LegalShield

A COMPANION DOCUMENT

Family Document *Master Sheet.*

The one document a family will always reach for.

Most estate documents are written for the person who creates them.
This one is written for the people they leave behind.

PREPARED FOR (LEGAL NAME)

DATE PREPARED (MM/DD/YYYY)

ORIENTATION · READ THIS FIRST

What this is. *Why this matters.*

You already have legal documents: a Will, Power of Attorney, maybe a Trust. They live in a filing cabinet, a safe-deposit box, or with your attorney. This sheet is not those documents. This sheet is the map to them.

The Estate Planning Guide is a workshop. It walks you through the decisions. This is the artifact the workshop produces: the one document your family turns to when something happens, and they need to act in the next hour, the next day, the next thirty days.

> Most families won't keep three documents current. They'll keep one. This is the one. That's why it's the **first thing** a family reaches for on the worst day of their lives.

Fill it in honestly. Leave nothing to memory. Where a document lives, where a key is hidden, the name of the person who knows the password to the email. All of that belongs here. The legal documents say what should happen. This sheet says where to find them and who to call.

Update it every year. Birthdays are a good anchor. So is tax season. So is the first cool weekend in October. Pick a date. Put it on the calendar.

This document belongs to

If found, please return to the person or family named below.

FULL LEGAL NAME

ALSO KNOWN AS (NICKNAME, MAIDEN NAME, ETC.)

DATE OF BIRTH (MM/DD/YYYY)

PHONE

EMAIL

HOME ADDRESS (STREET, CITY, STATE, ZIP)

FIRST CREATED (MM/DD/YYYY)

LAST UPDATED (MM/DD/YYYY)

NEXT REVIEW ON (MM/DD/YYYY)

The first call a family makes is to a person, not a document. Write the people who matter here, in the order your family should reach them.

EMERGENCY CONTACTS *Reach in this order*

First call

NAME

PHONE

RELATIONSHIP TO YOU

Second call

NAME

PHONE

RELATIONSHIP TO YOU

FAMILY

SPOUSE OR PARTNER

PHONE

CHILD 1 (NAME & PHONE)

CHILD 2 (NAME & PHONE)

CHILD 3 (NAME & PHONE)

CHILD 4 (NAME & PHONE)

SIBLING (NAME & PHONE)

SIBLING (NAME & PHONE)

DECISION-MAKERS *Anyone with legal authority to act*

Executor of your estate

NAME

PHONE

ALTERNATE EXECUTOR

Power of Attorney

NAME

PHONE

ALTERNATE POWER OF ATTORNEY

Healthcare Proxy

NAME

PHONE

Guardian for minor children

NAME

PHONE

PROFESSIONALS

ATTORNEY (NAME & FIRM)

PHONE

ACCOUNTANT OR CPA

PHONE

FINANCIAL ADVISOR

PHONE

RELIGIOUS / SPIRITUAL CONTACT

PHONE

DOCUMENTS: WHERE THE PAPER LIVES

Locations only. Never write contents of the documents here.

For each document, write only where to find it and who has a copy. The document itself is the legal record. This page is the index card.

LOCATIONS INDEX

DOCUMENT	WHERE IT LIVES	WHO ELSE HAS A COPY	LAST VERIFIED (MM/YYYY)
Will			
Living Will / Advance Directive			
Healthcare Proxy / Durable Power of Attorney (Healthcare)			
Durable Power of Attorney (Financial)			
Revocable Living Trust			
Birth certificate			
Marriage certificate			
Divorce decree(s)			
Social Security card			
Passport			
Military discharge (DD-214)			
Deeds and titles			
Most recent tax return			

KEYS, CODES, AND COMBINATIONS

Locations of physical access, not the codes themselves. The codes go in a separate sealed envelope kept with your attorney or in your safe-deposit box.

HOME SAFE (LOCATION & WHO KNOWS THE COMBO)

SAFE-DEPOSIT BOX (BANK, BRANCH, BOX NUMBER)

SPARE HOUSE KEY (WHERE IT LIVES)

SPARE CAR KEY (WHERE IT LIVES)

Keep this current. The day this matters is a day no one will have time to look it up.

VITALS AT A GLANCE

BLOOD TYPE

SEVERE ALLERGIES

ORGAN DONOR (Y / N / UNDECIDED)

ONGOING CONDITIONS

IMPLANTS, DEVICES, PACEMAKERS

CARE TEAM

PRIMARY CARE (NAME & PRACTICE)

PHONE

SPECIALIST 1 (NAME & FIELD)

PHONE

SPECIALIST 2 (NAME & FIELD)

PHONE

DENTIST

PHONE

PREFERRED PHARMACY

PHONE

CURRENT MEDICATIONS

Name, dosage, prescriber. Keep this list up to date. Discontinued meds belong on a separate sheet.

MEDICATION	DOSAGE	PRESCRIBED BY	FOR

This is the page the hospital will ask about first when something serious happens. The legal version of these documents has to exist somewhere too. This sheet tells your family where to find them.

LEGAL VERSIONS OF THESE WISHES

ADVANCE DIRECTIVE / LIVING WILL (WHERE IT LIVES)

WHO ELSE HAS A COPY

HEALTHCARE PROXY FORM (WHERE IT LIVES)

WHO ELSE HAS A COPY

DNR / POLST (YES, NO, OR FILED WHERE)

ORGAN & TISSUE DONOR (REGISTERED WHERE)

RESUSCITATION, INTUBATION, LIFE SUPPORT

If you do not have a DNR and/or Advance Directive, use this section to state your wishes.

- ☐ I want full CPR and resuscitation efforts.
- ☐ I do not want CPR. My DNR is on file (location above).
- ☐ I am willing to be placed on a ventilator if recovery is likely.
- ☐ I do not want long-term ventilator support.
- ☐ I am willing to receive a feeding tube if recovery is likely.
- ☐ I do not want a long-term feeding tube.

IN YOUR OWN WORDS

IF RECOVERY IS UNLIKELY, WHAT DO YOU WANT YOUR CARE TO LOOK LIKE?

Write in your own voice. Where do you want to be: home, hospice, hospital? Who do you want present? What kinds of comfort, music, light, faith practices matter to you? What do you want your family to remember while they sit with this?

HOME & PROPERTY

Where you live. What you own. What you owe on it.

PRIMARY RESIDENCE

ADDRESS

OWNED, RENTED, OR CO-OWNED

MORTGAGE LENDER (IF APPLICABLE)

LOAN REFERENCE (LAST 4 DIGITS ONLY)

DEED (WHERE IT LIVES)

TITLE HELD IN NAME(S) OF

OTHER PROPERTIES

PROPERTY (ADDRESS & TYPE)

OWNED, RENTED, OR CO-OWNED

PROPERTY (ADDRESS & TYPE)

OWNED, RENTED, OR CO-OWNED

VEHICLES

MAKE / MODEL / YEAR	TITLED TO	TITLE LIVES AT	LOAN? (Y / N)

STORAGE, GARAGES, HIDDEN SPOTS FAMILY MAY NOT KNOW ABOUT

For example: Storage unit at ____, key on the hook by the back door. Lockbox at the cabin, combo with my sister. The good photographs are in the cedar chest in the guest room.

MONEY AND ACCOUNTS

Institutions and reference numbers. Never the full account or password.

