



*Executor's Guide to
Your Estate*

ISB
IPAVA STATE BANK
ISB

TRUST AND WEALTH
MANAGEMENT

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Estate Guide and Checklist

We understand that coping with the loss of a loved one can be difficult. This guide can help you complete the necessary tasks and make important decisions that arise during this time. Because each situation is unique, we recommend you consult an estates lawyer and a qualified tax professional for specific questions in helping you to administer the estate. When the time comes, we can work with your estates lawyer and qualified tax professional to help make the estate administration process more efficient for you and your family.

Immediate Concerns

Notify close family members and friends. Follow up regarding final arrangements.

Make appointments to arrange the funeral, burial, or cremation, and memorial service.

- See the *Funeral and Burial Information* pages for your loved one's last requests.
- See the *Location of Important Documents* pages for the location of your loved one's will and other estate-planning documents.

Place an obituary in the local newspaper.

- The funeral director can help place the obituary in the local paper
- The *Personal History and Biography* pages can be useful in drafting the obituary.

Notify the appropriate parties if your loved one was a member of any professional organizations, charitable organizations, or labor unions.

Obtain notarized copies of the death certificate.

- Obtain several certified copies of the death certificate from the funeral director (some agencies or companies will only accept a certified copy of the death certificate).
- You will need multiple copies of the death certificate to provide to various service providers such as life insurance companies, financial/investment institutions and to transfer certain property.

Contact your loved one's ISB Financial Advisor

- See the *Professional Contacts* pages for the financial advisor's information.
- The financial advisor can help determine what investments your loved one owned and help assess the valuation on date of death. He or she can also help in the transfer of assets to a beneficiary.

Locate and review your loved one's important documents.

- See the *Planning Your Estate or Inheritance* page and the *Location of Important Documents* pages for information regarding estate-planning documents.
- Locate any marriage or divorce certificates, children's birth or adoption certificates, and military discharge papers, which you may need, for example, to apply for benefits.
 - Marriage and birth certificates can be requested from the relevant county clerk's office.

Contact your loved one's estate lawyer.

- See the *Professional Contacts* pages for the estates lawyer's contact information.
- Wills requiring probate are filed at the courthouse in the municipality in which the deceased last resided.

Review the information in this binder about your loved one's assets and make any additions or updates.

- Put safeguards in place to protect any property.
- Make sure you continue to make mortgage and insurance payments while administering the estate.

Locate insurance policies.

- See the *Insurance Inventory* pages for information regarding your loved one's insurance policies.
- Contact all insurance companies to file claims.
- If your loved one owned an annuity, you and your loved one's ISB financial advisor should carefully review the annuity contract to ensure that any amounts payable to the decedent, or his or her estate, are collected. If an heir is entitled to continued payments from the annuity, contact the provider to transfer the payments to that heir.

Notify your loved one's employer.

- Notify your loved one's employer(s) of his/her death and arrange to retrieve your loved one's belongings.

Items for discussion at a later date:

- Contact the personnel department of your loved one's current employer(s) to collect any salary, vacation or sick pay owed.
- Inquire about any employer-provided life insurance, retirement plans and/or stock options provided to your loved one.
- Ask about continuing health insurance coverage and potential survivors' benefits for a spouse or children.
- If the death was work-related, you can potentially file a claim for workers' compensation benefits through your loved one's employer and/or labor union.

Contact your own employer and arrange for bereavement leave.

Contact the schools of your loved one's children, if applicable.

Notify credit card companies

- See the *Banking, Mortgage, and Debt Information* pages for more details.
- Cancel all cards unless you are named on the account and wish to retain the card.

Contact past employers regarding pension plans and contact registered account beneficiaries.

Notify your loved one's financial institution(s) to re-register the account(s).

- See the *Professional Contacts* pages for any financial institution's contact information.

Re-register jointly held assets, such as bank accounts vehicles, stocks, bonds, and other real estate.

- See the *Planning Your Estate or Inheritance* page for additional details.

Notify utility companies.

