

# Saidis Flower & Lindsay

*We built our reputation one client at a time.*

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Camp Hill, PA 17011  
717-737-3405

26 West High Street  
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717-243-6222

223 Lincoln Way East  
Chambersburg, PA 17201  
717-264-1100

## ESTATE PLANNING CHECK LIST

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Saidis, Flower & Lindsay is providing this form to assist with your estate planning needs. This form will assist in maintaining an inventory of your contacts, insurance information, funeral arrangements as well as a list of your assets and liabilities.

As you complete and use this checklist, please remember to store it, as well as any documents you are using to complete it, in a secure location. For more information, or to speak with an attorney, please call Saidis, Flower & Lindsay at 717-243-6222.

## PROFESSIONALS

### BANKER

Name \_\_\_\_\_  
Institution \_\_\_\_\_  
Phone Number \_\_\_\_\_

### ACCOUNTANT

Name \_\_\_\_\_  
Institution \_\_\_\_\_  
Phone Number \_\_\_\_\_

### FINANCIAL ADVISOR

Name \_\_\_\_\_  
Institution \_\_\_\_\_  
Phone Number \_\_\_\_\_

### ATTORNEY

Name \_\_\_\_\_  
Institution \_\_\_\_\_  
Phone Number \_\_\_\_\_

### PRIMARY CARE PHYSICIAN

Name \_\_\_\_\_  
Institution \_\_\_\_\_  
Phone Number \_\_\_\_\_

### OTHER:

# INSURANCE

## EMPLOYER INSURANCE COVERAGE

Insurance Provider \_\_\_\_\_  
Type of Insurance \_\_\_\_\_  
Account Number \_\_\_\_\_

Beneficiary \_\_\_\_\_  
Pays Upon Death Disability \_\_\_\_\_  
Total Payout \_\_\_\_\_

## LIFE

Insurance Provider \_\_\_\_\_  
Account Number \_\_\_\_\_  
Beneficiary \_\_\_\_\_  
Total Payout \_\_\_\_\_

## DISABILITY

Insurance Provider \_\_\_\_\_  
Account Number \_\_\_\_\_  
Beneficiary \_\_\_\_\_  
Total Payout \_\_\_\_\_

## PROPERTY/CASUALTY

Item Insured \_\_\_\_\_  
Insurance Provider \_\_\_\_\_  
Account Number \_\_\_\_\_  
Amount Insured \_\_\_\_\_

Item Insured \_\_\_\_\_  
Insurance Provider \_\_\_\_\_  
Account Number \_\_\_\_\_  
Amount Insured \_\_\_\_\_

## OTHER:

# ARRANGEMENTS

## FUNERAL HOME

Name of Facility \_\_\_\_\_  
Contact \_\_\_\_\_  
Phone Number \_\_\_\_\_

## FUNERAL INSURANCE

Insurance Provider \_\_\_\_\_  
Account Number \_\_\_\_\_  
Beneficiary \_\_\_\_\_  
Total Payout \_\_\_\_\_

## BURIAL PLOT

Name of Cemetery \_\_\_\_\_  
Location \_\_\_\_\_  
Contact \_\_\_\_\_  
Phone Number \_\_\_\_\_

## EXECUTOR

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_

## HEIRS AND CONTACTS

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone Number \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone Number \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone Number \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone Number \_\_\_\_\_

# ASSETS AND LIABILITIES

## ACCOUNTS

### CHECKING ACCOUNTS

Financial Institution \_\_\_\_\_  
Account number \_\_\_\_\_  
Average balance \_\_\_\_\_  
Jointly Owned Y \_\_\_ N \_\_\_

Financial Institution \_\_\_\_\_  
Account number \_\_\_\_\_  
Average balance \_\_\_\_\_  
Jointly Owned Y \_\_\_ N \_\_\_

### SAVINGS ACCOUNTS

Financial Institution \_\_\_\_\_  
Account number \_\_\_\_\_  
Current balance \_\_\_\_\_  
Jointly Owned Y \_\_\_ N \_\_\_

Financial Institution \_\_\_\_\_  
Account number \_\_\_\_\_  
Current balance \_\_\_\_\_  
Jointly Owned Y \_\_\_ N \_\_\_

### CDS

Financial Institution \_\_\_\_\_  
Account number \_\_\_\_\_  
Current balance \_\_\_\_\_  
Jointly Owned Y \_\_\_ N \_\_\_

Financial Institution \_\_\_\_\_  
Account number \_\_\_\_\_  
Current balance \_\_\_\_\_  
Jointly Owned Y \_\_\_ N \_\_\_

