

Montini & Co

TAX ADVISORY GROUP



A Survivor's Guide

MONTINI & CO TAX ADVISORY GROUP

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Investment advisory services are offered through Foundations Investment Advisors, LLC, a SEC registered investment advisor.

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Take Time Now to Plan

Each member makes a valuable contribution to the family, but when a family member dies, how do the survivors cope?

The purpose of the *Survivor's Guide: Take Time Now to Plan*, is to motivate you to make plans for an orderly transition. Eventually, someone will have to handle your affairs without you.

When Death Occurs, is designed to help survivors cope with decisions and difficulties they may face following a death in the family. But now, while there is time to plan for the eventuality of death, please sit down and complete *Survivor's Guide: Take Time Now to Plan*. Preparation will ease the burden of your survivors.

We recommend that you give adequate consideration to matters such as:

- What funeral arrangements would you prefer?
- What will be the state of the family's finances if you die? If your spouse/partner dies?
- Where would be the most practical place for the survivor(s) to live?
- Specifically, who could be helpful to the survivor(s) in making major decisions?
- What benefits will the survivor(s) be eligible for?
- What records are needed to apply for those benefits, and where are they located?
- If you own a business, farm, or other enterprise, what should be done with it upon your death?
- What arrangements should be made for the care of dependent children in the event of simultaneous death of the parents?

Please take the time to plan now while it is just a chore, and not an additional burden later to those you leave behind. The death of a loved one is excruciating enough without the responsibilities of settling their affairs. Make the arrangements and assemble the documents that will at least make the financial and legal arrangements as simple as possible.

This publication provides a convenient place to list those arrangements and to record where valuable documents are kept. You will undoubtedly want to talk with an attorney, your life insurance agent, and other financial advisors to help assemble your affairs. You will want to make sure that both you and your spouse/partner have valid wills, that your life insurance program is adequate for the financial needs of your family, and that federal estate taxes will be held to a minimum.

Take the time to record your information here now. It is a caring way to help your family through what will be one of the most trying periods in their lives.

Location of Records Checklist

Records	Location
Birth Certificates	
Military Services Records	
Tax Records and Receipts	
W-2 Forms and Other Records of Earnings	
Car Registration and Title	
Wills or Trusts	
Insurance Policies	
V.A. Claim Number	
Social Security Number	
Real Estate Deeds	
Bank Book/Check Book	
Stocks, Bonds, Securities Portfolio	
Annuities	
Money Market Accounts	
Certificates of Deposit	
Mutual Funds	
Notes Payable and Receivable	
Business Agreement or Contracts	
Software passwords, codes	
Other	

Family Records and Information

About the Family

My Name _____

Place and Date of Birth _____

Spouse's/Partner's Name* _____

Place and Date of Birth _____

About the Family

Medical Records _____

Birth Certificates _____

Marriage Certificates _____

Military Service Records _____

Other important family records (non-financial, personal) _____

*For simplicity, the term "spouse" will be used throughout the remainder of the text.

Wills and Safe Deposit Boxes

Wills/Trusts

- I have a will/trust
- I do not have a will/trust (NOTE: if you checked this box, you have an important duty to perform, now.)

Original and copies of my will/trust are located at: _____

Executor's name, address, and telephone number: _____

Name of Attorney, address, and telephone number: _____

Safe Deposit Boxes

- I do not have a safety deposit box
- It is held in my name only
- It is held jointly with _____

Box number _____

Name and location of bank _____

Location(s) of keys _____

Insurance and Annuities

Life Insurance

I have the following life & life/long-term care insurance policies:

Insurance Company	Policy #	Owner	Face Value	Beneficiary

*If any policies are survivorships (last-to-die) plans, it is also important to notify the insurer.

Other Family Members:

Insurance Company	Policy #	Face Value	Beneficiary

Government Life Insurance

I served in the (branch of services) _____ from _____
to _____ and received the following type of discharge _____

My serial number was _____

The status of my government life insurance is as follows (expired or still in force; face amount):

The policy is located at _____

Insurance and Annuities (continued)

Other Government Sources

My family will be eligible for those benefits, which are checked and described below:

- Railroad Retirement
- Civil Service
- Active military of veterans' service-connected death
- Veterans' non-service-connected death
- Benefits because of my employment by state or local government _____

My V.A. Claim number is: _____

Records and documents needed to apply for benefits are located at _____

Membership Organizations

Because of my membership in various organizations (union, trade associations, fraternal benefit society, etc), my survivors may be eligible for certain benefits. The organizations and benefits are as follows:

Organization	Type of Benefit

The papers needed to apply for such benefits are located at: _____

Insurance and Annuities (continued)

Health Insurance

Our health insurance policies (hospitalization, disability income, accident, long-term care, etc) are as follows:

Insured	Insurance Co.	Policy No.	Type of Insurance

Annuities

We have the following annuities:

Insurance Co.	Policy No.	Annuitant	Beneficiary

Property/Casualty Insurance

List type of insurance (homeowners, automobile, personal liability, business coverage's, etc.):

Insurance Co.	Policy No.	Type of Insurance

Policies for all insurance coverage's and annuities are located: _____

Benefits Available Upon My Death

Social Security

The Social Security Administration offers a variety of benefits. Call 1.800.772.1213 for help in calculating the dollar amounts below and for complete details on all Social Security benefits.

A lump sum burial benefit of \$255 may be payable to my spouse or children.
Social Security may provide my spouse, ex-spouse, and/or children a monthly benefit of \$_____.

Social Security may provide a lifetime of income for my spouse of \$_____ beginning at age _____.

My social security number _____

Spouse's social security number _____

Children's social security number(s) _____

Other family's social security number(s) _____

Spouse or Ex-Spouse's Social Security

The Social Security Administration offers a variety of benefits. Call 1.800.772.1213 for help in calculating the dollar amounts below and for complete details on all Social Security benefits.

A lump sum burial benefit of \$255 may be payable to my spouse or children.
Social Security may provide my spouse, ex-spouse, and/or children a monthly benefit of \$_____.

Social Security may provide a lifetime of income for my spouse of \$_____ beginning at age _____.

My social security number _____

Spouse's social security number _____

Children's social security number(s) _____

Other family's social security number(s) _____

*Benefits Available Upon My Death (continued)***Other Sources of Benefits**

The following benefits may also be available (type and source of benefits):

Type	Source of Benefits

Sources of Immediate Cash

Sources of Immediate Cash

During the period immediately following my death, the best sources for my family to obtain cash for immediate needs are as follows: _____

During the period immediately following my spouse's death, the best sources for me to obtain cash to meet the additional expenses are as follows: _____

Trusts and Real Estate Information

Trust(s) That I Have Set Up:

The bank, trust company, or other fiduciary _____

Trust Officer _____ Telephone Number _____

The Trust is funded _____ unfunded _____

Trust(s) My Spouse Has Setup:

The bank or trust company _____ Telephone Number _____

The Trust is funded _____ unfunded _____

Real Estate Owned

Our home is at: _____

It is owned:

Jointly by _____

Singly by _____

Mortgagor _____ Telephone Number _____

Location of mortgage of deed _____

We have a second home at: _____

It is owned:

Jointly by _____

Singly by _____

Mortgagor _____ Telephone Number _____

Location of mortgage of deed _____

Other Real Estate owned (excluding business, farm, or other enterprise) _____

Financial Assets

Bank Accounts (Including Savings & Loan Associations, Credit Union)

Checking, Savings

Certificates of Deposit	Account #	Joint/Indiv. Owner	Name & Location

Location of passbooks, checkbooks, canceled checks, and statements: _____

Stocks, Bonds, and Securities Portfolio

Stocks, bonds, securities _____

Records located _____

Mutual Fund Companies _____

Records located _____

Money Market account(s) _____

Records located _____

Additional Financial Information

Major debts (other than first mortgages and revolving charge accounts): _____

Money owed to us: _____

Location of notes payable and receivable: _____

Other Information: _____

Digital Assets

Mobile Phone Access		
Computer logins		
Social Media Accounts		

Animal Care

Animal Name: _____ Breed: _____ Age: _____

Historical Information: _____

Desired Placement: _____

Animal Name: _____ Breed: _____ Age: _____

Historical Information: _____

Desired Placement: _____

Animal Name: _____ Breed: _____ Age: _____

Historical Information: _____

Desired Placement: _____

Business, Farm, or Other Enterprise Information

Name of business _____

Kind of business _____

Location _____

Percentage of ownership (%) _____

Form of business (sole proprietorship, partnership, corporation) _____

Other owners (if any): _____

Is the business subject to a buy/sell agreement? _____

Information on any other business interests or farms owned: _____

Arrangements that have been made (or should be made after my death) in continuing or disposing of each business interest _____

Location of business books, records and pertinent papers _____

Additional Information _____

Person(s) who could offer sound advice in carrying on the business, or operating the farm - or in disposing of the business or farm (names, addresses, and telephone numbers) _____

Funeral and Burial Preferences

My personal funeral and burial preferences are:

My wishes with regard to donating organs (including information on any arrangements that have been made): _____

Funeral and Burial Preferences For Spouse

My spouse's personal funeral and burial preferences are: _____

My spouse's wishes in regard to donating organs (including information on any arrangements that have been made): _____

People to Notify

Relatives and Friends

Upon my death the following people should be notified immediately (names, addresses, and telephone numbers of closest relatives and friends including those who, in turn, will notify others):

Name	Address	Telephone Number

Confidential Advisors

Upon my death, the following people should be notified (names, addresses, and telephone numbers of funeral director, physician, attorney, life insurance agent, executor, employer, or business partner):

Name	Address	Telephone No	Type of Advisor

Organizations

Upon my death, the following organizations should be notified (names, addresses, and telephone number):

Name	Address	Telephone Number

Obituary Information

This biographical information will be of help in preparing an obituary news story about me: _____

My obituary should be sent to the following newspapers: _____

Obituary Information For My Spouse

This biographical information will be of help in preparing an obituary news story about my spouse: _____

My spouses obituary should be sent to the following newspapers: _____

Additional Instructions and Information

Additional instructions or information for survivors that has not been covered previously:

My Signature

Date Completed and/or Updated

My Spouse's Signature

Date Completed and/or Updated

Witnesses

Date

Notarizing Agent

Notary Stamp
