Life and Legacy Organizer

UNCOMMON CENTS INVESTING

Update annually

Name: _____ Date: _____

Will/Trust/Power of Attorney

☐ Will ☐ Trust ☐ Power of Attorney

Where Located: _____

Attorney: _____ Date Established: _____

Bank Accounts

Bank Name: _____ Phone: _____

Type of Account: _____ Account Titling/Name: _____

Account Number: _____ Approx Value: _____

Bank Name: _____ Phone: _____

Type of Account: _____ Account Titling/Name: _____

Account Number: _____ Approx Value: _____

Investment Accounts

(IRAs, 401Ks, Brokerage, etc.)

Advisory Firm and/or Custodian: _____ Account Number: _____

Phone Number: _____ Type of Account: _____

Approx Value: _____

Advisory Firm and/or Custodian: _____ Account Number: _____

Phone Number: _____ Type of Account: _____

Approx Value: _____

Real Estate/Other

Health Insurance

Company Name: _____ Representative Name: _____

Phone: _____ Account Number: _____

Death Benefit Information: _____

info@uncommoncentsinvesting.com
608-563-2437

www.uncommoncentsinvesting.com
1215 Suffolk Drive, Unit 100, Janesville, WI 53546

Life Insurance

Company Name: _____ Representative Name: _____

Phone: _____ Account Number: _____

Death Benefit Information: _____

LTC Insurance

Company Name: _____ Representative Name: _____

Phone: _____ Account Number: _____

Death Benefit Information: _____

My Monthly Bills

Company Name: _____ Account Number: _____

Billing Frequency: _____ How Paid: ☐ Online ☐ Mail ☐ Auto

Company Name: _____ Account Number: _____

Billing Frequency: _____ How Paid: ☐ Online ☐ Mail ☐ Auto

Company Name: _____ Account Number: _____

Billing Frequency: _____ How Paid: ☐ Online ☐ Mail ☐ Auto

Company Name: _____ Account Number: _____

Billing Frequency: _____ How Paid: ☐ Online ☐ Mail ☐ Auto

Employer Benefits

Contact Name: _____ Contact Phone: _____

Contact Email: _____

Details of Death Benefits: _____

Tax Preparer/Accountant

Company: _____ Contact Person: _____

Phone: _____

Funeral/Celebration of Life Wishes

_____

_____