Note: To save a digital version once completed, save under a new name on your hard drive.

# What Your Family Should Know if *Something* Happens to You

## ASSETS Continued

## Other Assets

Name of Asset _____

Owner(s)_____

Location _____

Lien Holder or None_____ Account # _____

Phone _____ FAX _____

Amount of Payments _____ Frequency & Form of Payments_____

Location of Deed or Loan Documents _____

Insurance Company _____

Phone _____FAX _____

Premium Amount _____Frequency and Form of Payment _____

Value of Asset _____Date of Last Appraisal_____

Name of Heir(s), If there a "Payable on Death" document on file _____

_____

_____

Additional Notes _____

_____

_____

_____

_____

_____