

# Life & Legacy Organizer



Someone is sitting in the shade today because  
someone planted a tree a long time ago

— Warren Buffet

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**Date of Update**

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## Welcome

Planning for the unexpected can be overwhelming but taking the time to organize your financial and estate affairs now ensures that your loved ones have a clear roadmap when they need it most.

This **Life & Legacy Organizer** is designed to help you compile essential information in one place.

Whether you are preparing for **incapacity, end-of-life planning, or simply organizing your records**, this guide will walk you through the key areas you need to address. While no one likes to think about incapacity or death, having a **clear, organized plan** will be an invaluable gift to your family and ensure that your wishes are honored.

By completing this organizer, you are leaving a **legacy of clarity, order, and responsibility**. You are taking a proactive step in making sure your financial matters, personal wishes, and critical information are easily accessible to those who will need to manage them on your behalf.

Your loved ones will appreciate the time you took to prepare, making an already difficult time **less stressful and more manageable**.

## Getting Started: Where to Begin

Completing this organizer may seem like a daunting task but **breaking it into small steps** makes it manageable and achievable.

- ✓ **Schedule for Completion:** Rather than trying to do everything at once, create a realistic timeline. Consider spending 30 minutes per week, tackling one category at a time, setting a goal to finish the first draft within 1- 3 months.
- ✓ **Be Your Own Advocate:** Imagine you are managing the affairs of your own incapacity or death. What information would you want or need to know? Use this organizer to provide your agents with as much knowledge and information they will need.
- ✓ **Modernize Records:** Take the opportunity to convert your files and password records to cloud storage platforms and password management systems.
- ✓ **Involve Trusted Agents:** Identify trusted individuals, such as your attorney, financial advisor, or close family members, who can help support your power of attorney, executor and trustee in understanding and carrying out your wishes. Ensure these agents are informed about their potential roles.
- ✓ **Develop a Plan:**
  - Create a strategy to store the organizer in a secure yet accessible location, and provide clear, detailed instructions on how and when it can be accessed when needed.
  - Determine who should have knowledge of the organizer's location and access instructions and communicate this information to them clearly and intentionally.
  - Identify who should receive the organizer when the appropriate time comes and establish a clear method for its delivery.

## Tips for Completing the Organizer

- ✓ **Step-by-Step Organization:** As you complete each section, organize documents together and record account login credentials. Follow the Record Keeping process in the next section.
- ✓ **Work Together:** Couples should complete the sections of this organizer together. Certain sections will indicate when information needs to be entered separately.
- ✓ **Take Your Time:** This is not a task that needs to be completed in one sitting. Work through the sections at your own pace, prioritizing the most critical areas first. If you don't have all the information at hand, skip that section and return to it later.
- ✓ **Consistent Naming and Formatting:** When listing details, use consistent formatting to avoid confusion for those reviewing this organizer.
- ✓ **Note Section:** Make use of the notes section to provide additional details to the information.
- ✓ **Review & Update Regularly:** Make it a habit to update this organizer, your documents and passwords at least annually, after major life events or major financial changes. Outdated information can cause confusion or delays.

## Safeguarding Sensitive Information

Maintaining organized, secure, and accessible records is essential for managing medical, financial, and personal information effectively.

### 1. Use a Secure Storage System

- Store important records in a locked filing cabinet, personal safe or cloud storage system.
- Regularly back up digital records to prevent data loss.

### 2. Organize and Categorize Records Systematically

- Create separate folders for different types of records.
- Label files with clear, standardized names for easy retrieval.

### 3. Maintain a Paper Backup for Critical Documents

- Keep original copies of essential documents in a fireproof and waterproof safe.
- Store a copy with a trusted individual (family member, attorney, power of attorney, etc.).
- Periodically review and update paper documents to ensure accuracy.

### 4. Use a Password Manager for Secure Access

- Store login credentials and sensitive information in a password manager service.
- If you are not using a password manager service, clearly share your method and the location of your login credentials with your trusted agent.
- Use strong, unique passwords for each account.