> **PRIVACY NOTICE**
>
> *Do not write full account numbers or passwords on this sheet. Use the last four digits, the institution name, and the location of the full records. Treat it like a map, not a vault.*

BANKING *Institutions only, never full account numbers*

INSTITUTION	ACCOUNT TYPE	LAST 4	JOINT? (Y / N)

INVESTMENTS & RETIREMENT

INSTITUTION	ACCOUNT TYPE	LAST 4	BENEFICIARY ON FILE

DEBTS IN YOUR NAME *Institutions only, never full account numbers*

CREDITOR OR INSTITUTION	TYPE (CARD, AUTO, STUDENT, PERSONAL)	LAST 4

OTHER RECURRING DEBTS

ANYTHING THE FAMILY SHOULD PAY FIRST

INCOME THAT WILL STOP OR CHANGE

SOCIAL SECURITY (REFERENCE, LAST 4)

PENSION(S) (PAYER & REFERENCE)

ANNUITIES (PAYER & REFERENCE)

OTHER INCOME TO NOTIFY

INSURANCE

Carrier, policy reference, and who to call to make a claim.

LIFE INSURANCE

CARRIER	POLICY REF. (LAST 4)	BENEFICIARY	AGENT PHONE

HEALTH, MEDICARE, SUPPLEMENTAL

HEALTH CARRIER

MEMBER ID (LAST 4)

MEDICARE ID (LAST 4)

PARTS ENROLLED (A / B / C / D)

SUPPLEMENTAL CARRIER

MEMBER ID (LAST 4)

LONG-TERM CARE CARRIER

POLICY REF. (LAST 4)

PROPERTY & CASUALTY

HOMEOWNERS / RENTERS (CARRIER)

POLICY REF. (LAST 4)

AUTO (CARRIER)

POLICY REF. (LAST 4)

UMBRELLA / OTHER (CARRIER)

POLICY REF. (LAST 4)

PERSONAL ATTORNEY OR LEGALSHIELD PROVIDER LAW FIRM

ATTORNEY NAME AND FIRM

PHONE

PRIVACY NOTICE

Do not write passwords on this sheet. Use a password manager and write only its name and master-key location here. The accounts list below is for location, not credentials.

PASSWORD MANAGER

PASSWORD MANAGER YOU USE (1PASSWORD, BITWARDEN, ETC.)

MASTER KEY (WHERE IT LIVES)

PRIMARY EMAIL: THE ACCOUNT MOST OTHER ACCOUNTS RECOVER THROUGH

PRIMARY EMAIL ADDRESS

RECOVERY PHONE / EMAIL

ACCOUNTS TO NOTIFY, FREEZE, OR CLOSE

SERVICE	ACCOUNT EMAIL / USERNAME	FAMILY ACTION (CLOSE, MEMORIALIZE, ETC.)	NOTES
Apple ID / iCloud			
Google			
Facebook / Meta			
Instagram			
LinkedIn			
Banking apps			
Subscription services			
Cloud storage / Dropbox			

DEVICES & WHERE THE DATA LIVES

PHONE (MAKE, MODEL, UNLOCK PIN LOCATION)

LAPTOP (MAKE, MODEL, UNLOCK PIN LOCATION)

BACKUP DRIVES / WHERE PHOTOS LIVE

APPLE / GOOGLE LEGACY CONTACT SET? (YES / NO, WHO)

Wills handle the big things. This page handles the small ones: the ring, the letters in the desk drawer, the dog. Write in plain language. Names beat categories.

SPECIFIC ITEMS YOU WANT TO GO TO SPECIFIC PEOPLE

ITEM (GRANDMOTHER'S RING, THE GREEN CHAIR, ETC.)	TO	WHY / NOTE

PETS

PET 1 (NAME & SPECIES)

GOES TO

VET & PHONE

FOOD, MEDS, QUIRKS

PET 2 (NAME & SPECIES)

GOES TO

VET & PHONE

FOOD, MEDS, QUIRKS

THE DRAWER, THE LETTERS, THE BOX IN THE CLOSET

For example: The letters in the bottom desk drawer can be read or burned. Your call. The box on the top shelf of the closet has the negatives from the trip in 1994. The journal in the nightstand is for whoever wants it.

This page is the one your family will be glad you wrote when they need it. Write in your own voice. They will hear it.

PRACTICAL FIRST CALLS

FUNERAL HOME OR SERVICE PROVIDER YOU PREFER

PHONE

PRE-PAID ARRANGEMENT ON FILE? (YES / NO, WHERE CONTRACT LIVES)

CEMETERY OR PLACE OF INTERMENT, PLOT REFERENCE

BODY, BURIAL, CREMATION

If your wishes are not already clearly outlined in either your Will and/or Advance Directive, use this section to state them.

- ☐ I prefer traditional burial.
- ☐ I prefer cremation.
- ☐ I prefer green / natural burial.
- ☐ I would like my body donated to medical science.
- ☐ I leave this decision to my family.

IF CREMATION, WHAT TO DO WITH ASHES

PLACE THAT HAS MEANING TO YOU

SERVICE, IN YOUR OWN WORDS

Religious or secular? Quiet or full? Music, readings, who you want to speak. Where it should be. If you have a favorite hymn or line, write it here.

OBITUARY: WHAT YOU WANT SAID ABOUT YOU

The facts a stranger would need. The work you were proud of. The people who made you. The line you would want to leave behind.

Not everything has to happen this week. Most of this will happen in the first month, in roughly the order below. Mark items as you go. Hand the list to someone who can help if you cannot do it alone.

THE LIST

- [ ] Call the people on page 3 in the order listed. First call, second call, then family.
- [ ] Contact the funeral home or service provider on page 12.
- [ ] Request 10 to 15 certified copies of the death certificate. You will need them.
- [ ] Notify the attorney listed on page 3. Bring the Will and the documents from page 4.
- [ ] Notify the executor named on page 3 if it is not you.
- [ ] Locate the original Will, Trust, and Powers of Attorney using page 4.
- [ ] Contact Social Security (800-772-1213) to report the death.
- [ ] Notify life insurance carriers from page 9 to begin claims.
- [ ] Notify Medicare, supplemental, and long-term care carriers from page 9.
- [ ] Contact the bank and freeze sole-name accounts (page 8).
- [ ] Forward mail through USPS so important documents do not pile up.
- [ ] Notify employer or last employer for final pay, benefits, and pension.
- [ ] Notify pension administrator(s) from page 8.
- [ ] Contact the credit bureaus to flag the file: Equifax, Experian, TransUnion.
- [ ] Cancel or transfer subscriptions and recurring charges (page 10).
- [ ] Set Apple / Google Legacy Contact in motion if configured (page 10).
- [ ] Care for pets per page 11. Make sure someone is feeding them today.
- [ ] Consult an attorney to open a probate, if needed.
- [ ] Schedule a follow-up family meeting in 30 to 60 days to review what's left.

- [ ] *Take care of yourself. Eat something. Sleep when you can. Ask for help.*

NOTES, SIGNATURE, AND WHAT TO DO WITH THIS SHEET

Sign it. Tell someone where it lives. Update it every year.

ANYTHING ELSE YOU WANT YOUR FAMILY TO KNOW

Use this space for anything that did not fit on another page. A letter. A grievance. A blessing. A grocery list of regrets. The names of the people who were good to you. Whatever you want them to read.

SIGNATURE

SIGNED

DATE

WITNESS (PRINTED NAME)

WITNESS (SIGNATURE)

WHAT TO DO WITH THIS SHEET NOW

1. **Make three copies.**
   Keep one at home, give one to your executor or Power of Attorney, give one to a trusted family member.
2. **Tell your family where this lives.**
   Out loud. In person if you can. The sheet is only useful if they can find it.
3. **Review every year.**
   Birthdays, tax season, the first cool weekend in October. Pick a date and put it on the calendar.
4. **Update when life changes.**
   A move, a marriage, a death, a new account, a new medication. Replace the page. Date it. Hand out the new copies.

This sheet is the map.
The documents are the territory.

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