or deadlines.
- Keep copies of any information received.
- Follow up on any item marked "Yes" in the Follow-Up Needed? column.

CALL SUMMARY (Page 1 of 2)

Total Calls Made on Page 1:	_____
Total Follow-Ups Needed on Page 1:	_____
Follow-Ups Completed on Page 1:	_____
Still Outstanding on Page 1:	_____

"Commit thy way unto the Lord; trust also in him; and he shall bring it to pass." Proverbs 3:5–6 (KJV)

TELEPHONE CONTACT LOG – BLANK WORKSHEET

(CONTINUATION)

Record all telephone conversations regarding the estate.

ESTATE INFORMATION

Decedent: William "Bill" Carter

Date of Death: May 7, 2025

Surviving Spouse: Helen Carter

Prepared By: _____

Date Prepared: _____

INSTRUCTIONS: Write down every call made or received about the estate. Include the date, time, who you spoke with, and a brief summary of what was discussed or decided.

#	DATE MM/DD/YY	TIME AM / PM	CONTACT / COMPANY	PHONE NUMBER	PURPOSE OF CALL	SPOKE WITH (Name / Title)	SUMMARY OF CONVERSATION / ACTION TAKEN	FOLLOW-UP NEEDED?	FOLLOW-UP DATE
16	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
17	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
18	__/__/____	: ☐ AM : ☐ PM						☑ Yes ☐ No	__/__/____
19	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
19	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
21	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
22	__/__/____	: ☐ AM : ☐ PM						☑ Yes ☐ No	__/__/____
23	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
25	__/__/____	: ☐ AM : ☐ PM						☑ Yes ☐ No	__/__/____
25	__/__/____	: ☐ AM : ☐ PM						☑ Yes ☐ No	__/__/____
26	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
27	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
28	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
29	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____
30	__/__/____	: ☐ AM : ☐ PM						☐ Yes ☐ No	__/__/____

NOTES

- Write everything down while on the call.
- Ask for the name of the person you speak with.
- Note any promised follow-up or deadlines.
- Keep copies of any information received.
- Follow up on any item marked "Yes" in the Follow-Up Needed? column.

CALL SUMMARY (Page 2 of 2)

Total Calls Made on Page 2: _____

Total Follow-Ups Needed on Page 2: _____

Follow-Ups Completed on Page 2: _____

Still Outstanding on Page 2: _____

"Commit thy way unto the Lord; trust also in him; and he shall bring it to pass." Proverbs 3:5–6 (KJV)

MASTER CONTACT LIST – BLANK WORKSHEET

IMPORTANT PEOPLE, PROFESSIONALS & ORGANIZATIONS

ESTATE INFORMATION

Decedent: _____

Date of Death: _____

Surviving Spouse: _____

Prepared By: _____

Date Prepared: _____

INSTRUCTIONS: List all important people, professionals, and organizations related to the estate. Include contact information, relationship or purpose, and notes about their role. Attach additional pages if more space is needed.

#	NAME / ORGANIZATION	RELATIONSHIP OR PURPOSE	ADDRESS	PHONE		EMAIL	NOTES / ROLE IN ESTATE
				MOBILE	OTHER		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

CATEGORIES TO CONSIDER

- Family Members
- Attorneys
- Accountants / Tax Professionals
- Financial Advisors
- Banks / Trust Companies
- Insurance Agents
- Clergy / Spiritual Advisors
- Close Friends / Neighbors
- Other Important Contacts

SUMMARY (Page 1 of 2)

Total Contacts Listed on Page 1: _____

Critical Contacts (Key to Estate): _____

Professional Advisors: _____

Family / Personal Contacts: _____

Other Organizations: _____

"Plans fail for lack of counsel, but with many advisers they succeed."

Proverbs 15:22 (KJV)

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

PHOTOCOPY THIS PAGE AS OFTEN AS NEEDED.

MASTER CONTACT LIST – BLANK WORKSHEET

IMPORTANT PEOPLE, PROFESSIONALS & ORGANIZATIONS (CONTINUATION)

ESTATE INFORMATION

Decedent: _____

Date of Death: _____

Surviving Spouse: _____

Prepared By: _____

Date Prepared: _____

INSTRUCTIONS: List all important people, professionals, and organizations related to the estate. Include contact information, relationship or purpose, and notes about their role. Attach additional pages if more space is needed.

