



Life Walk Planner

What Your Family Needs to Know
When They Need to Know It

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AN EBSCO COMPANY



Welcome



Welcome to the Life Walk Planner Experience

For almost three decades we've observed the beauty and challenges that come along with the "graying" of our Communities.

Our landscape has changed; how families evolve to meet the new demands will directly impact quality of life for so many.

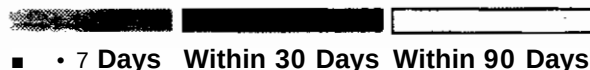
According to the U.S. Census Bureau, by the year 2030 there will be more adults over the age of 65 than adolescents under the age of 16 - for the first time in U.S. History.

The Life Walk Planner is a tool to assist the prudent and forward thinking to plan pre-crisis. Investing the time and energy now in your process will go a long way to preserving resources and the relationships that matter most.

Poor planning begets poor outcomes. However, the worse-case scenario does not have to be your scenario. We encourage you to allow this guide to inform both the conversations and subsequent actions necessary to get on living your Legacy on purpose with purpose.

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Personal Information

My Information:

Name: _____
First / Middle / Maiden / Last

Address: _____
Street / City / County / State / Country

Sex: ☐ Male ☐ Female

Home Phone: _____ Cell Phone: _____

Social Security Number: _____

Date of Birth: _____ Place of Birth: _____
Hospital / City / County / State / Country

Education:

Elementary School: _____ City/State/Country: _____

Secondary School: _____ City/State/Country: _____

College: _____ City/State/Country: _____

College: _____ City/State/Country: _____

Other: _____ City/State/Country: _____

Degrees/Designations: _____



Employment:

Usual Occupation: _____ Type of Business/Industry: _____

Employer: _____ Phone: _____

Contact: _____

Additional Comments:

Immediate Family

Spouse:

Marital Status: ☐ Married ☐ Never married ☐ Widowed ☐ Divorced

If Married, Name of Spouse: _____
First / Middle / Maiden / Last

Anniversary: _____

If Divorced/Widowed; Prior Spouse's Name: _____
First / Middle / Maiden / Last

First / Middle / Maiden / Last

Address: _____
City / County / State / Country

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Children:

Notes:

First / Middle / Last Name

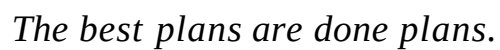
Birth Year

Birth City / State / Hospital

Address

Phone

Email



Notes:

Birth Year

Birth City / State / Hospital

Address

Phone

Email

Notes:

First / Middle / Last Name

Birth Year

Birth City / State / Hospital

Address

Phone

Email

Notes:

First / Middle / Last Name

Birth Year

Birth City / State / Hospital

Address

Phone

Email



Children:

First / Middle / Last Name

Birth Year

Birth City / State / Hospital

Address

Phone

Email

Notes:

First / Middle / Last Name

Birth Year

Birth City / State / Hospital

Address

Phone

Email

Notes:

First/ Middle/Last Name

Birth Year

Birth City / State / Hospital

Address

Phone

Email

Notes:



Parents:

First / Last Name	First / Last Name
Address	Address
Phone	Phone
Email	Email
First / Last Name	First / Last Name
Address	Address
Phone	Phone
Email	Email
First / Last Name	First / Last Name
Address	Address
Phone	Phone
Email	Email



Grandparents:

First / Last Name	Firs: / Last Name
Adoress	Address
Phone	Phone
Email	Email
First / Last Name	First / Last Name
Address	Address
Phone	Phone
Email	Email
First / Last Name	First / Last Name
Address	Address
Phone	Phone
Email	Email



Grandparents:

First / Last Name	First / Last Name
Address	Address
Phone	Phone
Email	Email
First / Last Name	First / Last Name
Address	Address
Phone	Phone
Email	Email
First / Last Name	First / Last Name
Address	Address
Phone	Phone
Email	Email

Siblings:

First / Middle / Last Name	Phone
Address	Email

First / Middle / Last Name	Phone
Address	Email

First / Middle / Last Name	Phone
Address	Email

First / Middle / Last Name	Phone
Address	Email

First / Middle / Last Name	Phone
Address	Email

First / Middle / Last Name	Phone
Address	Email



Grandchildren:

First / Middle / Last Name	Phone
Address	Email

First / Middle / Last Name	Phone
Address	Email

First / Middle / Last Name	Phone
Address	Email

First / Middle / Last Name	Phone
Address	Email

First / Middle / Last Name	Phone
Address	Email

First / Middle / Last Name	Phone
Address	Email

First / M'ddie / Last Name	Phone
Address	Email

Grandchildren:

First / Middle / Last Name	Phone
----------------------------	-------

Address	Email
---------	-------

First / Middle / Last Name	Phone
----------------------------	-------

Address	Email
---------	-------

First / Middle / Last Name	Phone
----------------------------	-------

Address	Email
---------	-------

First / Middle / Last Name	Phone
----------------------------	-------

Address	Email
---------	-------

First / Middle / Last Name	Phone
----------------------------	-------

Address	Email
---------	-------

First / Middle / Last Name	Phone
----------------------------	-------

Address	Email
---------	-------



Extended Family and Friends

First / Last Name

Relationship

Address

Phone

Email

First / Last Name

Relationship

Address

Phone

Email



First / Last Name

Relationship

Address

Phone

Email

First / Last Name

Relationship

Address

Phone

Email



First / Last Name	First / Last Name
Relationship	Relationship
Address	Address
Phone	Phone
Email	Email
First / Last Name	First / Last Name
Relationship	Relationship
Address	Address
Phone	Phone
Email	Email
First / Last Name	First / Last Name
Relationship	Relationship
Address	Address
Phone	Phone
Email	Email



Trusted Advisors

Spiritual Advisor:

First / Last Name

Phone

Email

Doctor:

First / Last Name

Phone

Email

Financial Advisor:

First / Last Name

Phone

Email

Attorney:

First / Last Name

Phone

Email

Accountant:

First / Last Name

Phone

Email

Banker:

First / Last Name

Phone

Email



Children's Guardian:

First / Last Name

Phone

Email

Life Insurance Agent:

First / Last Name

Phone

Email

General Insurance Agent:

First / Last Name

Phone

Email

Trustee:

First / Last Name

Phone

Email

Other:

First / Last Name

Phone

Email

Other:

First / Last Name

Phone

Email



General Insurance Information

Health Insurance:

Insurance Company Name

Policy Number Phone

Through Place of Work? ☐ Yes ☐ No

Insurance Company Name

Policy Number Phone

Through Place of Work? ☐ Yes ☐ No

Insurance Company Name

Policy Number Phone

Through Place of Work? ☐ Yes ☐ No

Insurance Company Name

Policy Number Phone

Through Place of Work? ☐ Yes ☐ No

Life Insurance:

Insurance Company Name

Death Benefit Policy Number

Beneficiary Location of policy

Insurance Company Name

Death Benefit Policy Number

Beneficiary Location of policy

Insurance Company Name

Death Benefit Policy Number

Beneficiary Location of policy

Insurance Company Name

Death Benefit Policy Number

Beneficiary Location of policy

Dental Insurance:

Insurance Company Name

Policy Number

Location of policy

Vision Insurance:

Insurance Company Name

Policy Number

Location of policy

Accident Insurance:

Insurance Company Name

Death Benefit

Policy Number

Beneficiary

Location of policy

Long-Term Care Provider:

Insurance Company Name

Death Benefit

Policy Number

Beneficiary

Location of policy

Peace of mind is the gift of prudent planning.

Short-Term Disability:

Insurance Company Name

Policy Number

Location of policy

Long-Term Disability:

Insurance Company Name

Policy Number

Location of policy

Homeowners Insurance:

Insurance Company Name

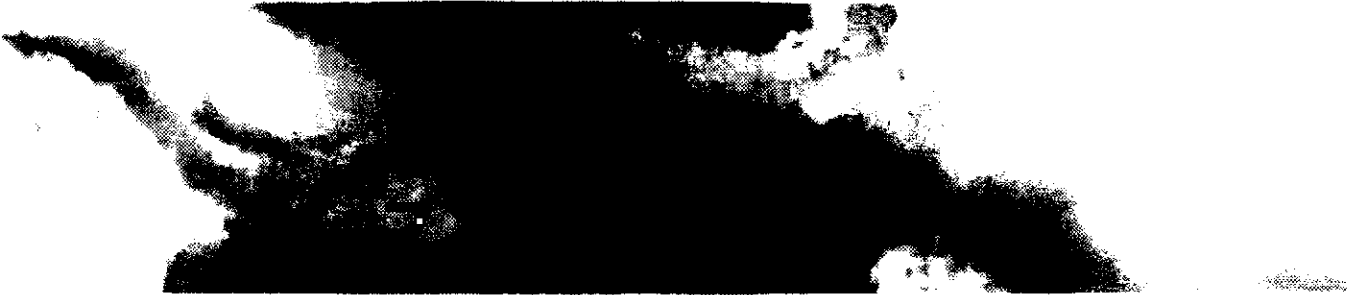
Insurance Company Name

Policy Number

Policy Number

Location of policy

Location of policy



Automobile Insurance:

Insurance Company Name

Insurance Company Name

Policy Number

Policy Number

Location of policy

Location of policy

Insurance Company Name

Insurance Company Name

Policy Number

Policy Number

Location of policy

Location of policy



Other Insurance:

Insurance to list here include: Health insurance, Secondary insurance, Property Insurance, additional Car or Boat insurance, Cancer Insurance, AD&D, Pet insurance, etc.

Insurance Type	Insurance Type
Insurance Company Name	Insurance Company Name
Policy Number	Policy Number
Death Benefit	Death Benefit
Beneficiary	Beneficiary
Location of policy	Location of policy
Insurance Type	insurance Type
Insurance Company Name	Insurance Company Name
Policy Number	Policy Number
Death Benefit	Death Benefit
Beneficiary	Beneficiary
Location of policy	Location of policy

Plan now or pay later.

- Dave Ramsey



insurance Type	Insurance Type
Insurance Company Name	Insurance Company Name
Policy Number	Policy Number
Death Benefit	Death Benefit
Beneficiary	Beneficiary
Location of policy	Location of policy
Insurance Type	Insurance Type
Insurance Company Name	Insurance Company Name
Policy Number	Policy Number
Death Benefit	Death Benefit
Beneficiary	Beneficiary
Location of policy	Location of policy

Notes:

Medical History

Desired Hospital for Treatment:

Current Primary Physician:

Phone:

Blood Type:

Allergies: _____

Reactions:

Current Condition(s) Being Treated:

: _____

I am an Organ Donor: Yes No

Pharmacy:

Pharmacy Name

Pharmacy Name

Location

Location

Phone

Phone



Current Medications:

Medicine	Medicine
Dosage/Frequency	Dosage/Frequency
Prescribing Physician	Prescribing Physician
Physician Phone	Physician Phone
Condition Being Treated	Condition Being Treated
Medicine	Medicine
Dosage/Frequency	Dosage/Frequency
Prescribing Physician	Prescribing Physician
Physician Phone	Physician Phone
Condition Being Treated	Condition Being Treated
Medicine	Medicine
Dosage/Frequency	Dosage/Frequency
Prescribing Physician	Prescribing Physician
Physician Phone	Physician Phone
Condition Being Treated	Condition Being Treated

Current Medications

Medicine

Dosage/Frequency

Prescribing Physician

Physician Phone

Condition Being Treated

Medicine

Dosage/Frequency

Prescribing Physician

Physician Phone

Condition Being Treated

Medicine

Dosage/Frequency

Prescribing Physician

Physician Phone

Condition Being Treated

Medicine

Dosage/Frequency

Prescribing Physician

Physician Phone

Condition Being Treated

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Current Medications

Medicine	Medicine
Dosage/Frequency	Dosage/Frequency
Prescribing Physician	Prescribing Physician
Physician Phone	Physician Phone
Condition Being Treated	Condition Being Treated
Medicine	Medicine
Dosage/Frequency	Dosage/Frequency
Prescribing Physician	Prescribing Physician
Physician Phone	Physician Phone
Condition Being Treated	Condition Being Treated
Medicine	Medicine
Dosage/Frequency	Dosage/Frequency
Prescribing Physician	Prescribing Physician
Physician Phone	Physician Phone
Condition Being Treated	Condition Being Treated

Family Medical History

	Current Age (if living)	Health History	Age at Death	

Are you providing support of any type to anyone other than your immediate family? Yes No

If yes, please describe: _____

Are you the Guardian and/or Executor for someone else? Yes No

If yes, please describe:

It's your life, let it be your plan.



Banking Information

Financial institutions are not required to notify your family of available assets. Please provide the names of the banks and other institutions you've entrusted to hold your financial assets.

Institution Name	Institution Name
Type of Account:	Type of Account:
☐ Checking	☐ Checking
☐ Savings	☐ Savings
☐ CDS	☐ CDS
☐ P.O Box	☐ P.O Box
Beneficiary	Beneficiary

Institution Name	Institution Name
Type of Account:	Type of Account:
☐ Checking	☐ Checking
☐ Savings	☐ Savings
☐ CDS	☐ CDS
☐ P.O Box	☐ P.O Box
Beneficiary	Beneficiary

Ensure that your beneficiaries are also named in corresponding financial and legal documents —and notarized as necessary —to reinforce this workbook and pass your legacy to your intended recipients.

Financial Inventory

Income Source	Amount	Institution	Frequency

Bank Account Details

Name of Bank: _____ Contact Name: _____

Address: _____ Phone: _____
Street / City / County / State / Country

Checking Account? ☐ Yes ☐ No Location of Bank Statements: _____

Routing Number _____ Names on the Account: _____

Account Number _____

Savings Account? ☐ Yes ☐ No Names on the Account: _____

Account Number _____

Bank Box? ☐ Yes ☐ No Names on Bank Box Contract: _____

Box Number _____ Note: List names with "or" not "and"¹

Location of Key: _____

ATM Card? ☐ Yes ☐ No Pin: _____ Location of Card: _____

Online Banking? ☐ Yes ☐ No Web Address: _____

Username: _____ Password: _____

Loans Outstanding? ☐ Yes ☐ No

Loan Number _____ Collateral _____

Loan Number _____ Collateral _____

Loan Number _____ Collateral _____

Primary Residence

Description:

Purchase Price:

Date Purchased:

Physical Address:

Name(s) Titled in:

Monthly Income (If Rented):

Mortgage? Yes No

Names of Lender: _____

Contact Name

Contact Phone Number

2nd Mortgage? Yes No

Names of Lender: _____

Contact Name

Contact Phone Number

Other Owners: Yes No

Owner Name

Owner Name

Owner Name

Phone Number

Phone Number

Phone Number

Location of:

Closing Statement

Life Insurance Policy

Land Survey

Appraisal

Mortgage / Deed

Lease Agreement



Sources of Income and Investments

Sources of Income:

In the spaces below list any income related to salary, mutual funds, stocks, bonds, annuities, pensions, 401ks, CD's, or money market.

Description: _____ Beneficiary: _____

Amount: _____ Frequency: _____ Payment Mode: _____

Description: _____ Beneficiary: _____

Amount: _____ Frequency: _____ Payment Mode: _____

Description: _____ Beneficiary: _____

Amount: _____ Frequency: _____ Payment Mode: _____

Description: _____ Beneficiary: _____

Amount: _____ Frequency: _____ Payment Mode: _____

Description: _____ Beneficiary: _____

Amount: _____ Frequency: _____ Payment Mode: _____

Type / Description	Type / Description
Account #	Account #
Location of Documents	Location of Documents
Contact Person Name	Contact Person Name
Phone / Email	Phone / Email
Beneficiary	Beneficiary



Type / Description	Type / Description
Account #	Account #
Location of Documents	Location of Documents
Contact Person Name	Contact Person Name
Phone / Email	Phone / Email
Beneficiary	Beneficiary



£

Notes:

Credit and Debit Card Summary

Debit/Credit Cards:

Credit or Debit Card Provider		Credit or Debit Card Provider	
Account #	Expiration Date	Account #	Expiration Date
Contact Phone	Estimated Balance	Contact Phone	Estimated Balance
Credit or Debit Card Provider		Credit or Debit Card Provider	
Account #	Expiration Date	Account #	Expiration Date
Contact Phone	Estimated Balance	Contact Phone	Estimated Balance
Credit or Debit Card Provider		Credit or Debit Card Provider	
Account #	Expiration Date	Account #	Expiration Date
Contact Phone	Estimated Balance	Contact Phone	Estimated Balance

Cash App:

Do you use a Cash App or online service to transfer money to friends and family? Use this space to log information about the online services connected to your bank account.



