

**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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## 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 (f 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?