



A SIMPLE KIT TO ORGANIZE YOUR LIFE




KIT
kit



SNIDER EDWARDS, PLLC
Estate Planning - Trusts - Wills



Keep It Together



Keep all of your important information in one organized place so that if something happens to you, your loved ones have access and know how to pick up the pieces.

www.DraftYourLegacy.com

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your KITkit is designed to:

Get you super organized.

Help your loved ones after you pass away.

Aid your loved ones in managing your affairs if you become incapacitated.

Provide a secure manner to relay your passwords when needed.

Leave instructions for your next of kin.

Organize your financial information.

Inventory your digital assets.



SNIDER EDWARDS, PLLC

Estate Planning - Trusts - Wills



Full Name _____

Phone # _____

How to access my phone:

Password _____

Pin _____

How to access my email(s):

Email Address: _____

Password: _____

Email Address: _____

Password: _____

Email Address: _____

Password: _____

How to access my computers(s):



My Advisors

Financial Advisor:

Accountant:

Estate Planning Attorney:

Other:



Important Documents

Please check all the documents that are located in your fireproof safe/document bag:

- ☐ Marriage Certificate
- ☐ Birth Certificate(s)
- ☐ Passport(s)
- ☐ Immigration Records
- ☐ Social Security Cards
- ☐ Vehicle Title(s)
- ☐ Deed(s)
- ☐ Will and/or Trust
- ☐ Power of Attorney
- ☐ Divorce Papers
- ☐ Password List
- ☐ Asset Inventory
- ☐ Other:
- ☐ Other:

Organize all of your keys by using labeled tags. Keep them all together in your document bag.

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Keep It Together



Primary
Home

Side and/or Back Doors

Second
Home

Side and/or Back Doors



Office

Vehicles



Boats

Trailers

Bikes



Storage Units

PO Boxes

Padlocks

Jewelry
Boxes





Estate Plan

Location of your estate planning binder:

Binder contains:

- | | | |
|---|--|--|
| <input type="checkbox"/> Revocable Living Trust | <input type="checkbox"/> Health Care Power of Attorney | <input type="checkbox"/> Living Will |
| <input type="checkbox"/> Last Will & Testament | <input type="checkbox"/> Durable Power of Attorney | <input type="checkbox"/> HIPAA Authorization |

Location of your health care wallet card:

Contact information for my Estate Planning Attorney:



SNIDER EDWARDS, PLLC
Estate Planning - Trusts - Wills

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Keep It Together

Instructions to Loved Ones

When you pass away or become incapacitated, your loved ones will need to access your information and take care of many items that you manage in your day-to-day life. These instructions help make this process as easy as possible.

Information about your estate plan:

Do you have a trust?

YES

List the
successor
trustees:

-
-
-

NO

List the
personal
representatives/
executors:

-
-
-

Who are your agents
under a Durable Power of
Attorney?

-
-
-

Who are your agents
under a Health Care
Power of Attorney?

-
-
-



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Estate Planning - Trusts - Wills


support@SniderEdwards.com

(919) 766-0047



Incapacity Next Steps

If you become incapacitated, the agents named under your Durable Power of Attorney and Health Care Power of Attorney will need to step in and start making decisions and taking care of your financial and health related affairs.

- 

1 Locate the power of attorney documents in the estate planning binder. There will be short form and long form versions of both the Durable Power of Attorney and the Health Care Power of Attorney. Why? In North Carolina, banks, hospitals and medical personnel are familiar with the short form version. This will, hopefully, make it easier to use. The long form version comes into play when you encounter an issue. The long form version clearly explains the authorities conveyed and can help resolve those issues.
- 2 Back-up method for accessing Health Care Power of Attorney - If you are out-of-town or your agent is long-distance and not able to access your estate planning notebook, the QR code provided on your wallet card allows for direct access to your health care power of attorney and living will through the North Carolina Secretary of State Health Care Registry.
- 3 Need assistance? Questions? Your agents may contact the law firm at (919) 766-0047 or support@SniderEdwards.com.

MEDICAL

Organize everything here in this folder that someone would need to to provide proper medical care if you become incapacitated.

Blood Type:

Ongoing Conditions:

Allergies

Prescriptions:

Include a list of all previous medical history including illnesses, operations, and vaccinations.

☐

Vision Issues

☐

Mental Health Concerns

☐

Hearing Aid

☐

Special Needs

Primary Care Contact:

Therapist Contact:

Dentist Contact:

Other:

At Your Death....

Your loved ones will need to take the following next steps...

The people listed under the "People to Contact" section of your KITkit should be notified that you passed away.



Contact the funeral home. Check the "End of Life" section of the KITkit for more details. Funeral homes do more than plan the service. They work with hospitals, coordinate organ donations, transport the deceased, file for the death certificates and coordinate with cemeteries.

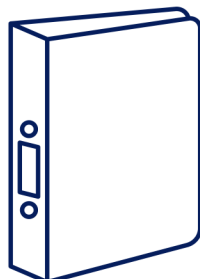


Order at least 10 death certificates from the funeral home.



Write the obituary. The "following sections of the KITkit may provide helpful information:

People to Contact
Ancestry
Career/Education/Military
End of Life Notes



Access the estate planning notebook. There may also be copies located in the KITkit and on a thumb drive.

People to Contact, page 1

List the names and cell numbers of those who should be contacted if you pass away or become incapacitated. (Family, Neighbors, Church Members, Work Colleagues, Friends, etc.)

Full Name:

Cell Number: -----

Contact at:

☐ My Death

☐ During Any Period of Incapacity

Full Name:

Cell Number: -----

Contact at:

☐ My Death

☐ During Any Period of Incapacity

Full Name:

Cell Number: -----

Contact at:

☐ My Death

☐ During Any Period of Incapacity

Full Name:

Cell Number: -----

Contact at:

☐ My Death

☐ During Any Period of Incapacity

People to Contact, page 2

Full Name:

Cell Number: -----

Contact at:

☐ My Death

☐ During Any Period of Incapacity

Full Name:

Cell Number: -----

Contact at:

☐ My Death

☐ During Any Period of Incapacity

Full Name:

Cell Number: -----

Contact at:

☐ My Death

☐ During Any Period of Incapacity

Full Name:

Cell Number: -----

Contact at:

☐ My Death

☐ During Any Period of Incapacity

People to Contact, page 3

Full Name:

Cell Number: -----

Contact at:

☐ My Death

☐ During Any Period of Incapacity

Full Name:

Cell Number: -----

Contact at:

☐ My Death

☐ During Any Period of Incapacity

Full Name:

Cell Number: -----

Contact at:

☐ My Death

☐ During Any Period of Incapacity

Full Name:

Cell Number: -----

Contact at:

☐ My Death

☐ During Any Period of Incapacity



Estate Administration

If you have a trust, your trustee can immediately step in and start administering your estate per the terms of your trust.

If you do not have a trust, the executor will need to contact the clerk of court of the estates division in your county of residency to start probate proceedings. The executor is authorized to consult with an attorney.



Asset Inventory Spreadsheet

This Microsoft Excel spreadsheet contains a list of all of your assets, including account numbers.

Provide a hard copy as well as instructions on how to access the spreadsheet here:

Liabilities



List all credit cards and personal loans here. Duplicate this page if needed.

Bank/Institution Name: _____

Description: _____

Account Number: _____

Online Access: _____

Username: _____ Password: _____

Rewards, Miles, Points, etc: _____

Bank/Institution Name: _____

Description: _____

Account Number: _____

Online Access: _____

Username: _____ Password: _____

Rewards, Miles, Points, etc: _____

Bank/Institution Name: _____

Description: _____

Account Number: _____

Online Access: _____

Username: _____ Password: _____

Rewards, Miles, Points, etc: _____

Bank/Institution Name: _____

Description: _____

Account Number: _____

Online Access: _____

Username: _____ Password: _____

Rewards, Miles, Points, etc: _____

Realtor:



This folder should include the following:

A copy of your mortgage statement or lease.

Statements for second mortgages or HELOCs.

Property tax statements.

Relevant closing statements.

Lien satisfactions.

