

# Estate Planning List

---

## Important Legal Documents and Financial Statements

Organizing your legal and financial documents is an important step in retirement and estate planning. Should the unexpected happen, your loved ones and legal and financial advisors will have all the necessary information in one useful list.

The New York State Teachers' Retirement System (NYSTRS) provides the following guideline for organizing your records. To protect your confidential information, keep this document in a secure place and share it with only those whom you trust to carry out your wishes.

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

## Vital Papers and Other Important Information

### 1. Will

- a) Location \_\_\_\_\_
- b) Location of copies \_\_\_\_\_
- c) Date of last update \_\_\_\_\_
- d) Prepared by \_\_\_\_\_
- e) Name and address of executor or executrix \_\_\_\_\_  
\_\_\_\_\_
- f) Guardian(s) of children \_\_\_\_\_  
\_\_\_\_\_

### 2. Durable Power of Attorney

- a) Location \_\_\_\_\_
- b) Location of copies \_\_\_\_\_
- c) Date of last update \_\_\_\_\_
- d) Name and address of representative(s) \_\_\_\_\_

# Estate Planning List

---

## 3. Health Care Proxy

- a) Location \_\_\_\_\_
- b) Location of copies \_\_\_\_\_
- c) Date of last update \_\_\_\_\_
- d) Name and address of representative(s) \_\_\_\_\_

## 4. Living Will

- a) Location \_\_\_\_\_
- b) Location of copies \_\_\_\_\_
- c) Names of those who have copies \_\_\_\_\_  
\_\_\_\_\_

## 5. Life Insurance

- a) 

Company	Policy #	Beneficiary	Type of Insurance
_____	_____	_____	_____
_____	_____	_____	_____
- b) Location of policies \_\_\_\_\_
- c) Name, address, and telephone # of agent(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 6. Health Insurance

- a) 

Company	Policy #	Who is Covered	Type of Insurance
_____	_____	_____	_____
_____	_____	_____	_____
- b) Location of policies \_\_\_\_\_
- c) Name, address, and telephone # of agent(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Estate Planning List

---

## 7. Long-Term Care Insurance

- | a) | Company | Policy # | Beneficiary | Type of Insurance |
|----|---------|----------|-------------|-------------------|
|    | _____   | _____    | _____       | _____             |
- b) Location of policies \_\_\_\_\_
- c) Name, address, and telephone # of agent(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 8. Automobile Insurance

- | a) | Company | Policy # | Collision? | Comprehensive? |
|----|---------|----------|------------|----------------|
|    | _____   | _____    | _____      | _____          |
- b) Location of policies \_\_\_\_\_
- c) Name, address, and telephone # of agent(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 9. Liability and Property Insurance

- | a) | Company | Policy # | Property Insured | .     |
|----|---------|----------|------------------|-------|
|    | _____   | _____    | _____            | _____ |
- b) Location of policies \_\_\_\_\_
- c) Name, address, and telephone # of agent(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 10. Birth Certificate

- a) Location of originals \_\_\_\_\_
- b) Location of copies \_\_\_\_\_

## 11. Marriage License/Divorce Documents

- a) Location of originals \_\_\_\_\_
- b) Location of copies \_\_\_\_\_

# Estate Planning List

---

## 12. Military Records

- a) Location of originals \_\_\_\_\_
- b) Location of copies \_\_\_\_\_

## 13. Titles and Deeds to Property

- a) House:
  - 1) Location \_\_\_\_\_
  - 2) Location of copies \_\_\_\_\_
- b) Car:
  - 1) Location \_\_\_\_\_
  - 2) Location of copies \_\_\_\_\_
- c) Other property or real estate:
  - 1) Location \_\_\_\_\_
  - 2) Location of copies \_\_\_\_\_

## 14. Bank Records

Name/Address of Bank	Acct. Type	Acct. #	Record Location
_____			
_____			
_____			
_____			

## 15. Safe Deposit Box

Location	Box #	Who Has Access	Location of Keys
_____			
_____			

## 16. Valuables (jewelry, antiques, coins, art works, etc.)

Description	Appraised Value	Is Valuable Insured?	Location
_____			
_____			
_____			
_____			

## Estate Planning List

---

### 17. Investments (mutual funds, IRAs, CDs, checking accounts, TSAs, savings accounts, bonds, etc.)

Type	ID/Acct. #	Location of Papers	Agent or Broker
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### 18. Credit Cards and Charge Accounts

Name of Card/Store	ID/Acct. #	Who to Contact if Lost/Stolen
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### 19. Debts

Type	Owed to Whom	Payment Amount	Due Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### 20. Income Tax Information

Location of current tax year documents \_\_\_\_\_

Location of prior year tax returns \_\_\_\_\_

### 21. NYSTRS Retirement Benefit Information

NYSTRS EmplID (i.e., membership number): \_\_\_\_\_

Location of Profile Statement: \_\_\_\_\_

Call NYSTRS at (800) 348-7298 and use the applicable extension to report the death of a:  
Retiree: Ext. 6140 | Benefit Recipient: Ext. 6150 | Active Member: Ext. 6110

# Estate Planning List

---

## 22. Other Retirement Benefit Information

	<b>Location of Statement</b>	<b>Beneficiary</b>	<b>Contact #</b>
a)	Social Security _____	_____	_____
b)	Other _____	_____	_____
c)	Other _____	_____	_____

## 23. Professional or Financial Advisors

<b>Company/Firm</b>	<b>Contact Person</b>	<b>Address</b>	<b>Phone Number</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 24. Funeral and Burial Arrangements

Funeral Home: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Cemetery or Other Burial Arrangements: \_\_\_\_\_