### 5. Set a Schedule for Regular Updates & Reviews

- Review and update records at least annually (or after major life events).
- Shred outdated or unnecessary documents securely to prevent identity theft.

**Cell Phones** (Include brand provider login credentials for Apple, Samsung, Google, etc.)

Individual Name	Phone Number	Passcode	Email Address for Phone Account	Password

**Email Accounts** (Login credentials for accounts listed within this document)

Individual Name	Email Provider	Email Address	Password

**Cloud Storage & Password Manager Services**

Provider Name	Username	Email Address	Password

**Computers & Tablets**

Brand Name & Type	Location	Owner	Username	Password

**Notes**

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**Employer(s) Contacts** (Colleague or manager to contact if you are unable to yourself)

## Professional Advisors & Other Contacts

Individuals who would need to be contacted and/or would be a resource upon incapacity or death.

## Table of Contents

**Individual 1 (Self)**

Name			Date of Birth
Yes <input type="checkbox"/> No <input type="checkbox"/>			
U.S. Citizen?	Social Security Number	Driver's License Number	Passport Number
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Former Legal Names		Number of Siblings	Previously Married?
Father's Full Name			Father's Date of Death
Mother's Full Name			Mother's Date of Death

**Individual 2 (Partner / Spouse)**

Name			Date of Birth
Yes <input type="checkbox"/> No <input type="checkbox"/>			
U.S. Citizen?	Social Security Number	Driver's License Number	Passport Number
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Former Legal Names		Number of Siblings	Previously Married?
Father's Full Name			Father's Date of Death
Mother's Full Name			Mother's Date of Death

**Notes** (Former spouse(s) name and date of death(s); if non-U.S. citizen, your Naturalization # or Visa # and type)

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**Household Pets**

Name & Species	Veterinarian Name	Phone Number	Notes

### Children & Grandchildren

Name	Date of Birth	Email Address	Phone Number
Spouse's Name	Date of Birth	Email Address	Phone Number

### Children of Child 1

Name		Name	
Date of Birth		Date of Birth	
Phone Number		Phone Number	
Email Address		Email Address	
Spouse's Name		Spouse's Name	

Name		Name	
Date of Birth		Date of Birth	
Phone Number		Phone Number	
Email Address		Email Address	
Spouse's Name		Spouse's Name	

### Children & Grandchildren

Name	Date of Birth	Email Address	Phone Number
Spouse's Name	Date of Birth	Email Address	Phone Number

### Children of Child 2

Name		Name	
Date of Birth		Date of Birth	
Phone Number		Phone Number	
Email Address		Email Address	
Spouse's Name		Spouse's Name	

Name		Name	
Date of Birth		Date of Birth	
Phone Number		Phone Number	
Email Address		Email Address	
Spouse's Name		Spouse's Name	



### Children & Grandchildren

Name	Date of Birth	Email Address	Phone Number
Spouse's Name	Date of Birth	Email Address	Phone Number

### Children of Child 3

Name		Name	
Date of Birth		Date of Birth	
Phone Number		Phone Number	
Email Address		Email Address	
Spouse's Name		Spouse's Name	

Name		Name	
Date of Birth		Date of Birth	
Phone Number		Phone Number	
Email Address		Email Address	
Spouse's Name		Spouse's Name	

### Children & Grandchildren

Name	Date of Birth	Email Address	Phone Number
Spouse's Name	Date of Birth	Email Address	Phone Number

### Children of Child 4

Name		Name	
Date of Birth		Date of Birth	
Phone Number		Phone Number	
Email Address		Email Address	
Spouse's Name		Spouse's Name	

Name		Name	
Date of Birth		Date of Birth	
Phone Number		Phone Number	
Email Address		Email Address	
Spouse's Name		Spouse's Name	

### Location of Estate Planning Documents

Document List	Cloud Storage	Computer File	External Hard Drive	Personal Safe	Filing Cabinet	With Attorney	Other	Specific Location
Original Documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copies of Documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Last Will & Testament(s)

