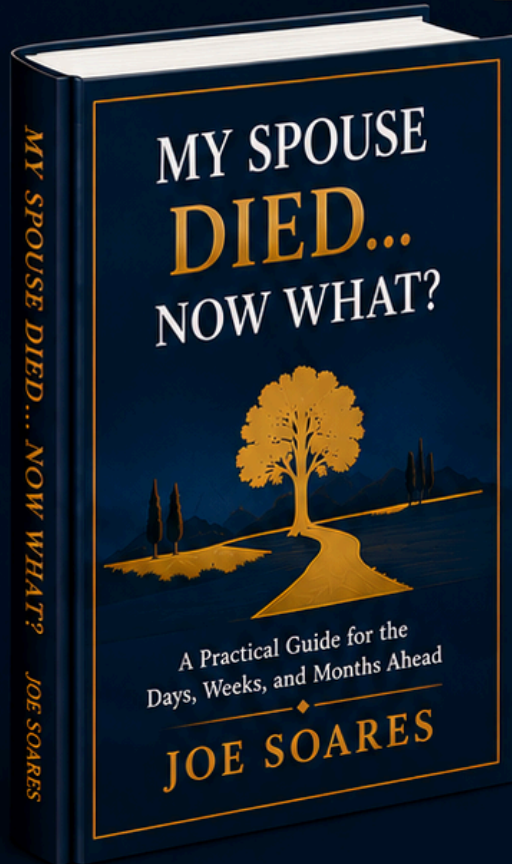


MY SPOUSE DIED... NOW WHAT?



COMPLETE COMPANION RESOURCE LIBRARY

*Every Worksheet, Checklist, Tracker,
Sample Document, and Florida
Companion Resource Included in
One Printable Collection*



CHECKLISTS



WORKSHEETS



FORMS &
SAMPLES



FLORIDA
EXAMPLES



TRACKERS &
LOGS



ORGANIZATION
TOOLS



THE COMPLETE COMPANION RESOURCE LIBRARY

*Your All-in-One Collection of Essential Tools
for the Days, Weeks, and Months Ahead*

JOE SOARES

JoeSoaresMusic.com

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

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?

A Practical Guide for the Days, Weeks, and Months Ahead



MY SPOUSE DIED... NOW WHAT?

Companion Resource Library

TABLE OF CONTENTS

Practical Help for One of Life's Hardest Journeys

This Companion Resource Library provides all of the blank forms, checklists, and reference materials mentioned in the book to help you stay organized, protect what your spouse built, and move forward with confidence.

COMPLETE LIBRARY & BLANK FORMS



- **Complete Companion Resource Library**

Everything in one file. The complete collection of all forms, checklists, and resources.



- **Official Blank Companion Forms**

All official blank worksheets, each provided one time for easy printing and use.

INDIVIDUAL RESOURCE PACKETS



- **Important Documents Companion Resource**

Organize essential papers, contacts, and key information.



- **Social Security Companion Resource**

Step-by-step help for survivor benefits and reporting.



- **Probate Estate & Creditors Companion Resource**

Guidance for settling the estate and working with creditors.



- **Probate Home & Property Companion Resource**

Tools for property, insurance, and homestead matters in Florida.

INDIVIDUAL RESOURCE PACKETS (CONTINUED)



- **Florida Vehicle Title Transfer Companion Resource**

Simple guidance for transferring titles and registrations in Florida.



- **Tax & Portability Companion Resource**

What you need to know about final tax returns and portability.



- **Health Care & Final Wishes Companion Resource**

Medical, insurance, and final wishes planning guidance and forms.



- **Accounts, Bills & Subscriptions Companion Resource**

Track and manage financial accounts, bills and recurring services.



- **Digital Assets & Online Accounts Companion Resource**

Organize and protect online accounts and digital assets.



You Are Not Alone

These resources are here to help you, one step at a time, as you navigate the journey ahead with peace, clarity, and confidence.

— “The Lord is close to the brokenhearted and saves those who are crushed in spirit.” Psalm 34:18 (KJV) —



MySpouseDiedNowWhat.com

Practical help for one of life's hardest journeys.

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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



MY SPOUSE DIED... NOW WHAT?
A Practical Guide for the Days, Weeks, and Months Ahead





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)*



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)*





QUESTIONS FOR YOUR ATTORNEY

MEETING INFORMATION

Date: _____
Attorney: _____
Law Firm: _____
Phone: _____
Email: _____



INSTRUCTIONS: Use this worksheet to write down your questions before your meeting. Check the topics that apply to you and add additional questions you want to ask. Take notes on the answers provided.

1. ESTATE PLANNING BASICS

TOPIC	MY QUESTIONS	NOTES / ANSWERS
☐ What estate planning documents do you recommend for my situation?		
☐ Do my current documents need to be updated?		
☐ How often should I review my estate plan?		
☐ How can I make sure my wishes are followed?		
☐ What happens if I become incapacitated?		
☐ What happens if I do not have an estate plan?		
☐ Other questions: _____		

2. PROBATE & ADMINISTRATION

TOPIC	MY QUESTIONS	NOTES / ANSWERS
☐ Will my estate have to go through probate?		
☐ How long does probate usually take in Florida?		
☐ What are the costs and fees associated with probate?		
☐ Can probate be avoided?		
☐ Who should I name as Personal Representative?		
☐ Other questions: _____		

3. ASSETS & PROPERTY

TOPIC	MY QUESTIONS	NOTES / ANSWERS
☐ How should I title my assets to avoid probate?		
☐ Will jointly owned property transfer automatically?		
☐ How are real estate and personal property handled?		
☐ Are there tax consequences I should be aware of?		
☐ What steps should I take before transferring property?		
☐ Other questions: _____		

4. TAXES & BENEFITS

TOPIC	MY QUESTIONS	NOTES / ANSWERS
☐ Will my estate be subject to federal estate tax?		
☐ What about Florida estate tax?		
☐ How does the portability of the federal exemption apply to me?		
☐ Are there inheritance tax considerations?		
☐ How will my beneficiaries be affected for taxes?		
☐ Other questions: _____		

5. HEALTH CARE & INCAPACITY

TOPIC	MY QUESTIONS	NOTES / ANSWERS
☐ Do you recommend a Durable Power of Attorney?		
☐ What is the difference between a Living Will and a Designation of Health Care Surrogate?		
☐ How can I make sure my health care wishes are honored?		
☐ What should I consider if I need long-term care?		
☐ Other questions: _____		

6. OTHER IMPORTANT QUESTIONS

TOPIC	MY QUESTIONS	NOTES / ANSWERS



Asking the right questions today brings clarity and peace of mind for tomorrow.





QUESTIONS FOR YOUR TAX PROFESSIONAL

MEETING INFORMATION

Date: _____
Tax Professional: _____
Firm: _____
Phone: _____
Email: _____



INSTRUCTIONS: Use this worksheet to write down your questions before your meeting with your tax professional. Check the topics that apply to you and add additional questions you want to ask. Take notes on the answers provided.

1. TAX FILING & COMPLIANCE

TOPIC	MY QUESTIONS	NOTES / ANSWERS
☐ What tax returns do I need to file each year?		
☐ Are there any estimated tax payments I need to make?		
☐ What important tax deadlines should I know about?		
☐ How should I organize my tax records?		
☐ How long should I keep my tax records?		
☐ Do you recommend using tax software or a professional?		
☐ Other questions: _____		

2. DEDUCTIONS & CREDITS

TOPIC	MY QUESTIONS	NOTES / ANSWERS
☐ What deductions and credits am I eligible for?		
☐ Are there any I may be missing?		
☐ How can I maximize my deductions legally?		
☐ What records should I keep for deductions?		
☐ Other questions: _____		

3. RETIREMENT ACCOUNTS & INVESTMENTS

TOPIC	MY QUESTIONS	NOTES / ANSWERS
☐ How are my retirement withdrawals taxed?		
☐ What are the tax implications of my investments?		
☐ Should I consider a Roth conversion?		
☐ How can I minimize taxes on my retirement income?		
☐ Other questions: _____		

4. ESTATE & INHERITANCE TAXES

TOPIC	MY QUESTIONS	NOTES / ANSWERS
☐ Will my estate be subject to federal estate tax?		
☐ Does Florida have an inheritance or estate tax?		
☐ How does the portability of the federal exemption apply to me?		
☐ What strategies can reduce estate taxes?		
☐ Other questions: _____		

5. BUSINESS & SELF-EMPLOYMENT (If Applicable)

TOPIC	MY QUESTIONS	NOTES / ANSWERS
☐ What tax deductions can my business take?		
☐ How should I handle business expenses?		
☐ Do I need to make quarterly tax payments?		
☐ What retirement plans are best for my business?		
☐ Other questions: _____		

6. OTHER IMPORTANT QUESTIONS

TOPIC	MY QUESTIONS	NOTES / ANSWERS
☐		
☐		
☐		
☐		
☐		



Good planning today can lead to greater peace of mind tomorrow.



COMPANION RESOURCE
My Spouse Died... Now What?
Your Step-by-Step Guide to
Peace of Mind and Clear Next Steps



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 ^o	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	___/___/___
24	___/___/___	: ☐ 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)*





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)





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)





DIGITAL ACCOUNT INVENTORY - BLANK WORKSHEET

(PAGE 1 OF 2)

ESTATE INFORMATION

Decedent: _____
Date of Death: _____
Surviving Spouse: _____
Prepared By: _____
Date Prepared: _____



INSTRUCTIONS: List all digital accounts, online services, and subscriptions. Include login or recovery information (stored securely), account purpose, and instructions for access or closure.

#	ACCOUNT / SERVICE (Website or Company)	TYPE OF ACCOUNT (Email, Social Media, Banking, Shopping, Subscription, Cloud, etc.)	USERNAME / ACCOUNT ID	EMAIL ADDRESS USED	PURPOSE / CONTENT (What's Stored or Why Important)	INSTRUCTIONS (Access, Transfer, Keep or Close)	NOTES (Recovery Info Location)	DATE LAST USED
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
15								



TIPS FOR SECURE STORAGE

- Store usernames and passwords in a secure location known to your executor.
- Consider using a password manager and record the master password separately.
- Review and update this inventory at least once a year.
- Indicate which accounts have two-factor authentication enabled.



SUMMARY (Page 1 of 2)

Total Accounts Listed on Page 1: _____
Critical Accounts (Key to Estate): _____
Paid Subscriptions / Services: _____
Accounts to Transfer: _____
Accounts to Close: _____
Additional Pages Used: _____



GRAND TOTAL (Pages 1 & 2)

Total Accounts (Pages 1 & 2): _____
Critical Accounts (Key to Estate): _____
Paid Subscriptions / Services: _____
Accounts to Transfer: _____
Accounts to Close: _____
Total Pages Used: _____



“

*“A good name is rather to be chosen than great riches,
and loving favour rather than silver and gold.”*

PROVERBS 22:1 (KJV)

”





DIGITAL ACCOUNT INVENTORY - BLANK WORKSHEET

(CONTINUATION)

ESTATE INFORMATION

Decedent: _____

Date of Death: _____

Surviving Spouse: _____

Prepared By: _____

Date Prepared: _____

INSTRUCTIONS: List all digital accounts, online services, and subscriptions. Include login or recovery information (stored securely), account purpose, and instructions for access or closure.

#	ACCOUNT / SERVICE (Website or Company)	TYPE OF ACCOUNT (Email, Social Media, Banking, Shopping, Subscription, Cloud, etc.)	USERNAME / ACCOUNT ID	EMAIL ADDRESS USED	PURPOSE / CONTENT (What's Stored or Why Important)	INSTRUCTIONS (Access, Transfer, Keep or Close)	NOTES (Recovery Info Location)	DATE LAST USED
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								

TIPS FOR SECURE STORAGE

- Store usernames and passwords in a secure location known to your executor.
- Consider using a password manager and record the master password separately.
- Review and update this inventory at least once a year.
- Indicate which accounts have two-factor authentication enabled.

SUMMARY (Page 2 of 2)

Total Accounts Listed on Page 2: _____

Critical Accounts (Key to Estate): _____

Paid Subscriptions / Services: _____

Accounts to Transfer: _____

Accounts to Close: _____

Additional Pages Used: _____

GRAND TOTAL (Pages 1 & 2)

Total Accounts (Pages 1 & 2): _____

Critical Accounts (Key to Estate): _____

Paid Subscriptions / Services: _____

Accounts to Transfer: _____

Accounts to Close: _____

Total Pages Used: _____



*"A good name is rather to be chosen than great riches,
and loving favour rather than silver and gold." Proverbs 22:1 (KJV)*



FINANCIAL ACCOUNTS, INVESTMENTS & ASSETS

Use this page to record important financial accounts, investments, and other assets.
Keep account statements, titles, and documents in your Important Documents Binder.

1. BANK ACCOUNTS

Financial Institution	Account Type (Checking, Savings, etc.)	Account Number (Last 4 Digits)	Routing Number	Account Holder(s)	Contact Info (Phone / Website)	Notes

2. INVESTMENT & RETIREMENT ACCOUNTS

Institution / Brokerage	Account Type (401(k), IRA, Brokerage, etc.)	Account / Plan Number (Last 4 Digits)	Beneficiary (If Different)	Account Holder(s)	Contact Info (Phone / Website)	Notes

3. REAL ESTATE & PROPERTY

Property Address	Type of Property (Primary Home, Rental, Land, etc.)	Ownership (Sole, Joint, LLC, etc.)	Estimated Value (USD)	Mortgage Lender & Account #	Notes

4. OTHER ASSETS

Asset Type (Vehicle, Boat, RV, Jewelry, etc.)	Description / Year (Make, Model, Serial #, etc.)	Ownership (Sole, Joint, etc.)	Estimated Value (USD)	Location of Title / Documents	Notes

5. DEBTS & LIABILITIES

Creditor / Lender	Type of Debt (Mortgage, Auto Loan, Personal Loan, etc.)	Account Number (Last 4 Digits)	Current Balance (USD)	Monthly Payment (USD)	Notes



TIPS

- Update this page regularly.
- Keep account statements and titles in your binder.
- Store investment login details securely.
- Review beneficiary designations on all accounts.



IMPORTANT TO INCLUDE

- Bank Accounts
- Investment & Retirement Accounts
- Real Estate & Property
- Vehicles & Other Assets
- Debts & Liabilities
- Account Numbers (Last 4)
- Contact Information
- Beneficiary Information
- Location of Titles & Documents



NOTES



REMEMBER

A well-organized financial record makes it easier for your loved ones to manage your affairs and avoid delays or confusion.



KEEP THIS INFORMATION PRIVATE AND SECURE.

Store this page and supporting documents in your Important Documents Binder.

Date Completed: _____ Reviewed / Updated: _____



HOME INFORMATION WORKSHEET

Use this worksheet to record important information about your home and related property details. Keep it with your important documents.



INSTRUCTIONS: Fill in all information you can. This will help your family, executor, or trustee manage your property efficiently and avoid delays.

PROPERTY SUMMARY

Date Completed: _____
Property Address: _____
City, State, ZIP: _____
County: _____
Property Type: ☐ Single-Family ☐ Condo
☐ Townhome ☐ Other: _____

1. OWNERSHIP INFORMATION

Owner(s) Name(s): _____
How Property is Owned: ☐ Sole Ownership ☐ Joint Tenancy
☐ Tenants in Common ☐ Other: _____
Deed Type: ☐ Warranty Deed ☐ Quitclaim Deed ☐ Other: _____
Date Acquired: _____
Purchase Price: \$ _____
Current Estimated Value: \$ _____ (Date: _____)
Deed Location: ☐ Safe Deposit Box ☐ Home File ☐ Attorney ☐ Other: _____
Notes: _____

2. MORTGAGE / LOAN INFORMATION

Lender / Servicer: _____
Loan Account Number: _____
Loan Type: ☐ Conventional ☐ FHA ☐ VA ☐ Other: _____
Original Loan Amount: \$ _____
Current Loan Balance: \$ _____ (Date: _____)
Interest Rate: _____ % Loan Term: _____ years
Monthly Payment: \$ _____ Due Day: _____
Escrow / Impound Account: ☐ Yes ☐ No
Lender Contact: _____
Phone: _____ Email: _____
Website / Online Access: _____
Where Loan Documents Are Kept: _____

3. HOME OWNER'S INSURANCE

Insurance Company: _____ Policy Number: _____
Agent Name: _____ Phone: _____
Email: _____ Annual Premium: \$ _____
Coverage Type: ☐ HO-1 ☐ HO-2 ☐ HO-3 ☐ HO-5 ☐ Other: _____ Policy Expiration Date: _____
Where Policy Documents Are Kept: _____

4. PROPERTY TAX INFORMATION

Tax Parcel / ID Number: _____
Taxing Authority: _____
Annual Property Tax Amount: \$ _____
Tax Due Dates: _____
Are Taxes Escrowed in Mortgage Payment? ☐ Yes ☐ No
If No, When Are Taxes Due? _____
Where Tax Payments Are Made: _____

5. UTILITIES & SERVICES

SERVICE	PROVIDER	ACCOUNT NUMBER	PHONE / WEBSITE
Electricity			
Water / Sewer			
Natural Gas / Propane			
Trash / Recycling			
Internet / Cable			
Lawn / Landscaping			
Pest Control			
Other:			

6. ADDITIONAL INFORMATION

Home Warranty? ☐ Yes ☐ No Company: _____ Special Notes About the Property (repairs, upgrades, access, keys, etc.): _____
If Yes, Policy / Membership #: _____
Expiration Date: _____
Where Documents Are Kept: _____





INSURANCE POLICIES INVENTORY

Use this worksheet to record all of your insurance policies in one place. This will help your family, executor, or trustee quickly locate important coverage information when it is needed most.

DOCUMENT SUMMARY

Date Completed: _____
Prepared By: _____
Phone: _____
Email: _____
Location of Policy Documents: _____



INSTRUCTIONS: List every insurance policy you have. Include the insurer, policy number, coverage details, beneficiaries, and where the policy documents are kept. Attach additional pages if needed.

1. LIFE INSURANCE

INSURANCE COMPANY	POLICY NUMBER	TYPE OF POLICY (Term, Whole, Universal)	FACE AMOUNT	BENEFICIARY(IES)	PREMIUM AMOUNT (Monthly / Yearly)	WHERE DOCUMENTS ARE KEPT

2. HEALTH INSURANCE

INSURANCE COMPANY	POLICY / MEMBER ID	TYPE OF COVERAGE (Medical, Dental, Vision)	GROUP / PLAN NAME	DEPENDENTS COVERED	PREMIUM AMOUNT (Monthly / Yearly)	WHERE DOCUMENTS ARE KEPT

3. AUTO INSURANCE

INSURANCE COMPANY	POLICY NUMBER	VEHICLE(S) INSURED (Year, Make, Model)	COVERAGE TYPE (Liability, Full, etc.)	DEDUCTIBLE AMOUNT	PREMIUM AMOUNT (Monthly / Yearly)	WHERE DOCUMENTS ARE KEPT

4. HOMEOWNERS / RENTERS INSURANCE

INSURANCE COMPANY	POLICY NUMBER	PROPERTY ADDRESS	COVERAGE TYPE (Homeowners, Renters, Condo)	COVERAGE AMOUNT	PREMIUM AMOUNT (Monthly / Yearly)	WHERE DOCUMENTS ARE KEPT

5. OTHER INSURANCE

TYPE OF INSURANCE (Disability, Long-Term Care, Umbrella, Boat, RV, etc.)	INSURANCE COMPANY	POLICY NUMBER	COVERAGE / BENEFITS	BENEFICIARY(IES)	PREMIUM AMOUNT (Monthly / Yearly)	WHERE DOCUMENTS ARE KEPT



ADDITIONAL NOTES



IMPORTANT CONTACTS

Insurance Agent / Broker: _____
Phone: _____ Email: _____
Additional Contact (if any): _____
Phone: _____ Email: _____





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)



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)*





MONTHLY BILLS & AUTOMATIC PAYMENTS

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.

INFORMATION

Date Completed: _____
Completed By: _____
Phone: _____
Email: _____
Where Documents Are Kept: _____



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



COMPANION RESOURCE
My Spouse Died... Now What?
Your Step-by-Step Guide to
Peace of Mind and Clear Next Steps





ESTATE PLANNING REVIEW

Use this worksheet to review your estate planning documents and key decisions.
This will help your family or executor know what you have in place and where
important documents are located.

INFORMATION

Full Name: _____

Date of Review: _____

Reviewed By: _____

Where Documents Are Kept: _____



INSTRUCTIONS: Check each item that you have completed. Provide the date of the document and location where it is kept.
If not completed, indicate any notes or next steps.

1. ESTATE PLANNING DOCUMENTS

DOCUMENT	COMPLETED (Yes / No)	DATE EXECUTED	LOCATION OF ORIGINAL	NOTES / NEXT STEPS
☐ Last Will and Testament	Yes / No	_____	_____	_____
☐ Revocable Living Trust	Yes / No	_____	_____	_____
☐ Durable Power of Attorney (Financial)	Yes / No	_____	_____	_____
☐ Designation of Health Care Surrogate	Yes / No	_____	_____	_____
☐ Living Will / Advance Directive	Yes / No	_____	_____	_____
☐ HIPAA Authorization	Yes / No	_____	_____	_____
☐ Pour-Over Will (If you have a Trust)	Yes / No	_____	_____	_____
☐ Letter of Intent (For my family / executor)	Yes / No	_____	_____	_____
☐ Memorandum of Wishes	Yes / No	_____	_____	_____
☐ Beneficiary Designations (Life Insurance / Retirement Accounts)	Yes / No	_____	_____	_____
☐ Funeral / Burial Instructions	Yes / No	_____	_____	_____
☐ Other (Specify): _____	Yes / No	_____	_____	_____

