



ESTATE PLANNING WORKBOOK

Plan today. Provide peace of mind tomorrow.

A step-by-step guide for the military community to help the people you love quickly access important information during critical moments



Before you begin

To the person completing this workbook:

The following pages will help your loved ones find important information when it matters most.

Use this workbook to organize key contacts, document locations, account details and important preferences in one place.

You can complete it all at once or one section at a time. Each part you fill out today can make things easier for your loved ones later.

To the person receiving this workbook:

These forms were completed in advance to help answer immediate questions – who to contact, where important information is kept and what may need attention first.

Take this one piece at a time. Start with “In the First 72 Hours,” then move through the rest as you’re able.

How to use this workbook

This workbook is designed to help you organize information about your estate, but it is not a legal, tax or financial document and does not replace properly prepared legal paperwork. Because laws vary by state and personal situation, we encourage you to work with a qualified attorney or advisor to put the appropriate documents in place.

Priority key

Every section in this packet is marked with one of these symbols to help you focus on what matters most.

- **CRITICAL** – **Essential information** or documents needed to legally implement your estate plan and avoid delays or disputes
- ✦ **IMPORTANT** – **Strongly recommended details** that help your loved ones act quickly, reduce confusion and manage your affairs smoothly
- ◆ **HELPFUL** – **Additional guidance** that communicates personal wishes, values and practical details to support thoughtful decision-making

Password safety

Do NOT store passwords in this workbook. Instead, write where your loved ones can find the access instructions (for example: password manager provider, emergency kit location or a secured written list location).

Printing and storage

Save a password-protected digital copy for yourself and print a single-sided copy for your loved one. Store it in a secure place (home safe, fireproof box or locked cabinet) and let your primary contact know where it is and how to access it (see page 49).

Storage location of this workbook:

How to access (key/combination/who has it):

Who knows this location (names):

Keep it current

Review your information annually and after major life changes such as: marriage/divorce, new child, move/PCS, new home, retirement, new accounts, new insurance, major health changes.

Yearly review checklist

- | | | |
|--|---|---|
| <input type="checkbox"/> Beneficiaries reviewed | <input type="checkbox"/> Insurance reviewed | <input type="checkbox"/> Powers of attorney current |
| <input type="checkbox"/> Address and contacts updated | <input type="checkbox"/> New accounts added | |
| <input type="checkbox"/> Devices/two-factor authentication updated | <input type="checkbox"/> Attachments updated (if any) | |

Dates

Last updated:

Next review:

Need more space?

If your text exceeds the space shown, continue in **Additional Notes** at the bottom of each page or end of each section.



What's inside

In the First 72 Hours

Immediate calls, key documents and first actions

Section 1 ■ Foundation

Your identity, contacts and location of important documents

Section 2 ■ Protection

Your will, powers of attorney, medical directives and insurance

Section 3 ■ Assets

Accounts, investments, retirement, property, vehicles, debts and bills

Section 4 ■ Access

Digital life, devices and where to find access instructions

Section 5 ■ Legacy

Final wishes, funeral preferences, heirlooms and personal messages

In the first 72 hours

Who to Call First ● CRITICAL • ⌚ 10-15 minutes to fill out

Primary contact (spouse/partner)	Executor/personal representative
Attorney (estate/family)	Funeral home (if prearranged)
Unit command	Service branch casualty assistance officer (Contact numbers are listed at https://www.militaryonesource.mil/benefits/casualty-assistance . If a service member dies on active duty, a CAO is assigned.)
Civilian employer human resources (if applicable)	

Who to Call First information completed on this date:

Person Authorized to Direct Disposition of Remains (Service Members Only)

● CRITICAL • ⌚ 5-10 minutes to fill out

Must match your Record of Emergency Data (DD Form 93)

List PADD's name and contact info
Location of your copy of the Record of Emergency Data (DD Form 93)

PADD information completed on this date:

Guardianship and Pet Care • CRITICAL • ⌚ 10-15 minutes to fill out

Desires for guardianship of my children (if applicable) – location for guardianship arrangements	
Desires for pet care (if applicable) – location for pet care arrangements	

Guardianship and Pet Care information completed on this date:

Location of Original Documents • CRITICAL • ⌚ 10-15 minutes to fill out

Will/trust <i>Location</i>	
Powers of attorney <i>Location</i>	
Advance directive/living will/do not resuscitate <i>Location</i>	
Life insurance policies <i>Location</i>	
Safe/combination/key <i>Location and access info</i>	
Safe-deposit box <i>Bank, branch, box number</i>	
Password manager access <i>Where instructions are stored</i>	
Storage unit(s) <i>Company, location, unit number and access info</i>	
Security system <i>Provider and where codes/instructions are stored</i>	
Computers and electronic devices <i>What devices exist and where stored</i>	

Location of Original Documents information completed on this date:

ADDITIONAL NOTES

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Immediate Notifications

Once the death certificate has been certified, your loved one should notify the following:

- Social Security Administration: 800-772-1213 or <https://www.ssa.gov/personal-record/when-someone-dies>
- Veterans Affairs (if applicable): 800-827-1000 or <https://www.va.gov/survivors>
- Defense Finance and Accounting Service: 888-332-7411 or <https://www.dfas.mil/RetiredMilitary>
- Banks, insurers and investment accounts
- Schools, child care, caregivers (if minor children are affected)

Consider ordering at least 10-15 certified death certificates. Most institutions require originals not copies.

Calls/Claims Log

Use this log to track calls made.

Institution/ contact	Phone/ website	Date	Reference or case number	Next steps

A large, empty rectangular box with a thin grey border, occupying most of the page. It is intended for the user to write additional notes related to the content of the workbook.

SECTION 1: FOUNDATION

WHO I AM

This information is needed for almost every form, notification and claim your loved ones will file.

Before you start, gather these:

- Driver's license/state ID/military ID
- Passport
- Social Security card
- Primary contact list

Basic Identity • **CRITICAL** • 🕒 10 minutes to fill out

My full legal name	Exact name on birth certificate
Date and location of birth	Location of original birth certificate
Exact name on Social Security account	My Social Security number
My address and phone numbers	My military identification number
Location of current passport	Location of voter registration card

Basic Identity information completed on this date:

ADDITIONAL NOTES

Names and Identity History ● CRITICAL • ⌚ 10-15 minutes to fill out

Why it matters: If your name appears differently across documents (middle initial, maiden name, hyphenation), note every version. Small differences can slow claims.

List of all prior names, legal or otherwise	Any other nicknames you have gone by
Prior names from marriages and dates	Dates of any name changes
Name changes of children	Parents' names (include mother's maiden name)

Names and Identity History completed on this date:

ADDITIONAL NOTES

Military Service ♦ IMPORTANT • ⌚ 5-10 minutes to fill out

Service status	Service branch
Installation	Unit

Military Service information completed on this date:

Citizenship and Adoption (if applicable) ♦ IMPORTANT • ⌚ 5-10 minutes to fill out

Why it matters: These records may be required for benefits, identity verification and legal matters.

Brief summary of citizenship history	Location of naturalization records
Location of citizenship records	Brief summary of adoption
Location of adoption records	

Citizenship and Adoption information completed on this date:

ADDITIONAL NOTES

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Marriages and Divorces ● CRITICAL • ⌚ 10-15 minutes to fill out

Why it matters: Marriage and divorce documents are often needed for survivor benefits and legal claims.

Spouse's name, address and phone numbers	Past spouse's name, address and phone numbers
Date(s) of marriage(s)	Location of marriage certificate(s)
Date(s) of divorce(s)	Location of divorce records
Spouse's parents' names	Past spouse's parents' names

Marriages and Divorces information completed on this date:

Key Contacts ● CRITICAL • ⌚ 10 minutes to fill out

Why it matters: Having these contacts in one place saves time and reduces stress.

Physician(s) – names, addresses, phone numbers and specialty
Accountant(s) – names, addresses, phone numbers and description of services used

Key Contacts information completed on this date:

Legal Document Lists (Attorney) ♦ IMPORTANT • ⌚ 5-10 minutes to fill out

Why it matters: If documents are with an attorney, your family needs to know what exists and where.

Executor of will – name, address and phone numbers	Attorneys – names, addresses, phone numbers
List of important documents drawn by attorney	List of original documents in attorney's possession
List and location of legal documents that are not included in this workbook	

Legal Document Lists information completed on this date:

ADDITIONAL NOTES

Section 1: **Foundation Completed**

SECTION 2: PROTECTION

HOW I'M COVERED

This section covers legal documents and insurance policies that protect your family.

Before you start, gather these:

- ❑ Will and/or trust (and the exact location of the original)
- ❑ Financial power of attorney/medical power of attorney/health care proxy
- ❑ Insurance policies or your benefits summary (life, health, home, auto)
- ❑ Civilian employer HR/benefits contact information (if applicable)
- ❑ Advance directive/living will and any DNR or Physician Orders for Life-Sustaining Treatment

Last Will and Testament ● CRITICAL • ⌚ 5 minutes to fill out

Why it matters: The original will must be located to begin the legal process.

Location of original document	Location of copies
Preparer of document	Date latest version was signed
Details about any addendums	

Last Will and Testament information completed on this date:

Living Will ● CRITICAL • ⌚ 5 minutes to fill out

Why it matters: This helps ensure your medical wishes are known.

Location of original document	Location of copies
Preparer of document	Date latest version was signed
Brief summary of important document details	

Living Will information completed on this date:

ADDITIONAL NOTES

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Medical Orders ● CRITICAL • ⌚ 5 minutes to fill out

Why it matters: These documents may be needed quickly in a medical emergency.

Physician Orders for Life-Sustaining Treatment – location of order

Do not resuscitate order – location of DNR order

Medical Orders information completed on this date:

Powers of Attorney ● CRITICAL • ⌚ 5-10 minutes to fill out

Why it matters: These documents allow your chosen person to act on your behalf if you become incapacitated.

Location of original document	Location of copies
Type (general, special, limited, durable, springing, termination, financial, medical)	Brief summary of important document details
Preparer of document	
Revocation orders or rescinding of POAs on file	Date latest version was signed

Powers of Attorney information completed on this date:

ADDITIONAL NOTES

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Insurance Policies ● CRITICAL • ⌚ 15-20 minutes to fill out

Why it matters: Your family needs policy details so they can file claims and maintain coverage.

Life Insurance Policies

Insurance company name, phone number	Insurance agent name, phone number
Policy account number	Brief description of policy details
Location of original policy papers	Name of beneficiary

Life Insurance Policies information completed on this date:

Disability Insurance

Insurance company name, phone number	Insurance agent name, phone number
Policy account number	Brief description of policy details
Location of original policy papers	

Disability Insurance information completed on this date:

Empty space for additional notes.

Section 2: **Protection Completed**

SECTION 3: ASSETS

WHAT I HAVE

This section catalogs your accounts, assets, liabilities and key records.

Before you start, gather these:

- Recent bank statements (checking and savings)
- Mortgage statement and deed/closing paperwork (for any real estate you own)
- Vehicle titles/registrations and any loan information
- Credit card statements and a list of recurring bills/autopays
- Most recent tax return (and location of past returns)
- Military discharge papers/DD-214
- Pension or Social Security statements
- List of memberships (unions, clubs, professional organizations)
- Retirement and brokerage statements (401(k), individual retirement accounts, investment accounts)

Checking and Savings Accounts • CRITICAL • ⌚ 10 minutes to fill out

Bank Account 1

Bank/credit union name, address, phone number	
Account types	
Name(s) on each account	
Account numbers	
Date each account was opened	
Location of statements and blank checks	

Bank Account 1 information completed on this date:

Bank Account 2

Bank/credit union name, address, phone number	
Account types	
Name(s) on each account	
Account numbers	
Date each account was opened	
Location of statements and blank checks	

Bank Account 2 information completed on this date:

ADDITIONAL NOTES

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Bank Account 3

Bank/credit union name, address, phone number	
Account types	
Name(s) on each account	
Account numbers	
Date each account was opened	
Location of statements and blank checks	

Bank Account 3 information completed on this date:

Bank Account 4

Bank/credit union name, address, phone number	
Account types	
Name(s) on each account	
Account numbers	
Date each account was opened	
Location of statements and blank checks	

Bank Account 4 information completed on this date:

ADDITIONAL NOTES

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Bank Account 5

Bank/credit union name, address, phone number	
Account types	
Name(s) on each account	
Account numbers	
Date each account was opened	
Location of statements and blank checks	

Bank Account 5 information completed on this date:

Bank Account 6

Bank/credit union name, address, phone number	
Account types	
Name(s) on each account	
Account numbers	
Date each account was opened	
Location of statements and blank checks	

Bank Account 6 information completed on this date:

ADDITIONAL NOTES

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Investments (Including Retirement Accounts and Annuities)

● **CRITICAL** • 🕒 15-20 minutes to fill out

Investment Account 1

Account type(s)	
Account number(s)	
Name(s) on account	
Approximate value	
Beneficiary	
Location of statements	

Account 1 information completed on this date:

Investment Account 2

Account type(s)	
Account number(s)	
Name(s) on account	
Approximate value	
Beneficiary	
Location of statements	

Account 2 information completed on this date:

ADDITIONAL NOTES

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Investment Account 3

Account type(s)	
Account number(s)	
Name(s) on account	
Approximate value	
Beneficiary	
Location of statements	

Account 3 information completed on this date:

Investment Account 4

Account type(s)	
Account number(s)	
Name(s) on account	
Approximate value	
Beneficiary	
Location of statements	

Account 4 information completed on this date:

ADDITIONAL NOTES

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Loan 1

Brief description of loan (original date, amount, terms)	
Lending institution name, address, phone number	
Account numbers	
Exact name(s) on account	
Loan/credit line type (e.g., personal loan, home equity line of credit, line of credit)	
Approximate current balance	
Payment method (autopay? from which account?)	

Loan 1 information completed on this date:

Loan 2

Brief description of loan (original date, amount, terms)	
Lending institution name, address, phone number	
Account numbers	
Exact name(s) on account	
Loan/credit line type (e.g., personal loan, HELOC, line of credit)	
Approximate current balance	
Payment method (autopay? from which account?)	

Loan 2 information completed on this date:

ADDITIONAL NOTES

Loan 3

Brief description of loan (original date, amount, terms)	
Lending institution name, address, phone number	
Account numbers	
Exact name(s) on account	
Loan/credit line type (e.g., personal loan, HELOC, line of credit)	
Approximate current balance	
Payment method (autopay? from which account?)	

Loan 3 information completed on this date:

Loan 4

Brief description of loan (original date, amount, terms)	
Lending institution name, address, phone number	
Account numbers	
Exact name(s) on account	
Loan/credit line type (e.g., personal loan, HELOC, line of credit)	
Approximate current balance	
Payment method (autopay? from which account?)	

Loan 4 information completed on this date:

ADDITIONAL NOTES

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Motor Vehicles (Including Boats, etc.) ♦ IMPORTANT • ⌚ 10-15 minutes to fill out

Vehicle 1

Description	
Vehicle identification number and plate information	
Location of original title or lien holder information	
Location of maintenance records	
Location of registration	

Motor Vehicle 1 information completed on this date:

Vehicle 2

Description	
Vehicle identification number and plate information	
Location of original title or lien holder information	
Location of maintenance records	
Location of registration	

Motor Vehicle 2 information completed on this date:

Vehicle 3

Description	
Vehicle identification number and plate information	
Location of original title or lien holder information	
Location of maintenance records	
Location of registration	

Motor Vehicle 3 information completed on this date:

Credit Lines ◆ **IMPORTANT** • ⌚ 5-10 minutes to fill out

Lending institution name, address, phone number	Account numbers
Exact name(s) on account	Location of paperwork

Credit Lines information completed on this date:

Real Estate ◆ **IMPORTANT** • ⌚ 15-25 minutes to fill out

List of real estate holdings, rental properties and timeshares	Location of records
Names of any brokers, partners, corporations and other important contacts	Mortgage/rent

Real Estate information completed on this date:

Creditors and Liabilities ◆ **IMPORTANT** • ⌚ 10-15 minutes to fill out

Utility companies (electricity, gas, water, sewer, garbage)	Internet, cable TV, satellite, cellphone, landline
Streaming services	Credit cards
Child care/school	

Creditors and Liabilities information completed on this date:

Military Service

Brief description of service	Ranks, awards
Brief description of any ongoing benefits	Location of military records (including discharge papers)
Veterans benefits – location of Veterans Affairs records	

Military Service information completed on this date:

Pension

Brief description of benefits	
Location of records	

Pension information completed on this date:

Social Security

Social Security number	
Exact name on Social Security account	
Location of any Social Security records	

Social Security information completed on this date:

Taxes

Tax ID numbers	
Location of current-year tax records, receipts, forms	
Location of past tax returns	
Location of software, website, password	
Name of tax preparer	
Type of software used for at-home taxes	

Taxes information completed on this date:

Memberships

Organization name and membership number	Memberships – contact names and phone numbers
	Miscellaneous – retail store memberships, ID numbers and phone numbers
List of unions, clubs, service/fraternal organizations, professional groups and boards	Miscellaneous – subscription information

Memberships information completed on this date:

Businesses Owned ♦ **IMPORTANT** • ⌚ 10-20 minutes to fill out

Location of business	Contact information for key partners or employees
Contact information for accountant	Location of important business paperwork
Name of trusted person to oversee or advise business operations during any transition	Your desires for the future of the business
Business vehicle identification number and license	

Business information completed on this date:

ADDITIONAL NOTES

Empty rectangular box for additional notes.