Date Last Updated		Date Last Updated	
List of Executors	Phone Number	List of Executors	Phone Number

### Revocable Living Trust(s)

Revocable Trust Name		Revocable Trust Name		Revocable Trust Name	
Date Last Updated		Date Last Updated		Date Last Updated	
List of Trustees	Phone Number	List of Trustees	Phone Number	List of Trustees	Phone Number

### Irrevocable Trust(s)

Irrevocable Trust Name		Irrevocable Trust Name		Irrevocable Trust Name	
Document Date		Document Date		Document Date	
List of Trustees	Phone Number	List of Trustees	Phone Number	List of Trustees	Phone Number

### Advanced Health Care Directive

Document For:	Date Last Updated	Notes

## Health Care Power of Attorney

Date Last Updated		Date Last Updated	
List of Agents	Phone Number	List of Agents	Phone Number

## Financial / Durable Power of Attorney

Date Last Updated		Date Last Updated	
List of Agents	Phone Number	List of Agents	Phone Number

## Personal Property &amp; Final Arrangements

Personal Property Memorandum	Applicable?	Document Date	Location of Document
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Funeral & Burial Instructions / Pre-Paid Funeral Arrangements	Applicable?	Document Date	Location of Document
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Cemetery Deed	Applicable?	Document Date	Location of Document
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		

## Other Documents

Document Name	Document Date	Location of Document

## Notes

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**Individual 1 Name****Health Management & Records**

- Health Care Power of Attorney & Advanced Directive is located under Estate Plan Documents.
- Health Insurance policy information is located under Life & Health Insurance Policies.

**Current Diagnoses, Conditions & Limitations**

Condition name, diagnosis date, symptoms & severity, treatment & management, complications, specialist

**Current Medications**

Medication name, purpose, dosage, frequency, route of administration, side effects experienced

**Allergy & Dietary Restrictions** (medications, food, environmental, insect, other substances)

Type, avoidance plan, reaction symptoms & severity, diagnosis & testing, treatment, emergency plan

**Past Surgeries / Procedures & Past Illnesses**

Surgery name, date, reason for surgery, hospital location, outcome, recovery, follow-up care, complications
Illness name, diagnosis date, symptoms & severity, treatment & management, complications, specialist

# Medical Information – Individual 1

Individual 1 Name

## Preferred Medical Professionals & Medical Service Centers

- Physicians, Dentist, Ophthalmologist, OB-GYN, Cardiologist, ENT, Neurologist, Urologist, etc.
- Laboratories, imaging centers, wellness centers, rehabilitation centers, etc.

Provider Type	Practice Name	Doctor Name	Phone Number

## Preferred Hospital & Pharmacy

**Hospital** (One for each personal real estate location)

Name	Address	Phone Number

**Pharmacy** (One for each personal real estate location)

Name	Address	Phone Number

## Notes



# Medical Information – Individual 1

**Individual 1 Name**

**Preferred Care Providers & Living Arrangements**

In-Home Personal Care (Non-Medical)	Address	Phone Number
In-Home Health Care (Skilled Medical)	Address	Phone Number
Inpatient Rehabilitation Facility	Address	Phone Number
Assisted Living Facility	Address	Phone Number
Skilled Nursing Facility	Address	Phone Number
Hospice Care (In-Home)	Address	Phone Number
Hospice Care (Inpatient / Facility)	Address	Phone Number
Type & Provider	Address	Phone Number
Type & Provider	Address	Phone Number
Type & Provider	Address	Phone Number
Type & Provider	Address	Phone Number

**Additional Information**

Additional Information	Details (examples: provider or name, phone number, yes or no)
Medical Alert Device Company	
Transportation Assistance Provider	
Trusted Neighbor Name	
Blood Type	
Organ Donor	

**Notes**

Individual 2 Name

**Health Management & Records**

- Health Care Power of Attorney & Advanced Directive is located under Estate Plan Documents.
- Health Insurance policy information is located under Life & Health Insurance Policies.

**Current Diagnoses, Conditions & Limitations**

Condition name, diagnosis date, symptoms & severity, treatment & management, complications, specialist

**Current Medications**

Medication name, purpose, dosage, frequency, route of administration, side effects experienced

**Allergy & Dietary Restrictions** (medications, food, environmental, insect, other substances)

Type, avoidance plan, reaction symptoms & severity, diagnosis & testing, treatment, emergency plan

**Past Surgeries / Procedures & Past Illnesses**

Surgery name, date, reason for surgery, hospital location, outcome, recovery, follow-up care, complications
Illness name, diagnosis date, symptoms & severity, treatment & management, complications, specialist

Individual 2 Name

**Preferred Medical Professionals & Medical Service Centers**

- Physicians, Dentist, Ophthalmologist, OB-GYN, Cardiologist, ENT, Neurologist, Urologist, etc.
- Laboratories, imaging centers, wellness centers, rehabilitation centers, etc.

Provider Type	Practice Name	Doctor Name	Phone Number

**Preferred Hospital & Pharmacy****Hospital** (One for each personal real estate location)

Name	Address	Phone Number

**Pharmacy** (One for each personal real estate location)

Name	Address	Phone Number

**Notes**

Individual 2 Name

## Preferred Care Providers &amp; Living Arrangements

In-Home Personal Care (Non-Medical)	Address	Phone Number
In-Home Health Care (Skilled Medical)	Address	Phone Number
Inpatient Rehabilitation Facility	Address	Phone Number
Assisted Living Facility	Address	Phone Number
Skilled Nursing Facility	Address	Phone Number
Hospice Care (In-Home)	Address	Phone Number
Hospice Care (Inpatient / Facility)	Address	Phone Number
Type & Provider	Address	Phone Number
Type & Provider	Address	Phone Number
Type & Provider	Address	Phone Number
Type & Provider	Address	Phone Number

## Additional Information

Additional Information	Details (examples: provider or name, phone number, yes or no)
Medical Alert Device Company	
Transportation Assistance Provider	
Trusted Neighbor Name	
Blood Type	
Organ Donor	

## Notes

- Recommendation: Store all documents in a secure physical location and/or cloud storage service.
- Specific Location Examples: Michigan office, tax return folder, with attorney, etc.

### Personal & Family

Document List	Cloud Storage	Computer File	External Hard Drive	Personal Safe	Filing Cabinet	Other	Specific Location
Driver's License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Immigration Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Marriage Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adoption Paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Military Discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Needs Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Incapacity Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Death Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Login Credential Document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Tax & Financial

Document List	Cloud Storage	Computer File	External Hard Drive	Personal Safe	Filing Cabinet	Other	Specific Location
Income Tax Returns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gift & Estate Tax Returns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Business Tax Returns & K-1s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Debit Cards / Credit Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial Account Statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equity Compensation Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pension Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Annuity Contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Education Account Statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Charitable Account Statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Divorce & Marital Agreements

Document List	Cloud Storage	Computer File	External Hard Drive	Personal Safe	Filing Cabinet	Other	Specific Location
Divorce Decree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prenuptial Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Postnuptial Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



### Business & Equity Investments

Document List	Cloud Storage	Computer File	External Hard Drive	Personal Safe	Filing Cabinet	Other	Specific Location
Article of Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operating Agreement/Bylaws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Succession / Buy-Sell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial Documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intellectual Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Note Receivable Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Real Estate & Property/Casualty Insurance

Document List	Cloud Storage	Computer File	External Hard Drive	Personal Safe	Filing Cabinet	Other	Specific Location
House/Land/Timeshare Deed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rental Real Estate Contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Property Tax Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Homeowners Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Property / Casualty Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Property Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Credit & Lending

Document List	Cloud Storage	Computer File	External Hard Drive	Personal Safe	Filing Cabinet	Other	Specific Location
Mortgage Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Loan Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lines of Credit Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Notes Payable Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicle Loans / Leases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Student Loan Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Life & Health Insurance

Document List	Cloud Storage	Computer File	External Hard Drive	Personal Safe	Filing Cabinet	Other	Specific Location
Life Insurance Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health, Dental, Vision Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Employer Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medicare Insurance Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disability Insurance Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Long-Term Care Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Personal Property

Document List	Cloud Storage	Computer File	External Hard Drive	Personal Safe	Filing Cabinet	Other	Specific Location
Auto / Motorcycle / RV / Boat / Personal Watercraft / Yacht Bill of sale, title, registration, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Airplane Bill of sale, FAA registration, airworthiness certificate, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Artwork / Collectibles Bill of sale, certificate of authenticity, appraisal, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clothing / Jewelry Bill of sale / receipt, appraisal certificate, warranty card, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Horses / Farm Animals Livestock Bill of sale, registration, ownership certificate, Coggins test, health certificate, equine passport, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Firearms Bill of sale, registration (if required), serial number records, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Safe Deposit Boxes

Institution Name	Address	Key Location	Box Number

## External Hard Drive(s), Filing Cabinet(s), Personal Safe(s) &amp; Firearm Safe(s)

Type	Location	Key Location	Code / Password

## Notes

- Recommendation: Verify and record your login credentials accurately using your preferred method.

### Non-Retirement Financial Accounts

**Cash Accounts** (Checking, savings, money market, CD's, etc.)

Institution	Account Type	Owner	Account Number

**Investment Accounts** (Brokerage, investment, mutual funds, non-qualified annuities, cryptocurrency, etc.)

Institution	Account Type	Owner	Account Number

**Equity Compensation** (Stock options, restricted stock units (RSU), restricted stock awards (RSA), etc.)

Institution	Award Type	Owner	Expiration Date

### Notes / Website

### Retirement Financial Accounts

- Employer Sponsored: 401(k), 403(b), 457(b), deferred compensation, SIMPLE, FSA, HSA, etc.
- Retirement Plans: Traditional IRA, Roth IRA, inherited IRA, qualified annuities, etc.

Institution	Account Type	Owner	Account Number

### Out of Estate & Education Accounts (Irrevocable trust investments, UGMA, UTMA, 529 plans, etc.)

Institution	Account Type	Owner	Account Number

### Charitable Accounts (Donor Advised Funds, Charitable Lead / Remainder Trusts, Private Foundations)

Institution	Account Type	Owner	Account Number

### Notes / Website



Business & Equity Investments

- Privately held companies (partnerships, LLC, S-Corp, C-Corps, etc.)
- General / limited partnerships, private equity, alternative investments

Business / Investment Name	Key Contact Name	Email Address	Phone Number

Notes Receivable, Promissory Notes & Land Contracts

Payor Name	Key Contact Name	Email Address	Phone Number

Notes



Personal Real Estate & Land

Primary Residence Address	City	State	Zip Code
Mortgage Lender <i>(if applicable)</i>	Mortgage Number	Alarm Code	Garage Code
Homeowner's Insurance Provider	Insurance Policy Number	Smart Lock Code	Gate Code
Notes		Capital Improvement Costs	

Address	City	State	Zip Code
Mortgage Lender <i>(if applicable)</i>	Mortgage Number	Alarm Code	Garage Code
Homeowner's Insurance Provider	Insurance Policy Number	Smart Lock Code	Gate Code
Notes		Capital Improvement Costs	

Address	City	State	Zip Code
Mortgage Lender <i>(if applicable)</i>	Mortgage Number	Alarm Code	Garage Code
Homeowner's Insurance Provider	Insurance Policy Number	Smart Lock Code	Gate Code
Notes		Capital Improvement Costs	

Notes

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**Investment Real Estate & Land**

Address	City	State	Zip Code
Mortgage Lender (if applicable)	Mortgage Number		
Property / Casualty Insurance Provider	Insurance Policy Number	Notes	

Address	City	State	Zip Code
Mortgage Lender (if applicable)	Mortgage Number		
Property / Casualty Insurance Provider	Insurance Policy Number	Notes	

Address	City	State	Zip Code
Mortgage Lender (if applicable)	Mortgage Number		
Property / Casualty Insurance Provider	Insurance Policy Number	Notes	

Address	City	State	Zip Code
Mortgage Lender (if applicable)	Mortgage Number		
Property / Casualty Insurance Provider	Insurance Policy Number	Notes	

**Notes**

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- **Recommendation:** While completing, update or create your personal property memorandum.

