



Renard Law Office LLC

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ORGANIZING MY LEGAL AND FINANCIAL AFFAIRS

My Attorney, [NAME, ADDRESS, AND TELEPHONE] prepared, and I have signed, estate planning documents on _____, 20____, planning for my incapacity, illness, disability and death. You are nominated as my Agent under my CHOOSE AS APPROPRIATE: Financial Power of Attorney (POA); Health Care/Medical Power of Attorney (POA), the originals of which are located [LOCATION SUCH AS HOME SAFE OR SAFE DEPOSIT BOX] (and my attorney has a duplicate set of originals) **OPTION:** and I have provided copies of these documents to you for safekeeping. You are authorized to act on my behalf under these documents **OPTION 1:** immediately or **OPTION 2:** only in the event I am not able to do so as verified by a Statement of Incapacity signed by two physicians. You can only act as my agent under this authority if I am still alive but disabled or otherwise unable to act. The power of attorney authority ends at death.

WILL BASED PLAN OPTION: You are also designated as the Personal Representative (PR) ("Executor") of my Will which takes effect only after my death, but if a probate administration is required your authority is not automatic. You may need to be given authority to act by a Court. A probate administration is required in Wisconsin if the assets in my sole name exceed \$50,000.00 in value and I have not designated beneficiaries on my assets or created and funded a Revocable Trust ("Trust"). I suggest you contact the attorney who assisted me with drafting my estate planning documents, or an attorney of your own choosing if you need assistance.

TRUST BASED PLAN OPTION: I have executed a Trust which provides for the management of my assets during lifetime and after death. You are my designated Trustee. Trusts avoid probate to the extent all assets are owned by the Trust at the time of my death or if my assets contain beneficiary designations passing those assets to my Trust, or if they pass via Marital Property Agreement.

OPTION: I have executed an Irrevocable Trust which is designed to protect the assets in the Trust from being spent on long term care costs, and also avoids probate administration. This purpose of this letter is to assist you with legal matters requiring administration after my death or incapacity.

ASSET INFORMATION: You should be aware that my estate consists of the following assets:

- * LIST ALL BANK ACCOUNTS, indicating the Bank's location, contact person, if any, and telephone number. Also provide account numbers and whether you have designated anyone as Pay on Death (POD) beneficiary. (Includes checking,

money market, savings, and CD's.) Indicate where you keep your bank statements or if you bank online, your password and user name.

- * LIST ALL INVESTMENT ACCOUNTS OR MUTUAL FUNDS, INCLUDING STOCKS indicating the name of the company (ex: Vanguard, Stifel-Nicholas, etc.), contact person, address and telephone number, and account numbers.
- * LIFE INSURANCE AND ANNUITY POLICIES, indicate the type of policy (whole life or term), Policy or Contract number, where you keep the original policy, if you have it, company name, address, and telephone number, amount of policy, and named beneficiary(ies). You will need a certified copy of the death certificate and a death claim form from the Company in order to receive these proceeds.
- VEHICLES, BOATS, ETC. Provide where the original title to the vehicle is located and the make, model, and year of the vehicle, as well as the VIN. Indicate the car insurance carrier: name, location, and telephone number.
- REAL ESTATE. I own the following parcels of real estate:
LIST EACH PROPERTY (Ex: Home, vacant land, agricultural land, vacation property, or out of state property. Include Timeshares.) For each, provide:
 - (i) Location of Property by address.
 - (ii) Latest Tax Bill for the property.
 - (iii) Where you keep the original Deed (or Timeshare interest).
 - (iv) Whether and in what amount you have an outstanding mortgage or Home Equity Line of Credit (HELOC).
 - (v) Who has access (keys) to the property.
 - (vi) The property insurance carrier: name, address, and telephone number. Include where the insurance policy is kept, and an agent's name, if any.
- * CASH. Where you keep cash (Ex: safe deposit box at the bank, home safe, etc.).
- * PASSWORDS. Make a list for whomever will take care of your affairs after death.

LIABILITIES:

- (i) CREDIT CARDS: List Account numbers, PIN, location of home office, where you keep the statements and cards.
- (ii) ANY OTHER OUTSTANDING LIABILITIES OR DEBTS or places you are currently making payments (include where you keep copies of the statements and records of payment), such as:
 - * Vehicle Loans
 - * HELOC (Home Equity Line of Credit)
 - * Mortgage
 - * Medical Providers
 - * Other

MISCELLANEOUS:

- I rent a Safe Deposit Box Number _____ located at _____ Bank, ADDRESS/LOCATION and you are named as a **OPTION 1:** Joint Owner **OPTION 2:** Agent under Power of Attorney authority. The key to the safe deposit box is located _____. I have a fireproof safe at home and the key is located _____ OR the combination is located _____.
- I have prepared a list of personal property I want distributed after I die. This list is located _____.
- My Income Tax Return Preparer (or CPA) is NAME, ADDRESS, TELEPHONE NUMBER. I keep all of my personal income tax returns LOCATION (Ex: home safe, safe deposit box, filing cabinet, etc.)
- My Social Security number is _____ and my card is located _____.
- I have supplemental health insurance coverage through NAME, ADDRESS, TELEPHONE NUMBER OF COMPANY OR AGENT’S CONTACT INFORMATION.
- I have/have not prepaid/prearranged my funeral, burial, or cremation but I direct you to make arrangements at NAME, ADDRESS, TELEPHONE NUMBER of funeral home OR if prepaid, indicate where arrangements have been made.
- I have/do not have Long Term Care Insurance with NAME, ADDRESS, AND TELEPHONE NUMBER OF COMPANT OR AGENT CONTACT INFORMATION.
- After my death, the Wisconsin statutes mandate that you file my original Will with the Register in Probate office in the County of my residence for at least the past six months. This is true even if I have signed a Trust prior to my death.

IMPORTANT CONTACTS:

My Financial Advisor/Planner is: NAME ADDRESS AND TELEPHONE NUMBER.

My Income Tax Return Preparer or Accountant/CPA is: NAME ADDRESS AND TELEPHONE NUMBER.

My Attorney is: NAME ADDRESS AND TELEPHONE NUMBER.

Any other personal notes:

Prepared with the assistance of:

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REV 8-24-23

FOR MY FAMILY: MAKING THINGS MANAGEABLE AFTER MY DEATH

I. WHAT TO DO RIGHT AFTER MY DEATH:

- A. **READ THIS DOCUMENT IN ITS ENTIRETY AND REFER TO THE ATTACHED “WHAT TO DO WHEN A LOVED ONE DIES.”**
- B. Locate my estate planning documents.
- C. Call a friend or family member to help with phone calls, arrangements, etc.
- D. Call important friends and family members [Names and Phone Numbers]
- E. Contact clergy
- F. Check my Driver’s License: Am I a listed organ donor?
- G. Contact the funeral home. [Indicate if you have pre-paid or pre-arranged your post death decisions] [Name of Funeral Home, Address, Phone, and Contact].
Ask the funeral director to:
 - Notify Social Security Administration
 - Order 5-10 death certificates
 - Provide any instructions I have left with the funeral home regarding my final wishes
 - If there is any conflict, show the funeral director my Authorization for Final Disposition (located with my estate planning documents).
- H. Notify my employer or former employer if I was retired: [Name, contact person, phone number] Are there pension or other death benefits available?
- I. Notify Life Insurance and Annuity Companies re: death benefits [List names, policy or contract numbers, address, phone for each company.]
- J. Locate my personal papers (See IV.)
- K. Contact my estate planning attorney [Name, address, phone, and e-mail]

II. IMPORTANT PEOPLE AND CONTACT INFORMATION:

- A. Attorney
- B. Accountant/CPA or Tax Return Preparer
- C. Pastor/Priest/Clergy
- D. Financial Power of Attorney Agent (authority ceases upon death)
- E. Bank or Lending Official
- F. Landlord (if renting)
- G. Financial Advisor
- H. Retirement Account Administrator
- I. Mortgage Company (if any)
- J. Doctor(s)
- K. Dentist
- L. Insurance Agents (Auto, Home, Disability, Health Insurance and Life Insurance)
- M. Designated Personal Representative(s) or Trustee(s): [Names and Contact Information]
- N. Veteran’s Administration (if applicable)