2. KEY DECISIONS & PREFERENCES

Guardian for Minor Children: _____

Successor Trustee (if applicable): _____

Executor of Will: _____

Health Care Surrogate: _____

Alternate Surrogate: _____

Agent under Power of Attorney: _____

Alternate Agent: _____

Do you wish to be an organ donor? ☐ Yes ☐ No

Other Important Wishes / Instructions: _____

3. ASSETS & ACCOUNTS OVERVIEW

Real Estate Owned: ☐ Yes ☐ No

If Yes, Location(s): _____

Business Ownership: ☐ Yes ☐ No

If Yes, Name(s): _____

Life Insurance Policies: ☐ Yes ☐ No

If Yes, Count: _____

Retirement Accounts: ☐ Yes ☐ No

If Yes, Count: _____

Other Significant Assets: ☐ Yes ☐ No

If Yes, Describe: _____

4. REVIEW REMINDERS



Review Regularly

Review your estate plan
at least once a year or
after major life events.



Communicate

Let your family and
executor know where
documents are kept.



Keep Copies

Keep copies (not originals)
with your important papers
in a safe, accessible place.



Update Information

Keep beneficiary
designations and contact
information up to date.



Seek Professional Advice

Consult your attorney or
advisor for guidance on
changes to your plan.



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.



PERSONAL PROPERTY INVENTORY – BLANK WORKSHEET

RECORD ALL TANGIBLE PERSONAL PROPERTY

ESTATE INFORMATION

Decedent: _____
Date of Death: _____
Surviving Spouse: _____
Prepared By: _____
Date Prepared: _____

INSTRUCTIONS: List all personal property of value. Include household items, furniture, electronics, tools, books, jewelry, collections, and other tangible items. Attach additional pages if more space is needed.

#	DESCRIPTION OF ITEM (Be Specific)	CATEGORY (Furniture, Electronics, Jewelry, Tools, etc.)	LOCATION (Where Item is Located)	ESTIMATED VALUE (As of Date of Death)	INTENDED RECIPIENT (If Known)	NOTES (Condition, Serial #, Appraisal, etc.)
1				\$ _____		
2				\$ _____		
3				\$ _____		
4				\$ _____		
5				\$ _____		
6				\$ _____		
7				\$ _____		
8				\$ _____		
9				\$ _____		
10				\$ _____		
11				\$ _____		
12				\$ _____		
13				\$ _____		
14				\$ _____		
15				\$ _____		

NOTES

- Use current fair market value as of the date of death.
- Note any items with sentimental or heirloom value.
- Keep receipts, appraisals, or photos with estate records.
- Continue on Page 2 if more space is needed.

SUMMARY (Page 1 of 2)

Total Items Listed on Page 1: _____
Total Estimated Value on Page 1: \$ _____
Number of Pages Used: _____

“Every good gift and every
perfect gift is from above.”
James 1:17 (KJV)

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



PERSONAL PROPERTY INVENTORY – BLANK WORKSHEET

RECORD ALL TANGIBLE PERSONAL PROPERTY (CONTINUATION)

ESTATE INFORMATION

Decedent: _____

Date of Death: _____

Surviving Spouse: _____

Prepared By: _____

Date Prepared: _____

INSTRUCTIONS: List all personal property of value. Include household items, furniture, electronics, tools, books, jewelry, collections, and other tangible items. Attach additional pages if more space is needed.

#	DESCRIPTION OF ITEM (Be Specific)	CATEGORY (Furniture, Electronics, Jewelry, Tools, etc.)	LOCATION (Where Item is Located)	ESTIMATED VALUE (As of Date of Death)	INTENDED RECIPIENT (If Known)	NOTES (Condition, Serial #, Appraisal, etc.)
16				\$ _____		
17				\$ _____		
18				\$ _____		
19				\$ _____		
20				\$ _____		
21				\$ _____		
22				\$ _____		
23				\$ _____		
24				\$ _____		
25				\$ _____		
26				\$ _____		
27				\$ _____		
28				\$ _____		
29				\$ _____		
30				\$ _____		

NOTES

- Continue listing all personal property on this page.
- Attach additional pages if more space is needed.
- Keep copies of appraisals, receipts, and photos with your estate records.

SUMMARY (Page 2 of 2)

Total Items Listed on Page 2: _____

Total Estimated Value on Page 2: \$ _____

Number of Pages Used: _____

GRAND TOTAL (Pages 1 & 2)

Total Items (Pages 1 & 2): _____

Total Estimated Value: \$ _____

Number of Pages Used: _____



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

