



EMENS & WOLPER LAW FIRM

A LEGAL PROFESSIONAL ASSOCIATION

PERSONAL SECURITY CHECKLIST

by:

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PERSONAL SECURITY CHECKLIST

The following checklist was initially designed to enable couples to have security in knowing that the spouse of a “primary breadwinner” has the basic necessary information in the event of the death or serious illness of the primary breadwinner.

However, it is apparent that this checklist has a broader audience:

The spouse who doesn't know where “things” are

The business associate, who doesn't know where things are

The child of an elderly parent

Anyone who would need to know where assets are after a death of someone close

Although sitting down to fill out the checklist may be uncomfortable to some people, advance planning is much better than no planning.

Since some of the information in the checklist may be confidential, the checklist should be kept in a safe place, a copy kept with each will, and a copy kept by the attorney. The checklist should be updated at least annually and anytime an event occurs that changes the information.

Date: _____

Full Name: _____

First

Middle

Last

Date of Birth: _____

Social Security Number: _____

Passport Number: _____

Military Service: _____ (where are discharge papers?)

Full Business Name(s), if any: _____

Mailing Address: _____

Office Phone: _____

Fax Number: _____

Spouse (if any) _____

Full Name:

First

Middle

Last

Date of Birth: _____

Social Security Number: _____

Passport Number: _____

Military Service: _____ (where are discharge papers?)

Mailing Address if Different from Above: _____

**Business employee or colleague to be phoned first in cases of emergency,
serious illness or death:**

Name: _____

Home Telephone: _____

**Business
Telephone:** _____

**Position in the
Business:** _____

**What should he/she be
told:** _____

**Personal friend to be phoned first in cases of emergency, serious illness or
death:**

Name: _____

Home Telephone: _____

**Business
Telephone:** _____

Relationship: _____

Estate Information

Date of Will: _____

Executor: _____

Location of Will: _____

When was it last updated? _____

What are the essential terms of the will?

Date of Trust, if any:

Location of Trust:

Trustee(s):

Is there a buy/sell agreement for the business? _____ if so, where is a signed copy? _____

Date: _____

Does your ownership in the business transfer to spouse, or is it subject to another agreement?

Location of Important Documents such as Adoption, Marriage Certificate, Prenuptial Agreement, Divorce papers, Military Discharge:_____

Location of
Living Will: _____
When was it
last updated? _____

Who did you designate?

Location of Durable Power of Health Care:

When was it
last updated? _____

Who did you designate?

Personal Accountant

Accountant's
Name: _____

Accountant's Firm
Name: _____

Phone
Number: _____

Business Accountant (if different)

Accountant's
Name: _____

Accountant's Firm
Name: _____

Describe the current financial condition of the company:

Does the accountant have copies of the company's financial statements? _____

Does the accountant have personal financial statements? _____

Where are copies of personal tax returns for the last three years?

Who prepared the personal tax returns? _____

Bank(s)

Bank Accounts: (list Bank Branch, Address, Amount and Banker)

Personal Checking: _____

**Personal Savings
Accounts:** _____

Loans (if any): _____

**Business Checking
Account:** _____

Other Business Accounts: _____

Business Loans (if any): _____

Safe Deposit Box location, if any: _____

Location of Key: _____

Current Credit Cards:

Insurance and Retirement

	Residence	Medical	Auto
Name(s) of Agent(s):	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Firm(s):	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Phone Number(s):	_____	_____	_____
Policy Number(s)	_____	_____	_____
Location of Policy:	_____	_____	_____
Amount(s) of Coverage:	_____	_____	_____

Life Insurance

Amount	Beneficiary	Insurance Company	Agent's Phone No.
\$ _____	_____	_____	_____
\$ _____	_____	_____	_____
\$ _____	_____	_____	_____
\$ _____	_____	_____	_____
\$ _____	_____	_____	_____

Location of Policy: _____

Key Person Insurance? _____ If So,

Insurance Company? _____

In what amount(s)? _____

Who is the beneficiary? _____

For what purpose was it purchased? _____

Any special accident Insurance, such as travel insurance? _____ If so,

Company? _____

Agent? _____

Any special mortgage Insurance? _____ If so,

Company? _____

Amount? _____

Agent? _____

Are you eligible for full social security? _____

What retirement plan(s) do you have ... such as IRA, 401(k)?

Plan	Beneficiary	Company	Agent/Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Investments

Other investments besides the business?			
Stock(s)? Name of Company	Number of Shares	Approximate Value this Date	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bond(s)? Name of Company	Number of Shares	Value this Date	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Securities?

Name of Company	Number of Shares	Value this Date	Location

Other Assets of Value

Describe asset, approximate value, and location of: art, jewelry, stamps, coins, etc., if additional space is needed please use reverse side.)

(assign to trust)

Vehicles and location of titles:

Real Estate

What real estate property owned?

***Type of property: (resident, farm, commercial, condominium, investment,
vacant land, other)**

Street Address: _____

In the county of: _____ **State of** _____

Ownership interest is: _____

I acquired the property on or about _____ **and the purchase price of**
real estate was \$ _____

Is there a mortgage or money owed on the property? _____

If so, who holds the mortgage? _____

Where can the deed (and mortgage) be located? _____

***Type of property: (resident, farm, commercial, condominium, investment,
vacant land, other)** _____

Street Address: _____

In the county of: _____ **State of** _____

Ownership interest is: _____

I acquired the property on or about _____ **and the**
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Street Address: _____

In the county of: _____ State of _____

Ownership interest is: _____

I acquired the property on or about _____ and the purchase price of real estate was \$ _____

Is there a mortgage or money owed on the property? _____

If so, who holds the mortgage? _____

Where can the deed (and mortgage) be located? _____

Business Ownership

Who owns your business(es) and in what proportion?

Business Succession

Have you identified someone at the company who you believe would be able to run it on an interim basis? _____

If so Who? _____

Would they be able to run it on a long-term basis?

Who: _____

If I need to ask advice from an employee at the company, who do you most trust?

Is there someone outside the business who I might be able to contact for advice?

Do you have a board of directors and/or advisors? _____

If so, who are they? Circle the person I should contact first.

Medical Information

Location of Medications and List of Medications

Name and phone number of Physicians:

Health Insurance:

Location of Medical Records:

Funeral Arrangements

Name, Address and contact information for Funeral Home:

Pre-Paid Burial Costs: Yes No

If so where is paperwork? _____

Cemetery? Include plot number and location of documents.

Do you have any special requests concerning the funeral?

Pets

Name and Type of Pet(s)

People I wish to take care of my pet(s):

Name	Address	Phone