



Executor

ESTATE ORGANIZER



ASSET INVENTORY • CONTACTS & ACCOUNTS • IMPORTANT DOCUMENTS



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Executor

TASK CHECKLIST



IMMEDIATE TASKS

- ☐ Locate the will
- ☐ Obtain death certificates
- ☐ Notify family members
- ☐ Contact the attorney
- ☐ Secure property

NEXT STEPS

- ☐ Notify banks and financial institutions
- ☐ Cancel subscriptions and utilities
- ☐ File insurance claims
- ☐ Begin asset inventory

FINAL STEPS

- ☐ Pay debts and taxes
- ☐ Distribute assets
- ☐ Close accounts



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Estate Asset

INVENTORY



Asset	Institution	Account #	Estimated Value	Notes
Examples: Bank Accounts Retirement Accounts Real Estate Vehicles Investments				



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Important Contacts



Name	Relationship	Phone	Email	Notes
Examples: Family Members Attorney Accountant Financial Advisor Insurance Agent				



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Account & Password

TRACKER



Website	Account/Username	Password	Security Question	Notes
Examples: Email Banking Investments Utilities Medical Online Accounts				



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Important Document CHECKLIST



Document	Location	Received / Located	Notes
Will		☐	
Trust Documents		☐	
Insurance Policies		☐	
Property Deeds		☐	
Vehicle Titles		☐	
Bank Statements		☐	
Investment Records		☐	
Retirement Accounts		☐	
Tax Returns		☐	
Bills & Debts List		☐	
Birth Certificates		☐	
Marriage Certificate		☐	
Death Certificate		☐	
Funeral Home Documents		☐	
Letter of Testamentary (if applicable)		☐	
Inventory of Assets		☐	

Tip: Make copies and store originals in a safe place.



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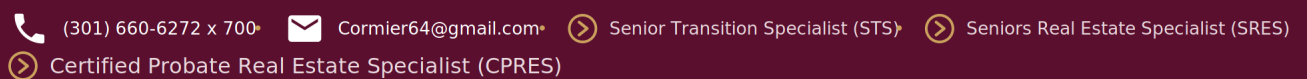
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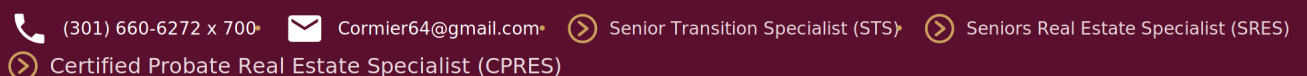


Examples: Life | Health | Dental | Vision | Home | Auto | Renters | Disability | Long-Term Care





Examples: Checking | Savings | Credit Card | Mortgage | Auto Loan | Student Loan | Investment



Monthly Bills & Subscriptions

TRACKER

[illegible]

Tip: Review regularly and update as accounts or amounts change.

Examples: Mortgage | Electric | Water | Internet | Phone | Car Payment | Netflix | Gym Membership



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Medical Information TRACKER



PHYSICIANS & MEDICAL PROVIDERS

Provider Type (Primary Care, Specialist, etc.)	Provider Name	Phone Number	Address / Location	Notes

MEDICATIONS

Medication Name	Dosage	Frequency	Prescribed By	Purpose / Condition	Notes

ALLERGIES

Allergy (Medication / Food / Other)	Reaction	Severity (Mild / Moderate / Severe)	Notes

HEALTH INSURANCE INFORMATION

Insurance Provider	Policy / Member ID	Group Number	Contact Number	Notes



Tip: Keep a copy of insurance cards and important medical documents in an easy-to-access location.



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Digital Assets & Online Accounts

TRACKER

Keep track of important online accounts, digital assets, and access information.

Platform / Account Type <i>(Website, App, Service)</i>	Username / Email Address	Password / Recovery Info	Recovery Email / Phone Number	Notes / Special Instructions



Tip: Consider using a password manager and keep recovery information up to date.

Examples: Email | Social Media | Banking | PayPal | Venmo | Etsy | Amazon | Crypto | Cloud Storage



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Funeral & Final Wishes PLANNER

Use this page to record your wishes and preferences to help your family during a difficult time.

SERVICE PREFERENCES

Burial or Cremation Preference: ☐ Burial ☐ Cremation ☐ Not Sure

Type of Service: ☐ Traditional ☐ Memorial ☐ Celebration of Life ☐ Other: _____

Location Preference (Church, Cemetery, Funeral Home, etc.): _____

Clergy / Officiant (if any): _____ Phone: _____

Special Requests: _____

MUSIC & READINGS

Songs or Hymns: _____

Scripture Readings / Poems: _____

Other Special Requests: _____

OBITUARY & MEMORIAL INFORMATION

Full Name (as you would like it to appear): _____

Date of Birth: _____ Place of Birth: _____

Brief Life Summary / Highlights: _____

Additional Information to Include: _____

IMPORTANT PEOPLE TO NOTIFY

Name	Relationship	Phone Number	Email	Notes



Tip: Discuss your wishes with a trusted family member or executor and keep this page updated.

