THE MONTANEZ
PRIVATE CLIENT GROUP
of Oppenheimer & Co. Inc.

Main Desk: 202-296-3030

# Your Legacy Now

This workbook provides you and your loved ones with one central access point for all of your important information. It serves to assist in case of emergency as it contains your most vital resources, instructions, and contacts. It's time to start planning; your legacy begins now.

We know this isn’t the most pleasant topic. We are planning for a day when we are no longer here. But what are the consequences of inaction? It is time to start thinking about the future and your legacy. The important questions must be asked and answered: this workbook is here to gently guide you through the process.

The scope of this workbook is comprehensive, and includes prompts for your answers to questions, such as:

- **What banks and investment firms do you save and invest with?**
- **Who is your primary care physician?**
- **How many bills you have and should they be suspended or continued?**
- **What are your funeral and burial wishes?**
- **What are the usernames and passwords for any of your social media accounts?**
- **What credit card, airline, hotel or other rewards need to be accounted for?**

This document is only as valuable and as resilient as the care and time that goes into it. Here are some best practices to keep in mind as you start:

- **Take your time.** Somethings you can probably answer off the top of your head, others may require research. While some may require a conversation with a spouse, significant other, children or a close friend. It is more important to get the information right than rushed.
- **Update it accordingly.** Some of these areas will probably change over time. You should be conscious of major and significant changes in your life, such as job changes, or selling your home. Those may require an immediate update. Others such as changing a username or password could be done as part of an annual up-keep.
- **Designate someone** (or more than one person as the person) who will access this in case it's needed. Keep the list of people aware of this to a minimum to avoid possible issues.
- **Store it in a safe and secure place.** Print out (don't save on a computer or hard drive), and find a place you are familiar with but also safe from damage.

Stumped on a certain area? Your Oppenheimer financial professional can assist you with many of the areas in this.

Table of Contents

# WHAT'S INSIDE

# 01

# Personal Information

In this section, you will find a form to complete that captures all of your personal information, including your education, employment, family and friends, etc. This will serve as a go-to for your loved ones to access your important personal information.

# Personal Information

| Client 1 | | | |
|---|---|---|---|
| Name | Last: | | |
| | First: | | Middle Initial: |
| Gender: | | | |
| Blood Type: | | | |
| Prescriptions: | | | |
| Local Hospital: | | | |
| Date of Birth: | | | |
| Citizenship: | | | |
| Address | Street: | | |
| | City: | State: | Zip Code: |
| Telephone Number: | | | |
| Social Security Number: | | | |
| Driver's License/State Id: | | | |
| Marital Status: | | Maiden Name (If Applicable): | |
| Place of Marriage: | | Date of Marriage: | |
| Father's Name: | | Father's Place of Birth: | |
| Mother's Name: | | Mother's Place of Birth: | |

| Spouse/Domestic Partner | | | |
|---|---|---|---|
| Name | Last: | | |
| | First: | | Middle Initial: |
| Gender: | | | |
| Blood Type: | | | |
| Prescriptions: | | | |
| Local Hospital: | | | |
| Date of Birth: | | | |
| Citizenship: | | | |
| Address (If Different) | Street: | | |
| | City: | State: | Zip Code: |
| Telephone Number: | | | |
| Social Security Number: | | | |
| Driver's License/State Id: | | | |
| Marital Status: | | Maiden Name (If Applicable): | |
| Place of Marriage: | | Date of Marriage: | |
| Father's Name: | | Father's Place of Birth: | |
| Mother's Name: | | Mother's Place of Birth: | |