Section 3: **Assets Completed**

SECTION 4: ACCESS

HOW TO GET IN

This section outlines how your family can access your assets.

Before you start, gather these:

- ❑ Your phone and primary computer (or where they are stored)
- ❑ Where password access instructions are stored (not the actual passwords)
- ❑ Primary email address(es) used for account recovery
- ❑ Two-factor authentication method (authenticator app, phone number, or backup codes location)

Computers and Electronic Devices ● CRITICAL • ⌚ 10-15 minutes to fill out

List of computers or electronic devices that have important documents or information	Location of login names and passwords to access devices
List of people who have access to each computer or electronic device	List of computers or electronic devices that contain family or personal photographs
Locations of any backup disks, tapes and drives	List of computers or electronic devices that contain sensitive information you wouldn't want accessed if they are given away

Computers and Electronic Devices information completed on this date:

Social Media Accounts ◆ HELPFUL • ⌚ 5-10 minutes to fill out

Name, username, email and location of password for each social media account
Legacy contacts and instructions for deleting, deactivating or memorializing accounts

Social Media Accounts information completed on this date:

Safe ● **CRITICAL** • ⌚ 5 minutes to fill out

Location of safe	Detailed description of contents, including list of important documents
How to access contents	List of people who know how to access contents

Safe information completed on this date:

Safe-Deposit Box ● **CRITICAL** • ⌚ 5-10 minutes to fill out

Name of institution, address and phone number	Box number
Location of key	Names of authorized cosigners
Detailed description of contents, including list of important documents	

Safe-Deposit Box information completed on this date:

Security System ✦ **IMPORTANT** • ⌚ 5 minutes to fill out

Name of company	Location of password to alarm and disarm
Key phrase for emergencies	

Security System information completed on this date:

Storage Unit(s) ✦ **IMPORTANT** • ⌚ 5-10 minutes to fill out

Name of company	Payment information
Location of unit or units	Location of key or code for entry

Storage Units information completed on this date:

ADDITIONAL NOTES

Section 4: **Access Completed**

SECTION 5: LEGACY

WHAT I WANT

This section is about your final wishes, including who should be notified and what happens to meaningful items.

Before you start, gather these:

- ❑ A list of people you want notified (and how to reach them)
- ❑ Notes on preferences (service, memorial, music/readings, speakers)
- ❑ Where photos, videos and family archives are stored
- ❑ Any charitable intentions or memorial donation preferences

Funeral and Burial ♦ IMPORTANT • ⌚ 10-15 minutes to fill out

Preference for casketed or cremated remains (if cremated, preferences for disposition, such as ground burial, inurnment, scattering, etc.)	Desires for organ or body donation
Preneed contract	Burial instructions
Burial location	Military funeral honors

Funeral and Burial information completed on this date:

Preferences for Funeral Service ♦ IMPORTANT • ⌚ 10 minutes to fill out

Officiant	Music
Poems, readings	Speakers
	Pallbearers

Preferences for Funeral Service information completed on this date:

ADDITIONAL NOTES

Obituary ♦ HELPFUL • ⌚ 10-15 minutes to fill out

Why it matters: This information can help loved ones with an obituary.

Full name, including nickname (if you want the nickname referenced)	Birth date and place
Preceded in death by (spouse, children, parents and siblings as applicable)	Survived by (spouse, children, parents and siblings, as applicable)
Marriages	Education
Designations, awards, recognitions	Employment
Places of residence	Memorial funds or donation suggestions

Obituary information completed on this date:

People Who Should Be Notified ◆ IMPORTANT • ⌚ 10 minutes to fill out

Location of address book or contacts	Religious contacts – names, phone number
Places to publish obituary – local newspaper	Places to publish obituary – hometown newspaper
Places to publish obituary – professional organization or college newsletter	Other

People Who Should Be Notified information completed on this date:

ADDITIONAL NOTES

Empty space for additional notes.

WORKBOOK COMPLETE

Store this packet securely. Review it annually or after major life changes.

Give a card to the loved ones
who will be using this workbook.

Estate Planning Information

I've documented who to contact, where to find key documents, how to access accounts and how I'd like my final wishes carried out.

My Name:

Location of document:

How to access:



Estate Planning Information

I've documented who to contact, where to find key documents, how to access accounts and how I'd like my final wishes carried out.

My Name:

Location of document:

How to access:



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