## Personal Property

- Motorized vehicles (auto, motorcycle, RV, boat, personal watercraft, yacht, airplane, etc.)
- Artwork and collectibles, clothing, jewelry and accessories, horses, farm animals and livestock
- Other assets with significant value or importance (firearms, family heirlooms, etc.)

[illegible]



Credit Cards

Issuer	Borrower	Card Number	Notes

Personal Loans & Lines of Credit (Include mortgage lender and mortgage number under Real Estate)

Lender	Lending Type	Account Number	Borrower

Other Lending (Notes payable, vehicle leases, student loans, etc.)

Lender	Lending Type	Account Number	Borrower

Notes

Life, Health, Disability & Long-Term Care Insurance

- Employer sponsored, private insurance or Medicare Advantage: life, health, dental, vision, short-term and long-term disability, long-term care, workers’ compensation, accidental death & dismemberment

Provider Name	Insurance Type	Policy Number	Individual Insured

Casualty Insurance (Liability, property damage, medical, injury, renters, professional, umbrella, pet, etc.)

Provider Name	Insurance Type	Policy Number	Notes

Notes

### Social Security

- Access Social Security benefits information at <http://www.ssa.gov/myaccount>

Name of Individual:		
Have you started your benefits?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, when do you plan on starting? ( <i>age or month &amp; year</i> )		
Are you entitled to anyone's benefits?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide the following details:		
▪ Name of Individual		
▪ Date of Birth		
▪ Date of Death		
▪ Social Security Number		

### Notes

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### Plans with Survivorship Benefits

Payor	Owner	Contact	Email Address	Phone Number

### Notes

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- TV, movie, audio, book streaming, news or magazine, meal delivery, subscription boxes, etc.
- Fitness center, entertainment, warehouse, travel, religious, professional, political, cultural, etc.
- Golf, tennis, social, wine & beer, automotive, marina, collectors, hobby, investment, etc.
- LinkedIn, Facebook, Instagram, TikTok, Pinterest, X (formerly Twitter), WhatsApp, etc.

[illegible]

**Questions & Answers (Part 1)**

Are you the main source of support for a dependent, relative, individual with special needs or other individual?

- Supporting capacity as a caregiver, guardian, custodian, conservator, and financial and/or health care power of attorney.
- If so, please provide the individuals name, relationship to you, date of birth, contact information, address and any additional information someone should know.

Are there any family dynamics someone should know about?

If you were unable to communicate, what important information would you want someone to know?



Have you allocated any funds for charitable commitments or pledged donations?

What values or life lessons do you want to pass down to future generations?

How do you want to be remembered and what kind of legacy do you hope to leave behind?

Notes

- Include the login credentials for all accounts referenced in the preceding sections.

[illegible]

[illegible]

## Comerica: A Name You Can Trust.

**Our client-centric approach surrounds clients with a team of experienced specialists, each dedicated to working closely with our clients to provide the right solutions to meet the specific needs, goals and priorities delivered through the concierge-style service they deserve.**

