A Guide to Financial Information and Final Wishes
for my Family/Advocate/Executor

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This publication is a guide to organizing and compiling important personal and financial information. It might not have any legal standing in the settlement of an estate and is not a substitute for a Will unless an attorney incorporates the document within the Will. This document is intended to be an instrument of organization and convenience. We recognize that it can be daunting to fill this out but having this information in one place can be particularly helpful to your loved ones in the case of long-term illness or death. We hope you will find it useful. Comments and feedback are invited.

_We thank Janette Brown, Director of the University of Southern California Emeriti Center (USC Emeriti Center) and the USC Emeriti Center for permission to use their brochure as guidance._

_Lisa Earle, 2022 President_
_Cornell Academics and Professors Emeriti_

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Instructions

Keep copies of documents in one place. Include copies of documents, such as wills, living trusts, durable powers of attorney, and advanced directives (living wills). Review and update your important documents and beneficiary designations on a regular basis. Share this planner with your advocate, spouse, partner, or another family member or friend so that they will know your wishes and have access to your key documents and information. Remember to share updated versions as well. Often, several people are designated for various roles of advocacy; we encourage you to share relevant pages of this document for their convenience. You may choose to discuss portions of this document with a financial adviser.

To minimize the risk of data theft or unwanted disclosure of personal information, we advise you to print a hard copy of the document and fill in necessary information by hand. Upon completion, the document should be filed in a secure location. (Be sure to advise your advocate where to find it).

Alternatively, or additionally (for redundancy), you may choose to save the information on an encrypted external storage medium, such as a secure USB flash drive, which should then also be stored in a secure location. To reduce the security risks associated with inputting personal information on a computer, we recommend disconnecting your computer from the internet prior to inputting information into the form, and reconnecting to the internet only after the form has been completed, and the data moved to a secure storage medium that is no longer connected to your computer. We strongly discourage anyone from saving such information on a computer or phone or sending the document via email. In the case of a security breach, important information could be compromised.

Throughout this document, please write NA (not applicable) when appropriate, to show that the question was not overlooked.

************************************************************************

Preface (You may wish to add a personal note here to whoever reads this):

You can cut/paste or just type here. Attach comments if you need more space beyond the size of this text box.
Personal Information

Name

Former name(s) and/or maiden name

Place/Date of birth

Current address

Additional addresses (summer home, etc.)

Social Security number

Medicare number(s)

Email address(es)/passwords

Driver’s license number, state, date of issue

Passport number & country of issue

Emergency contact(s)

Other/Misc.

You can cut/paste or type here. Attach comments if you need more space beyond the size of this text box.
Contact Information of Family, Advocates, Friends, Professionals

Primary family/advocate contact  (if there is no primary family contact, check here______)
Name/relationship__________________________________________________________
Contact information (address, phone, email) __________________________________

Other family members
Name(s)/relationship________________________________________________________
Contact information __________________________________________________________

Other family members
Name(s)/relationship________________________________________________________
Contact information __________________________________________________________

___ If needed, attach a list of additional family members and check here.

Are there individuals who should NOT be contacted? If so, list here:
________________________________________________________________________

Advocate(s)/ friends
Name(s) _________________________________________________________________
Contact information _________________________________________________________

Health care proxy (Power of attorney for health care decisions)
Name______________________________________________________________
Contact information ________________________________________________

Power of attorney for asset management
Name______________________________________________________________
Contact information ________________________________________________
Attorney
Name/Company
Contact information

Tax consultant or accountant
Name(s)/company
Contact information

Personal financial advisor
Name/Company
Contact information

Primary Executor
Name
Contact information

Secondary executor(s)
Name(s)
Contact information

Religious contact/organization
Name(s)
Contact information

_____ If appropriate, attach a list of key contact information from work, volunteer activities, etc. and check here.
Dependents and Pets

_____ I have a special-needs family member or friend for whom I am responsible.

Name & relationship ________________________________
Nature of need/support ________________________________

_____ Attach related contact, medical, and financial information, and check here.

Other Dependents

Name & relationship ________________________________
Nature of need/support ________________________________

_____ Attach related contact, medical, and financial information, and check here.

Pet #1
Type (dog, cat, etc.), name and birth year ________________________________
Veterinarian name and contact information ________________________________

If I become incapacitated or die, it is my desire that ____________________________ (name/contact) take care of my pet.

Instructions __________________________________________

Pet #2
Type (dog, cat, etc.), name and birth year ________________________________
Veterinarian name and contact information (if different from above) ________________________________

If I become incapacitated or die, it is my desire that ____________________________ (name/contact) take care of my pet.

