

ESTATE PLANNING HANDBOOK

Congratulations on taking the first step toward preparing your personal and financial affairs for your estate.

Mitchell, Brown & Associates, LLC is happy to provide our clients with this packet to include with your other estate planning documents. When completed, this packet will act as a helpful guide to your family members to know what you hope to happen at your death.

Blank pages are included at the end of this packet for information that does not fit in the categories provided. Please ask our office if you would prefer to have an electronic version.


Mitchell, Brown & Associates, LLC
ELDER LAW & SPECIAL NEEDS ATTORNEYS

418 S. CLAY AVENUE
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SECTION 1: PERSONAL INFORMATION

Name: _____

Birthdate: _____

SS # _____

Address: _____

Telephone Number(s)

Home: _____

Cell: _____

Email: _____

Birth Name: _____

Birth Place: _____

Parents' Information

Mother's Name and Birthplace: _____

Father's Name and Birthplace: _____

Marital Status

Are you legally married? Yes No

Spouse's Name: _____

Place and Date of Marriage: _____

Previous Marriage(s)? Yes No

Previous Spouse's Name: _____

Date and Reason Marriage Ended: _____

Education

Highest Level of Education Completed: _____

Schools and Year of Attendance: _____

Work Life

Employer: _____

Primary Occupation: _____

Type of Business: _____

Retired? Yes No Year Retired: _____

Pension? Yes No

Military Services? Yes No

Branch of Service: _____

Year(s) of Service: _____

Where Served: _____

Separation Rank: _____

Location of DD-214: _____

Awards and Medals: _____

Service-Connected Disability? Yes No

Details: _____

Pension or Other VA Benefits? Yes No

Details: _____

Religious Preference and Affiliation

Religion: _____

Home Church Name and Address: _____

Other Activities and Interests

Sports: _____

Culture: _____

Pets? Yes No

Special Requests for Pet's Care: _____

SECTION 2: FAMILY INFORMATION

Enter Names and Phone and/or EMail for People in Your Family

Spouse/Partner: _____

Guardian: _____

Guardian: _____

Step-Parent: _____

Step-Parent: _____

Sibling: _____

Sibling: _____

Sibling: _____

Sibling: _____

Sibling: _____

Child: _____

Child: _____

Child: _____

Child: _____

Child: _____

Grandparent: _____

Grandparent: _____

Grandparent: _____

Grandparent: _____

Other Important People/Relatives that are Part of your Life

Name/Relationship: _____

Name/Relationship: _____

Name/Relationship: _____

Name/Relationship: _____

SECTION 3: MY ESTATE PLANNING INFORMATION

My Estate Planning Attorney is:
Mitchell, Brown & Associates, LLC
418 S. Clay Avenue, St. Louis, Missouri 63122
(314) 962-0186

Do you have a Safe Deposit Box? Yes No
Location: _____
Safe Deposit Beneficiary: _____

Do you have a Safe in your home? Yes No
Location: _____
Combination/Location of Key: _____

Important Documents - Enter Location

Birth Certificate: _____
Marriage License: _____
Divorce Decree: _____
Children's Birth Certificate(s): _____
Deed to Home(s): _____
Personal Property Title(s): _____
Tax Returns: _____
Social Security Card: _____
Last Will and Testament: _____
Trust(s): _____

SECTION 4: INSURANCE INFORMATION



Homeowners

Insurance Company: _____ Policy No: _____

Insurance Agent Name/Contact Information: _____

Automobile

Insurance Company: _____ Policy No: _____

Insurance Agent Name/Contact Information: _____

Medical

Insurance Company: _____ Policy No: _____

Insurance Company: _____ Policy No: _____

Life

Insurance Company: _____ Policy No: _____

Beneficiary: _____

Insurance Company: _____ Policy No: _____

Beneficiary: _____

Long-Term Care Policy

Insurance Company: _____ Policy No: _____

Beneficiary: _____

My Accountant/Tax Preparer: _____

Contact Information: _____

My Financial Planner: _____

Contact Information: _____



SECTION 5: MY ASSET INFORMATION

Checking Accounts

Institution: _____ Account No: _____

Name(s) on Acct: _____

Online Access Password: _____

Institution: _____ Account No: _____

Name(s) on Acct: _____

Online Access Password: _____

Savings Accounts

Institution: _____ Account No: _____

Name(s) on Acct: _____

Online Access Password: _____

Institution: _____ Account No: _____

Name(s) on Acct: _____

Online Access Password: _____

401(k) Accounts

Institution: _____ Account No: _____

Name(s) on Acct: _____

Online Access Password: _____

Institution: _____ Account No: _____

Name(s) on Acct: _____

Online Access Password: _____

IRA Accounts

Institution: _____ Account No: _____

Name(s) on Acct: _____

Online Access Password: _____

Institution: _____ Account No: _____

Name(s) on Acct: _____

Online Access Password: _____

Annuities

Institution: _____ Account No: _____

Name(s) on Acct: _____

Online Access Password: _____

Institution: _____ Account No: _____

Name(s) on Acct: _____

Online Access Password: _____

Stock Accounts

Institution: _____ Account No: _____

Name(s) on Acct: _____

Online Access Password: _____

Institution: _____ Account No: _____

Name(s) on Acct: _____

Online Access Password: _____

Savings Bonds and CDs

Institution: _____ Account No: _____

Name(s) on Acct: _____

Online Access Password: _____

Institution: _____ Account No: _____

Name(s) on Acct: _____

Online Access Password: _____

Institution: _____ Account No: _____

Name(s) on Acct: _____

Online Access Password: _____

Institution: _____ Account No: _____

Name(s) on Acct: _____

Online Access Password: _____

Other Financial Accounts

Institution: _____ Account No: _____

Name(s) on Acct: _____

Online Access Password: _____

Institution: _____ Account No: _____

Name(s) on Acct: _____

Online Access Password: _____

Institution: _____ Account No: _____

Name(s) on Acct: _____

Online Access Password: _____

SECTION 6: REAL ESTATE AND PERSONAL PROPERTY

Principal Residence

Address: _____

Name(s) on Deed: _____

Year Purchased: _____ Price at Purchase: _____

Mortgage? Yes No Current Value: _____

Beneficiary: _____

Other Property

Address: _____

Name(s) on Deed: _____

Year Purchased: _____ Price at Purchase: _____

Mortgage? Yes No Current Value: _____

Beneficiary: _____

Personal Property (Vehicles, Boats, Trailers, Etc.)

Make/Model: _____ Year: _____

Name(s) on Title: _____

Lien? Yes No Transfer on Death: _____

Make/Model: _____ Year: _____

Name(s) on Title: _____

Lien? Yes No Transfer on Death: _____

SECTION 7: DEBTS

Mortgage Note(s)

Property Address: _____

Company: _____ Account No: _____

Name(s) on Account: _____

Online Access Password: _____

Credit Cards

Institution: _____ Account No: _____

Name(s) on Account: _____

Online Access Password: _____

Institution: _____ Account No: _____

Name(s) on Account: _____

Online Access Password: _____

Other Debts (car notes, promissory notes, personal loans, etc.)

Institution: _____ Account No: _____

Name(s) on Account: _____

Online Access Password: _____

Institution: _____ Account No: _____

Name(s) on Account: _____

Online Access Password: _____

SECTION 8: FUNERAL INFORMATION



If you have a prepaid burial plan, the funeral home may already know what arrangements you want for your memorial service. If not, this is an opportunity to outline your wishes.

Have you purchased a prepaid burial plan? Yes No
Funeral Home Name/Company: _____
Location of Contract: _____

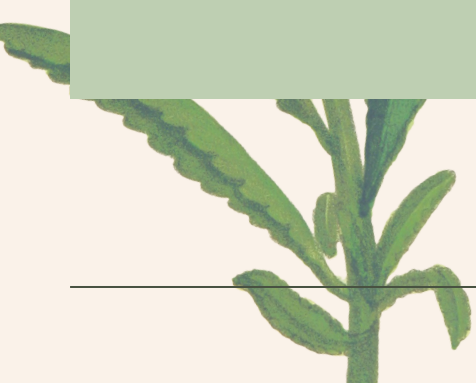
If no, please complete the following:

Type of Service: _____
Funeral or Memorial Location: _____

Burial Plot? Yes No
Cemetery Name/Location: _____
Grave Marker purchased? Yes No
If no, what kind of marker do you prefer? _____

Cremation? Yes No
Disposition of ashes: _____
Religious Affiliation for Services, if any: _____
Who should conduct the service: _____

Additional Notes about your service: _____



Funeral Information Continued:

Who would you like to give the eulogy(ies)? _____

Information to Include in your Eulogy: _____

Passages you would like read: _____

Flowers you like: _____

Music you like: _____

Pallbearers: _____

Do you want a viewing? Yes No

Clothing you would like to wear: _____

Jewelry: _____

Remove after viewing? Yes No

If yes, to whom should it be given: _____



Mitchell, Brown & Associates, LLC

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CONTACT US

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