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ROADMAP FOR WHEN I AM GONE



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As financial advisors, we understand the importance of having a plan. One of the most important areas that a plan should be in place for is incapacity and/or death. While having properly executed estate documents is a good first step, estate planning goes beyond this. Ensuring family and decision makers have adequate information about your assets, liabilities, and intents is extremely important as well.

While individuals are reluctant to discuss the tragedy of their death or disability with family members, they have less concern about leaving written information behind. This is the purpose of the following “Roadmap for When I am Gone.” Estate planning is not fundamentally about the dead and the avoidance of a death tax. Instead, its most important goal should be to provide “A Legacy for the Living.” Your incapacity or death will radically impact your family. Failure to plan and a failure to provide basic information in virtually every case will create family conflict, cause the dissipation of assets you have spent a lifetime building or result in the payment of income and estate taxes which might have been easily avoided.

The incapacity or death of a family member is always a traumatic event. But the emotional turmoil and family pain is often magnified by the resulting confusion over the plans, assets, and desires of an incapacitated or deceased family member. The mental fogginess that accompanies the family’s trauma is exacerbated by the inability to make basic decisions because of the lack of basic information.

We have designed this Roadmap to provide “information in a time of confusion” and help minimize the types of inadvertent mistakes, which often occur in these times of turmoil. While the document certainly will help save time, that is not its primary purpose. The primary purpose is to reduce the confusion and stress, which almost always accompanies the death or disability of a loved one. We recommend that you complete the document, keep a copy with important records and perhaps, provide a copy to family member(s) and/or professional advisor(s). We should certainly have a copy if you wish.

In addition, you may want to consider calling a family meeting where you, your advisor(s), and heirs can discuss both the documents and the desires you have for your family using a family mission statement as the catalyst. This meeting assures that those who will be making decisions upon your death or disability know what you wanted. These meetings encourage a broad range of discussion on topics — including areas of potential conflict (e.g., choice of trustees), which you might not have anticipated. It also allows your advisors to gain a greater understanding of the family dynamics.

Instructions

- ✓ Complete the Roadmap for When I am Gone to the best of your ability.
- ✓ Organize all your pertinent documents in one place. This can include:
 - Copies of all estate documents (wills, trusts, power of attorney, etc.)
 - Property deed(s)/title(s)
 - Vehicle title(s)
 - Official certificates (birth, marriage, etc.)
 - Insurance policies (life, disability, long-term care, health, homeowners, automobile)
 - Funeral arrangements
- ✓ Ensure family members know where the Roadmap and documents are located. It is also a good idea to provide a copy to your financial advisor and/or attorney. Providing your heirs with a copy can be helpful as well.
- ✓ Periodically update the Roadmap when changes to your personal situation arise.



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PERSONAL & CONFIDENTIAL

Roadmap for When I am Gone

From _____
(Effective _____, 20_____)

Dear Loved Ones:

In an attempt to make things easier for you, I have written this letter to provide you with information that will be necessary for you when the time arises:

Advisors

Having the right advisors is a critical part of my planning. Some of the people you will need to contact are listed below:

Attorney:

Contact to begin distributing my estate

Name: _____
Address: _____
Phone: _____
Email: _____

Insurance Agent:

Contact to distribute life insurance proceeds & cease payments

Name: _____
Address: _____
Phone: _____
Email: _____

Accountant:

Contact to notify of potential tax status change

Name: _____
Address: _____
Phone: _____
Email: _____

Mortgage Holder:

Contact to notify of successor of title of my home

Name: _____
Address: _____
Phone: _____
Email: _____

Financial Planner:

Contact to begin account titling changes & distributions

Name: _____
Address: _____
Phone: _____
Email: _____

Other:

Name: _____
Address: _____
Phone: _____
Email: _____

Income

Below is information regarding my current or former career and the various benefits I receive:

I work at:

Company Name: _____

Contact Name: _____

Phone Number: _____

I have the following benefits where I work or worked (briefly describe):

Employer Sponsored Retirement Plan: _____

Stock Ownership: _____

Stock Options: _____

Health Savings Account/Flexible Savings Account: _____

Other: _____

I am an owner of the following business:

Business Name: _____

Ownership Percentage: _____

Other owner(s): Name: _____ Contact No.: _____

Name: _____ Contact No.: _____

I have the following benefits through my business (briefly describe):

Employer Sponsored Retirement Plan: _____

Buy/Sell Agreement: _____

Stock Ownership: _____

Stock Options: _____

Health Savings Account/Flexible Savings Account: _____

Other: _____

I am retired, and have the following pension income:

Company	Contact Phone No.	Monthly Income	Survivor Benefit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Income: _____

I receive monthly income from the following annuity(s):

Company	Policy No.	Monthly Income	Phone:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I receive the following Social Security benefits: Monthly Income: _____

I am entitled to veterans benefits due to the following military service:

Description of military service: _____

Years of service—From: _____ To: _____

Assets

Here is a list of all my investment and real assets. I have listed a contact person and telephone number for each item, as well as the location of any documents.

Custodian: _____	Custodian: _____
Account No.: _____	Account No.: _____
Title of Account: _____	Title of Account: _____
Custodian Phone: _____	Custodian Phone: _____

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Custodian: _____	Custodian: _____
Account No.: _____	Account No.: _____
Title of Account: _____	Title of Account: _____
Custodian Phone: _____	Custodian Phone: _____

Residence: _____	Residence: _____
Street: _____	Street: _____
City/State/Zip: _____	City/State/Zip: _____
Owned by: _____	Owned by: _____

Residence: _____	Residence: _____
Street: _____	Street: _____
City/State/Zip: _____	City/State/Zip: _____
Owned by: _____	Owned by: _____

Automobile: _____	Automobile: _____
Owned by: _____	Owned by: _____

Automobile: _____	Automobile: _____
Owned by: _____	Owned by: _____

Money is owed to me by:	Money is owed to me by:
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Amount: _____	Amount: _____

Unique Personal Property

I have the following unique personal property:

Firearms:

Make	Model	Serial Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Personal Property (ie. boats, motorcycles, antiques, vintage cars, jewelry, etc.):

Type	Description	Addl. Information
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Liabilities

Here is a list of our liabilities, including a contact name and phone number of each.

Liability: _____ **Liability:** _____
Contact: _____ Contact: _____
Phone: _____ Phone: _____

Liability: _____ **Liability:** _____
Contact: _____ Contact: _____
Phone: _____ Phone: _____

I presently carry the following credit cards:

Company: _____ Company: _____
Card No.: _____ Card No.: _____

Company: _____ Company: _____
Card No.: _____ Card No.: _____

Here is a list of my utilities/monthly dues:

Utility Type	Company/Individual	Account Number	Contact Information	On Auto Payment	
Electric				Yes	No
Gas				Yes	No
Cable				Yes	No
Phone				Yes	No
Internet				Yes	No
Health Club				Yes	No
Dues/Memberships				Yes	No
Lawn Service				Yes	No
				Yes	No
				Yes	No
				Yes	No

With regard to my assets and liabilities, the following is additional information which I think is important for my family and advisors to know:

Insurance

I have the following **Life Insurance** policies, both individually and/or through my employer. Please check with each company and determine if:

The policy allows for pre-payment of death benefits in the case of my disability

The policy allows you to stop making premium payments in the case of my disability

Owner	Beneficiary	Death Benefit	Company	Policy Number

I have the following other **Insurance** policies, both individually and/or through my employer.