Examples of Information to Include: Veteran Status | Organ Donation | Memorial Donations | Graveside Military Honors | Pallbearers



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Pet Care Instructions

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Provide important information to ensure your pets are loved and cared for.

PET INFORMATION

Pet Name	Type / Breed	Color / Markings	Date of Birth / Age	Microchip ID #	Notes

VETERINARIAN INFORMATION

Veterinarian / Clinic Name	Phone Number	Address	After Hours Contact	Notes

FEEDING & DAILY CARE

Pet Name	Food Type / Brand	Amount	Feeding Schedule	Treats / Snacks	Special Instructions

MEDICATIONS & HEALTH NEEDS

Pet Name	Medication / Supplement	Dosage	Frequency	Condition / Reason	Notes

EMERGENCY CARE & BACKUP CAREGIVER

Emergency Contact (Name): _____ Relationship: _____
Phone Number: _____ Alternate Phone: _____
Backup Caregiver (Name): _____ Relationship: _____
Phone Number: _____ Alternate Phone: _____
Where Pet Should Go (if not with above caregiver): _____

IMPORTANT NOTES



Tip: Keep pet adoption papers, vaccine records, and photos in a safe place with this binder.



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Safe Deposit Box & Important Locations

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SAFE DEPOSIT BOX INFORMATION

Bank / Institution	Location / Branch	Box Number	Access Key Location	Who Has Access	Notes

IMPORTANT KEY LOCATIONS

Key / Item	Location	Description / What It Opens	Notes

ALARM & SECURITY INFORMATION

Type of System	Company	Account # / ID	Passcode / Code	Notes

STORAGE UNITS

Facility Name	Location	Unit Number	Access Code / Key	Notes



Tip: Keep copies of keys and access information in a secure place and share with your executor or trusted family member.

Examples: Home Safe | Gun Safe | Storage Unit | Mailbox Key | Gate Code | Garage Code



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First 30 Days Checklist

A STEP-BY-STEP GUIDE FOR YOUR LOVED ONES

Use this checklist as a guide during the first 30 days after my passing.
Take things one step at a time and don't hesitate to ask for help.

FIRST 7 DAYS IMMEDIATE PRIORITIES

		Notes / Details
☐	Obtain multiple certified copies of the death certificate.	
☐	Notify immediate family and close friends.	
☐	Contact funeral home to make arrangements (if applicable).	
☐	Review this binder and locate important documents.	
☐	Notify my employer (if applicable).	
☐	Secure my home, vehicles, and valuables.	
☐	Locate my will and give it to the executor.	
☐	Review and follow my wishes in the Funeral & Final Wishes Planner.	

DAYS 8-14 NEXT STEPS

		Notes / Details
☐	Notify banks and financial institutions.	
☐	Contact insurance companies (life, health, auto, home, etc.).	
☐	Notify Social Security Administration.	
☐	Notify credit card companies.	
☐	Review and pay any urgent bills.	
☐	Forward mail or set up mail hold.	
☐	Notify utility companies of my passing.	
☐	Care for any pets following the Pet Care Instructions.	

DAYS 15-30 ONGOING TASKS

		Notes / Details
☐	Begin estate administration process with the executor.	
☐	Identify and notify beneficiaries.	
☐	Cancel or update subscriptions and memberships.	
☐	Review and manage digital accounts and online access.	
☐	Meet with financial advisor or accountant if needed.	
☐	File final taxes (with professional assistance if needed).	
☐	Take inventory of assets and important belongings.	
☐	Address any remaining tasks and continue managing affairs.	



IMPORTANT REMINDER: It's okay to take your time.
Grieve, ask for help, and don't feel you have to handle everything alone.
You are not alone. This guide is here to help you through.

ADDITIONAL NOTES



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Beneficiary & Dependent

OVERVIEW

Use this page to identify the people who depend on you and the beneficiaries of your accounts, policies, and assets.



DEPENDENTS

People who depend on me for support or care.

Full Name	Date of Birth	Relationship	Lives With Me? (Yes / No)	Financially Dependent? (Yes / No)	Special Needs / Care Instructions	Notes

Additional Information: _____



BENEFICIARIES

People or organizations who will receive my assets or accounts.

Full Name / Organization	Relationship / Type (Person, Trust, Charity, etc.)	Contact Information (Phone / Email / Address)	Primary Beneficiary? (Yes / No)	Contingent Beneficiary? (Yes / No)	Account / Asset or Policy	Notes



TRUSTS & LEGAL ARRANGEMENTS

Important details about trusts or guardianship.

Do I have a Trust? ☐ Yes ☐ No If yes, Name of Trust: _____ Trustee Name(s): _____

Guardian for Minor Children (if applicable): _____ Alternate Guardian: _____

Location of Trust Document: _____ Notes: _____



TIP: Review your beneficiaries regularly, especially after major life events such as marriage, divorce, birth, or death.

ADDITIONAL NOTES



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