### MONEY MARKET ACCOUNTS

Financial Institution \_\_\_\_\_  
Account number \_\_\_\_\_  
Current balance \_\_\_\_\_  
Jointly Owned Y \_\_\_ N \_\_\_

Financial Institution \_\_\_\_\_  
Account number \_\_\_\_\_  
Current balance \_\_\_\_\_  
Jointly Owned Y \_\_\_ N \_\_\_

### SAFE DEPOSIT BOX

Financial Institution \_\_\_\_\_  
Account Number \_\_\_\_\_  
Location \_\_\_\_\_  
Location of key \_\_\_\_\_  
Contents \_\_\_\_\_  
\_\_\_\_\_

Financial Institution \_\_\_\_\_  
Account Number \_\_\_\_\_  
Location \_\_\_\_\_  
Location of key \_\_\_\_\_  
Contents \_\_\_\_\_  
\_\_\_\_\_

### HOME EQUITY LINE OF CREDIT

Home \_\_\_\_\_  
Lender \_\_\_\_\_

Current Debt \_\_\_\_\_

### CREDIT CARDS

Account Number \_\_\_\_\_  
Current Debt \_\_\_\_\_

Card Issuer \_\_\_\_\_

Account Number \_\_\_\_\_  
Current Debt \_\_\_\_\_

Card Issuer \_\_\_\_\_

# PROPERTY

## HOME NO. 1

Location \_\_\_\_\_  
Approximate Value \_\_\_\_\_  
Mortgage Lender \_\_\_\_\_

Current Debt \_\_\_\_\_

## HOME NO. 2

Location \_\_\_\_\_  
Mortgage Lender \_\_\_\_\_  
Approximate Value \_\_\_\_\_

Current Debt \_\_\_\_\_

## VEHICLES

Vehicle 1 \_\_\_\_\_  
Current Value \_\_\_\_\_  
Remaining Debt? \_\_\_ Yes \_\_\_ No  
Lender \_\_\_\_\_

Current Debt \_\_\_\_\_

Vehicle 2 \_\_\_\_\_  
Current Value \_\_\_\_\_  
Remaining Debt? \_\_\_ Yes \_\_\_ No  
Lender \_\_\_\_\_

Current Debt \_\_\_\_\_

\_\_\_ Boat \_\_\_ Plane \_\_\_ Classic Car  
Current Value \_\_\_\_\_  
Remaining Debt? \_\_\_ Yes \_\_\_ No  
Lender \_\_\_\_\_

Current Debt \_\_\_\_\_

## OTHER:

## Investments

### RETIREMENT PLANS

#### 401/403 EMPLOYER PLANS

Account Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Current Assets \_\_\_\_\_  
Beneficiary \_\_\_\_\_

Jointly Owned Y \_\_\_ N \_\_\_

#### PENSION

Account Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Current Assets \_\_\_\_\_  
Beneficiary \_\_\_\_\_

Jointly Owned Y \_\_\_ N \_\_\_

**STOCK OPTIONS**

Account Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Current Assets \_\_\_\_\_  
Beneficiary \_\_\_\_\_  
Jointly Owned Y \_\_\_ N \_\_\_

**EDUCATIONAL ACCOUNTS**

Account Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Current Assets \_\_\_\_\_  
Beneficiary \_\_\_\_\_  
Current Assets \_\_\_\_\_  
Account Type \_\_\_\_\_  
Jointly Owned Y \_\_\_ N \_\_\_

**INDIVIDUAL STOCKS**

Stock Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Beneficiary \_\_\_\_\_  
Current Value \_\_\_\_\_  
Jointly Owned Y \_\_\_ N \_\_\_

**SAVINGS BONDS**

Account Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Interest Rate \_\_\_\_\_  
Years until maturity \_\_\_\_\_  
Jointly Owned Y \_\_\_ N \_\_\_

**OTHER:**

**OTHER**

Account Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Current Assets \_\_\_\_\_  
Beneficiary \_\_\_\_\_  
Jointly Owned Y \_\_\_ N \_\_\_

Account Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Current Assets \_\_\_\_\_  
Beneficiary \_\_\_\_\_  
Current Assets \_\_\_\_\_  
Account Type \_\_\_\_\_  
Jointly Owned Y \_\_\_ N \_\_\_

Stock Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Beneficiary \_\_\_\_\_  
Current Value \_\_\_\_\_  
Jointly Owned Y \_\_\_ N \_\_\_

Account Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Interest Rate \_\_\_\_\_  
Years until maturity \_\_\_\_\_  
Jointly Owned Y \_\_\_ N \_\_\_