

Your Conversation *Now Avoids* Crisis Later



Owner First Name: _____

Owner Last Name _____

Date: _____

To My Family and Friends: Thank you for keeping your copy in a safe place.



Who else attended this conversation?

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____



If I die or become unable to make decisions for myself please refer to the appropriate section

below for what to do next. First you need to get a copy of my passwords.

Passwords

I use a password vault to save all of my important passwords.

I write or type all of my important passwords and save them in a notebook or document.

Contact my Emergency Contact, [_____], who already has access to my passwords. Note: Keep the passwords in a secure location and do not share with anyone.

Identity

My vital records documents are located in [_____].

You will find:

_____ Birth certificate

_____ Passport

_____ Copy of Driver's License

_____ Copy of Credit Cards

_____ Other (list below)

Estate Documents: Wills, Power of Attorney, Directives

1. The Executor of my Will is _____
 - a. Phone number is _____
 - b. Email _____

2. My Will is located at _____
 - a. I've given copies to the following people:
 - Name/Phone/Email

 - Name/Phone/Email

 - Name/Phone/Email

 - Name/Phone/Email

3. My Advance Medical Directive is located at _____

4. My Living Trust Document is located at _____

5. My Healthcare Power of Attorney is _____

Financial

1. My main bank account is located at _____
 - a. Bank Account Number _____
2. My secondary bank accounts are below (optional):
 - a. Bank & Account Number _____
 - b. Bank & Account Number _____
 - c. Bank & Account Number _____
3. My investment advisor is _____.
4. My cryptocurrency passphrase is _____
5. My Executor has the backup debit card and will withdraw cash as directed in Will.
6. Cancel monthly entertainment bills by logging in to accounts using passwords provided.
7. Advise creditors/liabilities of my death or incapacitation and put accounts on hold.

Business

1. Business #1 Name

- a. Formation Documents located _____
- b. Business License located _____
- c. Tax ID number _____
- d. Succession Plan located _____
- e. Business bank account is located at _____
 - i. Bank account # _____

2. Business #2 Name

- a. Formation Documents located _____
- b. Business License located _____
- c. Tax ID number _____
- d. Succession Plan located _____
- e. Business bank account is located at _____
 - i. Bank account # _____

Life Insurance

Life Insurance Policy #1

- Company Name | Telephone # | Policy Number

- Beneficiary Name(s) | Telephone # | Guardian Names of Minors

Life Insurance Policy #2

- Company Name | Telephone # | Policy Number

- Beneficiary Name(s) | Telephone # | Guardian Names of Minors

Medical Decisions

1. Refer to my Living Will which is located _____ and also saved online in my archives _____.
2. Contact my Healthcare Power of Attorney _____ who is authorized to act on my behalf with regard to health care decisions.

Congratulations, you just helped your loved ones focus on the good memories and avoid making impulse decisions during a difficult time. You're one step closer to being *Fit for Legacy*[®].

Owner Signature: _____

Family/Witness Signature: _____