Instructions __________________________________________

_____ For additional pets/information add a list to the end and check here.
Estate Planning Checklist

Here are important documents you should consider having. Some will require you to consult with a lawyer. At the end of this document, you will be asked to attach copies or indicate their location.

- Health Care Proxy
- Advance health care directive (Living Will)
- Organ donor directive
- Power of attorney for asset management (Durable power of attorney)
- Wills and codicils/Living trusts
- Trust agreements
- Other/asset management directives

Computer/Internet Access

Note: Passwords should be changed frequently (ideally every 90 days). A current list of passwords could be kept separate from this document and its location noted here.

If you have social media accounts (e.g., Facebook) that may require action, attach a list with suggested action.

Device #1.
Type User Name Password
Additional Security requirement

Device #2.
Type User Name Password
Additional Security requirement

Device #3
Type User Name Password
Additional Security requirement

For additional devices, add a list and check here.
Physicians, Medical Contacts, Pharmacy

**Primary Care Physician** (name and contact information)

**Other Key Medical Providers**: if necessary, attach list of additional providers and check here.

**Pharmacy** (name/location/contact information)

**Mail Order Pharmacy** (name/contact information)

**Prescriptions/Rx**

Rx #1 (medication name and RX #)

Rx #2 (medication name and RX #)

Rx #3 (medication name and RX #)

Rx #4 (medication name and RX #)

_____ For additional prescriptions, add a list to the end and check here.
**Insurances**

The most common insurances are listed here.

**Life Insurance**

Company name

Policy number/Member number

Contact information

**Homeowner/Renter Insurance**

Company name

Policy number/Member number

Contact information

**Automobile Insurance**

Company name (if different from Homeowner insurance)

Policy number/Member number

Contact information

**Personal and/or Professional Liability Insurance**

Company name

Policy number/Member number

Contact information

**Umbrella Insurance (if different from homeowner insurance)**

Company name

Policy number/Member number

Contact information
Long-term Care Insurance
Company name ____________________________________________________________
Policy number/Member number ____________________________________________
Contact information ______________________________________________________
----- For additional insurance information, add a list to the end and check here.

Medicare
Note: Contract College employees may get reimbursed by NYS for Medicare Part B IRMAA (Income-Related Monthly Adjustment Amount)
Medicare number ________________________________________________________

Other Health Insurance
Company name ____________________________________________________________
Policy number/Member number ____________________________________________
Contact information ______________________________________________________

Prescription Drug Coverage Plan
Plan Name/Local Pharmacy ________________________________________________
Policy number/Member number ____________________________________________
Contact information ______________________________________________________

Dental Insurance
Company name ____________________________________________________________
Policy number/Member number ____________________________________________
Contact information ______________________________________________________
Sources of Income

Retirement accounts (IRA, 401(k), 403b, 457, Keogh, SEP or other retirement accounts). Most Cornell retirees are invested in TIAA or Fidelity.

Type of account #1

Company name ____________________________________________
Policy number ____________________________________________
Contact information: ______________________________________
Automatic deposit? If yes, Bank/Account number ________________

Type of account #2

Company name ____________________________________________
Policy number ____________________________________________
Contact information: ______________________________________
Automatic deposit? If yes, Bank/Account number ________________

_____ If you have other retirement accounts, attach a list and check here.

Other investment accounts

Type of account ____________________________________________
Company name ____________________________________________
Policy number ____________________________________________
Contact information: ______________________________________
Automatic deposit? If yes, Bank/Account number ________________

_____ If you have other investment accounts, attach a list and check here.

Social Security

_____ I receive SS benefits
_____ I am eligible for SS benefits

Name on Social Security Card __________________________________
Social Security Number _______________________________________
Password on “My Social Security” site ______________________________

Type of benefit received (retirement, widow(er), disability, etc.) ______________________________

Automatic deposit? If yes, Bank/Account number ______________________________

_____ If you have other relevant information, attach a list and check here.

**Veteran Benefits**

_____ I served in the military
_____ I am the spouse/dependent of a military person
_____ I am eligible for military burial

Name served under__________________________________________________________

Military service number ______________________________________________________

Dates of Service and Rank ______________________________________________________

Account number(s)/ Pension ID number __________________________________________

Plan Contact/Administrator (Including local one if applicable)

________________________________________________________

Phone/Email/Address __________________________________________

Automatic deposit? If yes, Bank/Account number ______________________________

_____ If you have other retirement accounts, attach a list and check here.

**Pensions**

**Pension Source** #1

Name of Plan and ID# ___________________________________________________________

Company name ______________________________________________________________

Policy number _______________________________________________________________

Contact information___________________________________________________________

Years of employment and position____________________________________________

Automatic deposit? If yes, Bank/Account number ______________________________

_____ Check here if there are survivor benefits under this plan.
**Pension Source #2**

Name of Plan and ID# ________________________________________________________________

Company name ________________________________________________________________

Policy number ________________________________________________________________

Contact information ___________________________________________________________

Years of employment and position _______________________________________________

Automatic deposit? If yes, Bank/Account number _____________________________________

_____ If there are survivor benefits under this plan, check here.

_____ If you have other pension sources, attach a list, and check here.

**Annuities**

**Company Name #1**

Policy number ________________________________________________________________

Contact information ___________________________________________________________

Automatic deposit? If yes, Bank/Account number _____________________________________

_____ There are survivor benefits under this plan.

**Company Name #2**

Policy number ________________________________________________________________

Contact information ___________________________________________________________

Automatic deposit? If yes, Bank/Account number _____________________________________

_____ There are survivor benefits under this plan.

_____ If you have other/additional annuities, attach a list and check here.

**Employment** *(Salary/consulting fees, etc.)*

**Type of Income#1** _____________________________________________________________

Company name ________________________________________________________________

Contact information ___________________________________________________________

Automatic deposit? If yes, Bank/Account number _____________________________________
**Other Income** (Royalties, patents, charitable gift annuities, etc.)

**Type of Income #1** 
Company name ____________________________________________
Contact information __________________________________________
Automatic deposit? If yes, Bank/Account number ____________________________

**Type of Income #2** 
Company name ____________________________________________
Contact information ____________________________________________
Automatic deposit? If yes, Bank/Account number ____________________________

**Type of Income #3** 
Company name ____________________________________________
Contact information ____________________________________________
Automatic deposit? If yes, Bank/Account number ____________________________

_____ If you have additional income information, attach a list and check here.

**Bank Accounts, Credit Cards, Assets**

**Bank Accounts**

**Bank/Credit Union #1 Name**
Local Branch, if any ____________________________________________
Type of Account (Savings, checking, etc.) ____________________________
Account number ________________________________________________
Other names on account(s) ________________________________________
Bank Contact information _________________________________________
Automatic deposit? If yes, Bank/Account number ________________________
Bank/Credit Union #2 Name  
Local Branch, if any  
Type of Account (Savings, checking, etc.)  
Account number  
Other names on account(s)  
Bank Contact information  
Automatic deposit? If yes, Bank/Account number  

If you have additional banking information, attach a list and check here.

Safety Deposit Box  
Bank Name/Contact information  
Box Number  
Location of Safe Deposit Box  
Names of people authorized to access box:  
Contents in Safety Deposit Box:  

Security Safety Box – (this is a purchased, security safe box, such as a home safe, not a safe deposit box)  
Location of Security Box  
Where to find keys/codes  
Contents in Box

College Savings Plan (529 Plan)  
Account name and location  
Contact information
Credit Cards

Credit Card #1
Contact information
Type of Card (Visa, Mastercard, etc.)
Account number, expiration date, security code
Other Names on Account

Credit Card #2
Contact information
Type of Card (Visa, Mastercard, etc.)
Account number, expiration date, security code
Other Names on Account

Credit Card #3
Contact information
Type of Card (Visa, Mastercard, etc.)
Account number, expiration date, security code
Other Names on Account

Credit Card #4
Contact information:  
Type of Card (Visa, Mastercard, etc.)
Account number, expiration date, security code
Other Names on Account

If you have additional information to add, attach a list and check here.
Property/Real Estate/Assets

Real Estate #1 (Residence, vacation, commercial, rental, timeshare, etc.)
List location of deeds, rental agreements, timeshares, associations, etc., as relevant.

Type of Property ____________________________________________
Address ____________________________________________________
Owner(s) ____________________________________________________
Location of deed _____________________________________________
Approximate current value ___________________________ as of (date) _____________
Mortgage or reverse mortgage details __________________________

Real Estate #2 (Residence, vacation, commercial, rental, timeshare, etc.)
List location of deeds, rental agreements, timeshares, associations, etc., as relevant.

Type of Property ____________________________________________
Address ____________________________________________________
Owner(s) ____________________________________________________
Location of deed _____________________________________________
Approximate current value ___________________________ as of (date) _____________
Mortgage or reverse mortgage details __________________________

If you have additional information to add, attach a list and check here.

Timeshare Property (vacation, commercial, rental, timeshare, etc.)
Type of Property ____________________________________________
Address ____________________________________________________
Owner(s) ____________________________________________________
Location of deed _____________________________________________
Approximate current value ___________________________ as of (date) _____________

If you have additional information to add, attach a list and check here.
Automobile(s)
Brand, Model, Year ____________________________
Location of title ________________________________
Owner(s) ______________________________________

Other Assets #1 (boat, piano, etc.)
Type of Asset ________________________________
Owner(s) ______________________________________
Contact Information Related to Asset ________________________________

Other Asset #2
Type of Asset ________________________________
Owner(s) ______________________________________
Contact Information Related to Asset ________________________________

If you have additional information to add, attach a list and check here.

Personal Property Inventory Instructions
Attach a list and/or pictures of any personal property of financial or sentimental value, including jewelry, furniture, artwork, family heirlooms, etc. Indicate where that property is stored and designated beneficiary. If you have had items appraised, compile that information, and incorporate here (or secure it in a safety deposit box). Alternatively, take photographs of such property and annotate with location and designated beneficiary.

Debts To Me, Debts I Owe, Automatic Payments

Money Owed To Me (If you have promissory notes, contracts, etc., attach a copy (file originals in safe place or safety deposit box and indicate where you have stored them).

Type of Debt ________________________________
Name ______________________________________
Contact information __________________________
Amount of original debt ______________________
Written agreement location if applicable ________________________________
Interest/Balance ________________________________ as of (date) ________________
Debts I Owe

Mortgage #1
Company name(s) ________________________________________________
Account number(s) ______________________________________________
Contact information _____________________________________________
Monthly payment/ Payoff amount _________________________________
Deed/application information location ______________________________

Second Mortgage/Refinance Information
Company name(s) ________________________________________________
Account number(s) ______________________________________________
Contact information: _____________________________________________
Monthly payment/ Payoff amount _________________________________
Deed/application information location: ______________________________

Auto Loans/Rentals
Company name(s) ________________________________________________
Account number(s) ______________________________________________
Contact information _____________________________________________
Monthly payment/ Payoff amount _________________________________

Personal Debts
Name owed to ___________________________________________________
Contact information _____________________________________________
Monthly payment/ Payoff amount _________________________________
Automatic Payments (Phone, cable, internet, online apps, professional societies, subscriptions, magazines, newspapers, charities, investments, etc.)

Payment #1

Payee

Contact information

Source of payment (credit card, bank transfer, etc.)

Account from which payment is made

Amount paid

Payment interval (monthly, quarterly, yearly, etc.)

Should this payment continue? No ___ Yes ___ until when/cancellation date

Payment #2

Payee

Contact information

Source of payment (credit card, bank transfer, etc.)

Account from which payment is made

Amount paid

Payment interval (monthly, quarterly, yearly, etc.)

Should this payment continue? No ___ Yes ___ until when/cancellation date

Payment #3

Payee

Contact information

Source of payment (credit card, bank transfer, etc.)

Account from which payment is made

Amount paid

Payment interval (monthly, quarterly, yearly, etc.)

Should this payment continue? No ___ Yes ___ until when/cancellation date

If you have additional automatic payments, attach a list and check here.
Office/Professional Space at Cornell or Elsewhere

Location/Department

Office contact/information

Instruction about personal items in office (Contact department chair for assistance. Consider netid, extensions, books, meaningful artifacts, papers, etc.)

Final Wishes and Prior Arrangements

Include your wishes regarding burial, cremation, funeral home, burial site, funeral, or memorial service, etc. In the event of my death, I have the following wishes:
If military cemetery eligible, provide contact information

Prior Arrangements
I have already made the following arrangements: e.g., prepaid burial plot, anatomical/body donation to medical science, etc. Include relevant contact information (funeral home, body donation registry, etc.)
Signature

Your name (printed) ________________________________________________

Signature __________________________________________ Date ___________
Additional Information

You can cut/paste here. Attach comments if you need more space beyond the size of this text box.
List of Documents Attached (or their location)

_____ Health Care Proxy (Power of attorney for health care decisions)
_____ Advance health care directive (Living Will)
_____ Organ donor directive
_____ Power of attorney for asset management (Durable power of attorney)
_____ Wills and codicils/Living trusts
_____ Trust agreements
_____ Information about any businesses owned
_____ Other asset management directives
_____ Birth certificate
_____ Marriage certificate or domestic partner agreement
_____ Pre-nuptial agreement / post-nuptial agreement / divorce records
_____ Personal property inventory / photos and descriptions
_____ Social security card
_____ Social media accounts and suggested actions (disable account, e.g.)
_____ Other _____________________________________________________________
_____ Other _____________________________________________________________
_____ Other _____________________________________________________________
_____ Other _____________________________________________________________

Anything else that others should know?