# Children/Dependents

| Children/Dependent 1 | | | |
|---|---|---|---|
| Name | Last: | | |
| | First: | | Middle Initial: |
| Date of Birth: | | | |
| Gender: | | | |
| Citizenship: | | | |
| Address (if different) | Street: | | |
| | City: | State: | Zip Code: |
| Telephone Number: | | | |
| Social Security Number: | | | |
| Marital Status: | | Spouse's Name: | |

| Children/Dependent 2 | | | |
|---|---|---|---|
| Name | Last: | | |
| | First: | | Middle Initial: |
| Date of Birth: | | | |
| Gender: | | | |
| Citizenship: | | | |
| Address (if different) | Street: | | |
| | City: | State: | Zip Code: |
| Telephone Number: | | | |
| Social Security Number: | | | |
| Marital Status: | | Spouse's Name: | |

| Children/Dependent 3 | | | |
|---|---|---|---|
| Name | Last: | | |
| | First: | | Middle Initial: |
| Date of Birth: | | | |
| Gender: | | | |
| Citizenship: | | | |
| Address (if different) | Street: | | |
| | City: | State: | Zip Code: |
| Telephone Number: | | | |
| Social Security Number: | | | |
| Marital Status: | | Spouse's Name: | |

# Declaration of Guardianship for Minor Children

| Minor Child 1 | | | |
|---|---|---|---|
| Name of Minor Child: | | | |
| Name of Guardian: | | | |
| Address: | Street: | | |
| | City: | State: | Zip Code: |
| Phone Number: | | | |
| Relationship to Child: | | | |

| Minor Child 2 | | | |
|---|---|---|---|
| Name of Minor Child: | | | |
| Name of Guardian: | | | |
| Address: | Street: | | |
| | City: | State: | Zip Code: |
| Phone Number: | | | |
| Relationship to Child: | | | |

| Minor Child 3 | | | |
|---|---|---|---|
| Name of Minor Child: | | | |
| Name of Guardian: | | | |
| Address: | Street: | | |
| | City: | State: | Zip Code: |
| Phone Number: | | | |
| Relationship to Child: | | | |

# Family & Friends

| | | | |
|---|---|---|---|
| Name | Last: | | |
| | First: | | Middle Initial: |
| Address (if different) | Street: | | |
| | City: | State: | Zip Code: |
| Phone Number: | | | |
| Relationship to You: | | | |

| | | | |
|---|---|---|---|
| Name | Last: | | |
| | First: | | Middle Initial: |
| Address (if different) | Street: | | |
| | City: | State: | Zip Code: |
| Phone Number: | | | |
| Relationship to You: | | | |

| | | | |
|---|---|---|---|
| Name | Last: | | |
| | First: | | Middle Initial: |
| Address (if different) | Street: | | |
| | City: | State: | Zip Code: |
| Phone Number: | | | |
| Relationship to You: | | | |

| | | | |
|---|---|---|---|
| Name | Last: | | |
| | First: | | Middle Initial: |
| Address (if different) | Street: | | |
| | City: | State: | Zip Code: |
| Phone Number: | | | |
| Relationship to You: | | | |

| | | | |
|---|---|---|---|
| Name | Last: | | |
| | First: | | Middle Initial: |
| Address (if different) | Street: | | |
| | City: | State: | Zip Code: |
| Phone Number: | | | |
| Relationship to You: | | | |

| | | | |
|---|---|---|---|
| Name | Last: | | |
| | First | | Middle Initial: |
| Address (if different) | Street: | | |
| | City: | State: | Zip Code: |
| Phone Number: | | | |
| Relationship to You: | | | |

## Current Whereabouts of Important People

(As of ________________ the following people can normally be found at)

| Client 1 | | | |
|---|---|---|---|
| Insert daily whereabouts. i.e. place of employment: | | | |
| Address: | Street: | | |
| | City: | State: | Zip Code: |
| Phone Number: | | | |
| Important Contact: | | | |
| Hours/Days at Location: | | | |

| Client 2 | | | |
|---|---|---|---|
| Insert daily whereabouts. i.e. place of employment: | | | |
| Address: | Street: | | |
| | City: | State: | Zip Code: |
| Phone Number: | | | |
| Important Contact: | | | |
| Hours/Days at Location: | | | |

