



D|A|DAVIDSON

**HADLEY SENTINEL  
FINANCIAL MANAGEMENT**

a service of D.A. Davidson & Co. member SIPC



*“As we watch our parents age, it becomes  
apparent we are the next generation and  
must gracefully prepare for that eventuality.”*

Nancy Hadley

*Preparing for Family Transitions*

A Resource Guide



*There are many times in our lives when planning ahead can enhance an experience we look forward to or make a difficult experience less burdensome. Planning for vacations, parties and other family events can be fun to do as well as make for a better experience. Getting married, starting a family, embarking on a new career and preparing for retirement are examples of milestones in our lives where planning isn't just an enhancement; it's essential.*

*However, there are other life events, such as illness and death that are unpleasant to think about and plan for, but every bit as important and with lasting consequences. Lack of communication and planning can leave loved ones unprepared and lost at the most difficult time of their lives. You may know someone who left behind a complicated situation for family members to unravel with little direction. Taking the time to discuss issues and/or leave written instructions will provide guidance and peace of mind to family members as they act on your behalf.*

*We sincerely hope that "Preparing for Family Transitions" provides you with a resource to begin the task of communicating to those you trust, what you want done in your incapacity or absence.*

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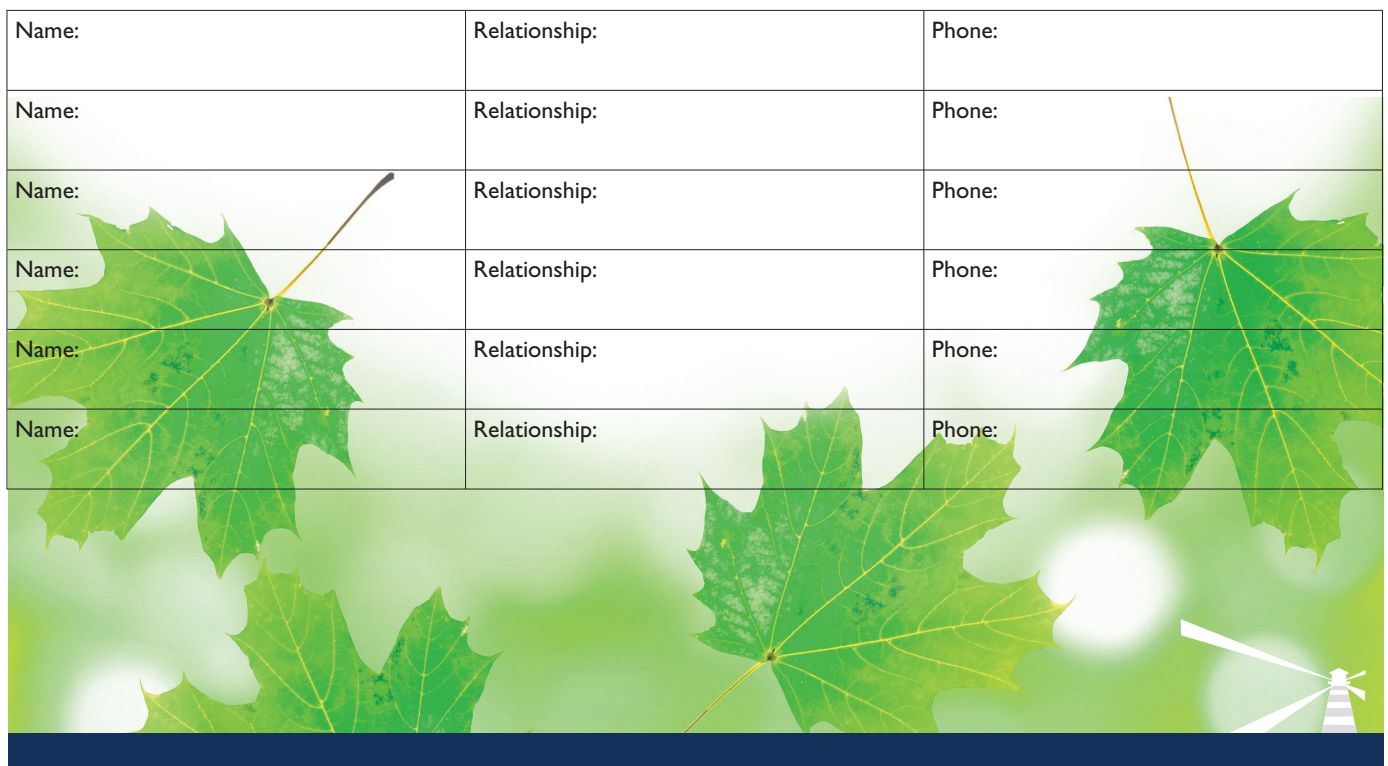
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## Personal Information