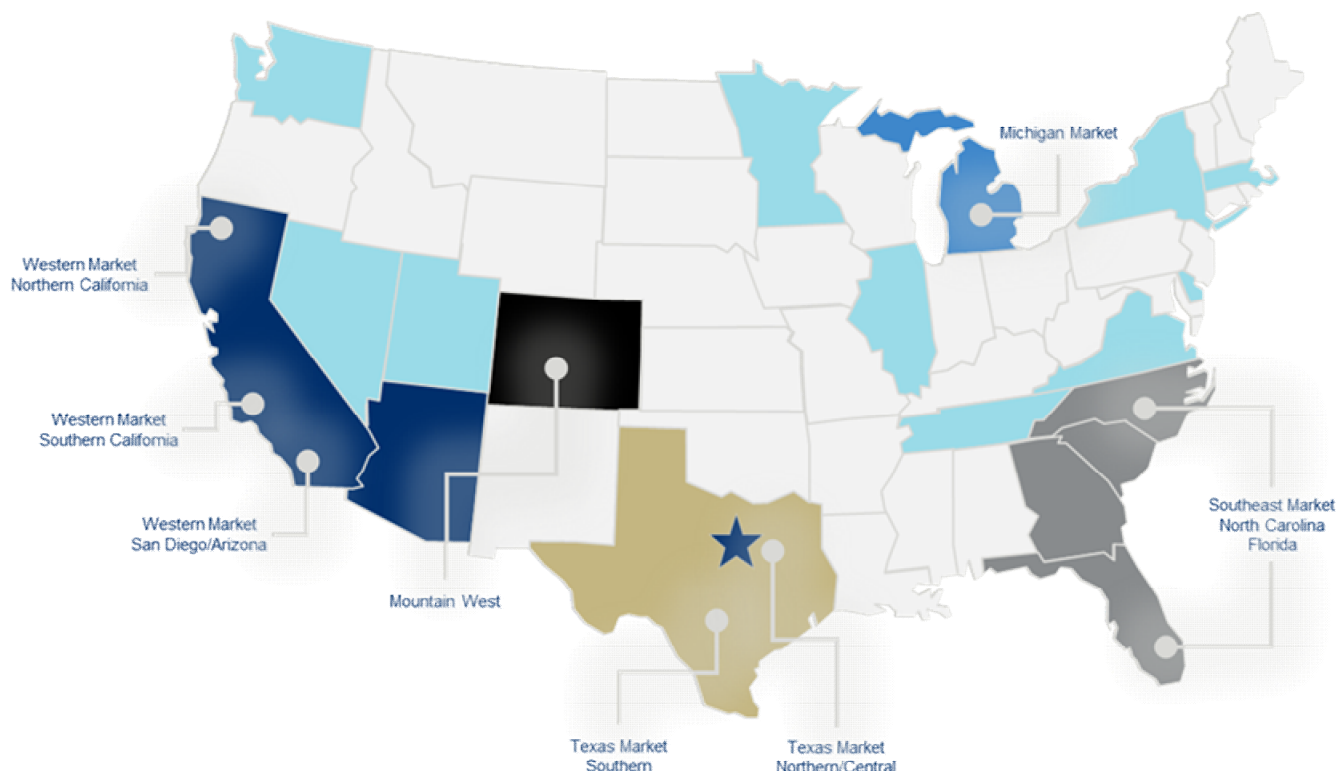
Comerica Incorporated (NYSE: CMA) is a financial services company headquartered in Dallas, Texas, and strategically aligned by the Commercial Bank, the Retail Bank, and Wealth Management. Comerica's approximately 7,800 colleagues focus on relationships, and helping people and businesses be successful.

In addition to Texas, Comerica Bank locations can be found in Arizona, California, Colorado, Delaware, Florida, North Carolina, Michigan, Minnesota and New York with select businesses operating in several other states, as well as in Canada and Mexico.

### About Comerica.

For more information about Comerica Incorporated, visit: [comerica.com/about-us/company-overview](https://comerica.com/about-us/company-overview)

- Directory Services: 800.521.1190
- Product Information: 800.292.1300
- Email: [info@comerica.com](mailto:info@comerica.com)
- Website: [www.comerica.com](https://www.comerica.com)
- Comerica Insights: [comerica.com/insights](https://comerica.com/insights)
- LinkedIn: Comerica Wealth Management
- Instagram: [@comerica\\_bank](https://www.instagram.com/comerica_bank)
- X: [@ComericaBank](https://twitter.com/ComericaBank) / Comerica\_Econ
- Facebook: [Facebook.com/Comerica](https://www.facebook.com/Comerica)



## Your Priorities Are Our Priority.

Together in partnership with you and your professional advisors we will identify the tailored solutions to achieve your short- and long-term needs, goals and objectives.