| Children/Dependent 1 | | | |
|---|---|---|---|
| School or place of employment: | | | |
| Address: | Street: | | |
| | City: | State: | Zip Code: |
| Phone Number: | | | |
| Important Contact: | | | |
| Hours/Days at Location: | | | |

| Children/Dependent 2 | | | |
|---|---|---|---|
| School or place of employment: | | | |
| Address: | Street: | | |
| | City: | State: | Zip Code: |
| Phone Number: | | | |
| Important Contact: | | | |
| Hours/Days at Location: | | | |

| Children/Dependent 3 | | | |
|---|---|---|---|
| School or place of employment: | | | |
| Address: | Street: | | |
| | City: | State: | Zip Code: |
| Phone Number: | | | |
| Important Contact: | | | |
| Hours/Days at Location: | | | |

# List of Important People

| Upon my death or disability please notify | |
|---|---|
| Name: | |
| Phone Number: | |
| Relationship: | |

| Primary Physician | |
|---|---|
| Name: | |
| Phone Number: | |

| Specialists | |
|---|---|
| Name: | |
| Phone Number: | |
| Name: | |
| Phone Number: | |

| Accountant | |
|---|---|
| Name: | |
| Phone Number: | |

| Financial Advisor | |
|---|---|
| Name: | |
| Phone Number: | |

| Attorney | |
|---|---|
| Name: | |
| Phone Number: | |

| Veteran's Affairs | |
|---|---|
| Name: | |
| Phone Number: | |

| Estate Executer | |
|---|---|
| Name: | |
| Phone Number: | |

| Union Leader | |
|---|---|
| Name: | |
| Phone Number: | |

# Education

| Client 1 | | |
|---|---|---|
| Elementary School | | |
| | Name: | |
| | City: | State: |
| | Years Attended: | |
| Junior High School | | |
| | Name: | |
| | City: | State: |
| | Years Attended: | |
| Elementary School | | |
| | Name: | |
| | City: | State: |
| | Years Attended: | |
| Elementary School | | |
| | Name: | |
| | City: | State: |
| | Years Attended: | |

| Client 2 | | |
|---|---|---|
| Elementary School | | |
| | Name: | |
| | City: | State: |
| | Years Attended: | |
| Junior High School | | |
| | Name: | |
| | City: | State: |
| | Years Attended: | |
| Elementary School | | |
| | Name: | |
| | City: | State: |
| | Years Attended: | |
| Elementary School | | |
| | Name: | |
| | City: | State: |
| | Years Attended: | |

# Employment

| Client 1 | | | |
|---|---|---|---|
| Check Here if Retired: | Y/N | | |
| Most Recent Employer: | | | |
| | Name: | | |
| | Title/Occupation: | | |
| Address: | Street: | | |
| | City: | State: | Zip Code: |
| Phone Number: | | Email Address: | |
| Date of Hire: | | | |
| Direct Manager or Point of Contact: | | | |

| Client 2 | | | |
|---|---|---|---|
| Check Here if Retired: | Y/N | | |
| Most Recent Employer: | | | |
| | Name: | | |
| | Title/Occupation: | | |
| Address: | Street: | | |
| | City: | State: | Zip Code: |
| Phone Number: | | Email Address: | |
| Date of Hire: | | | |
| Direct Manager or Point of Contact: | | | |

# Military

| Client 1 | | |
|---|---|---|
| Branch: | | |
| Rank: | | Unit: |
| Enlistment Date: | | |
| Location: | | |
| Discharge Date: | | |
| Location: | | |

| Client 2 | | |
|---|---|---|
| Branch: | | |
| Rank: | | Unit: |
| Enlistment Date: | | |
| Location: | | |
| Discharge Date: | | |
| Location: | | |

# 02

# Important Documents and Emergency Materials

This section allows you to list the location of your most important documents. Making this available to your trusted loved ones helps ease their burden during a difficult time. Thus, it is important to know where each of the documents you list are located at all times. Additionally, in the case of an emergency, it is important to have a power of attorney and healthcare proxy listed. Note: it's wise to include alternates for your power of attorney and healthcare proxy.

# List of Important Documents

| Document Name | Document Location |
|---|---|
| Birth Certificate | |
| Spouse Birth Certificate | |
| Children's Birth Certificate | |
| Passport | |
| Driver's License | |
| Marriage Certificate | |
| Social Security Card | |
| Spouse Social Security Card | |
| Pre-nuptial papers | |
| Divorce papers | |
| Death Certificates | |
| Adoption papers | |
| Living Will and Testament | |
| Powers of Attorney | |
| Healthcare Proxy | |
| Income Tax Returns | |
| Trust Agreements | |
| Insurance Policies | |
| Deed to home | |
| Title of Car | |

# Emergency Materials

| Client 1 | |
|---|---|
| Last Will and Testament Location: | |
| Date drafted: | |
| Power of Attorney | |
| Name: | |
| Address: | |
| Phone Number: | |
| Healthcare Proxy | |
| Name: | |
| Address: | |
| Phone Number: | |
| Backup Power of Attorney | |
| Name: | |
| Address: | |
| Phone Number: | |
| Backup Healthcare Proxy | |
| Name: | |
| Address: | |
| Phone Number: | |
| These Documents were Drafted By | |
| Name: | |
| Firm: | |
| Address: | |
| Phone Number: | |
| Funeral Home | |
| Name: | |
| Address: | |
| Phone Number: | |
| Birth and Marriage Certificate Location: | |
| Do Not Resuscitate (DNR) Location: | |

| Client 2 | |
|---|---|
| Last Will and Testament Location: | |
| Date drafted: | |
| Power of Attorney | |
| Name: | |
| Address: | |
| Phone Number: | |
| Healthcare Proxy | |
| Name: | |
| Address: | |
| Phone Number: | |
| Backup Power of Attorney | |
| Name: | |
| Address: | |
| Phone Number: | |
| Backup Healthcare Proxy | |
| Name: | |
| Address: | |
| Phone Number: | |
| These Documents were Drafted By | |
| Name: | |
| Firm: | |
| Address: | |
| Phone Number: | |
| Funeral Home | |
| Name: | |
| Address: | |
| Phone Number: | |
| Birth and Marriage Certificate Location: | |

# 03

# Financial Accounts

It's time to reflect on your plans for the future and how you can protect the assets you one day hope to pass on to your heirs. This section covers all your different accounts, including bank, investment, retirement, and other sources of income. It is important to keep these records up to date, and review occasionally to make sure all beneficiaries and information are current and relevant.

# Bank Accounts

Please enter checking, savings, CDs, and money market account info.

| | |
|---|---|
| Type of Account | |
| Owner(s): | |
| Institution: | |
| Phone Number: | |
| Beneficiary: | |
| Contact Person Name: | |
| Contact Person Phone Number: | |
| Safety Deposit Box: | |
| Location of Box: | |
| Location of Key: | |
| Contents: | |

| | |
|---|---|
| Type of Account | |
| Owner(s): | |
| Institution: | |
| Phone Number: | |
| Beneficiary: | |
| Contact Person Name: | |
| Contact Person Phone Number: | |
| Safety Deposit Box: | |
| Location of Box: | |
| Location of Key: | |
| Contents: | |

| | |
|---|---|
| Type of Account | |
| Owner(s): | |
| Institution: | |
| Phone Number: | |
| Beneficiary: | |
| Contact Person Name: | |
| Contact Person Phone Number: | |
| Safety Deposit Box: | |
| Location of Box: | |
| Location of Key: | |
| Contents: | |

# Credit Cards

Please enter credit card account info.

| | |
|---|---|
| Issuer: | |
| Billing Address: | |
| Bank Address: | |
| Username: | |
| Password: | |

| | |
|---|---|
| Issuer: | |
| Billing Address: | |
| Bank Address: | |
| Username: | |
| Password: | |

| | |
|---|---|
| Issuer: | |
| Billing Address: | |
| Bank Address: | |
| Username: | |
| Password: | |