#	NAME / ORGANIZATION	RELATIONSHIP OR PURPOSE	ADDRESS	PHONE		EMAIL	NOTES / ROLE IN ESTATE
				MOBILE	OTHER		
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

NOTES

- Keep this list updated during the estate process.
- Share necessary information with your executor or trusted family member.
- Store a copy with important estate documents.
- Add continuation pages if more space is needed.

SUMMARY (Page 2 of 2)

Total Contacts Listed on Page 2: _____

Critical Contacts (Key to Estate): _____

Professional Advisors: _____

Family / Personal Contacts: _____

Other Organizations: _____

GRAND TOTAL (Pages 1 & 2)

Total Contacts (Pages 1 & 2): _____

Critical Contacts (Key to Estate): _____

Professional Advisors: _____

Family / Personal Contacts: _____

Other Organizations: _____

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

NEXT STEPS CHECKLIST

"Commit thy works unto the Lord,"
and thy thoughts shall be established."
Proverbs 16:3 (KJV)

PURPOSE

Use this checklist to keep track of questions, documents to locate, phone calls to make, appointments to schedule, and other responsibilities related to settling your spouse's affairs.

There is no required order and no deadline. Work at your own pace. Add items as you think of them and check them off as they are completed.

Today's Date: _____

Spouse's Full Name: _____

Date of Death: _____

Completed By: _____

	DESCRIPTION OF NEXT STEP	WHY IT IS IMPORTANT	PRIORITY (High / Med / Low)	TARGET DATE	COMPLETED (Date)
☐					
☐					
☐					
☐					
☐					
☐					
☐					
☐					
☐					
☐					
☐					
☐					

FOLLOW-UP INFORMATION

Use the space below to record details that may help you complete the item above, such as names, phone numbers, websites, locations, documents needed, or instructions.

_____

_____

_____

_____

_____

_____

_____

PRIORITY GUIDE

High – Needs attention soon or has a deadline
Medium – Important, but not time-sensitive
Low – Can be done when time allows

HELPFUL REMINDERS

- It is okay if items move to the next day, week, or month.
- Some tasks will wait until other steps are completed.
- Review this checklist regularly and update as needed.
- Give yourself grace. You are doing the best you can.

NOTES

_____

_____

_____

DEATH CERTIFICATE TRACKER – BLANK WORKSHEET

TRACK ALL DEATH CERTIFICATES ORDERED, RECEIVED, DISTRIBUTED, AND WHERE COPIES ARE STORED

ESTATE INFORMATION

Decedent: _____

Date of Death: _____

Surviving Spouse: _____

Prepared By: _____

Date Prepared: _____

INSTRUCTIONS: Order multiple certified copies of the death certificate. You will need originals for many institutions. Track each copy from the time it is ordered until it is distributed or stored.

1. CERTIFICATE ORDER DETAILS

Full Name of Decedent:	Date of Death:
Place of Death (City, County, State):	
Social Security Number (Last 4 Digits):	Date of Birth:
County / State Where Certificate Ordered:	Vital Records Office or Agency:
Date Ordered:	Ordered By:

Method Ordered: ☐ In Person ☐ Mail ☐ Online ☐ Other: _____

Quantity Ordered: | Cost Per Certificate: $_____ | Total Cost: $_____

Special Handling / Rush Service: ☐ Yes ☐ No | Tracking / Confirmation No.: _____

Notes: _____

2. DEATH CERTIFICATE INVENTORY & DISTRIBUTION LOG

COPY NUMBER	DATE RECEIVED	DATE DISTRIBUTED	RECIPIENT / INSTITUTION (Who Received It)	PURPOSE / REASON (Why It Was Needed)	MAILED / DELIVERED (Y / N)	RETURNED RECEIPT (Y / N)	NOTES
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

COMMON PLACES DEATH CERTIFICATES ARE NEEDED

- Social Security Administration
- Banks / Financial Institutions
- Insurance Companies (Life, Health, Auto, Home)
- Retirement Plan Administrators
- Employer (Final Payroll, Benefits)
- DMV / Vehicle Title Transfer
- Real Estate / Title Companies
- Probate Court
- Other Government Agencies

TIPS

- Order more than you think you'll need.
- Keep several certified copies in reserve.
- Never sign or alter a death certificate.
- Provide certified copies, not photocopies.
- Track each copy so you know where it is at all times.

