

The Legacy Record

A Family Preparedness Folder for Grief and Loss

Helping your family navigate grief and loss

THIS RECORD BELONGS TO

Confidential. Please keep in a safe place.

thelegacyrecord.com · info@thelegacyrecord.com

BEFORE YOU BEGIN

About This Record

DATE STARTED

THIS RECORD IS KEPT AT

A SPARE COPY IS KEPT WITH

PEOPLE WHO KNOW WHERE IT IS

When someone passes away, their family has to make many decisions and find important papers at a very difficult time. This record puts everything they will need in one place, written by you, so they are not left guessing.

How to Use It

- Fill it in at your own pace. You do not need to finish in one sitting.
- If a section does not apply to you, write N/A so your family knows you did not miss it.
- Write where documents are kept instead of full account or ID numbers. Where a number is asked for, use the last 4 digits only.
- Never write passwords or PINs in this record. Write where they can be found instead.
- Review it once a year and after any big life change, then sign the log at the back.
- Tell at least one trusted person where this record is kept.
- For extra copies, additional pages and the companion will sheet, visit thelegacyrecord.com or email info@thelegacyrecord.com.

This record is not a will

The wishes you write here guide your family but are generally not legally binding. To decide who receives your property and money, make a valid Last Will and Testament with an attorney at law. When someone dies without a will, the law decides who inherits, and settling the estate can take much longer.

This record is a planning guide only. It is not legal, financial or medical advice.

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SECTION 01

About Me

The basic details your family and institutions will ask for first.

FULL LEGAL NAME

OTHER NAMES I AM KNOWN BY

DATE OF BIRTH

PLACE OF BIRTH (CITY AND COUNTRY)

NATIONALITY OR CITIZENSHIP

PASSPORT PHOTO
Attach a recent photo here

HOME ADDRESS

MARITAL STATUS

SPOUSE OR PARTNER

OCCUPATION OR LAST EMPLOYER

Where My Personal Documents Are Kept

Write the location only, for example “blue folder in the bedroom closet”.

DOCUMENT	I HAVE IT	WHERE IT IS KEPT
Birth certificate	☐ Yes ☐ No	
Marriage certificate	☐ Yes ☐ No	
Divorce papers	☐ Yes ☐ No	
National ID card	☐ Yes ☐ No	
Tax ID card	☐ Yes ☐ No	
Social security or national insurance card	☐ Yes ☐ No	
Passport(s)	☐ Yes ☐ No	
Driver’s licence	☐ Yes ☐ No	
Citizenship or residency papers	☐ Yes ☐ No	

My Children

List all children, including adopted and stepchildren. Continue in Section 24 if you need more space.

FULL NAME	DATE OF BIRTH	PHONE	CITY AND COUNTRY

SECTION 02

Key Contacts

The people your family should call. Your executor is the person named in your will to manage your affairs.

ROLE	NAME	PHONE	EMAIL OR NOTES
Executor			
Attorney at law			
Family doctor			
Faith leader or spiritual advisor			
Insurance agent			
Bank or credit union officer			
Accountant			
Employer or pension office			
Preferred funeral home			
Trusted friend			
Trusted family member			
Other			

SECTION 03

My Health and Care Wishes

This helps your family speak for you if you become very ill and cannot speak for yourself.

BLOOD TYPE

MAIN DOCTOR OR CLINIC

SPECIALISTS I SEE

WHERE MY MEDICAL RECORDS ARE KEPT

Medications and Conditions

MEDICATION OR CONDITION	DOSE OR DETAILS	PRESCRIBED BY	NOTES

ALLERGIES

If I Am Seriously Ill

THE PERSON I WANT TO SPEAK FOR ME ABOUT MY CARE

THEIR PHONE NUMBER

IF THERE IS NO REASONABLE HOPE OF RECOVERY, I WOULD LIKE

☐ All possible treatment ☐ Comfort care only ☐ My chosen person to decide

WHERE I WOULD PREFER TO SPEND MY FINAL DAYS

☐ At home ☐ Hospital ☐ Hospice or nursing home ☐ No preference

ORGAN DONATION

☐ Yes ☐ No ☐ My family may decide

OTHER CARE WISHES

SECTION 04

My Will and Legal Documents

Your will decides who receives your property, money and belongings. This record does not replace it.

DO I HAVE A WILL?

☐ Yes ☐ No ☐ In progress

DATE OF MY MOST RECENT WILL

ATTORNEY WHO PREPARED IT

WHERE THE ORIGINAL WILL IS KEPT

COPIES ARE WITH

EXECUTOR NAMED IN MY WILL

Your Last Will and Testament

The Legacy Record bundle includes a Last Will and Testament sheet. Use it to record who should receive your property, money and personal belongings, then have it reviewed, signed and witnessed as the law requires. The bundle is available at thelegacyrecord.com. Keep the original somewhere safe and note its location above.

Other Legal Documents

DOCUMENT	I HAVE IT	DETAILS	WHERE IT IS KEPT
Power of attorney	☐ Yes ☐ No		
Guardianship for children	☐ Yes ☐ No		
Trust documents	☐ Yes ☐ No		
Property agreements	☐ Yes ☐ No		
Court orders	☐ Yes ☐ No		
Business agreements	☐ Yes ☐ No		

SECTION 05

Bank Accounts and Savings

Include banks, credit unions, building societies and any accounts overseas. Use the last 4 digits only.

INSTITUTION AND BRANCH	ACCOUNT TYPE	LAST 4 DIGITS	JOINT HOLDER OR BENEFICIARY	ONLINE BANKING

Need more space? Continue in Section 24, Additional Records.

Safety Deposit Box

BANK AND BRANCH

WHERE THE KEY IS KEPT

WHO ELSE HAS ACCESS

SECTION 06

Insurance Policies

Unclaimed life insurance is a common loss for families. List every policy, including small ones through work, church or a credit union.

COMPANY	TYPE	POLICY (LAST 4)	BENEFICIARY	AGENT AND PHONE	WHERE IT IS KEPT

Need more space? Continue in Section 24, Additional Records.

Types: life, funeral, health, home, motor, credit life.

DO I HAVE A PREPAID FUNERAL PLAN?

☐ Yes ☐ No

PROVIDER AND WHERE THE PLAN IS KEPT

SECTION 07

Pensions and Benefits

Include government social security or national insurance, employer pensions, annuities, and any pensions or benefits from other countries.

PENSION OR BENEFIT	PAID BY	REFERENCE (LAST 4)	MONTHLY AMOUNT	SURVIVOR BENEFIT	CONTACT

OTHER REGULAR INCOME

RENTAL INCOME (PROPERTY AND TENANT)

SECTION 08

Property and Land

Land is one of the most common causes of family disputes. Be as clear as you can.

PROPERTY LOCATION	REGISTERED TITLE	WHERE TITLE IS KEPT	MORTGAGE LENDER	WHO LIVES THERE NOW

Need more space? Continue in Section 24, Additional Records.

Family Land and Shared Property

Note any land shared with relatives, inherited but never transferred, or not yet surveyed or titled.

PROPERTY TAX PAID UP TO

SURVEY PLANS ARE KEPT AT

SECTION 09

Vehicles and Valuables

Vehicles

MAKE, MODEL AND YEAR	PLATE	PAPERS KEPT AT	LOAN OR FINANCE	INSURED WITH

Need more space? Continue in Section 24, Additional Records.

Valuables

Boats, motorcycles, equipment, jewellery, firearms and licence details, art, collections, gold, and cash kept at home.

ITEM	APPROXIMATE VALUE	WHERE IT IS KEPT	NOTES

SECTION 10

Investments and Business Interests

INSTITUTION OR BROKER	TYPE	REFERENCE (LAST 4)	BENEFICIARY	CONTACT

Need more space? Continue in Section 24, Additional Records.

Types: stocks, unit trusts, bonds, digital currency.

Business Interests

BUSINESS NAME

MY ROLE AND SHARE OF OWNERSHIP

BUSINESS PARTNERS AND CONTACTS

WHERE BUSINESS RECORDS ARE KEPT

WHAT I WOULD LIKE TO HAPPEN TO THE BUSINESS

SECTION 11

What I Owe

Your family needs to know about debts so they can be settled properly from the estate and are not caught by surprise.

LENDER OR PERSON	TYPE	REFERENCE (LAST 4)	APPROXIMATE BALANCE	MONTHLY PAYMENT	CREDIT LIFE INSURED

Need more space? Continue in Section 24, Additional Records.

Types: mortgage, loan, credit card, hire purchase.

MONEY I OWE TO INDIVIDUALS (WHO AND HOW MUCH)

ANYONE WHO GUARANTEED A LOAN FOR ME

SECTION 12

Money Owed to Me and Informal Savings

Money outside a bank is the easiest to lose. Include savings clubs (such as partner, pardna, susu or chama), loans to friends or family, and money others are holding for you.

PERSON OR GROUP	TYPE	AMOUNT	EXPECTED REPAYMENT OR DRAW DATE	NOTES

CASH OR VALUABLES KEPT AT HOME AND WHERE

SECTION 13

Bills and Subscriptions

Services your family will need to cancel or transfer.

SERVICE	ACCOUNT NAME OR REFERENCE	HOW IT IS PAID	CANCEL OR TRANSFER TO
Electricity			
Water			
Gas			
Internet or landline			
Mobile phone			
Cable or streaming			
Security or alarm			
Gym or club			
Faith community or association dues			
Other			
Other			

SECTION 14

My Digital Life

Do not write passwords here. Say where your family can find them, for example a password book, a sealed envelope with your attorney, or a password manager.

MY PASSWORDS AND PINS CAN BE FOUND

MY PHONE UNLOCK CODE IS KEPT WITH OR AT

ACCOUNT	USERNAME OR EMAIL USED	WHAT I WANT DONE

Accounts: email, Facebook, WhatsApp, Instagram, online banking. Options: keep, memorialise or delete.

PHOTOS AND FILES I WANT SAVED AND WHERE THEY ARE

SECTION 15

My Dependents and Pets

People Who Depend on Me

NAME	RELATIONSHIP	WHAT THEY RELY ON ME FOR	WHO SHOULD CARE FOR THEM

Pets

PET NAME AND TYPE	VET AND PHONE	SPECIAL CARE NEEDS	WHO SHOULD TAKE THEM

SECTION 16

My Life Story

Your answers will help your family write your obituary and funeral programme in your own words. Answer as much or as little as you like.

Early Life

Where and when were you born?

Include the town or city, region and country.

Who raised you, and what was home like?

Parents, grandparents, brothers and sisters, the house or yard you grew up in.

What is one memory from childhood you always smile about?

School

SCHOOL	YEARS	WHAT I REMEMBER OR ACHIEVED

What did you want to become when you grew up?

Work and Career

What did you actually become?

Your trade or profession and how you got into it.

EMPLOYER OR BUSINESS	ROLE	YEARS

What work are you most proud of?

Achievements

What awards, honours or milestones would you like mentioned?

Certificates, promotions, sports, community awards, long service.

Faith and Community

Which church, mosque, temple, synagogue or other faith community have you belonged to, and what roles did you serve in?

For example choir, deacon, elder, usher, teacher, youth leader, volunteer.

What clubs, lodges, associations or volunteer work were you part of?

Family and Love

How did you meet your spouse or partner?

Names of your children, grandchildren and great grandchildren

The Things You Love

Hobbies and pastimes
Gardening, cooking, sports, games, fishing, music, reading, travel.

Favourite songs, hymns, foods and sayings

Places you have lived or travelled

Your Legacy

What are you most proud of in your life?

What lessons or values do you want to pass on?

Three words that describe you

How do you want to be remembered?

Notes

SECTION 17

My Funeral Wishes

Your family will be grateful not to guess. Fill in as much or as little as you like.

I WOULD LIKE

☐ Burial ☐ Cremation ☐ My family may decide

BURIAL PLACE, FAMILY PLOT OR WHERE ASHES SHOULD GO

PLACE OF WORSHIP OR VENUE FOR THE SERVICE

WHO I WOULD LIKE TO OFFICIATE

WAKE, VIEWING OR MEMORIAL GATHERING

☐ Yes ☐ No ☐ My family may decide

TYPE OF SERVICE

☐ Religious service ☐ Celebration of life ☐ Small private service ☐ Graveside only

HYMNS, SONGS OR MUSIC

SCRIPTURE, READINGS OR POEMS

WHO I WOULD LIKE TO GIVE THE EULOGY

PALLBEARERS

COLOURS OR DRESS CODE FOR FAMILY AND GUESTS

WHAT I WOULD LIKE TO WEAR

FLOWERS

☐ Flowers welcome ☐ Donations instead

IF DONATIONS, TO WHICH CHARITY OR CAUSE

APPROXIMATE BUDGET

MONEY SET ASIDE FOR MY FUNERAL IS KEPT

THINGS I DO NOT WANT

SECTION 18

My Funeral Programme

Choose the photos and words you want people to see. This saves your family a stressful search.

Photos to Use

PHOTO DESCRIPTION	WHERE TO FIND IT	USE FOR

Use for: cover, inside pages or slideshow.

Order of Service Ideas

A Message I Would Like Printed

SECTION 19

People to Notify

Relatives, friends, church family, former colleagues and people overseas who should hear the news personally.

NAME	RELATIONSHIP	PHONE OR WHATSAPP	COUNTRY	NOTIFIED

SECTION 20

My Special Requests

Anything else you want your family to know or do. A promise to keep, a cause to support, or a tradition to continue.

SECTION 21

Letters to My Loved Ones

You can write here or place sealed letters in the back pocket of this folder.

TO

TO

SECTION 22

Family Tree and Traditions

Help future generations know where they come from.

NAME	RELATIONSHIP TO ME	BORN (YEAR AND PLACE)	NOTES

Family Recipes and Traditions

SECTION 23

For My Family: The First 30 Days

A checklist to share among the family. Take it one step at a time. Confirm current requirements with each agency, as procedures can change.

The First Few Days

- ☐ Get the medical certificate of cause of death from the doctor or hospital.
- ☐ Contact the funeral home (Sections 02 and 17).
- ☐ Find this record, the will and the funeral wishes.
- ☐ Tell the executor and the attorney.
- ☐ Notify close family and friends (Section 19).
- ☐ Secure the home, vehicles, valuables and any cash at home.
- ☐ Arrange care for dependents and pets (Section 15).

The First Two Weeks

- ☐ Register the death and order several certified copies of the death certificate.
- ☐ Contact insurance companies to start claims (Section 06).
- ☐ Check for a prepaid funeral plan and any funeral or death benefits from the government, an employer, union or faith community.
- ☐ Notify banks and credit unions, including accounts in other countries (Section 05).
- ☐ Notify the employer and pension offices, including any overseas (Section 07).

The First Month

- ☐ Meet the attorney about probate (with a will) or the process for an estate without a will where the person lived.
- ☐ If there is no will, ask the attorney or the local court or public office that handles estates what to do next.
- ☐ List all debts and inform lenders (Section 11). Get advice before paying large debts personally.
- ☐ Collect money owed to the estate (Section 12).
- ☐ Cancel or transfer bills and subscriptions (Section 13).
- ☐ Close or memorialise online accounts (Section 14).
- ☐ Keep every receipt for funeral and estate expenses.
- ☐ Look after yourselves. Accept help and rest when you can.

SECTION 24

Additional Records

Extra space for larger families and estates. Write the section number each entry belongs to so your family can match it up.

Additional Vehicles

MAKE, MODEL AND YEAR	PLATE	PAPERS KEPT AT	LOAN OR FINANCE	INSURED WITH

Additional Property and Land

PROPERTY LOCATION	REGISTERED TITLE	WHERE TITLE IS KEPT	MORTGAGE LENDER	WHO LIVES THERE NOW

Additional Children and Grandchildren

FULL NAME	RELATIONSHIP	DATE OF BIRTH	PHONE	CITY AND COUNTRY

Additional Accounts, Policies, Investments and Debts

SECTION	INSTITUTION OR PERSON	TYPE	REFERENCE (LAST 4)	DETAILS AND WHERE KEPT

SECTION	INSTITUTION OR PERSON	TYPE	REFERENCE (LAST 4)	DETAILS AND WHERE KEPT

Additional Notes

SECTION 25

Review and Update Log

Review this record at least once a year and after any major change such as a marriage, divorce, birth, death, property purchase or sale, new policy or new loan.

DATE REVIEWED	SECTIONS CHANGED	SIGNATURE

I confirm that the information in this record reflects my wishes as of the dates above.

SIGNATURE

PRINTED NAME

DATE