What we offer for individuals, business owners and their families.

Wealth Planning	Business Transition Planning	Investment Strategy & Research			
<input type="checkbox"/> Financial Planning <input type="checkbox"/> Business Transition Planning <input type="checkbox"/> Wealth Transfer Planning <input type="checkbox"/> Asset Protection Planning <input type="checkbox"/> Family Office Solutions	<input type="checkbox"/> Integrated Team, Integrated Approach <input type="checkbox"/> In-depth and Structured Process <input type="checkbox"/> Identification of Transition Alternatives <input type="checkbox"/> Decision Making Guidance	<input type="checkbox"/> Strategic, customized and diversified portfolios <input type="checkbox"/> Risk Assessments			
Private Banking	Comerica Financial Advisors*				
<input type="checkbox"/> Professional <input type="checkbox"/> Practice Financing <input type="checkbox"/> Real Estate <input type="checkbox"/> Financing <input type="checkbox"/> Personal Financing <input type="checkbox"/> Banking Solutions <input type="checkbox"/> Specialty Services	<input type="checkbox"/> Retirement Planning <input type="checkbox"/> Online Brokerage <input type="checkbox"/> Funding Education Expenses <input type="checkbox"/> Insurance and Annuities <input type="checkbox"/> Estate Planning Strategies <input type="checkbox"/> Retirement Income Strategies <input type="checkbox"/> Tax Planning Strategies	<p>*Comerica Financial Advisors is a brand name used by Ameriprise Financial Services, LLC ("AFS") representatives to offer securities, advisory, and insurance services and is not a separate legal entity. Registered representatives of AFS using the Comerica Financial Advisors name are employees of Comerica Bank. AFS and its affiliates are entities separate from, and not affiliates of, Comerica Bank.</p> <table border="1"> <tr> <td>Not FDIC or NCUA Insured</td><td>No Financial Institution Guarantee</td><td>May Lose Value</td></tr> </table> <p>Investment advisory products and services are made available through Ameriprise Financial Services, LLC, a registered investment adviser.</p> <p>Securities offered by Ameriprise Financial Services, LLC. Member FINRA and SIPC.</p>	Not FDIC or NCUA Insured	No Financial Institution Guarantee	May Lose Value
Not FDIC or NCUA Insured	No Financial Institution Guarantee	May Lose Value			
Commercial Banking	Trust & Estate Planning	Institutional Trust			
<input type="checkbox"/> Working capital loans and lines of credit <input type="checkbox"/> Acquisition financing <input type="checkbox"/> Commercial mortgages <input type="checkbox"/> Standby Letters of Credit <input type="checkbox"/> Export/import financing <input type="checkbox"/> Equipment financing <input type="checkbox"/> 1031 Forward and Reverse Exchanges <input type="checkbox"/> Asset-based loans <input type="checkbox"/> Rolling stock loans <input type="checkbox"/> ESOP loans <input type="checkbox"/> Leasing <input type="checkbox"/> Trade Services and Foreign Exchange <input type="checkbox"/> International and Corporate Finance <input type="checkbox"/> Cash Management <input type="checkbox"/> Risk Mitigation	<input type="checkbox"/> Estate Settlement Services <input type="checkbox"/> Charitable Solutions <input type="checkbox"/> IRA <input type="checkbox"/> ILITs <input type="checkbox"/> Revocable and Irrevocable Trusts <input type="checkbox"/> Specialty Asset Management <input type="checkbox"/> Oil, Gas & Mineral <input type="checkbox"/> Real Estate Property Management <input type="checkbox"/> Closely Held Business Administration <input type="checkbox"/> Special Needs Trusts, Guardianships, Conservatorships	<input type="checkbox"/> Custody and Asset Administration <input type="checkbox"/> Investment management <input type="checkbox"/> Benefit Payment Services <input type="checkbox"/> Custody Cash Sweep <input type="checkbox"/> Plan Accounting Services <input type="checkbox"/> Performance Measurement and Reporting <input type="checkbox"/> Comerica Trust Online			