Non-Credit Card Monthly Payments

Who is owed? _____ Required Monthly Payment: _____
Name / Entity

What is the debt for? _____ Payment Arrangements: _____

Total Amount Owed: _____ Auto Drafted: ☐ Yes ☐ No

Account #: _____ Location of Documentation: _____

Creditor: _____
Name / Entity Phone / Email

Online Account Access: ☐ Yes ☐ No

Website Username / Email Password

Who is owed? _____ Required Monthly Payment: _____
Name / Entity

What is the debt for? _____ Payment Arrangements: _____

Total Amount Owed: _____ Auto Drafted: ☐ Yes ☐ No

Account #: _____ Location of Documentation: _____

Creditor: _____
Name / Entity Phone / Email

Online Account Access: ☐ Yes ☐ No

Website Username / Email Password

The best plans are done plans.

Who is owed? _____ Required Monthly Payment: _____
Name / Entity

What is the debt for? _____ Payment Arrangements: _____

Total Amount Owed: _____ Auto Drafted: ☐ Yes ☐ No

Account #: _____ Location of Documentation: _____

Creditor: _____
Name / Entity Phone / Email

Online Account Access: ☐ Yes ☐ No

Website Username / Email Password

Who is owed? _____ Required Monthly Payment: _____
Name/ Entity

What is the debt for? _____ Payment Arrangements: _____

Total Amount Owed: _____ Auto Drafted: ☐ Yes ☐ No

Account #: _____ Location of Documentation: _____

Creditor: _____
Name/Entity Phone/Email

Online Account Access: ☐ Yes ☐ No

Website Username / Email Password



Automated Bill Pay and Autodrafting

Company / Payee Name		Description
Customer Account #		Associated Bank Name / Account #
Monthly Payment	Date of Withdrawl	Final Payment Date

Company / Payee Name		Description
Customer Account #		Associated Bank Name / Account #
Monthly Payment	Date of Withdrawl	Final Payment Date

Company / Payee Name		Description
Customer Account #		Associated Bank Name / Account #
Monthly Payment	Date of Withdrawl	Final Payment Date

Company / Payee Name		Description
Customer Account #		Associated Bank Name / Account #
Monthly Payment	Date of Withdrawl	Final Payment Date

Accounts and Notes Receivable

Who owes you money? _____ Monthly Payment: _____
Name / Entity

What is the debt for? _____ Payment Arrangements: _____

Total Amount Owed: _____ Auto Drafted: Yes No

Account #: _____ Location of Documentation: _____

Debtor: _____
Name / Entity Phone /Email

Who owes you money? _____ Monthly Payment: _____
Name / Entity

What is the debt for? _____ Payment Arrangements: _____

Total Amount Owed: _____ Auto Drafted: Yes O No

Account #: _____ Location of Documentation: _____

Debtor: _____
Name / Entity Phone /Email

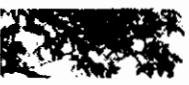
Who owes you money? _____ Monthly Payment: _____
Name / Entity

What is the debt for? _____ Payment Arrangements: _____

Total Amount Owed: _____ Auto Drafted: Yes No

Account #: _____ Location of Documentation: _____

Debtor: _____
Name / Entity Phone / Email



Key Documents and Locations

In the spaces below make note the locations of important documents.

Birth/Adoption Certificate:

Location

Marriage Certificate

Location

Date Married

Prenuptial Agreement:

Location

Divorce Decree:

Location

Date Granted

Individual Income Tax Returns (Federal & State):

Location

Name of Accountant/ Preparer

Phone/Email

Home Mortgage/ Deed:

Location



Automobile Titles And Tag Receipts:

Location

Location

Bank Statements (Checking, Savings, Money Market):

Location

Location

Location

Buy and Sell Agreements for Business:

Name of Business

Location

Percent Ownership

Trust Agreements:

Location

Citizenship/ Naturalization

Location

Diplomas:

Location

Location

Location

Religious:

Location

Location

Other:

Description / Location

Description / Location

Description / Location