III. PERSONAL AND FAMILY INFORMATION:

- A. Full Name(s) (Self and Spouse or Partner):
- B. Residence Address:
- C. E-mail Address:
- D. SSN:
- E. Date and Place of Birth:
- F. Primary Doctor Contact Information
- G. Health Insurance Company and Policy Number
- H. Children (living and deceased) and Grandchildren
- I. Father's Name
- J. Mother's Maiden Name
- K. Military Service
- L. Occupation
- M. Professional Affiliations

IV. PERSONAL PAPERS: Location of the following:

- A. Birth Certificate
- B. Marriage Certificate
- C. Judgment of Divorce
- D. Estate Planning Documents: Will and/or Trust(s)
- E. Military Records
- F. Naturalization Papers
- G. Tax Returns
- H. Deeds and Satisfaction of Mortgage documents
- I. Vehicle titles
- J. Outstanding Mortgage loan documents (Note and Mortgage)
- K. Credit Cards
- L. Checkbook/Savings Book and Ledger(s)
- M. Bank Statements
- N. Loan Statements/Mortgage, etc.
- O. Investment/Financial Statements
- P. Retirement Statements
- Q. Bonds (US Savings Bonds, Debenture Bonds, etc.)
- R. Real Estate Tax Statements (often found with income tax returns)
- S. Designation of Personal Property Items (List of recipients of specific items of personal property)
- T. If Renting: Lease information
- U. Other

V. SAFE DEPOSIT BOX

- A. Location (Bank, Address, Phone)
- B. Box Number
- C. Location of Key(s)
- D. Contents of Box

E. Name(s) on the Box (Note: Box is “locked” unless there is a joint owner listed)

VI. INSURANCE INFORMATION: (For each type of Insurance listed below, provide the following: Agent/Company, Contact Information, Policy Number, Location of policy, Beneficiaries, Death Benefits, Website Information)

- A. Accidental Death Insurance
- B. Medical Insurance (If Medicare, provide Supplemental Health Insurance information)
- C. Auto Insurance
- D. Homeowner’s Insurance

VII. ASSETS:

- A. Cash Accounts (Provide statements or account numbers, bank contact information, name(s) on accounts, type of account, approximate balance)
 - 1. Includes: checking, savings, money markets, and CD’s
 - 2. Also include if any of these accounts contain beneficiary designations (POD pay on death or TOD transfer on death), and who are the beneficiaries
- B. Investment Accounts (Statements or account numbers, company contact information or Financial Advisor information—Same as above)
- C. Retirement Asset Accounts (Same as above)
- D. Real Estate
 - 1. Residence
 - 2. Vacation or Time share property
 - 3. Family/Shared or inherited property
 - 4. Out of State property
- E. Bonds (Debenture, US Savings Bonds, etc.)
- F. S-Corp, C-Corp, LLC or Partnership Interests (Company, contact information, number of shares, ownership percentage)
- G. Vehicles (Year, make, model, VIN, name on title, lease/loan information)
- H. Boats, Trailers, Motorcycles, UTV-ATV, etc. (Title, VIN, etc.)
- I. Personal Property/Household Contents (Firearms, collections, etc.)
- J. Promissory Notes (who owes me money, contact information, etc.)
- K. Cash on Hand

VIII. LIABILITIES/DEBTS:

- A. Credit Cards (Companies, contact information, card number, customer service number, name on card, location of card, copy of latest statement)
- B. Mortgage (Company, principal balance, latest statement)
- C. Auto/Vehicle Loans (Contact information, principal balance, latest statement)
- D. Other secured creditors (if any)
- E. Unsecured creditors (if any)

IX. BENEFICIARY INFORMATION (Who inherits my estate when I die?)