Statements for reverse mortgages.

A note to the trustee/executor:

If the real estate is titled as "Joint Tenant with Right of Survivorship" or "Tenants by the Entirety", the property will transfer to the joint owner.

If it is titled in the name of the trust, the trustee can manage it without going through probate.

Mortgage/Lease

Property Address: _____

Year purchased/leased: _____

List all residents (including pets):

Garage Door Code _____

Security Code _____

Pass Phrase: _____

Joint Owner(s): _____

Landlord Name and Contact Information:

How is rent paid?

Mortgage Lender and Contact Information:

Loan Number: _____

How is mortgage paid?

Homeowner's Association Name and Contact:

How are dues paid?

Checklist for Managing the Property After Death

Log payment information for mortgage, HELOC, HOA dues, property insurance and property taxes on a spreadsheet.

If the property is a rental:

- ☐ Contact the Landlord.
- ☐ Review the lease and determine legal liabilities.

If the property will be vacated:

- ☐ Settle final payments.
- ☐ Return keys.
- ☐ Document the return of the security deposit.

If the property is sold/transferred, document the following:

Proceeds from the sale:

Return of funds from escrow:

Return of prorated taxes:

Return of HOA dues:

Return of any other funds:

Utilities and HOA:

Organize everything here in this folder that someone would need to manage your household in your absence:

Name of Company	Account Number
Electric	
Gas	
Water	
Trash	
Lawn	
Solar	
Internet	
Cable	

Other:

HOA:

INSURANCE POLICIES

Copy and fill out this sheet for every type of insurance policy owned (car, home, umbrella, disability, life insurance, health, long-term care, etc.).

Organize everything here in this folder that someone would need to gain access to your insurance policy in your absence:

Company Name:

Type:

Agent Name and Contact:

Policy Number:

☐

Policy Attached

☐

Bill Attached

☐

Insurance Card
Attached

Premium Amount:

Premium Frequency:

How are Premiums Paid?

Online Access to the Account:

.....

.....



This folder should include the following:

A copy of your loan agreement.

Recent invoice.

Proof of any forbearance or forgiveness.

Proof of satisfaction of the loan(s).



VEHICLE INFORMATION

Copy and fill out this sheet for every vehicle owned (including boats, trailers, campers, etc.)

In this folder, organize everything that someone would need to manage your vehicle(s) in your absence:

Make

Year

Model

Color

☐

Owned Outright

☐

Loan

☐

Leased

Loan Information:

.....

Lease Information:

.....

Service Provider:

.....

Is this vehicle jointly owned with right of survivorship (look for JWTOS on the title)? If so, it will pass to the survivor.

If not, state your intentions as to whom you want to gift this vehicle at your death: _____

EMPLOYMENT

Provide information regarding your current employer:

Company Name:

Job Title:

Manager Name and Contact:

HR Contact:

☐

Employment
Contract Attached

☐

Pay Stub Attached

☐

Bonus
Info
Attached

☐

Stock Options

☐

Benefits

☐

Other

Other helpful information regarding your employment:

.....

.....

.....

.....



Any Social Security Payments Currently Being Received: \$_____ per month

Bank Account Receiving Deposits: _____

Social Security Information

Full Social Security Number:

SS.gov Username:

Password:



Any Retirement/Pension Payments Currently Being Received: \$_____ per month

Received from: _____

Contact Information: _____

Bank Account Receiving Deposits: _____

Beneficiary Named: _____



Any Retirement/Pension Payments Currently Being Received: \$_____ per month

Received from: _____

Contact Information: _____

Bank Account Receiving Deposits: _____

Beneficiary Named: _____



Any Retirement/Pension Payments Currently Being Received: \$_____ per month

Received from: _____

Contact Information: _____

Bank Account Receiving Deposits: _____

Beneficiary Named: _____



Any Retirement/Pension Payments Currently Being Received: \$_____ per month

Received from: _____

Contact Information: _____

Bank Account Receiving Deposits: _____

Beneficiary Named: _____



Other income

Provide a list of any other income such as child support, alimony, disability, government assistance, etc.

