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Peace of Mind Box Checklist

The following is a list of documents that I recommend for your Peace of Mind Box. Inform a trusted heir or heirs of its whereabouts, and how to access the box.

- ☐ Birth Certificate(s) for everyone in the household
- ☐ Marriage Certificate
- ☐ Social Security cards
- ☐ Copies of all health insurance cards
- ☐ Military records
- ☐ Funeral instructions
- ☐ Tax returns
- ☐ Mortgage/Deed documentation
- ☐ Estate planning documents, including:
 - Will
 - Trust
 - Power of Attorney
- ☐ Safe deposit box information
- ☐ Information for all of your financial accounts, including:
 - Account numbers
 - Name of bank or other financial institution
 - Online login information, including passwords
 - Credit and debit card information, including card number
 - A recent monthly or quarterly statement from each account
- ☐ Life insurance policy information, including:
 - Name and contact information of company
 - Copy of the policy showing death benefit and policy number
 - Beneficiaries listed on the policy
- ☐ Letters that you may want your loved ones to receive

OWNER #1 INFORMATION

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

OWNER #2 INFORMATION

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

***In order to specify ownership of the following assets, write a "1" (Owner #1), "2" (Owner #2), or "J" (Joint Ownership) next to each one**

BANKS

| Bank | Checking Acct # | Savings Acct # | Login User Name | Password |
|-------|-----------------|----------------|-----------------|----------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

LOANS

| Bank | Loan Acct # | Monthly Payment | Due Date |
|-------|-------------|-----------------|----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

CREDIT CARDS

| Company | Account # | Due Date | Login User Name | Password |
|---------|-----------|----------|-----------------|----------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

INVESTMENTS

| Financial Institution | Type of Investment | Account # | Login User Name | Password |
|-----------------------|--------------------|-----------|-----------------|----------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

CASH ASSETS

Certificates of Deposit / Savings Bonds / Other

| Company | Type of Account | Account # | Login User Name | Password |
|---------|-----------------|-----------|-----------------|----------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

INSURANCE POLICIES

Policy #1

| Company | Policy # | Owner | Insured | Death Benefit |
|---------|----------|-------|---------|---------------|
|---------|----------|-------|---------|---------------|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|-------|

| | | | | |
|---------------|--|--|--|--|
| Beneficiaries | | | | |
|---------------|--|--|--|--|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|-------|

Policy #2

| Company | Policy # | Owner | Insured | Death Benefit |
|---------|----------|-------|---------|---------------|
|---------|----------|-------|---------|---------------|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|-------|

| | | | | |
|---------------|--|--|--|--|
| Beneficiaries | | | | |
|---------------|--|--|--|--|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|-------|

Policy #3

| Company | Policy # | Owner | Insured | Death Benefit |
|---------|----------|-------|---------|---------------|
|---------|----------|-------|---------|---------------|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|-------|

| | | | | |
|---------------|--|--|--|--|
| Beneficiaries | | | | |
|---------------|--|--|--|--|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|-------|

Policy #4

| Company | Policy # | Owner | Insured | Death Benefit |
|---------|----------|-------|---------|---------------|
|---------|----------|-------|---------|---------------|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|-------|

| | | | | |
|---------------|--|--|--|--|
| Beneficiaries | | | | |
|---------------|--|--|--|--|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|-------|

STOCKS

[illegible]

MUTUAL FUNDS

[illegible]

REAL ESTATE

List each piece of real estate by address

VEHICLES

Automobiles, trucks, and recreational vehicles

OTHER

[illegible]

BENEFICIARIES

Beneficiaries of specific gifts in your Will

Item: _____

Beneficiary(ies): _____

Address(es): _____

Alternate Beneficiary(ies): _____

Address(es): _____

Item: _____

Beneficiary(ies): _____

Address(es): _____

Alternate Beneficiary(ies): _____

Address(es): _____

Item: _____

Beneficiary(ies): _____

Address(es): _____

Alternate Beneficiary(ies): _____

Address(es): _____

Item: _____

Beneficiary(ies): _____

Address(es): _____

Alternate Beneficiary(ies): _____

Address(es): _____

BENEFICIARIES (continued)

Item: _____

Beneficiary(ies): _____

Address(es): _____

Alternate Beneficiary(ies): _____

Address(es): _____

Item: _____

Beneficiary(ies): _____

Address(es): _____

Alternate Beneficiary(ies): _____

Address(es): _____

Item: _____

Beneficiary(ies): _____

Address(es): _____

Alternate Beneficiary(ies): _____

Address(es): _____

Item: _____

Beneficiary(ies): _____

Address(es): _____

Alternate Beneficiary(ies): _____

Address(es): _____

LOCATION OF LEGAL DOCUMENTS

Will (Date of Will): _____

Power of Attorney (Date of POA): _____

Passport: _____

Marriage Certificate: _____

Living Will / Health-Care Directive: _____

Birth Certificate: _____

Organ Donor / Anatomical-Gift Statement: _____

Trust Agreements: _____

Letters of Instruction: _____

Prenuptial Agreement: _____

Divorce/Separation Papers: _____