"Precious in the sight of the Lord is the death of his saints."

Psalm 116:15 (KJV)

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

PHOTOCOPY THIS PAGE AS OFTEN AS NEEDED.

DEATH CERTIFICATE TRACKER – BLANK WORKSHEET

TRACK ALL DEATH CERTIFICATES ORDERED, RECEIVED, DISTRIBUTED, AND WHERE COPIES ARE STORED (CONTINUATION)

ESTATE INFORMATION

Decedent: _____

Date of Death: _____

Surviving Spouse: _____

Prepared By: _____

Date Prepared: _____

2. DEATH CERTIFICATE INVENTORY & DISTRIBUTION LOG (CONTINUED)

COPY NUMBER	DATE RECEIVED	DATE DISTRIBUTED	RECIPIENT / INSTITUTION (Who Received It)	PURPOSE / REASON (Why It Was Needed)	MAILED / DELIVERED (Y / N)	RETURNED RECEIPT (Y / N)	NOTES
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

3. REMAINING & STORED CERTIFICATES

Number of Copies Remaining in Reserve: _____

Location Stored (Safe, File Drawer, Fireproof Box, etc.): _____

Are Copies Scanned / Digitally Saved? ☐ Yes ☐ No

Location of Digital Copies: _____

Secure Storage Notes: _____

IMPORTANT REMINDERS

- Death certificates have security features and raised seals.
- Some institutions require an original certified copy.
- International use may require an apostille or authentication.
- Fees may apply for each additional copy.

SUMMARY (Page 2 of 2)

Total Copies Ordered: _____

Total Copies Distributed: _____

Copies Remaining: _____

Total Cost Incurred: $_____

Additional Pages Used: _____

ADDITIONAL NOTES

_____

_____

_____

_____

_____

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

PHOTOCOPY THIS PAGE AS OFTEN AS NEEDED.

SAFE DEPOSIT BOX INVENTORY

ESTATE ADMINISTRATION COMPANION RESOURCE

Inventory of Safe Deposit Box Contents

Estate of: _____ Personal Representative: _____

Decedent: _____ County: _____

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

DATE INVENTORIED: _____

1 SAFE DEPOSIT BOX INFORMATION

Bank Name: _____

Branch Location: _____

Address: _____

_____

Phone: _____

Safe Deposit Box Number: _____

Key Number (if known): _____

Date Opened for Inventory: _____

Individuals Present:

_____

_____

2 INVENTORY OF CONTENTS

#	ITEM DESCRIPTION	QUANTITY	REMOVED?	DATE REMOVED	INITIALS
1			☐ Yes ☐ No		
2			☐ Yes ☐ No		
3			☐ Yes ☐ No		
4			☐ Yes ☐ No		
5			☐ Yes ☐ No		
6			☐ Yes ☐ No		
7			☐ Yes ☐ No		
8			☐ Yes ☐ No		
9			☐ Yes ☐ No		
10			☐ Yes ☐ No		
11			☐ Yes ☐ No		
12			☐ Yes ☐ No		
13			☐ Yes ☐ No		
14			☐ Yes ☐ No		
15			☐ Yes ☐ No		

3 IMPORTANT DOCUMENTS FOUND

- ☐ Original Will
- ☐ Trust Agreement
- ☐ Codicil
- ☐ Durable Power of Attorney
- ☐ Health Care Directive
- ☐ Living Will
- ☐ Deeds
- ☐ Vehicle Titles
- ☐ Stock Certificates
- ☐ Bonds
- ☐ Life Insurance Policies
- ☐ Military Records
- ☐ Birth Certificates
- ☐ Marriage Certificate
- ☐ Social Security Documents
- ☐ Cash
- ☐ Jewelry
- ☐ Coins
- ☐ Keys
- ☐ Other: _____

4 NOTES

IMPORTANT REMINDER:

Keep an accurate record of all items removed from the safe deposit box. Store items securely and follow court or attorney instructions regarding any documents or assets found.

"A good man leaveth an inheritance to his children's children..."

PROVERBS 13:22 (KJV)

THANK YOU FOR LETTING US SERVE YOU.

CLEAR DOCUMENTS. SMOOTH PROCESS. PEACE OF MIND.

TRUSTED INFORMATION GUIDE

For Someone You Trust

"A faithful man shall abound with blessings."
Proverbs 28:20 (KJV)

PURPOSE

This guide gives someone you trust a starting point for helping you or your family if you become unable to manage your affairs or after your death.

Provide only what is necessary to help them know where important records, legal documents, and professional contacts are located.

Do not write passwords or PINs on this form. If you use a password manager, list where it can be found or how to access it.

Your Full Name: _____

Date of Birth: _____

Spouse's Full Name: _____

Date of Death (if applicable): _____

Today's Date: _____

This Guide Provided To: _____

Relationship: _____

Phone: _____

Email: _____

WHERE IMPORTANT INFORMATION CAN BE FOUND

IMPORTANT DOCUMENTS BINDER OR FILE SYSTEM	Location (room, cabinet, or safe): _____ Additional Details: _____
SAFE (AT HOME)	Location: _____ How to Access: _____
SAFE DEPOSIT BOX	Bank or Credit Union: _____ Branch Location: _____ Account or Box Number: _____ How to Access: _____
PASSWORD MANAGER OR DIGITAL VAULT	Name of Service or App: _____ How to Access (where to find instructions): _____
DIGITAL FILE STORAGE (Cloud or External Drive)	Service or Drive Name: _____ How to Access: _____

PROFESSIONAL CONTACTS

Attorney: _____
Phone: _____
Email: _____
Accountant / Tax Professional: _____
Phone: _____
Email: _____
Financial Advisor: _____
Phone: _____
Email: _____
Insurance Professional: _____
Phone: _____
Email: _____
Other (Please Specify): _____
Phone: _____
Email: _____

ADDITIONAL INFORMATION

Other information that may be helpful to the person I trust:

_____

_____

_____

_____

_____

_____

_____

_____

_____

IMPORTANT REMINDERS

- This guide is a starting point, not the complete details.
- Always confirm current information with the appropriate organization or professional.
- Keep this guide updated when important changes occur.
- Store this guide in the same location as your Important Documents.

UPDATE RECORD

Last Reviewed / Updated On: _____
Reviewed By: _____
Notes: _____
_____

Death Certificate Tracking Log

Use this log to keep track of all death certificates you request.
You will need multiple certified copies for banks, insurance companies, government agencies, and other institutions.

Deceased: _____

Date of Death: _____ **Place of Death:** _____

TIPS

- Order 10–20 certified copies to start.
- Keep a few extras on hand.
- Some institutions will keep the original. Ask if they will accept a copy.
- Store your copies in a secure place.

COPY #	DATE ORDERED	HOW ORDERED (In Person / Mail / Online)	DATE RECEIVED	# OF COPIES	CERTIFICATE NUMBER (If known)	INSTITUTION / PURPOSE	DATE GIVEN OUT	RECEIVED BY (Name / Dept.)	NOTES
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

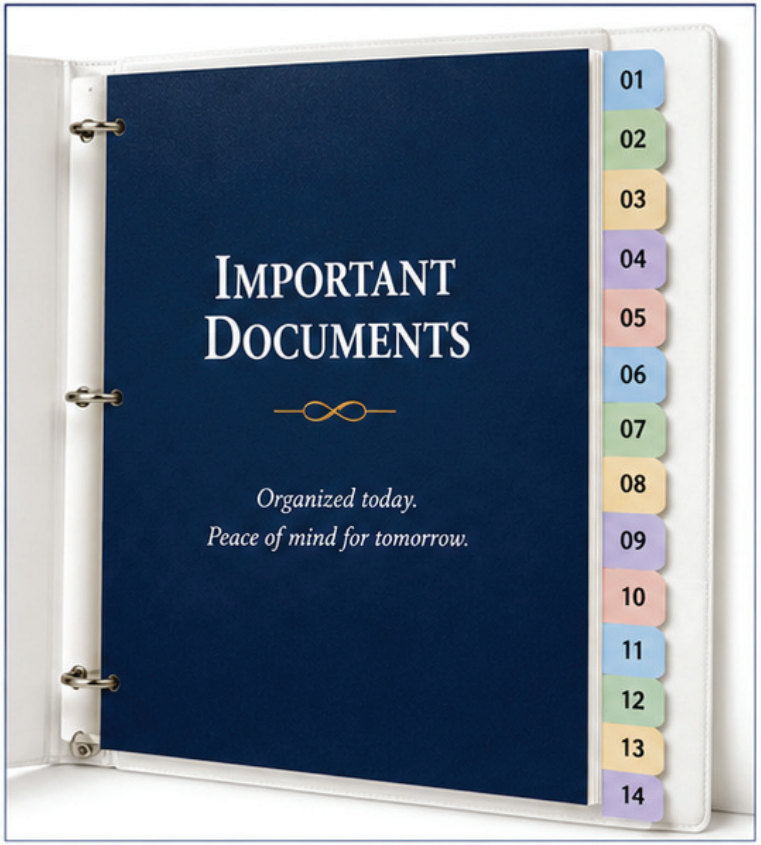
COMMON PLACES THAT MAY REQUIRE A COPY

- ☐ Bank / Credit Union
- ☐ Insurance Company
- ☐ Social Security Administration
- ☐ DMV (if applicable)
- ☐ Employer / HR Department
- ☐ Pension / Retirement Plan
- ☐ Veterans Administration
- ☐ Attorney / Probate Court
- ☐ Utility Company
- ☐ Other: _____

NOTES

Important Documents Binder Tabs

Use these suggested tabs to organize your Important Documents Binder. Customize as needed for your situation. The goal is to keep everything easy to find and clearly labeled.



TAB #	TAB NAME	INCLUDES / EXAMPLES
01	**Personal Information**	Birth certificate, Social Security card, passport, driver license
02	**Family Information**	Marriage certificate, children's information, family records
03	**Important Contacts**	Family, friends, attorney, accountant, advisors, clergy
04	**Account Information**	Bank accounts, investments, retirement plans, pension info
05	**Insurance Policies**	Life, health, auto, home, umbrella, long-term care policies
06	**Property & Deeds**	Home deed, mortgage, land deeds, property tax info
07	**Vehicles & Titles**	Vehicle titles, registrations, loan documents, VIN numbers
08	**Financial Documents**	Tax returns, statements, W-2s, 1099s, budget information
09	**Wills, Trusts & Estate**	Will, trust documents, powers of attorney, advance directives
10	**Digital Assets**	Online accounts, passwords list, digital subscriptions
11	**Personal Property**	Inventory of valuables, collectibles, jewelry, firearms
12	**Bills & Payments**	Monthly bills, automatic payments, subscriptions
13	**Medical Information**	Medical history, medications, physicians, insurance cards
14	**Miscellaneous**	Warranties, instructions, membership cards, other items

HOW TO USE

- Place the tabs in the order shown or customize as needed.
- Use sheet protectors to keep documents clean and safe.
- Update sections as information changes.
- Keep this binder in a secure, easy-to-access location.

TIP: Review your binder at least once a year and update as needed. Keeping your documents organized now will save time, stress, and confusion for your loved ones later.

COLOR SUGGESTION

Use the included colors or any system that works for you. Consistency is more important than the specific colors.

TELEPHONE CONTACT LOG

CARTER ESTATE – COMPLETED EXAMPLE

Record of all telephone conversations regarding the estate.

ESTATE INFORMATION

Decedent:	William "Bill" Carter
Date of Death:	May 7, 2025
Surviving Spouse:	Helen Carter
Prepared By:	Helen Carter
Date Prepared:	June 10, 2025

DATE MM/DD/YY	TIME AM / PM	CONTACT / COMPANY	PHONE NUMBER	PURPOSE OF CALL	SPOKE WITH	SUMMARY OF CONVERSATION / ACTION TAKEN	FOLLOW-UP NEEDED?	FOLLOW-UP DATE
5/13/2025	10:15 AM	Regions Bank	1-800-734-4667	Notify of Bill's death	Customer Service Rep	Notified of death. Requested information on joint accounts and required documents. They will email forms.	☑ Yes ☐ No	5/20/2025
5/13/2025	11:05 AM	Visa	1-800-847-2911	Notify of Bill's death	Account Representative	Notified of death. Requested copy of death certificate and survivor information by mail.	☑ Yes ☐ No	5/27/2025
5/13/2025	01:30 PM	Discover Card	1-800-347-2683	Notify of Bill's death	Account Representative	Notified of death. Accounts will be reviewed. Information packet being mailed.	☑ Yes ☐ No	5/27/2025
5/14/2025	09:20 AM	Florida Power & Light	1-800-226-3545	Transfer service	Customer Service Rep	Requested to place account in Helen's name. Final bill will be mailed.	☑ Yes ☐ No	5/22/2025
5/14/2025	09:55 AM	TECO Peoples Gas	1-877-832-6747	Transfer service	Customer Service Rep	Requested to place account in Helen's name. Will need proof of ownership.	☑ Yes ☐ No	5/22/2025
5/15/2025	02:10 PM	Comcast	1-800-934-6489	Review account	Retention Specialist	Reviewed account options. Keeping internet service at same address.	☐ Yes ☑ No	N/A
5/16/2025	10:40 AM	Wells Fargo Auto Loan	1-800-289-8004	Notify of Bill's death	Account Representative	Notified of death. Requested payoff information for 2018 Ford F-150.	☑ Yes ☐ No	5/29/2025
5/16/2025	11:25 AM	Florida Dept. of Revenue – Child Support	1-850-488-5437	Notify of Bill's death	Customer Service Rep	Notified of death. Confirmed no outstanding balance due.	☐ Yes ☑ No	N/A
5/19/2025	03:00 PM	Blue Cross Blue Shield	1-800-432-2385	Review coverage	Member Services Rep	Requested COBRA information and continuation options.	☑ Yes ☐ No	5/23/2025
5/20/2025	09:45 AM	Publix Credit Card	1-866-450-4945	Notify of Bill's death	Account Representative	Notified of death. Requested account review and payoff balance.	☑ Yes ☐ No	5/27/2025
5/21/2025	01:15 PM	Carter Marine Storage	352-555-8721	Remove items	Manager	Requested final billing and removal of items from boat slip.	☑ Yes ☐ No	5/24/2025
5/22/2025	10:05 AM	AT&T Mobility	1-800-331-0500	Review account	Customer Service Rep	Reviewed account. Keeping Helen's phone. Closed Bill's line.	☐ Yes ☑ No	N/A
/ /	: ☐ AM ☐ PM						☐ Yes ☐ No	/ /
/ /	: ☐ AM ☐ PM						☐ Yes ☐ No	/ /
/ /	: ☐ AM ☐ PM						☐ Yes ☐ No	/ /
/ /	: ☐ AM ☐ PM						☐ Yes ☐ No	/ /

NOTES

- Write everything down while on the call – details fade quickly.
- Ask for the name of the person you speak with.
- Note any promised follow-up, documents, or deadlines.
- Keep copies of any information received.
- Follow up on any item marked "Yes" in the Follow-Up Needed column.

CALL SUMMARY

Total Calls Made:	12
Total Follow-Ups Needed:	9
Follow-Ups Completed:	5
Still Outstanding:	4

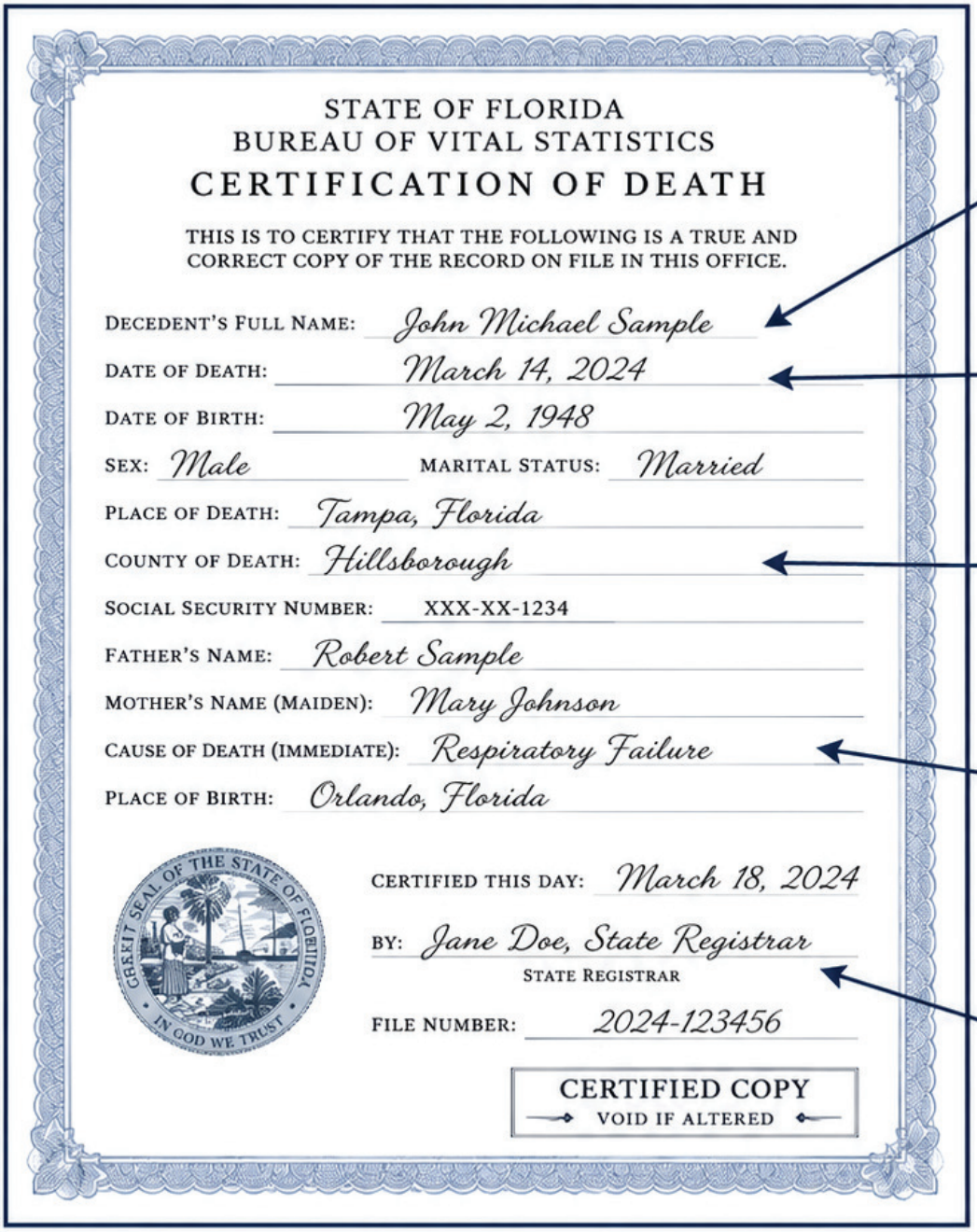
"The plans of the diligent lead surely to abundance, but everyone who is hasty comes only to poverty." *Proverbs 21:5*

"Commit thy way unto the Lord; trust also in him; and he shall bring it to pass."
Psalm 37:5 (KJV)

Sample Death Certificate Attachment Page

Many organizations will require a certified copy of the death certificate. The actual certificate varies by state, but it generally contains similar information.

This is an example only and is not an official document.



STATE OF FLORIDA
BUREAU OF VITAL STATISTICS

CERTIFICATION OF DEATH

THIS IS TO CERTIFY THAT THE FOLLOWING IS A TRUE AND CORRECT COPY OF THE RECORD ON FILE IN THIS OFFICE.

DECEDENT'S FULL NAME: John Michael Sample
DATE OF DEATH: March 14, 2024
DATE OF BIRTH: May 2, 1948
SEX: Male MARITAL STATUS: Married
PLACE OF DEATH: Tampa, Florida
COUNTY OF DEATH: Hillsborough
SOCIAL SECURITY NUMBER: XXX-XX-1234
FATHER'S NAME: Robert Sample
MOTHER'S NAME (MAIDEN): Mary Johnson
CAUSE OF DEATH (IMMEDIATE): Respiratory Failure
PLACE OF BIRTH: Orlando, Florida

GREAT SEAL OF THE STATE OF FLORIDA · IN GOD WE TRUST ·

CERTIFIED THIS DAY: March 18, 2024
BY: Jane Doe, State Registrar
STATE REGISTRAR
FILE NUMBER: 2024-123456

CERTIFIED COPY
VOID IF ALTERED

Decedent's Full Name
The full legal name of your spouse as it appears on the official record.

Date of Death
Used by most organizations to close accounts, file claims, or update records.

Place and County of Death
Some organizations require the county to confirm the record.

Cause of Death
Often included, but not always required by the organization requesting the certificate.

Certification Seal and Registrar Signature
These confirm that the document is an official certified copy.

IMPORTANT

This page is an example only. It is not a real death certificate. The actual certificate will include official seals, signatures, and security features that may not appear the same in every county.

Keep your certified copies in a secure place and record who you provide each copy to on the Death Certificate Tracking Log in this book.

See Chapter 4: Understanding the Death Certificate for more information.