Commence application for a grant of probate, if necessary.

- If necessary, contact the relevant county clerk's office to commence an application for a grant of probate.

Within Three to Nine Months after Death (Coordinate all of the following with the estates lawyer)

Notify your loved one's creditors by certified mail or by placing a notice in the local newspaper.

- Claims should be made within 30 days of notice.
- Be sure to insist on proof for all claims.

File a final return for the deceased and/or the estate with the IRS.

- Contact your loved one's CPA to help you determine if a return needs to be filed for the estate.
- See the *Professional Contacts* pages for the CPA's contact information.

Within Nine Months to One Year after Death

Update your own estate plan if your loved one was a beneficiary or appointed as an executor, a trustee, an attorney under a power of attorney or a guardian, etc.

Update beneficiary designations.

- Review and revise your beneficiary designations on your retirement accounts where the decedent was a named beneficiary.

Re-evaluate your short-and long-term finances.

Re-evaluate investments within your portfolio.

- As changes occur in your life and in the markets, your investments may not always be in alignment with your long-term financial goals.

Re-evaluate your insurance needs.

- Review your current insurance policies and needs to determine if there are any gaps in coverage.
- Update beneficiary designations on insurance policies on which the decedent was the named beneficiary.

Planning Your Estate or Inheritance

Client Information

Name		Birthdate	
Name of co-client		Co-client birthdate	

Estate-planning Attorney

Name		Phone number	
Firm name		Address	

Where Are You Today, and Where Would You Like to Be?

Account Registration

When was the last time you reviewed your beneficiary designations?	Date
--	------

Your Asset Transfer Plan

Do you have a will or a living trust?	<input type="checkbox"/> Will	Last review	
	<input type="checkbox"/> Living Trust	Last review	
Would you like to control how your beneficiaries access their inheritance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you shared your current asset transfer plan with your beneficiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Guardianship Considerations

Do you have minor dependents? (If no, skip to next section.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you assigned a guardian for your dependents in your will?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you provided for minor dependents in your asset transfer plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Incapacity Protection

Do you have a financial power of attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a health care power of attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an advance medical directive or a living will?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Charitable Intent

Do you intend to leave any assets to charity? (If no, skip to next section.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a plan outlining your contribution strategy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to have control over how assets are used by the charity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Contacts

Children

Name	Phone number	Alternate phone number

Grandchildren

Name	Phone number	Alternate phone number

Other Emergency Contacts

Name	Phone number	Alternate phone number

Professional Contacts

This document provides contact information for your team of professionals and any additional important contacts.

Financial Advisor

Name		Phone number	
Firm name		Email	

CPA(s)

Name		Phone number	
Firm name		Email	

Name		Phone number	
Firm name		Email	

Attorney(s)

Name		Phone number	
Firm name		Email	

Name		Phone number	
Firm name		Email	

Financial Institution(s)

Name	Phone number	Website

Primary Care Physician(s)

Name	Phone Number

Other Physician(s)

Name	Phone number

Home Health Aide(s)

Name	Company name	Phone number

Dentist(s)

Name	Phone number

Other Healthcare Professionals

Name	Phone number

Funeral and Burial Information

Honoring your final requests is an important responsibility for your loved ones. However, making significant decisions during this time can be a difficult experience. Completing the information below can make it easier for your loved ones to honor your wishes and carry out any arrangements you might have already made.

Name

Memorial Service Information

Have you prearranged your funeral? Yes No

Name of funeral home or mortuary

Address

Phone number

Visitation

Visitation location

Address

Phone number

Funeral

Funeral location

Address

Phone number

Name of officiant

Phone number

Name of alternate officiant

Phone number

Music

Name of musician(s)

Phone number(s)

Other Special Requests

(e.g., type of casket, readings, specific clothing)

Name

Memorial Service Information

Have you prearranged your funeral? Yes No

Name of funeral home or mortuary

Address

Phone number

Visitation

Visitation location

Address

Phone number

Funeral

Funeral location

Address

Phone number

Name of officiant

Phone number

Name of alternate officiant

Phone number

Music

Name of musician(s)

Phone number(s)

Other Special Requests

(e.g., type of casket, readings, specific clothing)

Burial Information

Name of cemetery

Address

Phone number

Have you prepaid for a funeral plot? Yes No

Plot number

Cremation Information

Do you want your remains scattered? Yes No

If so, where?