Type of Income Currently Being Received: _____
Amount: \$_____ Frequency: _____
Received from: _____
Contact Information: _____
Bank Account Receiving Deposits: _____

Type of Income Currently Being Received: _____
Amount: \$_____ Frequency: _____
Received from: _____
Contact Information: _____
Bank Account Receiving Deposits: _____

Type of Income Currently Being Received: _____
Amount: \$_____ Frequency: _____
Received from: _____
Contact Information: _____
Bank Account Receiving Deposits: _____

Type of Income Currently Being Received: _____
Amount: \$_____ Frequency: _____
Received from: _____
Contact Information: _____
Bank Account Receiving Deposits: _____

TAXES

A Successor Trustee or Personal Representative will need to file a tax return on your behalf. Keep your most recent return in this folder.

Location of Past Tax Returns:

CPA Name and Contact:

IRS.gov Log In:

Username:

Password:

Tax Software:

Username:

Password:

NCDOR.gov Log In:

Username:

Password:

Provide notes about business tax returns, trust tax returns or tax returns you file on behalf of others below:

DEPENDENTS

Copy and fill out this sheet for every dependent

Organize everything here in this folder that someone would need to provide for your dependent in your absence. Include a copy of your Kids Protection Plan® if you have one.

Dependent Name:

Date of Birth:

Other Legal Guardian:

Relationship:

☐ Birth Certificate

☐ Passport

☐ Social
Security
Card

☐ Custody Order

☐ Drivers License

☐ Caregiver
Instructions

☐ List of Allergies

☐ Educational Needs

Pediatrician Contact:

Dentist Contact:

Orthodontist Contact:

Other:

PETS

Copy and fill out this sheet for every pet owned

Organize everything here in this folder that someone would need to provide for your pet in your absence. Include a copy of your Pet Trust, if you have created one.

Pet Name:

Date of Birth:

Food Brand:

Amount:

Type & Breed:

☐

Breeder Info

☐

AKC Registration

☐

Grooming
Instructions

☐

Behavioral Issues

☐

Potty-trained

☐

Caregiver
Instructions

☐

List of Allergies

☐

Special Needs

Veterinarian Contact:

.....

.....

Groomer Contact:

.....

.....

Pet Sitter Contact:

.....

.....

Other:

.....

.....

PET TRUST

If you provided for your pet using a pet trust:

Pet Name:

Date of Trust:

Pet Trust Name:

Amount Funded:

Terms:

Trustee:

Successor Trustee:

Caregiver:

Successor Caregiver:

Remainder Beneficiaries:

Money Moving Apps

List any money moving apps that are connected to your bank accounts and may hold funds. Examples may include PayPal, Venmo, Zelle, CashApp, Apple Pay, Google Pay, Amazon Pay, etc.

Name of the App: _____

User Name _____

Password _____

Name of the App: _____

User Name _____

Password _____

Name of the App: _____

User Name _____

Password _____

Name of the App: _____

User Name _____

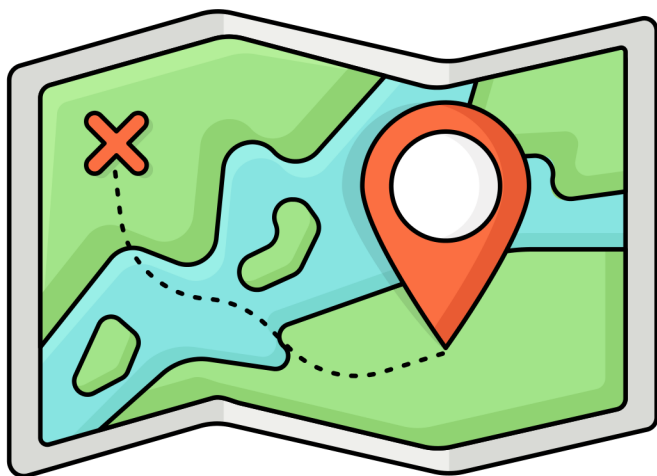
Password _____

Name of the App: _____

User Name _____

Password _____

Home/Neighborhood



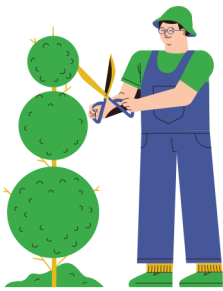
List neighbors and contact info by drawing a map:

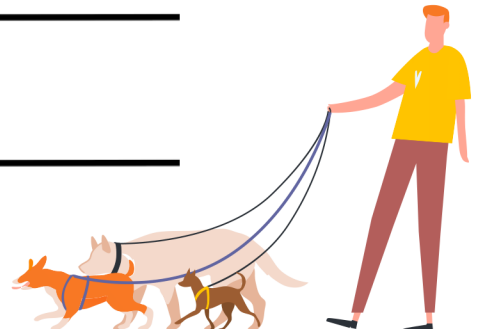
Gas Shutoff Location:

Water Shutoff Location(s):

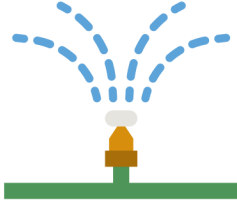
Access to Your Home

List service providers who have access to your property:





This folder includes the following:



_____ Sprinkler Zone Maps

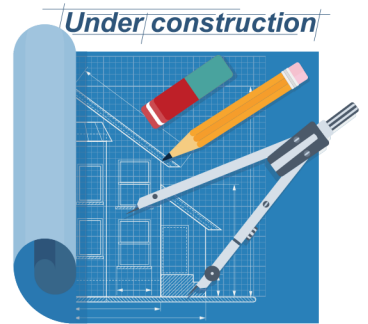
_____ Electrical Panel Maps

_____ AV Wiring Maps

_____ Easements

_____ Floorplans/Blueprints

_____ Surveys



_____ List of Paint Colors

_____ Tile Samples

_____ Roof Warranty

_____ HVAC Warranty

_____ Other Warranty



Education Information



Make note of where
the following items
can be located:

Diploma(s): _____

Where located: _____

Who should handle the item(s): _____

Instructions:

Sorority/Fraternity Membership: _____

Where it is located: _____

Who should handle the item: _____

Instructions:

Licenses: _____

Where it is located: _____

Who should handle the item: _____

Instructions:



Accomplishments

[illegible]

Military



Service & Accomplishments

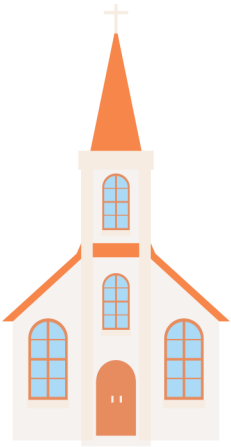
In this folder, provide any paperwork that documents your military service, benefits, and claims for government headstones or burials. Provide information about your time serving in the military and accomplishments:

This image shows a full page of white paper with horizontal blue dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

MEMBERSHIPS

Make a list of places and organizations where you maintain a membership as well as contact information. Examples: Church, country club, gym, clubs, lodges, Costco, etc.

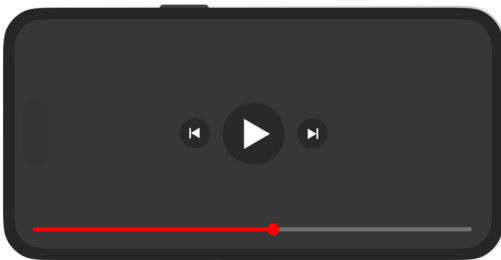
Organization	Contact Info:	Dues?



ONLINE SUBSCRIPTIONS

Make a list of online subscriptions and log in credentials for streaming services, delivery services, etc.

Company Website	Username & Password	Fees?



SOCIAL MEDIA

Make a list of social media profiles and log in credentials.

Social Media

Username & Password



LEGAL



Create and label separate folders for all of your legal matters. Check off which legal matters apply to you.

- ☐ **LLC/Business Entities**.....
- ☐ **Intellectual Property**.....
- ☐ **Bankruptcy**.....
- ☐ **Criminal Arrests**.....
- ☐ **Traffic Tickets**.....
- ☐ **Divorce, Separation Agreement**.....
- ☐ **Prenuptial and/or Postnuptial**.....
- ☐ **Child Support, Custody**.....
- ☐ **Restraining Order/Domestic Violence**.....
- ☐ **Lawsuit, Civil Litigation**.....
- ☐ **Adoption**.....
- ☐ **Guardianship**.....
- ☐ **Other:**.....



This folder should include the following:

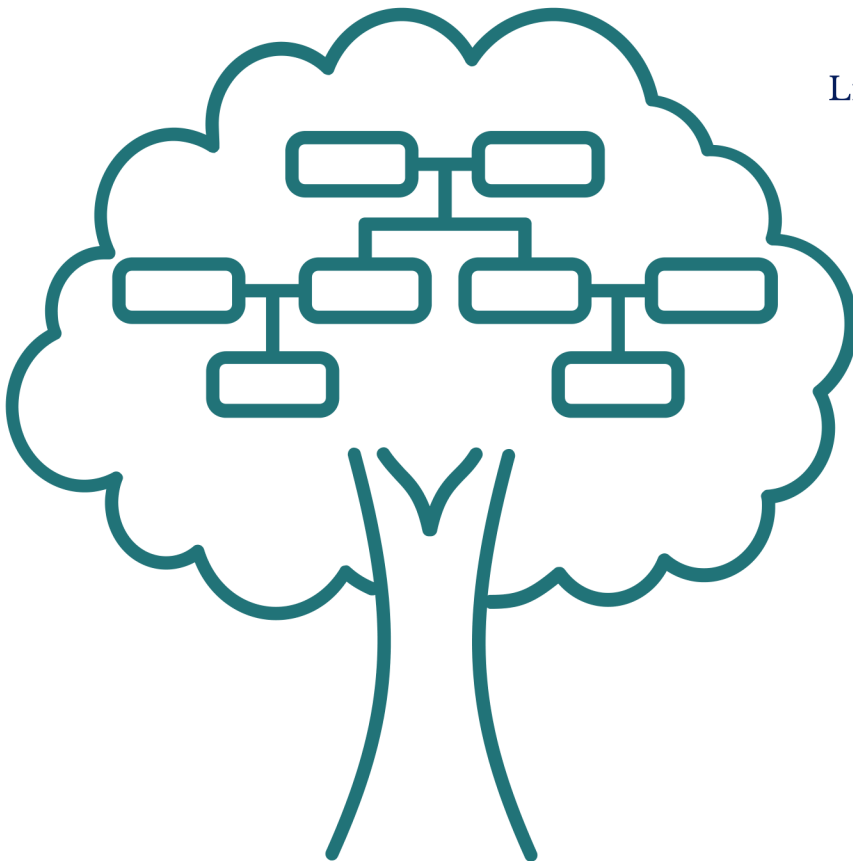
Any information on your relatives that your personal representative/trustee may need to know.

Ancestry.com or 23and Me log in information:

Username: _____

Password: _____

List all known relatives:





Sentimental Items

Provide a list of where to locate any sentimental items such as photo books, memorabilia, collectibles, letters, etc. Make a note of who should go through these items and how they should be stored, distributed or disposed of.

Type of Item: _____

Where it is located: _____

Who should handle the item: _____

Instructions:

Type of Item: _____

Where it is located: _____

Who should handle the item: _____

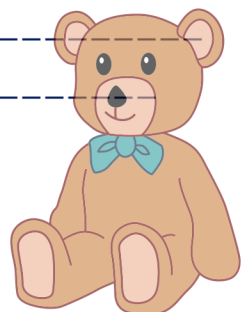
Instructions:

Type of Item: _____

Where it is located: _____

Who should handle the item: _____

Instructions:





END OF LIFE

Burial/Cremation & Funeral Planning

Location of your estate planning binder: _____

Binder Includes:

☐

**Burial/Cremation
Instructions**

☐

**Notes for
Obituary**

☐

**Funeral Service
Instructions**

☐

**Burial Plot
Information**

Contact information for Funeral Home:

Great job! The effort you put into getting organized is a priceless gift to your loved ones.



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