

Legacy Plan of

My Personal Information,
Belongings, Property
Contact information, Final Wishes

This information is confidential, and
intended for use by the following
individuals:

This is not a legal document in and of itself. This is a guiding document.

Personal Information

Legal Name:

Other names of record:

Address of record:

Social Security Number:

Date of Birth:

Place of Birth:

A copy of my birth certificate is attached _____ is not attached _____

Military ID Number:

Tribal Enrollment Number:

A copy of my Military Identification is attached _____ is not attached _____

A copy of my Tribal Identification is attached _____ is not attached _____

My Medical information:

Doctor/physician contact:

Copies of my medical information/insurance is attached _____

Key Contact Information

Please contact the following individuals immediately:

1.

Name:

Relation:

Telephone:

Email:

Address:

2.

Name:

Relation:

Telephone:

Email:

Address:

3.

Name:

Relation:

Telephone:

Email:

Address:

4.

Name:

Relation:

Telephone:

Email:

Address:

5.

Name:

Relation:

Telephone:

Email:

Address:

6.

Name:

Relation:

Telephone:

Email:

Address:

7.

Name:

Relation:

Telephone:

Email:

Address:

8.

Name:

Relation:

Telephone:

Email:

Address:

9.

Name:

Relation:

Telephone:

Email:

Address:

Please do NOT share my personal or other information with the following:

My Social Media, Websites and Email

I would like to ask the following people to contact my personal and professional contacts via the internet/my website:

My website address:

Password:

My primary email address:

Password:

Other email address:

Password:

Facebook Page(s):

Password:

Twitter Account:

Password:

Other Social Media information:

Dependents

Name:

Age:

Relation:

Contact Information:

Specific needs/care:

Name:

Age:

Relation:

Contact Information:

Specific needs/care:

Name:

Age:

Relation:

Contact Information:

Specific needs/care:

Name:

Age:

Relation:

Contact Information:

Specific needs/care:

My Pets, Animals in My Care

I own the following animals:

The following special needs of these animals are:

Veterinary Contact Information:

Please put these animals in the care of:

I am the boarder/custodian/caretaker for the following animals:

Their special needs are:

Please contact the owners of these animals immediately:

Name:

Contact Information:

Name:

Contact Information:

Financial and Business Information Checklist

I have attached a copy of the information necessary to access the following:

_____ Personal checking account

_____ Business checking account

_____ Personal savings account

_____ Business savings account

_____ Life insurance policies

_____ Other insurance policies

_____ Vehicle registration for vehicle _____

_____ Vehicle registration for vehicle _____

_____ Vehicle registration for vehicle _____

_____ Vehicle registration for vehicle _____

_____ Employment information

_____ Attorney or Legal Advisor Information

_____ Social Services information

_____ Landlord contact information

_____ Reverse Mortgage contact information

_____ IRA and retirement accounts

- _____ Title or Mortgage - Primary Residence
- _____ Title or Mortgage - Secondary Residence
- _____ Title or Mortgage - Business Property
- _____ Title or Mortgage - Income or Other Real Property
- _____ Documentation for Personal Property (Collections, Art, Heirlooms)
- _____ Credit Card Information
- _____ Utility Information
- _____ Subscription Information
- _____ List of accounts to cancel
- _____ List of encumbrances to pay off and what account to pay them from
- _____ List of property in my possession that belongs to others
- _____ List of specific items to be distributed, and to whom
- _____ List of Family, extended family members and closest friends
- _____ Will or Trust Documents
- _____ Bequests to Charitable Organization(s)
- _____ Annuities, Stocks, Investments with disbursement instructions

_____ *Other Important Documents as follows:*

1.

2.

3.

4.

_____ *Funeral Home arrangements*

_____ *Specific Instructions regarding religious/spiritual wishes*

_____ *Directions relating to Memorials, Services in my Memory*

_____ *Media (pictures, videos, letters, poems) for Memorial Service use*

_____ *Final Words, Personal Messages*

_____ *Messages to Beneficiaries*

_____ *Other:*

This Legacy Planner is not a legal document. It is designed to help you organize your personal and professional affairs and gather together the information that others will need to carry out your wishes after your physical departure.

This planner should assist you in preparing a Will and Living Trust. These are the legally binding documents that protect your assets, your personal belongings, your relatives, your dependents, your pets and your final wishes.

This planner is provided at no cost by the Native American and environmental non profit association Redbird. To download a free copy of this document, please visit our website at www.RedbirdsVision.org
You will find a link to a pdf format version of the Legacy Planner on the Planned Giving page.

If you do not have access to a computer/printer/pdf format documents, we will be pleased to mail you a paper copy of the Legacy Planner at no cost. Please contact us and provide your mailing address.

Redbird
P.O. Box 702
Simi Valley, CA 93062
Phone (805) 217-0364
Email: redibirds_vision@hotmail.com