Other wishes*

Donate your organs or body? Yes No

Organs to donate

Name of hospital or institution

Address

Phone number

List of organizations to which donations can be made

Burial Information

Name of cemetery

Address

Phone number

Have you prepaid for a funeral plot? Yes No

Plot number

Cremation Information

Do you want your remains scattered? Yes No

If so, where?

Other wishes*

Donate your organs or body? Yes No

Organs to donate

Name of hospital or institution

Address

Phone number

List of organizations to which donations can be made

* Please consult your estate-planning attorney regarding your situation

Personal History and Biography

When a loved one passes away, the survivors' responsibilities often include creating an obituary and planning a funeral or memorial service. By completing the information below, you can help make it easier for your loved ones to ensure that your life is celebrated accurately and honorably.

Personal History

Client name	Co-client name
Date of birth	Date of birth
Place of birth	Place of birth
Mother's name	Mother's name
Mother's birthplace	Mother's birthplace
Father's name	Father's name
Father's birthplace	Father's birthplace
Spouse's name	Spouse's name
Date and place of marriage	Date and place of marriage
Children's (and their spouses') names	Children's (and their spouses') names
Grandchildren's names	Grandchildren's names
Siblings' names	Siblings' names

Biography

Occupation		Occupation	
Education		Education	
Organizations and memberships		Organizations and memberships	
Awards, honors, and achievements		Awards, honors, and achievements	
Hobbies		Hobbies	
Additional information		Additional information	

Location of Important Documents

Estate Documents

Original Documents	Suggested time to retain	Suggested location of these documents	Actual location of original documents
Last will and testament	Indefinitely	Attorney and safe-deposit box	
Living will/health care proxy	Indefinitely	Home	
Durable power of attorney	Indefinitely	Home	
Revocable trust agreement	Indefinitely	Trustee and safe-deposit box	
Trustee information	Indefinitely	Trustee and safe-deposit box	
Charitable trust agreement	Indefinitely	Trustee and safe-deposit box	
Charitable donation preferences	Indefinitely	Trustee and safe-deposit box	
Burial instructions	Indefinitely	Home and a copy in this binder	
Cemetery plot deed	Indefinitely	Home and a copy in this binder	
Prepaid cremation papers	Indefinitely	Home and a copy in this binder	

Estate Documents (continued)

Funeral home preference and information	Indefinitely	Home and a copy in this binder	
Letter of instruction to executor	Indefinitely	Home	
Death certificate(s) of pre-deceased loved ones	Indefinitely	Safe-deposit box	

Personal

Original documents and information	Suggested time to retain	Suggested location of these documents	Actual location of original documents
Social Security card	Indefinitely	Home	
Birth Certificates	Indefinitely	Safe-deposit box	
Passport/citizenship (naturalization) papers	Indefinitely	Safe-deposit box	
Adoption papers	Indefinitely	Safe-deposit box	
Marriage certificate	Indefinitely	Safe-deposit box	
Prenuptial agreement	Indefinitely	Safe-deposit box	
Divorce or separation papers	Indefinitely	Safe-deposit box	

Personal (continued)

Military service records	Indefinitely	Safe-deposit box	
Safe-deposit box key	Indefinitely	Home	

Ownership

Original documents and information	Suggested time to retain	Suggested location of these documents	Actual location of original documents
Real estate deeds	Until transfer of property	Safe-deposit box	
Home purchase and home improvement records	As long as you own the home	Home and safe-deposit box	
Vehicle titles	Until sale or discard of vehicle	Safe deposit box	
Other titles of ownership	Until sale or discard of items	Safe-deposit box	
Appraisal and inventory of valuable items	Keep current	Safe-deposit box	
Household inventory	Keep current	Safe-deposit box	
Receipts for major purchases	Until sale or discard of item	Home	
Service contracts and warranties	Until expiration	Home	