Full legal name:		
Primary home address:	State of legal residence:	
Secondary home address:	Location of home titles/deeds:	
Date of birth:	City, county, state, country of birth:	Location of birth certificate:
I am a citizen of:	Citizenship by (birth, naturalization):	Location of citizenship papers:
Date of adoption:	Other adoption information:	Location of adoption papers:
Father's full name:	Place & date of birth:	Date of death, burial location:
Mother's full maiden name:	Place & date of birth:	Date of death, burial location:
Social Security Number:	Location of Social Security card and most recent statement:	
Passport number & issue date:	Location of passport:	
Driver's license number:	Location of driver's license:	

## Notify in the Event of Serious Illness or Death

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

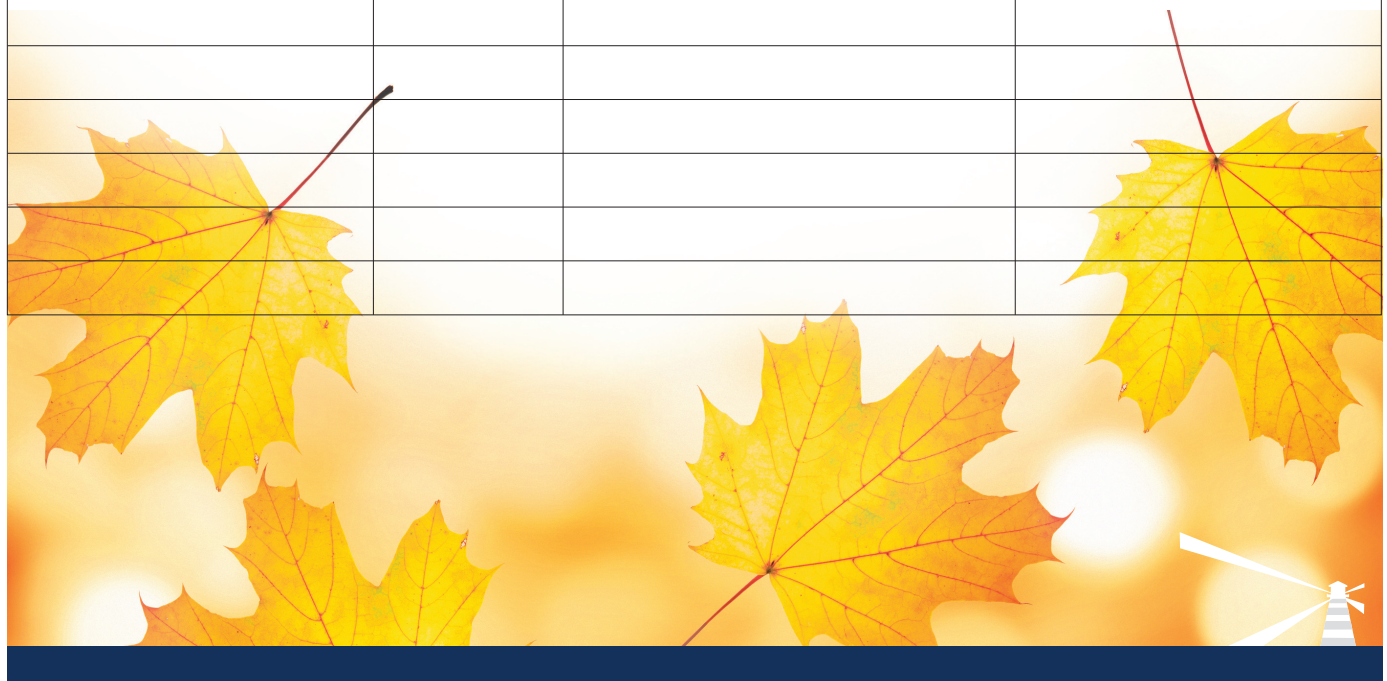




## Marital Information

Current status (single, married, divorced, widowed):		
Spouse's name:	Date, location of marriage:	Location of marriage certificate:
Pre- or post-nuptial agreement?	Location of pre- or post-nuptial agreement:	
Previously married to:	Marriage dates:	Marriage ended by(death, divorce):
Previously married to:	Marriage dates:	Marriage ended by (death, divorce):
Previously married to:	Marriage dates:	Marriage ended by (death, divorce):
Location of prior marriage documents:	Location of family historical records:	

## Children & Grandchildren

[illegible]



## Medical information

Primary physician:	Address:	Phone:
Notes:		
Specialist:	Address:	Phone:
Notes:		
Specialist:	Address:	Phone:
Notes:		
Dentist:	Address:	Phone:
Notes:		
Eye specialist:	Address:	Phone:
Notes:		
Other medical information:		

## Medical insurance

Health insurance company:	Policy number:	Location of information:
Dental insurance company:	Policy number:	Location of information:
Vision insurance company:	Policy number:	Location of information:
Long-term care insurance company:	Policy number:	Location of information:
Medicare coverage?	Other insurance information:	

## Education

Primary school(s):	Dates attended:	
Secondary school(s):	Dates attended:	Graduate?
College(s) or other post-secondary school(s):	Dates attended:	Degree:
Graduate school(s):	Dates attended:	Degree:
Special recognition:	Location of education records & diplomas/degrees:	

## Military Service

Branch:	Dates of service:
Highest grade:	Military honors:
Service-related disability?	Location of military documents, decorations:

## Memberships & Affiliations (including charities & religious organizations)

Name of organization:	Officer, board member or other role:	Other information or contact person:
Name of organization:	Officer, board member or other role:	Other information or contact person:
Name of organization:	Officer, board member or other role:	Other information or contact person:
Name of organization:	Officer, board member or other role:	Other information or contact person:
Name of organization:	Officer, board member or other role:	Other information or contact person:
Name of organization:	Officer, board member or other role:	Other information or contact person:





## Current or Last Employment

Name of company:	Title:	Employed since:
Company address:	Contact person:	Location of employment documents:
Company benefits in which I participate(d):	Notes or contact person:	
<input type="checkbox"/> Pension or deferred compensation		
<input type="checkbox"/> 401(k), 403(b) or profit sharing		
<input type="checkbox"/> Restricted stock or stock options		
<input type="checkbox"/> Flex spending accounts		
<input type="checkbox"/> Company-provided life insurance		
<input type="checkbox"/> Disability insurance		
Beneficiary information:		

## Prior Employment

Name of company:	Title:	Dates of employment:
Company address:	Contact person:	Location of employment documents:
Existing retirement benefits?		
Name of company:	Title:	Dates of employment:
Company address:	Contact person:	Location of employment documents:
Existing retirement benefits?		
Name of company:	Title:	Dates of employment:
Company address:	Contact person:	Location of employment documents:
Existing retirement benefits?		



## Advisors

Financial advisor:	Name of firm:	Address:
Telephone:	Email:	Notes:
Attorney:	Name of firm:	Address:
Telephone:	Email:	Notes:
CPA or tax advisor:	Name of firm:	Address:
Telephone:	Email:	Notes:
Insurance agent:	Name of firm:	Address:
Telephone:	Email:	Notes:
Other advisor:	Name of firm:	Address:
Telephone:	Email:	Notes:

## Banking Information

Name of institution:	Type of account:	Account number & ownership:
Address:	Notes (location of checkbook, passbook):	
Name of institution:	Type of account:	Account number & ownership:
Address:	Notes (location of checkbook, passbook):	
Name of institution:	Type of account:	Account number & ownership:
Address:	Notes (location of checkbook, passbook):	



## Investment Accounts

Name of institution:	Type(s) of account(s):
Contact name and phone:	Location of documentation:
Name of institution:	Type(s) of account(s):
Contact name and phone:	Location of documentation:
Name of institution:	Type(s) of account(s):
Contact name and phone:	Location of documentation:
Name of institution:	Type(s) of account(s):
Contact name and phone:	Location of documentation:

## Real Estate Holdings

Description:	Location of documentation (deeds, mortgages, etc.):
Description:	Location of documentation (deeds, mortgages, etc.):
Description:	Location of documentation (deeds, mortgages, etc.):
Description:	Location of documentation (deeds, mortgages, etc.):

## Other Investments (stock certificates, precious metals/stones, jewelry, coins, collectibles)

Description:	Location:	Description:	Location:
Description:	Location:	Description:	Location:
Description:	Location:	Description:	Location:

## Safe Deposit Box or Home Safe

Name & location of bank:	In whose name:	Location of key:
Location of home safe:	Location of combination:	

## Life Insurance Policies

Name of institution and policy number:	Name of insured and benefit amount:
Contact name and phone:	Location of documentation:
Name of institution and policy number:	Name of insured and benefit amount:
Contact name and phone:	Location of documentation:
Name of institution and policy number:	Name of insured and benefit amount:
Contact name and phone:	Location of documentation:
Name of institution and policy number:	Name of insured and benefit amount:
Contact name and phone:	Location of documentation:

## Other Insurance Policies

Homeowner's insurance company:	Policy number:	Location of documentation:
Automobile insurance company:	Policy number:	Location of documentation:
Umbrella insurance company:	Policy number:	Location of documentation:
Other insurance company:	Policy number:	Location of documentation:





## Income or Money Owed to Me

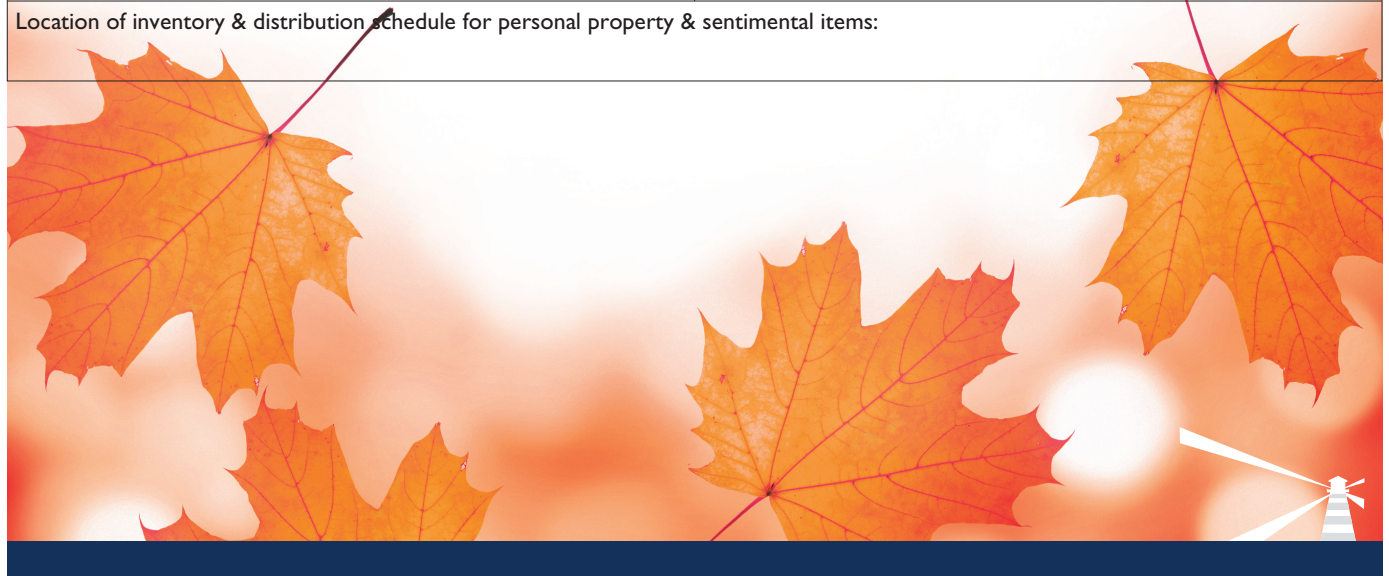
Income or other money (check):	Notes and location of documentation:
<input type="checkbox"/> Salary	
<input type="checkbox"/> Social Security	
<input type="checkbox"/> Pension(s)	
<input type="checkbox"/> Income property	
<input type="checkbox"/> Annuity(ies)	
<input type="checkbox"/> Trust(s)	
<input type="checkbox"/> Personal loan(s)	
<input type="checkbox"/> Mortgage(s)	
<input type="checkbox"/> Other	

## Liabilities or Money I Owe

Liabilities (check):	Notes and location of documentation:
<input type="checkbox"/> Credit card(s)	
<input type="checkbox"/> Mortgage(s)	
<input type="checkbox"/> Personal loan(s)	
<input type="checkbox"/> Student loan(s)	
<input type="checkbox"/> Automobile loan	
<input type="checkbox"/> Boat loan	
<input type="checkbox"/> Recreational vehicle loan	
<input type="checkbox"/> Co-signer on loan	
<input type="checkbox"/> Other loan	

## Location of Other Important Items

Automobile, boat, RV titles & registrations:	Income tax records and returns:
Pet registrations & records:	Copyrights & patents:
Location of inventory & distribution schedule for personal property & sentimental items:	

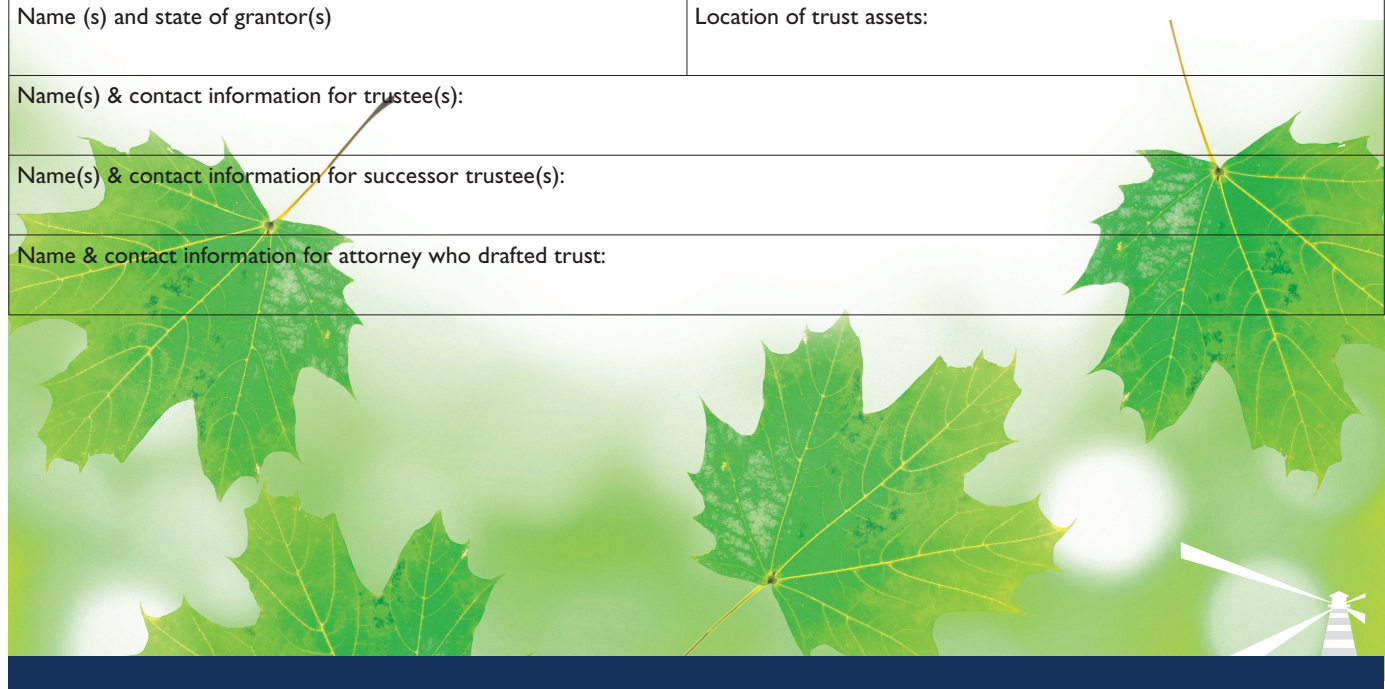


## Powers of Attorney

General/durable power of attorney?	Current attorney in fact:	Location of document:
Healthcare power of attorney?	Current attorney in fact:	Location of document:

## Wills and Trusts

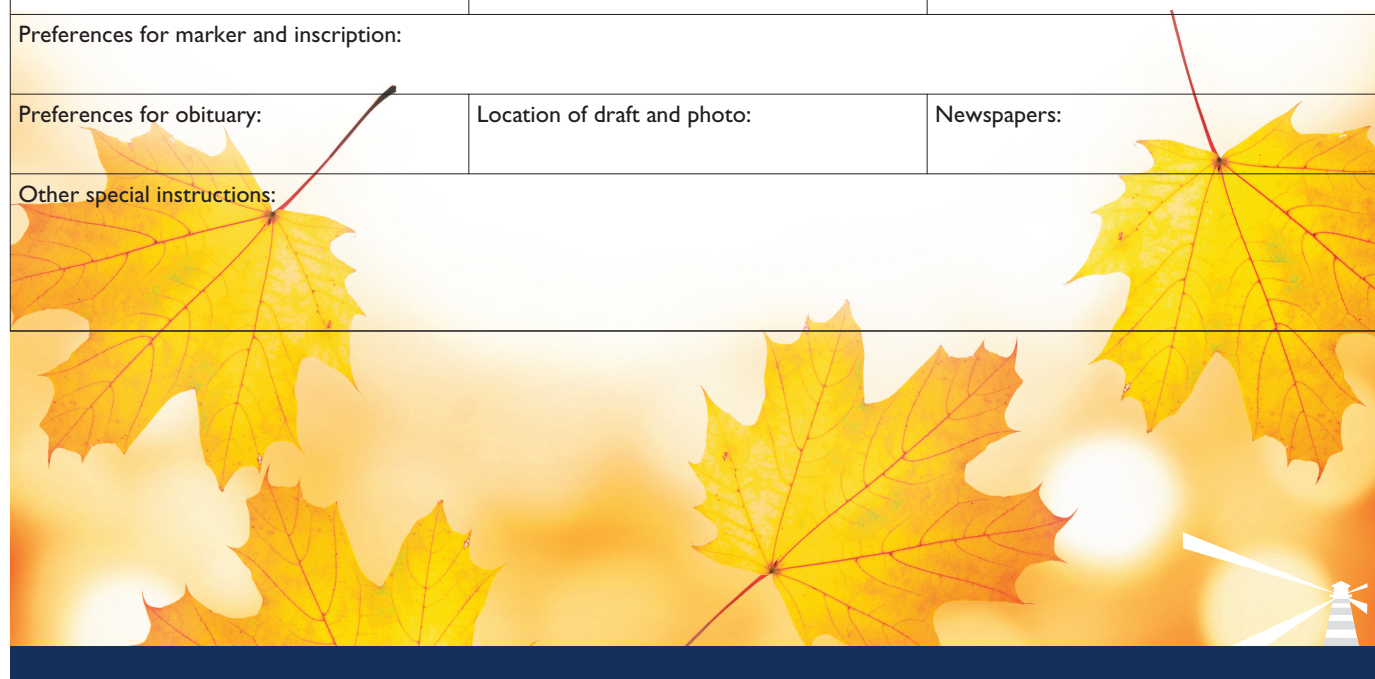
Do you have a will?	Date of will:	Date last reviewed:	Location of will:
Executor/personal rep's name & contact information:			
Name & contact information for attorney who drafted will:			
Named guardian (s) for minor children:		Named conservator(s) for minor children's estate:	
Exact name of trust:	Date of trust	Date last reviewed:	Location of trust document:
Name (s) and state of grantor(s)		Location of trust assets:	
Name(s) & contact information for trustee(s):			
Name(s) & contact information for successor trustee(s):			
Name & contact information for attorney who drafted trust:			
Exact name of trust:	Date of trust	Date last reviewed:	Location of trust document:
Name (s) and state of grantor(s)		Location of trust assets:	
Name(s) & contact information for trustee(s):			
Name(s) & contact information for successor trustee(s):			
Name & contact information for attorney who drafted trust:			





# Funeral Instructions

Preferred location for service:		Pre-arrangements? (name and contact information):	
Name and address of funeral home:			
Name and address of church or place of worship:			
Name and contact information for clergy:			
Names and contact information for pallbearers:			
Names and contact information for participating organizations (military/fraternal):			
Organist name and contact information:		Soloist name and contact information:	
Preferred readings and music:			
Flowers or memorials in lieu of flowers:			
Burial or cremation preferences:			
Name and address of cemetery:		Location of lot:	Location of documentation:
Preferences for marker and inscription:			
Preferences for obituary:		Location of draft and photo:	Newspapers:
Other special instructions:			



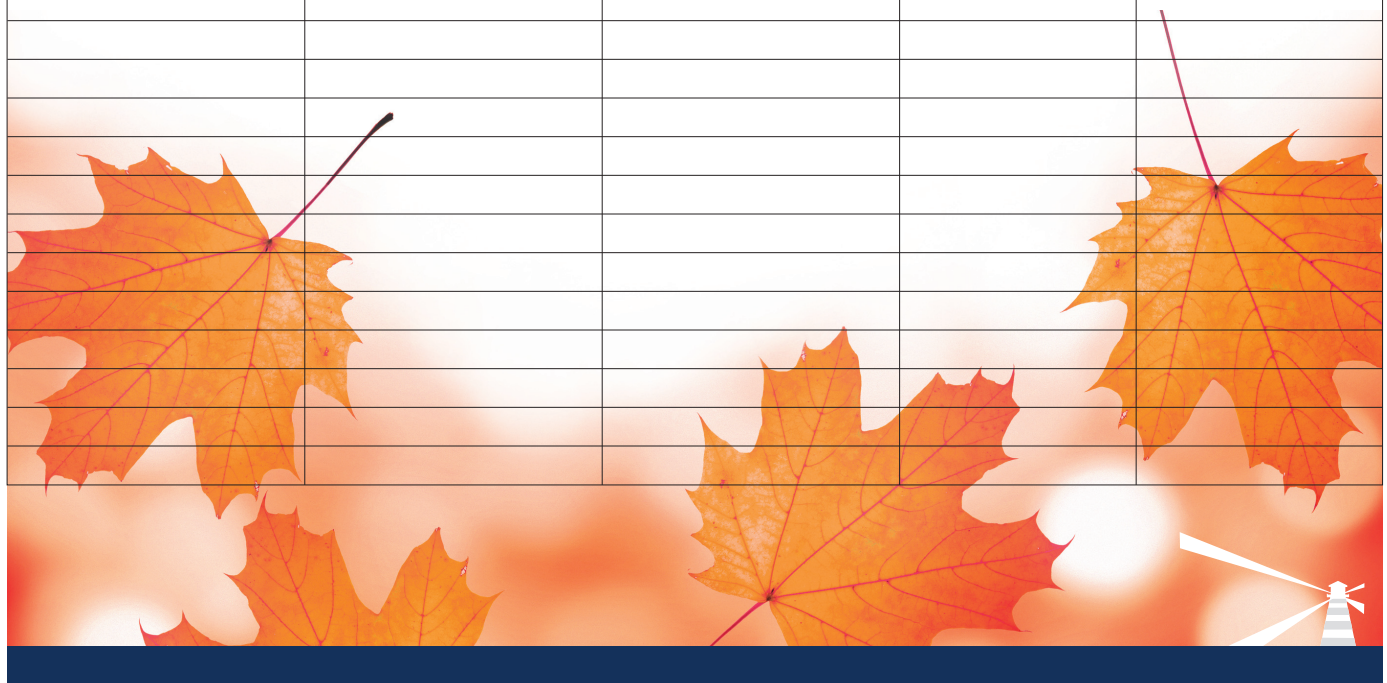
## Relatives and Friends to Notify

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## Online Information, Logins, Passwords and PINs

This is something you should share with your children.

(Debit Cards, Security Systems, Personal Computers, Cell Phone, Voice Mail, Various Websites)

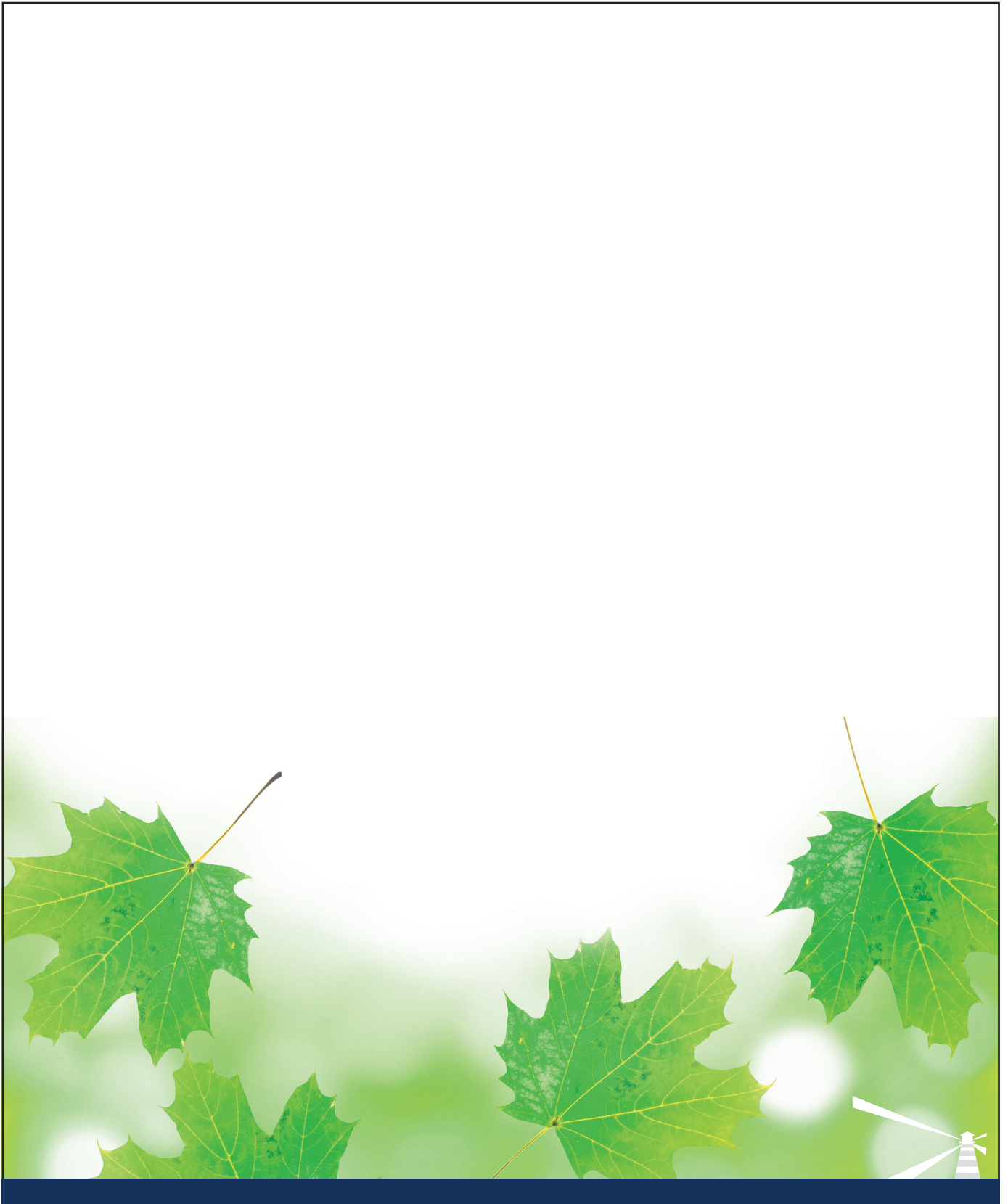
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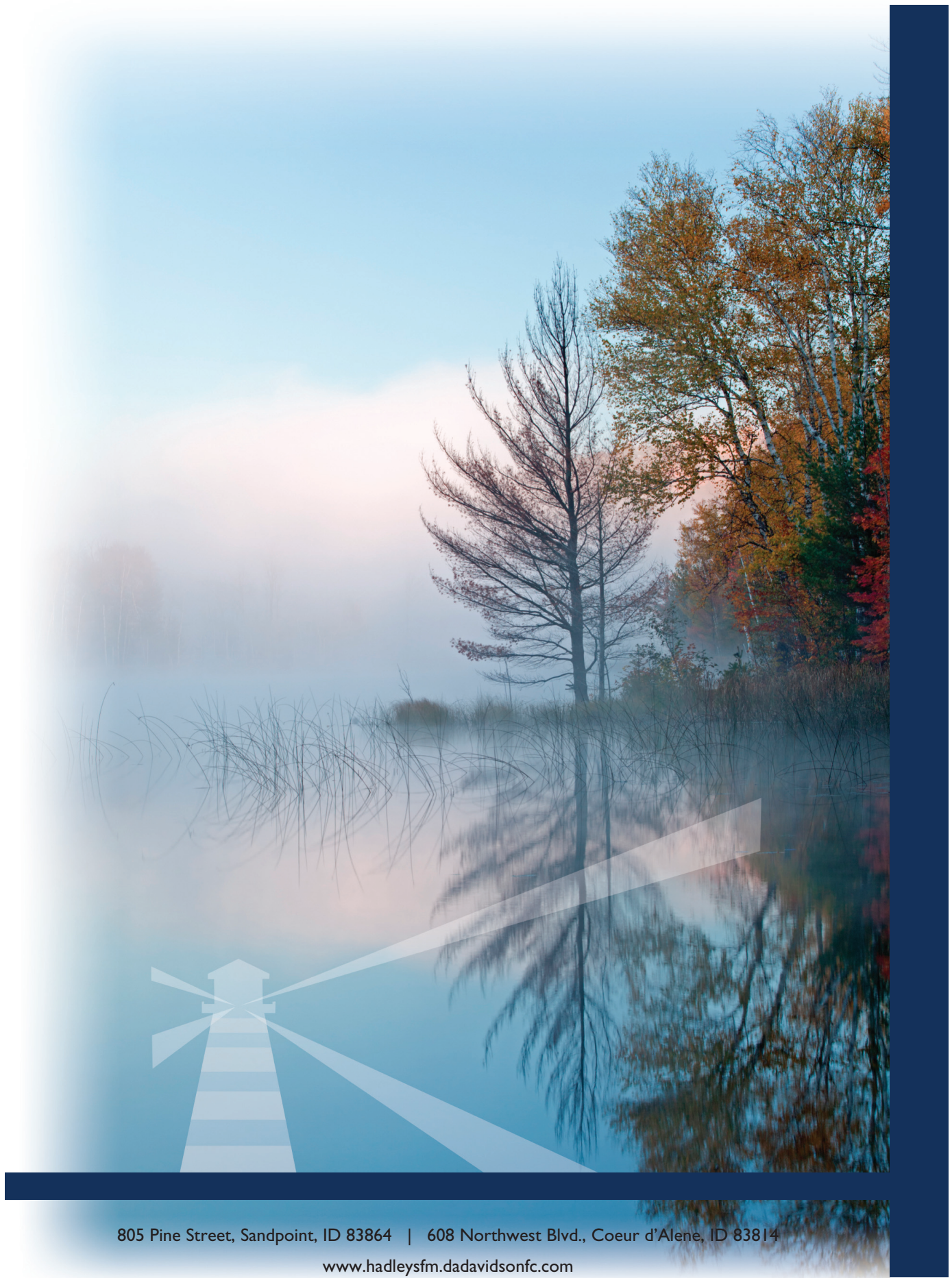


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## A personal note...

(Important life experiences, how I would like to be remembered)





805 Pine Street, Sandpoint, ID 83864 | 608 Northwest Blvd., Coeur d'Alene, ID 83814

[www.hadleysfm.dadavidsonfc.com](http://www.hadleysfm.dadavidsonfc.com)