# Investment Accounts

Please enter any brokerage or investment account information.

| | |
|---|---|
| Type of Account | |
| Owner(s): | |
| Institution: | |
| Phone Number: | |
| Beneficiary: | |
| Contact Person Name: | |
| Contact Person Phone Number: | |
| Stock/Bond Certificates in Hand: | |

| | |
|---|---|
| Type of Account | |
| Owner(s): | |
| Institution: | |
| Phone Number: | |
| Beneficiary: | |
| Contact Person Name: | |
| Contact Person Phone Number: | |
| Stock/Bond Certificates in Hand: | |

| | |
|---|---|
| Type of Account | |
| Owner(s): | |
| Institution: | |
| Phone Number: | |
| Beneficiary: | |
| Contact Person Name: | |
| Contact Person Phone Number: | |
| Stock/Bond Certificates in Hand: | |

| | |
|---|---|
| Type of Account | |
| Owner(s): | |
| Institution: | |
| Phone Number: | |
| Beneficiary: | |
| Contact Person Name: | |
| Contact Person Phone Number: | |
| Stock/Bond Certificates in Hand: | |

# Retirement Accounts

Please enter any 401(k)'s, 403(b)'s, IRAs, etc.

| | |
|---|---|
| Type of Account | |
| Owner(s): | |
| Institution: | |
| Phone Number: | |
| Beneficiary: | |
| Contact Person Name: | |
| Contact Person Phone Number: | |

| | |
|---|---|
| Type of Account | |
| Owner(s): | |
| Institution: | |
| Phone Number: | |
| Beneficiary: | |
| Contact Person Name: | |
| Contact Person Phone Number: | |

| | |
|---|---|
| Type of Account | |
| Owner(s): | |
| Institution: | |
| Phone Number: | |
| Beneficiary: | |
| Contact Person Name: | |
| Contact Person Phone Number: | |

| | |
|---|---|
| Type of Account | |
| Owner(s): | |
| Institution: | |
| Phone Number: | |
| Beneficiary: | |
| Contact Person Name: | |
| Contact Person Phone Number: | |

# Income & Other Accounts

Please enter in any sources of income in retirement.

| Pension Issuer | |
|---|---|
| Owner(s): | |
| Amount: | |
| Policy Number: | |
| Beneficiary: | |
| Benefit period: | |
| Phone Number: | |

| Pension Issuer | |
|---|---|
| Owner(s): | |
| Amount: | |
| Policy Number: | |
| Beneficiary: | |
| Benefit period: | |
| Phone Number: | |

| Pension Issuer | |
|---|---|
| Owner(s): | |
| Amount: | |
| Policy Number: | |
| Beneficiary: | |
| Benefit period: | |
| Phone Number: | |

# Debt

Please list any debt (mortgage, car loan, credit cards, home equity, student loan).

| | |
|---|---|
| Type of Debt: | |
| Issuer: | |
| Balance as of (MM/DD/YYYY): | |
| Est date debt is paid: | |
| Interest rate: | |
| Credit Line: | |

| | |
|---|---|
| Type of Debt: | |
| Issuer: | |
| Balance as of (MM/DD/YYYY): | |
| Est date debt is paid: | |
| Interest rate: | |
| Credit Line: | |

| | |
|---|---|
| Type of Debt: | |
| Issuer: | |
| Balance as of (MM/DD/YYYY): | |
| Est date debt is paid: | |
| Interest rate: | |
| Credit Line: | |

| | |
|---|---|
| Type of Debt: | |
| Issuer: | |
| Balance as of (MM/DD/YYYY): | |
| Est date debt is paid: | |
| Interest rate: | |
| Credit Line: | |

| | |
|---|---|
| Type of Debt: | |
| Issuer: | |
| Balance as of (MM/DD/YYYY): | |
| Est date debt is paid: | |
| Interest rate: | |
| Credit Line: | |

# Insurance

| Life Insurance Policy | |
|---|---|
| Company Name | |
| Phone Number | |
| Type of Policy (Whole, Term, Universal, Variable) | |
| Policy number | |
| Death Benefit | |
| Owner of policy | |
| Insured | |
| Beneficiary | |

| Disability Insurance Policy | |
|---|---|
| Company Name: | |
| Phone Number: | |
| Type of Policy (Whole, Term, Universal, Variable): | |
| Policy number: | |
| Daily/Monthly benefit: | |
| Benefit period: | |
| Owner of policy: | |
| Insured: | |

| Long-term Care Insurance Policy | |
|---|---|
| Company Name: | |
| Phone Number: | |
| Type of Care (Nursing Home, Home Healthcare): | |
| Policy number: | |
| Daily/Monthly benefit: | |
| Benefit period: | |
| Owner of policy: | |
| Insured: | |

| Homeowners Insurance Policy | |
|---|---|
| Company Name: | |
| Phone Number: | |
| Policy number: | |

| Auto Insurance Policy | |
|---|---|
| Company Name: | |
| Phone Number: | |
| Policy number: | |
| Insured: | |

| Personal Liability Insurance | |
|---|---|
| Company Name: | |
| Phone Number: | |
| Policy Number: | |
| Amount Insured: | |
| Individual/Entity Insured: | |

| Annuities | |
|---|---|
| Company Name: | |
| Phone Number: | |
| Policy Number: | |
| Owner: | |
| Annuitant: | |

# Business Investments

| Company Name | |
|---|---|
| Location (address): | |
| Type: | |
| % Interest held: | |
| Role/title: | |
| Contact name: | |
| Contact phone number: | |
| Location of documents: | |
| Location of deeds and documents: | |

| Company Name | |
|---|---|
| Location (address): | |
| Type: | |
| % Interest held: | |
| Role/title: | |
| Contact name: | |
| Contact phone number: | |
| Location of documents: | |
| Location of deeds and documents: | |

| Company Name | |
|---|---|
| Location (address): | |
| Type: | |
| % Interest held: | |
| Role/title: | |
| Contact name: | |
| Contact phone number: | |
| Location of documents: | |
| Location of deeds and documents: | |

| Company Name | |
|---|---|
| Location (address): | |
| Type: | |
| % Interest held: | |
| Role/title: | |
| Contact name: | |
| Contact phone number: | |
| Location of documents: | |
| Location of deeds and documents: | |

# 04

# Other Assets and Information

This section includes documenting any additional assets or heirlooms you wish to be accounted for. Take this time to survey inside and outside your home, and write down any assets you deem appropriate to list. In this section you'll also want to include the usernames and passwords to all relevant online accounts.

# Real Estate

| Property Name | |
|---|---|
| Purpose (Primary residence, vacation home, rental property, business venture): | |
| Address: | |
| Mortgage | |
| Lender: | |
| Amount borrowed: | |
| Duration of loan: | |
| Rate of interest: | |
| Date originated: | |
| Escrow?: | |
| Taxes: | |
| Insurance: | |
| Location of deeds and documents: | |

| Property Name | |
|---|---|
| Purpose (Primary residence, vacation home, rental property, business venture): | |
| Address: | |
| Mortgage | |
| Lender: | |
| Amount borrowed: | |
| Duration of loan: | |
| Rate of interest: | |
| Date originated: | |
| Escrow?: | |
| Taxes: | |
| Insurance: | |
| Location of deeds and documents: | |

# Automobiles

| Automobile 1 | |
|---|---|
| Make: | |
| Model: | |
| Year: | |
| Debt? | |
| | Lender: |
| | Date loan originated: |
| | Duration: |
| | Rate of interest: |
| | Monthly payments: |

| Automobile 2 | |
|---|---|
| Make: | |
| Model: | |
| Year: | |
| Debt? | |
| | Lender: |
| | Date loan originated: |
| | Duration: |
| | Rate of interest: |
| | Monthly payments: |

| Automobile 3 | |
|---|---|
| Make: | |
| Model: | |
| Year: | |
| Debt? | |
| | Lender: |
| | Date loan originated: |
| | Duration: |
| | Rate of interest: |
| | Monthly payments: |

