

MEMORANDUM OF INFORMATION AND GENERAL INSTRUCTIONS

This Memorandum is designed to assist your heirs in locating important documents and information needed to settle your estate. You should review this document regularly, complete as much information as reasonably possible and update as needed. We recommend keeping this document with all of your important papers.

Compliments of
**MC ANDREWS, MEHALICK, CONNOLLY,
HULSE AND RYAN, P.C.**
30 Cassatt Avenue
Berwyn, Pennsylvania 19312
610-648-9300
www.mcandrewslaw.com

Date Last Updated: _____

Name: _____

Address: _____

FUNERAL ARRANGEMENTS:

Any Prepaid Arrangements? _____ Yes _____ No If yes, with whom and in what amount?

Clergy:

Name: _____

Telephone No. _____

Address: _____

Burial - Yes ___ No ___ Cremation - Yes ___ No ___

Funeral Director:

Name: _____

Telephone No. _____

Address: _____

I would like to be buried at:

Name of Cemetery: _____

Telephone No. _____

Address: _____

LOCATION OF IMPORTANT PAPERS:

Will:

Date signed: _____

Location: _____

Name of Executor: _____

Address of Executor: _____

Phone number/Email of Executor: _____

Power of Attorney:

Date signed: _____

Location: _____

Name of Agent _____

Address of Agent _____

Phone Number/Email of Agent _____

Advance Medical Directive:

Date signed: _____

Location: _____

Social Security Number:

SS# _____

Location of Card: _____

Passport:

Location: _____

Birth Certificate:

Location: _____

Marriage Certificate:

Location: _____

Copies of tax returns:

Location: _____

Other Important Documents:

Electronic Information: Passwords _____

PINS _____

INSURANCE INFORMATION:

Health Insurance:

Company Name: _____

Name of Agent: _____

Agent's address/phone number/Email: _____

Policy number: _____

Disability Insurance:

Company Name: _____

Name of Agent: _____

Agent's address/phone number/Email: _____

Policy number: _____

Life Insurance:

Company Name: _____

Name of Agent: _____

Agent's address/phone number/Email: _____

Policy number: _____

Named beneficiary: _____

Beneficiary's address: _____

Beneficiary's Phone number/Email: _____

Retirement Plans and IRAs:

Company name: _____

Company address and phone number: _____

Named beneficiary: _____

Beneficiary's address: _____

Beneficiary's Phone number/Email: _____

Long Term Care Insurance:

Company Name: _____

Name of Agent: _____

Agent's address/phone number/Email: _____

Policy number: _____

Business Insurance:

Company Name: _____

Name of Agent: _____

Agent's address/phone number/Email: _____

Policy number: _____

FINANCIAL INFORMATION:

Credit Cards:

Company: _____

Company Phone number: _____

Names on Account: _____

Account Number: _____

Company: _____

Company Phone number: _____

Names on Account: _____

Account Number: _____

Company: _____

Company Phone number: _____

Names on Account: _____

Account Number: _____

Bank Accounts:

PINS/Passwords Needed to Access On-line Accounts: _____

Bank Name: _____

Address: _____

Phone number: _____

Checking Account ____ Individual ____ Joint

Joint Owners Name and Address: _____

Savings Account ____ Individual ____ Joint

Joint Owners Name and Address: _____

Stocks:

Company: _____

Name on Certificate: _____

Number of Shares: _____

Certificate Numbers: _____

Location of Certificates: _____

Company: _____

Name on Certificate: _____

Number of Shares: _____

Certificate Numbers: _____

Location of Certificates: _____

Bonds:

Issuer: _____

Issued to: _____

Face Amount: _____

Bond number: _____

Purchase Price and date: _____

Maturity date: _____

Location of Certificate: _____

Issuer: _____

Issued to: _____

Face Amount: _____

Bond number: _____

Purchase Price and date: _____

Maturity date: _____

Location of Certificate: _____

House/Condominium:

How titled: _____

Address/location/general description: _____

Location of title insurance policy, deed, appraisal, inspection etc.: _____

Mortgage:

Held by: _____

Amount of Original Mortgage: _____

Date mortgage was taken out: _____

Amount owed: _____

Method of Payment: _____

Life insurance on mortgage: _____ Yes _____ No

Safe Deposit Box:

Key/Combination location: _____

How Registered: _____

Contents: _____

Bank Name: _____

Branch Address/Phone Number: _____

PROFESSIONALS:

Physician:

Name: _____

Address: _____

Phone number/Email: _____

Attorney:

Name: _____

Address: _____

Phone number/Email: _____

Accountant:

Name: _____

Address: _____

Phone number/Email: _____

Financial Planner:

Name: _____

Address: _____

Phone number/Email: _____

Stockbroker:

Name: _____

Address: _____

Phone number/Email: _____

PERSONS TO NOTIFY UPON MY DEATH:

Name: _____

Address: _____

Phone number/Email: _____

Name: _____

Address: _____

Phone number/Email: _____

Name: _____

Address: _____

Phone number/Email: _____

Name: _____

Address: _____

Phone number/Email: _____

Name: _____

Address: _____

Phone number/Email: _____

Name: _____

Address: _____

Phone number/Email: _____

Name: _____

Address: _____

Phone number/Email: _____

SPECIAL WISHES:
