

# FAMILY AND EXECUTOR INSTRUCTIONAL GUIDELINES

## DOUGHERTY & ASSOCIATES WEALTH PLANNING AND MANAGEMENT

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What follows is intended to assist my family in the case of my death or incapacity.

I have done all within my power to organize and dispose of my estate. Please do all you can to avoid lengthy delays and debates. I want these guidelines to be helpful in attending to any incomplete matters.

Sincerely,

\_\_\_\_\_ Dated: \_\_\_\_\_

## 1) Personal Notifications

**A complete list of people to be contacted in the case of my death or incapacity can be found:**

\_\_\_\_\_  
\_\_\_\_\_

**Please be certain to contact the following individuals as soon as possible:**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Comments: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Comments: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Comments: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Comments: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Comments: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Comments: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Comments: \_\_\_\_\_

## 2) Advisors

### **Financial Professional'(s)**

Name: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Comments: \_\_\_\_\_

### **Attorney**

Name: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Comments: \_\_\_\_\_

### **CPA/Accountant**

Name: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Comments: \_\_\_\_\_

### **Property & Casualty Insurance Advisor**

Name: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Comments: \_\_\_\_\_

### **Banker**

Name: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Comments: \_\_\_\_\_

## 3) Medical Information

### **Medical insurance**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

ID #: \_\_\_\_\_

### **Medicare insurance**

Type of Medicare insurance: Part A Part B Part D Supplement

Policy #: \_\_\_\_\_

Type of Medicare supplement plan: \_\_\_\_\_

Documents/Medicare card are located: \_\_\_\_\_

**Primary Physician**

Name: \_\_\_\_\_ Practice: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Specialist**

Name: \_\_\_\_\_ Practice: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Specialist**

Name: \_\_\_\_\_ Practice: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Prescriptions**

Name & dosage: \_\_\_\_\_  
Reason prescribed: \_\_\_\_\_

Name & dosage: \_\_\_\_\_  
Reason prescribed: \_\_\_\_\_

Name & dosage: \_\_\_\_\_  
Reason prescribed: \_\_\_\_\_

Name & dosage: \_\_\_\_\_  
Reason prescribed: \_\_\_\_\_

4) Estate Planning Information

**I have the following documents:**

- Wills    Living Trusts    Power of attorney    Health care proxy    Living wills
- Insurance trusts    Family trusts

**These documents were drafted by:**

Name: \_\_\_\_\_ Practice: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Current estate planning attorney:**

Name: \_\_\_\_\_ Practice: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Comments: \_\_\_\_\_

**The original documents are located:**

\_\_\_\_\_  
\_\_\_\_\_

**Executor:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Trustee and successor trustees:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Comments: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Comments: \_\_\_\_\_

## 5) Business Planning Information

**I have the following documents:**

- Partnership agreement     Buy-Sell agreement     Stock option/grant agreement  
 Operating agreements     Salary continuation agreement     Deferred compensation  
 Disability plan     Employee benefits

**Business planning attorney**

Name: \_\_\_\_\_ Practice: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Comments: \_\_\_\_\_

## 6) Employment Information

**Employer**

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Human Resources Department**

Contact person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Comments: \_\_\_\_\_

## 7) Insurance Coverage

**Please work with my insurance agent(s) to ensure the necessary steps are taken for the following life insurance death benefits be paid to my beneficiaries as soon as possible.**

Company: \_\_\_\_\_ Agent: \_\_\_\_\_  
Phone: \_\_\_\_\_ Amount: \_\_\_\_\_  
Type (term, cash value, etc): \_\_\_\_\_ Policy #: \_\_\_\_\_  
Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_

Company: \_\_\_\_\_ Agent: \_\_\_\_\_  
Phone: \_\_\_\_\_ Amount: \_\_\_\_\_  
Type (term, cash value, etc): \_\_\_\_\_ Policy #: \_\_\_\_\_  
Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_

Company: \_\_\_\_\_ Agent: \_\_\_\_\_  
Phone: \_\_\_\_\_ Amount: \_\_\_\_\_  
Type (term, cash value, etc): \_\_\_\_\_ Policy #: \_\_\_\_\_  
Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_

### **Disability insurance**

Company: \_\_\_\_\_ Agent: \_\_\_\_\_  
Phone: \_\_\_\_\_ Amount: \_\_\_\_\_  
Type (term, cash value, etc): \_\_\_\_\_ Policy #: \_\_\_\_\_  
Insured: \_\_\_\_\_ Owner: \_\_\_\_\_

### **Long Term Care insurance**

Company: \_\_\_\_\_ Agent: \_\_\_\_\_  
Phone: \_\_\_\_\_ Amount: \_\_\_\_\_  
Type (term, cash value, etc): \_\_\_\_\_ Policy #: \_\_\_\_\_  
Insured: \_\_\_\_\_ Owner: \_\_\_\_\_

## 8) Investments

### **Qualified Assets (examples include IRA, 401(k), Roth IRA, 403(b), etc.)**

Type of account: \_\_\_\_\_ Account #: \_\_\_\_\_  
Financial Institution: \_\_\_\_\_  
Representative name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of account: \_\_\_\_\_ Account #: \_\_\_\_\_  
Financial Institution: \_\_\_\_\_  
Representative name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of account: \_\_\_\_\_ Account #: \_\_\_\_\_  
Financial Institution: \_\_\_\_\_  
Representative name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of account: \_\_\_\_\_ Account #: \_\_\_\_\_  
Financial Institution: \_\_\_\_\_  
Representative name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Non-Qualified Assets (taxable, non-retirement investments)**

Account #: \_\_\_\_\_ Financial Institution: \_\_\_\_\_  
Representative name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Account #: \_\_\_\_\_ Financial Institution: \_\_\_\_\_  
Representative name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Account #: \_\_\_\_\_ Financial Institution: \_\_\_\_\_  
Representative name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Account #: \_\_\_\_\_ Financial Institution: \_\_\_\_\_  
Representative name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Bank accounts**

Account #: \_\_\_\_\_ Financial Institution: \_\_\_\_\_  
Representative name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Account #: \_\_\_\_\_ Financial Institution: \_\_\_\_\_  
Representative name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

9) Notes receivable

**Money is owed to me by:**

Name: \_\_\_\_\_ Amount: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This loan is signed and in writing: Yes No

This debt is secured: Yes No

This debt is to be forgiven at death: Yes No

This debt is to come out of any bequest to the borrower: Yes No

Documents are located: \_\_\_\_\_

## 10) Liabilities

**Debt type:** Mortgage Auto Personal Debt Line of Credit

Amount owed: \_\_\_\_\_ Collateral: \_\_\_\_\_

There is insurance that will pay this debt upon my passing: Yes No

Creditor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Documents are located: \_\_\_\_\_

**Debt type:** Mortgage Auto Personal Debt Line of Credit

Amount owed: \_\_\_\_\_ Collateral: \_\_\_\_\_

There is insurance that will pay this debt upon my passing: Yes No

Creditor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Documents are located: \_\_\_\_\_

**Debt type:** Mortgage Auto Personal Debt Line of Credit

Amount owed: \_\_\_\_\_ Collateral: \_\_\_\_\_

There is insurance that will pay this debt upon my passing: Yes No

Creditor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Documents are located: \_\_\_\_\_

**Debt type:** Mortgage Auto Personal Debt Line of Credit

Amount owed: \_\_\_\_\_ Collateral: \_\_\_\_\_

There is insurance that will pay this debt upon my passing: Yes No

Creditor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Documents are located: \_\_\_\_\_

### **Credit/Debit cards**

Creditor: \_\_\_\_\_ Account number: \_\_\_\_\_

Credit limit: \_\_\_\_\_ Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Creditor: \_\_\_\_\_ Account number: \_\_\_\_\_

Credit limit: \_\_\_\_\_ Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Creditor: \_\_\_\_\_ Account number: \_\_\_\_\_

Credit limit: \_\_\_\_\_ Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Creditor: \_\_\_\_\_ Account number: \_\_\_\_\_

Credit limit: \_\_\_\_\_ Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

## 11) Digital Assets

Most states have either enacted, or are in the process of enacting, versions of the Revised Uniform Fiduciary Access to Digital Assets Act (RUFADAA). Under RUFADAA, property law now recognizes the existence of digital property similar to that of tangible personal property. In other words, digital property is recognized as an asset that can be managed, conserved, and accessed by a third party. As such, the owner of digital assets can now give fiduciaries access and disposition to manage digital assets. Please consult with an estate planning attorney to ensure that your documents provide clear directions as to who should have access to digital assets upon your passing.

Use the following guidelines to create an inventory of all your digital assets. The fiduciary named in your estate planning documents will be able to utilize this information to assist them in accessing and disposing of your digital assets in accordance with your wishes.

1. **Asset type.** Digital assets are easy to overlook. Some common digital assets to consider include:
  - a. Any data or documents stored on a hard drive of a computer, tablet, or smart phone
  - b. Email accounts
  - c. Social media accounts (Facebook, Twitter, Instagram)
  - d. Text messages
  - e. Online purchasing accounts (Amazon, Paypal, eBay)
  - f. Music/Movie subscriptions (iTunes, Spotify, Netflix, Hulu)
  - g. Cryptocurrency (Bitcoin, Ethereum, Litecoin)
  - h. Financial accounts at banks or other institutions
  - i. Loyalty rewards programs
  - j. Device backups
  - k. Digital photographs
  - l. Device backups
2. **Asset location.** Identify the location of the assets. Depending on the asset, this can vary. Some assets will be located at a URL, while others might be backed up on a flash drive or disk.
3. **How to access the asset?** Again, this will vary depending on the asset. If there is a username/password associated with the asset, list it here. If the asset is backed up on a hard drive or disk, list where the backup can be found.
4. **Other notes.** Depending on the digital asset, you may have additional notes for the fiduciary. Some examples include:
  - a. Some assets have sentimental or monetary value. If your asset has either, estimate the assets worth and determine a beneficiary for the asset. If you have reason to believe that your digital assets have substantial value (ex: you own cryptocurrency or have a business based on social media accounts), please consult with an estate planning attorney to determine how to address these assets in your estate planning documents.
  - b. What should be done with the asset? Would you like your email or social media accounts to be closed?

**The following person(s) have permission to access my digital assets in accordance with the instructions below:**

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**A complete list of my passwords/usernames can be found: (if applicable)**

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**Inventory of digital assets:**

Asset type: \_\_\_\_\_  
Asset location: \_\_\_\_\_  
How to access the asset: \_\_\_\_\_  
Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Other Notes: \_\_\_\_\_

---

Asset type: \_\_\_\_\_  
Asset location: \_\_\_\_\_  
How to access the asset: \_\_\_\_\_  
Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Other Notes: \_\_\_\_\_

---

Asset type: \_\_\_\_\_  
Asset location: \_\_\_\_\_  
How to access the asset: \_\_\_\_\_  
Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Other Notes: \_\_\_\_\_

---

Asset type: \_\_\_\_\_  
Asset location: \_\_\_\_\_  
How to access the asset: \_\_\_\_\_  
Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Other Notes: \_\_\_\_\_

---

Asset type: \_\_\_\_\_  
Asset location: \_\_\_\_\_  
How to access the asset: \_\_\_\_\_  
Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Other Notes: \_\_\_\_\_

---

Asset type: \_\_\_\_\_  
Asset location: \_\_\_\_\_  
How to access the asset: \_\_\_\_\_  
Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Other Notes: \_\_\_\_\_

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**Inventory of digital assets (cont.):**

Asset type: \_\_\_\_\_  
Asset location: \_\_\_\_\_  
How to access the asset: \_\_\_\_\_  
Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Other Notes: \_\_\_\_\_  
\_\_\_\_\_

Asset type: \_\_\_\_\_  
Asset location: \_\_\_\_\_  
How to access the asset: \_\_\_\_\_  
Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Other Notes: \_\_\_\_\_  
\_\_\_\_\_

Asset type: \_\_\_\_\_  
Asset location: \_\_\_\_\_  
How to access the asset: \_\_\_\_\_  
Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Other Notes: \_\_\_\_\_  
\_\_\_\_\_

Asset type: \_\_\_\_\_  
Asset location: \_\_\_\_\_  
How to access the asset: \_\_\_\_\_  
Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Other Notes: \_\_\_\_\_  
\_\_\_\_\_

Asset type: \_\_\_\_\_  
Asset location: \_\_\_\_\_  
How to access the asset: \_\_\_\_\_  
Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Other Notes: \_\_\_\_\_  
\_\_\_\_\_

Asset type: \_\_\_\_\_  
Asset location: \_\_\_\_\_  
How to access the asset: \_\_\_\_\_  
Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Other Notes: \_\_\_\_\_  
\_\_\_\_\_

Asset type: \_\_\_\_\_  
Asset location: \_\_\_\_\_  
How to access the asset: \_\_\_\_\_  
Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Other Notes: \_\_\_\_\_  
\_\_\_\_\_

## 12) Leases

### **I lease the following assets:**

Asset: \_\_\_\_\_ Payment: \_\_\_\_\_

Lessor \_\_\_\_\_ Phone: \_\_\_\_\_

Asset: \_\_\_\_\_ Payment: \_\_\_\_\_

Lessor \_\_\_\_\_ Phone: \_\_\_\_\_

## 13) Other important information

### **Military retirement benefits**

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Local benefits office: \_\_\_\_\_

Military branch of service: \_\_\_\_\_

Rank when discharged: \_\_\_\_\_

### **Military survivor benefits**

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Local benefits office: \_\_\_\_\_

Military branch of service: \_\_\_\_\_

Rank when discharged: \_\_\_\_\_

## 14) Locations of assets/documents

### **Safety deposit box**

I  Do  Do Not have a safety deposit box.

The key can be found at: \_\_\_\_\_

The following people have signature authority to open the box \_\_\_\_\_

\_\_\_\_\_

### **Personal safe**

I  Do  Do Not have a personal safe

The combination is: \_\_\_\_\_

The safe can be found at: \_\_\_\_\_

**I have executed the following documents and they can be found where noted:**

<b>Document</b>	<b>Location of Original</b>	<b>Check if not applicable</b>
Last will and testament		
Living trust		
Power of attorney for financial matters		
Power of attorney for health care		
Living will/Health care directive		
Guardianship papers		
Life insurance trust		
Charitable trust		
Family partnership or LLC		
Deeds to real property		
Minor's trust		
Section 529 plan		
Custodial account		
Organ donation form		
Marriage license		
Pre-nuptial agreement		
Post-nuptial agreement		
Divorce or separation agreement		
Child support agreement		
Birth certificate		
Social security card		
Passport		
Adoption papers		
Boat and/or airplane title		
Citizenship papers		
Burial or pre-need agreement		
Domestic partnership agreement		