# Rewards Clubs

| Reward Club 1 | |
|---|---|
| Type of Reward: | |
| Company(s): | |
| Expiration?: | |
| Account Number: | |
| Phone Number: | |

| Reward Club 2 | |
|---|---|
| Type of Reward: | |
| Company(s): | |
| Expiration?: | |
| Account Number: | |
| Phone Number: | |

| Reward Club 3 | |
|---|---|
| Type of Reward: | |
| Company(s): | |
| Expiration?: | |
| Account Number: | |
| Phone Number: | |

| Reward Club 4 | |
|---|---|
| Type of Reward: | |
| Company(s): | |
| Expiration?: | |
| Account Number: | |
| Phone Number: | |

# Personal Belongings

| Personal Belonging 1 | |
|---|---|
| Asset Name: | |
| Asset Location: | |
| Accounted for in will: Yes or No? | |

| Personal Belonging 2 | |
|---|---|
| Asset Name: | |
| Asset Location: | |
| Accounted for in will: Yes or No? | |

| Personal Belonging 3 | |
|---|---|
| Asset Name: | |
| Asset Location: | |
| Accounted for in will: Yes or No? | |

| Personal Belonging 4 | |
|---|---|
| Asset Name: | |
| Asset Location: | |
| Accounted for in will: Yes or No? | |

| Personal Belonging 5 | |
|---|---|
| Asset Name: | |
| Asset Location: | |
| Accounted for in will: Yes or No? | |

# Usernames and Passwords

Please fill out the below information in regards to usernames and passwords.

| Social Media | | | |
|---|---|---|---|
| Website | Username | Password | Instructions (eg. How to close account) |
| | | | |
| | | | |
| | | | |
| | | | |

| Email Accounts (Gmail, Hotmail, Yahoo, etc.) | | | |
|---|---|---|---|
| Website | Username | Password | Instructions (eg. How to close account) |
| | | | |
| | | | |
| | | | |
| | | | |

| Monthly Subscriptions/Online Shops (Amazon, Netflix, Spotify, etc.) | | | |
|---|---|---|---|
| Website | Username | Password | Instructions (eg. How to close account) |
| | | | |
| | | | |
| | | | |
| | | | |

| Utilities | |
|---|---|
| Subscriptions | |
| Internet Provider | |
| Cell Phone Provider | |
| Gas/Electric | |
| Life/Line service | |

| Personal Misc | |
|---|---|
| House Cleaning Service | |
| Visiting Angels | |
| Gardener | |
| HOA Association | |
| Home Meal Delivery | |

# 05

# Final Wishes

This last section will be incredibly useful to your family and loved ones when the time comes to say goodbye. By filling out the information below, you will allow them the peace-of-mind that comes with knowing they executed your final wishes.

# Final Wishes

| Final Wishes | | |
|---|---|---|
| Funeral Home | | |
| | Name: | |
| | Address: | |
| | Phone Number: | |
| Prearranged: | | Yes or No? |
| Prefunded: | | Yes or No? |
| Method of Disposition: | | Burial or Cremation? |
| Visitation: | | |
| Casket: | | Open or Closed? |
| Ceremony: | | Yes or No? |
| Place of worship: | | |
| Disposition of Cremated Remains: | | Location: |
| | | With Whom: |
| Organ Donor: | | Yes or No? |
| Pallbearers | | |
| | | Name: |
| | | Phone Number: |
| Cemetery | | |
| | | Name: |
| | | Address: |
| | | Phone Number: |

This workbook was executed by: ______________________________

(sign here)

THE MONTANEZ
PRIVATE CLIENT GROUP
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