Ownership (continued)

Original documents and information	Suggested time to retain	Suggested location of these documents	Actual location of original documents
Stock and/or bond certificates	Until cashed in or sold	Safe-deposit box	
Investment purchase and sale records (trade confirmations)	Six years after tax-filing deadline in the year after sale*	Home	

Tax

Original documents and information	Suggested time to retain*	Suggested location of these documents	Actual location of original documents
Prior years' federal and state tax returns	Six years from filing date	Home	
Federal and state gift tax returns	Six years from filing date	Home	
Property and school tax records	Six years from filing date	Home	

* Please consult a qualified tax professional regarding the length of time you should retain your tax records

Banking, Mortgage and Debt Information

Use this document to help locate banking, mortgage and debt information

Banking

Financial institution

Website

Services

- Savings account(s)
- Checking account(s)
- Money Market account(s)

- Debit card
- Online bill pay
- Other _____

Financial institution

Website

Services

- Savings account(s)
- Checking account(s)
- Money Market account(s)

- Debit card
- Online bill pay
- Other _____

Financial institution

Website

Services

- Savings account(s)
- Checking account(s)
- Money Market account(s)

- Debit card
- Online bill pay
- Other _____

Mortgage

Name of financial institution

Address

Phone number

Website

Home equity loans/lines of credit

Name of financial institution

Address

Phone number

Website

Debt

Credit cards

Issuer and type	Number to call if lost or stolen	Website

Vehicle loans (automobile, motorcycle, boat)

Name of financial institution	Loan type (car, boat, etc)	Phone number	Website

Education loans

Name of financial institution	Address	Phone number	Website

Personal loans/lines of credit

Name of financial institution	Address	Phone number	Website

Other debt

Name of financial institution	Address	Phone number	Website

Insurance Inventory

Use this document to help locate information regarding your insurance policies.

Life Insurance

Policy holder		Face value	\$
Beneficiaries		Date issued	
Company name		Premium	\$
Policy type		Premium due date	
Policy number		Date of last review	

Policy holder		Face value	\$
Beneficiaries		Date issued	
Company name		Premium	\$
Policy type		Premium due date	
Policy number		Date of last review	

Policy holder		Face value	\$
Beneficiaries		Date issued	
Company name		Premium	\$
Policy type		Premium due date	
Policy number		Date of last review	

Policy holder		Face value	\$
Beneficiaries		Date issued	
Company name		Premium	\$
Policy type		Premium due date	
Policy number		Date of last review	

Long-term Care Insurance

Name of insured		Date issued	
Policy owner		Benefit amount	\$
Company name		Premium	\$
Policy number		Premium due date	

Name of insured		Date issued	
Policy owner		Benefit amount	\$
Company name		Premium	\$
Policy number		Premium due date	

Disability Insurance

Name of insured		Date issued	
Policy owner		Benefit amount	\$
Company name		Premium	\$
Policy number		Premium due date	

Name of insured		Date issued	
Policy owner		Benefit amount	\$
Company name		Premium	\$
Policy number		Premium due date	

Liability Insurance/Umbrella Policy

Company name		Agents name	
Policy number		Phone number	

Health Insurance

Insurance provider		Agents name	
Policy number		Phone number	

Insurance provider		Agents name	
Policy number		Phone number	

Medicare provider		Agents name	
Policy number		Phone number	

Supplemental Insurance		Agents name	
Policy number		Phone number	

Other health insurance		Agents name	
Policy number		Phone number	

Property and Casualty Insurance

Insurance provider		Agents name	
Policy number		Phone number	

Vehicle Insurance (e.g. automobile, motorcycle, boat)

Company name		Agents name	
Policy number		Phone number	

Company name		Agents name	
Policy number		Phone number	

Company name		Agents name	
Policy number		Phone number	