



**StinsonLawFirm**

*Providing peace of mind with care and compassion.*

# Estate Plan Team Instruction Manual

For: \_\_\_\_\_



# Family and Beneficiary Information

Full Name and Address	Phone Number	Email	Date of Birth	Social Security No.	Relationship

## Family and Beneficiary Information

Full Name and Address	Phone Number	Email	Date of Birth	Social Security No.	Relationship

# Professional Information

Full Name and Address	Phone Number	Email	Relationship
			<b>Attorney</b>
			<b>Investment Advisor</b>
			<b>Accountant</b>
			<b>Insurance Agent</b>
			<b>Banker</b>
			<b>Spiritual Advisor</b>

# Professional Information

Full Name and Address	Phone Number	Email	Relationship
			<b>Physician</b>

# Asset Inventory

BANK ACCOUNTS				
Bank	Account Type and Account Number	Location of Source Document	Owner	Beneficiary?

BROKERAGE ACCOUNTS				
Brokerage Firm	Account Type and Account Number	Location of Source Document	Owner	Beneficiary?

# Asset Inventory

STOCKS AND BONDS				
Name of Stock/Bond	Account Number	Location of Source Document	Owner	Beneficiary?

RETIREMENT ACCOUNTS				
Name of Company	Account Number	Location of Source Document	Owner	Beneficiary?

# Asset Inventory

ANNUITIES					
Name of Company	Account Number	Location of Source Document	Owner	Annuity Qualified?	Beneficiary?

REAL ESTATE				
Description (location)	Cost (basis)	Location of Deed	Owner	Mortgage



# Asset Inventory

LIFE INSURANCE					
Name of Company	Policy Number	Location of Source Document	Owner	Who's life?	Beneficiary?

MOTOR VEHICLES WITH TITLE		
Description	Owner	Location of Title

# Asset Inventory

BUSINESS INTEREST		
Description	Owner	Location of Legal Documents

SAFE DEPOSIT BOX		
Location	Owner	Contents

# Asset Inventory

Name of Account/Asset (Gmail, itunes, ipad, laptop, etc.)	DIGITAL ASSETS (If Username/Passwords are kept separately, indicate location)		
	Owner	Username	Password

# Liabilities Inventory

(Rent/Mortgage, utilities, tax, insurance premiums, credit cards, etc.)

EXPENSES			
Company, address, phone number	How Paid (check, autowithdraw, etc.)	Frequency	Source Document

# Liabilities Inventory

(Rent/Mortgage, utilities, tax, insurance premiums, credit cards, etc.)

EXPENSES			
Company, address, phone number	How Paid (check, autowithdraw, etc.)	Frequency	Source Document

# Income Information

INCOME				
Source, address, phone number	How Received (check, direct deposit, etc.)	Deposited Where	Location of Source Document	Survivor Benefit?

# Health Insurance (Medical, Dental, Vision, Disability, Long Term Care)

HEALTH INSURANCE			
Company, address, phone number	Type	How paid (check, autowithdraw, etc.)/frequency	Location of Source Document

# Legal

LEGAL			
Document	For	Location	Notes