

Successor Trustee/Executor Information Checklist

Location of Records

Original of will _____

Original of codicil _____

Trust documents _____

Safe deposit box and key _____

Bankbook and savings passbook _____

Treasury bills and certificates of deposit

Social Security records _____

Real estate deeds and mortgage documents _____

Veteran's information _____

Stock certificates and bonds

Promissory notes and loan documents _____

Business records _____

Partnership records _____

Corporation records _____

Automobile titles _____

Income tax records _____

Credit card records _____

Birth certificate _____

Warranties

Other important papers

Funeral or Cremation Arrangements

Name of mortuary, funeral home, or crematorium

Name of person contacted _____

Phone _____

Address

Arrangements made

Name of cemetery

Name of person contacted _____

Phone _____

Address

Arrangements made

Location of memorial or church service

Name of person contacted _____

Phone _____

Address

Arrangements made

Persons to Contact

Clergy _____
Address _____
City, State, Zip _____
Phone _____

Lawyer _____
Address _____
City, State, Zip _____
Phone _____

Accountant _____
Address _____
City, State, Zip _____
Phone _____

IRA or Keogh account trustee _____
Address _____
City, State, Zip _____
Phone _____

Stockbroker _____
Address _____
City, State, Zip _____
Phone _____

Investment counselor _____
Address _____
City, State, Zip _____
Phone _____

Life insurance agent _____
Address _____
City, State, Zip _____
Phone _____

General insurance agent _____
Address _____
City, State, Zip _____
Phone _____

Medical insurance agent _____

Address _____

City, State, Zip _____

Phone _____

Health insurance agent _____

Address _____

City, State, Zip _____

Phone _____

Physician _____

Address _____

City, State, Zip _____

Phone _____

Dentist _____

Address _____

City, State, Zip _____

Phone _____

Employer _____

Address _____

City, State, Zip _____

Phone _____

Employer _____

Address _____

City, State, Zip _____

Phone _____

Business associate _____

Address _____

City, State, Zip _____

Phone _____

Business associate _____

Address _____

City, State, Zip _____

Phone _____

Union representative _____

Address _____

City, State, Zip _____

Phone _____

Guardian named in will _____
Address _____
City, State, Zip _____
Phone _____

Guardian named in will _____
Address _____
City, State, Zip _____
Phone _____

Trustee named in will _____
Address _____
City, State, Zip _____
Phone _____

Trustee named in will _____
Address _____
City, State, Zip _____
Phone _____

Military unit _____
Address _____
City, State, Zip _____
Phone _____

Veteran's organization _____
Address _____
City, State, Zip _____
Phone _____

Bank, savings and loan, or credit union _____
Address _____
City, State, Zip _____
Phone _____

Mortgage company _____
Address _____
City, State, Zip _____
Phone _____

Utility _____
Address _____
City, State, Zip _____
Phone _____

Utility _____
Address _____
City, State, Zip _____
Phone _____

Utility _____
Address _____
City, State, Zip _____
Phone _____

Utility _____
Address _____
City, State, Zip _____
Phone _____

Utility _____
Address _____
City, State, Zip _____
Phone _____

Newspaper _____
Address _____
City, State, Zip _____
Phone _____

Magazine _____
Address _____
City, State, Zip _____
Phone _____

Credit card company _____
Address _____
City, State, Zip _____
Phone _____

Credit card company _____
Address _____
City, State, Zip _____
Phone _____

Credit card company _____
Address _____
City, State, Zip _____
Phone _____

Relatives to Contact

Relative name _____
Address _____
City, State, Zip _____
Phone _____

Relative name _____
Address _____
City, State, Zip _____
Phone _____

Relative name _____
Address _____
City, State, Zip _____
Phone _____

Relative name _____
Address _____
City, State, Zip _____
Phone _____

Relative name _____
Address _____
City, State, Zip _____
Phone _____

Relative name _____
Address _____
City, State, Zip _____
Phone _____

Relative name _____
Address _____
City, State, Zip _____
Phone _____

Relative name _____
Address _____
City, State, Zip _____
Phone _____

Friends to Contact

Friend name _____
Address _____
City, State, Zip _____
Phone _____

Friend name _____
Address _____
City, State, Zip _____
Phone _____

Friend name _____
Address _____
City, State, Zip _____
Phone _____

Friend name _____
Address _____
City, State, Zip _____
Phone _____

Friend name _____
Address _____
City, State, Zip _____
Phone _____

Friend name _____
Address _____
City, State, Zip _____
Phone _____

Friend name _____
Address _____
City, State, Zip _____
Phone _____

Friend name _____
Address _____
City, State, Zip _____
Phone _____

Newspaper Obituary Information

Newspaper _____

Address _____

City, State, Zip _____

Phone _____

Newspaper _____

Address _____

City, State, Zip _____

Phone _____

Newspaper _____

Address _____

City, State, Zip _____

Phone _____

Name _____

Date of birth _____

Place of birth _____

Current residence

Former residence

Occupation

Education

Military service

Club, union, civic, or fraternal organizations

Special achievements

Survivors

Date of death _____

Place of service _____

Date of service _____

Time of service _____

Memorial contribution preference _____