ESTATE PLAN

Team Instruction Manual

StinsonLawFirm

Providing peace of mind with care and compassion.

650 EAST CARMEL DRIVE
CARMEL, INDIANA 46032
(317) 622-8181
WWW.STINSONLAWFIRM.COM

FAMILY AND BENEFICIARY INFORMATION

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

FAMILY AND BENEFICIARY INFORMATION, CONT.

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

PROFESSIONAL INFORMATION

Full Name & Address	Phone Number	Email	Relationship
			Attorney
			Investment Advisor
			Accountant
			Insurance Agent
			Banker
			Spiritual Advisor

PROFESSIONAL INFORMATION, CONT.

Full Name & Address	Phone Number	Email	Relationship
			Physician (Client 1)
			Physician (Client 2)

BANK ACCOUNTS

Bank	Account Type & Account Number	Location of Source Document	Owner	Beneficiary?

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BROKERAGE ACCOUNTS

Brokerage Firm	Account Type & Account Number	Location of Source Document	Owner	Beneficiary?

STOCKS AND BONDS

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

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RETIREMENT ACCOUNTS

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

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ANNUITIES

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

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REAL ESTATE

Description (Location)	Cost (Basis)	Location of Deed	Owner	Mortgage

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LIFE INSURANCE

Name of Company	Policy Number	Location of Source Document	Owner	Who's Life?	Beneficiary?

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MOTOR VEHICLES WITH TITLE

Description	Owner	Location of Legal Documents

BUSINESS INTEREST

Description	Owner	Location of Title

SAFE DEPOSIT BOX

Location	Owner	Contents

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DIGITAL ASSETS

Name of Account/Asset (Gmail, Amazon, Ipad, Laptop, etc.)	Owner	Username	Password

DIGITAL ASSETS, CONT.

Name of Account/Asset (Gmail, Amazon, Ipad, Laptop, etc.)	Owner	Username	Password

DIGITAL ASSETS, CONT.

Name of Account/Asset (Gmail, Amazon, Ipad, Laptop, etc.)	Owner	Username	Password

LIABILITIES/EXPENSES

Rent/Mortgage, Utilities, Tax, Insurance Premiums, Credit Cards, etc.

Company, Address, Phone Number	How Paid (check, autodraft, etc.)	Frequency	Source Document

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Rent/Mortgage, Utilities, Tax, Insurance Premiums, Credit Cards, etc.

Company, Address, Phone Number	How Paid (check, autodraft, etc.)	Frequency	Source Document

INCOME INFORMATION

Source, Address, Phone Number	How Received (check, direct deposit, etc.)	Deposited Where?	Location of Source Document	Survivor Benefit?

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HEALTH INSURANCE

Medical, Dental, Vision, Disability, Long Term Care

Company, Address, Phone Number	Type	How Paid (check, autodraft, etc.) / Frequency	Location of Source Document

HEALTH INSURANCE, CONT.

Medical, Dental, Vision, Disability, Long Term Care

Company, Address, Phone Number	Type	How Paid (check, autodraft, etc.) / Frequency	Location of Source Document

LEGAL

Document	For	Location of Document	Notes

LEGAL

Document	For	Location of Document	Notes