

# Our Family Legacy Drawer



To Our Family and Loved Ones:

Inside of this file or drawer, you will find important information that is related to our lives. In the event of a tragedy or accident, this information will help you take care of any issues or business matters on our behalf.

You will find information pertaining to things like our last will and testament, power of attorney, important documents, insurance policies, and more.

This folder was put together in an effort to make things easier for you during a difficult time. This is just one more way of expressing our love to you during our absence.

# Will & Estate Information Sheet

DAVE RAMSEY'S  
**myTOTAL  
MONEY  
MAKEOVER.COM**

After filling out the form below, include it in your legacy drawer file for easy reference. Married couples should fill out a form for each spouse.

Name:

Location of NOTARIZED copy:

Date of Notarization:

Locations of any copies of the will:

**Who are the executor / executrix?**

(Circle one)

Primary:

Do they have a copy of the will?

YES NO

Secondary:

Do they have a copy of the will?

YES NO

Location of NOTARIZED copy:

Date of Notarization:

**Who is the healthcare Power of Attorney? (Living Will)**

(Circle one)

Primary:

Have you explained to them your wishes?

YES NO

Secondary:

Have you explained to them your wishes?

YES NO

Location of NOTARIZED copy:

Date of Notarization:

**Who is the financial Power of Attorney?**

(Circle one)

Primary:

Have you explained to them your wishes?

YES NO

Secondary:

Have you explained to them your wishes?

YES NO

Location of NOTARIZED copy:

Date of Notarization:

# Financial Accounts Log



Fill out the form below for each financial account you have. This includes banking, retirement, savings, CDs, mutual funds, etc.

| Account Name | Authorized Account Users | Name, Address, and Phone Number of Institution | Account Number | Any auto drafts? |
|--------------|--------------------------|--|----------------|------------------|
| 1            |                          |  |                | YES<br>NO        |
| 2            |                          |  |                | YES<br>NO        |
| 3            |                          |  |                | YES<br>NO        |
| 4            |                          |  |                | YES<br>NO        |
| 5            |                          |  |                | YES<br>NO        |
| 6            |                          |  |                | YES<br>NO        |
| 7            |                          |  |                | YES<br>NO        |
| 8            |                          |  |                | YES<br>NO        |

# Funeral Instructions



After filling out the form below, include it in your legacy drawer file for easy reference. Please attach additional instructions to this form. Married couples should fill out a form for each spouse.

**Name:**

| Are you a part of a Church or other religious organization? | What funeral home would like your family to use? |
|---|--|
| Name:   | Funeral Home Name:                               |
| Address:  | Address:   |
| Phone Number:   | Telephone:                                       |
| Pastor/Leader:  |  |

**Who would you like to have participate at your Memorial Service?**

Funeral Officiant / Speakers: \_\_\_\_\_ Speakers: \_\_\_\_\_

Music Director: \_\_\_\_\_

Pallbearers: \_\_\_\_\_

| Where would you like your memorial service to take place? | Are there any organizations you would like people to make donations to in your honor? |
|---|---|
| Name:   | Name:   |
| Address:  | Address:  |
| Phone Number:   | Phone Number:   |

**What are your instructions for handling your remains, and where would you like to be placed?**

**What additional instructions would you like to include (ie. music, displays, food,)?**

*Please use the back of this page or attach additional pages if needed.*

# Insurance Policies Log

Fill out the form below for each insurance policy you have. This includes health, car, disability, etc.

| Insurance Type / Description | People insured on this policy | Name, Address, & Phone Number of Agency | Policy Number | Notes: |
|------------------------------|-------------------------------|---|---------------|--------|
| 1                            |                               |   |               |        |
| 2                            |                               |   |               |        |
| 3                            |                               |   |               |        |
| 4                            |                               |   |               |        |
| 5                            |                               |   |               |        |
| 6                            |                               |   |               |        |
| 7                            |                               |   |               |        |
| 8                            |                               |   |               |        |

# Important Documents Log



Fill out the form below for each important/legal document you have. This includes items such as deeds, birth certificates, titles, etc.

| Document Description | Location of the document | Notes: |
|----------------------|--------------------------|--------|
| 1                    |                          |        |
| 2                    |                          |        |
| 3                    |                          |        |
| 4                    |                          |        |
| 5                    |                          |        |
| 6                    |                          |        |
| 7                    |                          |        |
| 8                    |                          |        |
| 9                    |                          |        |
| 10                   |                          |        |
| 11                   |                          |        |
| 12                   |                          |        |

# Legacy Letters



If you have written a letter, recorded a video, or left some other type of inspirational message for your loved ones, please list where the information can be found and who it is for.

List Location and descriptions of each Legacy letter below.

To:

Location:

To:

Location:

To:

Location:

To:

Location:

To:

Location:

To:

Location:

To:

Location:

To:

Location:









