



OLD NORTH STATE TRUST, LLC

Part of a Legacy Plan is to have a list of where you store important records, papers, and names of who your primary contacts are for all your advisors, banks, etc. This list will assist your loved ones/ advisors in the event of your death or disability. Keep this list with all your other important documents. Remember to update at least once a year for any changes. Attach additional documents or notations to the back of this packet.

DATE:

PERSONAL INFORMATION	
Name (First, Middle, Last)	
Address	
City, State, Zip Code	
Phone Number	
Social Security Number	
Date of Birth	Place of Birth
Spouse/ Partner	
Military Service	Branch
Service Number	Length of Service (From-To)
Rank	Do you have a Service-connected Disability?
Military Documents	Location of Documents

CHILDREN/BENEFICIARIES

Name	Age	Relationship	% of Estate

PERSONAL ADVISORS

Attorney		Account Number:
Name	Firm Name	
Address	Address	
Phone Number(s)		
Tax Preparer		Account Number:
Name	Firm Name	
Address	Address	
Phone Number(s)		
Trust Advisor		Account Number:
Name	Firm Name	
Address	Address	
Phone Number(s)		

Financial Advisor		Account Number:	
Name		Firm Name	
Address		Address	
Phone Number(s)			

ONLINE ACCOUNTS			
Company	Website Address (URL)	Username	Password
Notes			

BANKING *(checking, savings, CD's, etc.)*

Bank Name	Type of Account	Account Number

Notes: *(Remember to include safe deposit box items, beneficiaries' names, location of checkbooks and statements and/or any special instructions in the Notes area.)*

WORK INFORMATION	
Employer Name	Address
Phone #	Manager Name
401k Plan	Disability
Annuities	IRA
Roth IRA	Pension
Notes:	

BUSINESS INTERESTS <i>(Proprietorship, Partnership, Corporation)</i>	
Name/Description	Source of Ownership
Notes:	

DOCUMENTS			
Will	<i>Location</i>	<i>Copy</i>	<i>Original</i>
	<i>Attorney Firm</i>	<i>Executor</i>	<i>Alt. Executor</i>
Notes:			
Trust(s)	<i>Location</i>	<i>Copy</i>	<i>Original</i>
	<i>Attorney Firm/ Bank/ Trust Company</i>	<i>Trust created In the Will</i>	<i>Or is separate instrument</i>
Notes: (see Trust agreement for details)			
Insurance	<i>Agent</i>	<i>Firm</i>	<i>Phone #/Email</i>
Medical Insurance			
Homeowners Insurance			
Auto Insurance			
Wind/Hail Insurance			
Flood Insurance			
Other			
Notes:			

LIFE INSURANCE POLICIES				
<i>Company</i>	<i>Policy #</i>	<i>Face Amount \$</i>	<i>Loan Balance \$</i>	<i>Net Amount Due You \$</i>
Notes:				

Other Important Documents and Items	
<i>Document</i>	<i>Location</i>
Durable Power of Attorney	
Health Care Directives	
Investment Papers (<i>i.e., Stocks/ Bonds/Securities/Mutual Funds</i>)	
Deed to House(s)	
Inventory of Household Items/Antiques/Heirlooms/Jewelry/Cash	
Automobile Titles/ Registrations	
Birth Certificate/ Adoption Records	
Income Tax Records	
Keys to Safe Deposit Box, Homes, Cars, etc.	
Military Records/ Papers	
Naturalization/ Citizenship Papers	
Patents & Copyrights	
Title Insurance	
Death Certificate for Spouse/ Relatives	
Veterans' Administration Information	
Social Security Cards	
Person(s) with Keys to House	
Retirement Account Papers (<i>IRAs, annuities</i>)	
Insurance Policies (<i>Home, Vehicles, Property, Casualty</i>)	
Divorce/Separation Papers	
Marriage Certificate	

REAL ESTATE HOLDINGS				
<i>Nature of Title (Joint Ownership, Tenants-in- common)</i>	<i>Mortgage Balance</i>	<i>Date of Purchase</i>	<i>Cost</i>	<i>Approximate Value</i>
Notes: The file where more information is kept about this property is located:				

EMPLOYMENT RECORD		
<i>Dates (From-To)</i>	<i>Name of Employer</i>	<i>Approximate Annual Income</i>

DEBTS

Debts Owed Me

<i>Description</i>	<i>Terms</i>	<i>Present Balance</i>	<i>Location of Documents</i>

Notes:

Debts I Owe

<i>Description</i>	<i>Terms</i>	<i>Present Balance</i>	<i>Location of Documents</i>

Notes:

INCOME	
Monthly Income	Amount
Retirement income	
Investment Income	
Your Salary	
Other Income	
Social Security Payments	
TOTAL INCOME	
Monthly Expenses	Amount
Mortgage or rental (<i>insurance & taxes, too</i>)	
Utilities	
Household/Yard/Furnishings	
Auto Expenses (<i>including insurance, repair, license</i>)	
Clothing & Personal Care	
Education	
Charitable Contributions	
Gifts & Allowances	
Medical, Vision & Dental Expenses	
Specialty Doctors/ Procedures (<i>not covered by insurance</i>)	
Vacation/ Recreation (<i>Boats, Marinas, Gyms, etc.</i>)	
Life Insurance	
Credit Card Payments	
Cable & Internet	
Mobile Devices	
Other	
TOTAL EXPENSES	

LIST OF PASSWORDS: (Passwords to my computer, online accounts, Social Media, Etc.)

<i>Website</i>	<i>Username</i>	<i>Password</i>	<i>Security Question</i>

LIST OF PREFERRED PROVIDERS (Doctors, Dentist, Etc.)			
<i>Name</i>	<i>Address</i>	<i>Phone Number</i>	<i>Account Number</i>

FUNERAL INSTRUCTIONS <i>(Answer Yes, No, N/A, or with details)</i>				
Funeral Home:		Address:		Phone:
I direct that my body be used for medical purposes as follows:				
I request to have a postmortem examination.				
Service Details <i>(can add more details below or attach)</i>	<i>Location</i>	<i>Officiator</i>	<i>Music</i>	<i>Other</i>
I direct cremation of remains.	<i>No Ashes to remain:</i>			
	<i>Disposition of ashes as follows:</i>			
I desire a funeral with remains present:	<i>Closed or Open Casket</i> <i>Special Instructions:</i>			
I request burial in the following manner:				
	<i>Place of burial:</i> <i>Address:</i>			
I wish a Memorial Service with no casket present.	<i>Details of Service:</i>			
I request that Memorial Gifts be given to the following Charitable Institution(s):	<i>Name</i>		<i>Address</i>	

SUGGESTIONS AND OTHER DETAILS TO CONSIDER

Make sure to put this document in a safe place and/or with your Will.

Photocopy contents of wallet and/or any credit cards and attach with this document. Notify credit card companies of death.

When requesting death certificates, ask for several copies (*i.e. 5-10*) depending on how many institutions you need to notify of death. Usually, you will need one for Social Security, financial institutions, banks, vehicle information (*DMV*), 401k Retirement Plans, and Life Insurance companies.

To receive Social Security benefits, you will need to contact the Social Security Office to make an appointment. **Take care of this promptly**, because if you delay, you may miss some benefits. You will need to bring with you: Your Social Security Card, Death Certificate, Birth certificate for each of the children under 18 years of age or those attending college under the age of 22, Marriage certificate, and your birth certificate.

If you are eligible to receive survivors' veteran benefits, contact US Department of Veterans Affairs. Website: <http://www.va.gov/> Contact: <https://iris.custhelp.com/> Local Offices: <https://www.va.gov/directory/guide/home.asp> Forms: <https://www.va.gov/vaforms/> Main Address: 810 Vermont Ave., NW, Washington, DC 20420 or 1-800-827-1000

Contact your Voter's Registration office to have the deceased name taken off the register.

PLEASE LIST ANY OTHER INFORMATION OR INSTRUCTIONS NOT COVERED BY THIS DOCUMENT THUS FAR. AS ALWAYS, ONE OF OUR PROFESSIONALS AT ONST WOULD BE HAPPY TO ASSIST YOU WITH YOUR LEGACY PLANNING.

Empty box for listing other information or instructions.