Type of Insurance	Company	Policy No.
Disability		
Long-Term Care		
Health Insurance		
Umbrella		
Homeowners		
Auto		
Other		

Documents

I have the following vital documents:

Document	Date Signed/Executed
Will:	_____
Medical Power of Attorney:	_____
Medical Directive:	_____
General Power of Attorney:	_____
Living Trust:	_____
Revocable Trust:	_____
Insurance Trust:	_____
Charitable Trust:	_____
Minor's Trust:	_____
Marriage Certificate:	_____
Pre-Nuptial Agreement:	_____
Post-Nuptial Agreement:	_____
Citizenship Papers:	_____
Deeds to Property:	_____
Vehicle Registrations:	_____
Divorce Papers:	_____
Business or Partnership Papers:	_____
Promissory Notes:	_____
CD Certificates:	_____
Other: _____	_____
Other: _____	_____

Document Location

All of my important documents can be found at:

- My home filing cabinet
- My safe deposit box
- My home safe
- My attorney's office
- My accountant's office
- My financial planner's office
- On a file on my computer titled: _____
- Other: _____

Additional information regarding my important documents:

My Social Security No. is: _____

My Driver's License No. is: _____

My Medicare No. is: _____

My Passport No. is: _____

The Passport can be found here: _____

I may receive an inheritance from: _____

I am a member of the following religious group: _____

I am a member of the following fraternal groups: _____

With regard to my general information, the following is additional information which I think is important for my family and advisors to know:

In the Event of My Incapacity

I have appointed (**in the documents noted previously**) the following persons to act on my behalf in the event of my incapacity:

Power of Attorney over my Assets: 1st _____ 2nd _____

Power of Attorney for Medical Decisions: 1st _____ 2nd _____

Guardian over my Property: 1st _____ 2nd _____

Guardian over my Person: 1st _____ 2nd _____

It is my desire that the persons having the above powers of attorney act on my behalf rather than a guardian being appointed, unless my family believes guardianship is necessary.

My Medical Directive states that in the event of my incapacity, I do do not want to be kept home for as long as possible, taking into account the cost.

In the event of my incapacity, the following is additional information which I think is important for my family and advisors to know:

In the Event of my Death

I have the following final wishes:

Funeral Parlor:

Name: _____
Address: _____
Phone: _____
Email: _____

Prepaid Cemetery Plot: _____

Cemetery: _____
Address: _____
Plot/Drawer No.: _____

I have have not prepaid:

- My burial costs
- For my burial plot
- For my casket

I am an organ donor. My donor information is located:

I have a deceased spouse, parent, child who is buried at:

and I wish do not wish to be buried next to such person.

I do do not want to be cremated. Crematory: _____

Minister/Rabbi to perform Service: _____

Pallbearers: _____

Special Requests:

Obituary Reading: _____

Tombstone Engraving: _____

Organs for Donation: _____

In lieu of flowers please ask for donations to: _____

Other special requests: _____

Family History

I was born in _____ on _____, 19 ____

My parents were _____ and _____

My maternal grandparents were _____ and _____

My paternal grandparents were _____ and _____

My children are	_____	Born	_____
	_____	Born	_____
	_____	Born	_____
	_____	Born	_____

I have no children.

My dependents are	_____	Relationship:	_____
	_____	Relationship:	_____
	_____	Relationship:	_____

My pets are (Name/Type:) _____

My siblings are	_____	Born	_____
	_____	Born	_____
	_____	Born	_____
	_____	Born	_____

I have detailed information on my family's history. It is located at: _____

Desires for My Family

When I am gone, I hope my family will learn from my experiences:

I believe that the most important things in life are:

The most important thing I have done in my life is:

It is my hope that my family will use its inheritance from me to accomplish the following goals in their lives:

How I would like to be remembered:

I have signed this Roadmap for When I am Gone this _____ day of ____, 20__.

This document is not intended to replace my will or other estate planning documents signed by me. However, it is my express desire that each family member, Power Holder, Executor, Trustee and Guardian will use this Family Love Letter and the other documents signed by me in making any discretionary decisions for me and my family.

Printed Name

Signature

Copies of This Document were Delivered to:
