



### **Disaster List**

- Identify potential successors in business, how they will be trained and supported, and how duties will be delegated.
- Identify who will own the business & manage it.
- Named and updated beneficiaries on all plans/policies
  - o Life insurance
  - o Retirement plans
  - o 529 plans
  - o Will naming beneficiaries of other assets
- Set aside legal documents
  - o Will
  - o Power of attorney
  - o Birth Certificate
  - o Marriage License
  - o Titles & Deeds to assets
  - o Operating Agreement
  - o Buy/sell agreement
  - o Stock certificates
- Insurance policy to meet buy/sell needs
  - o Ensure that there is a life insurance policy in place to cover the costs of the buy/sell agreement to provide continuity to the business
- Estate plan
  - o Create an estate plan around assets to optimize estate tax efficiency as needed
  - o Set an estate administrator in place to ensure the succession that you envision
- Digital assets
  - o Physical password document maintained in a place accessible by those who may need it
- Physical passwords
  - o Any safe combinations or safety deposit locations, etc. all named and kept in a location that is secure and accessible by potential successors
- Other business needs
  - o Authorized signatory on bank accounts other than owner to guarantee continuity
  - o Be aware of any personally guaranteed assets that could potentially cause a lien against the estate
  - o If you are a sole proprietor, ensure a business structure that would meet your succession wishes
  - o Formal valuation accessibility, understanding that this will be needed to pass on the assets at a taxable value from the estate.
- Other needs
  - o Debt list spelling out all debts that could be requested for payment
  - o Funeral arrangements
  - o Any contacts you wish to be notified immediately outside of immediate circle



- instructions
  - o Outline the order of operations for needs to be handled

**Retirement Information:**

**Pension/401k/403(b) #1**

**Provider:**

**Website:**

**Username:**

**Password:**

**Pension/401k/403(b) #2**

**Provider:**

**Website:**

**Username:**

**Password:**

**IRA #1**

**Provider:**

**Website:**

**Username:**

**Password:**

**IRA #2**

**Provider:**

**Website:**

**Username:**

**Password:**

**Other #1**

**Provider:**

**Website:**

**Username:**

**Password:**

**Other #2**

**Provider:**

**Website:**

**Username:**

**Password:**



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## Loan information

### Mortgage/Home #1:

**Address:**

**Payment:**

**Lender:**

**Website:**

**Username:**

**Password:**

**Expected payoff date:**

### Mortgage/Home #2:

**Address:**

**Payment:**

**Lender:**

**Website:**

**Username:**

**Password:**

**Expected payoff date:**

### Car loan #1:

**Year, Make & Model:**

**Payment:**

**Lender:**

**Website:**

**Username:**

**Password:**

**Expected payoff date:**

### Car Loan #2:

**Year, Make & Model:**

**Payment:**

**Lender:**

**Website:**

**Username:**

**Password:**

**Expected payoff date:**



**Other Loan #1:**

**Payment:**

**Lender:**

**Website:**

**Username:**

**Password:**

**Expected payoff date:**

**Other Loan #2:**

**Payment:**

**Lender:**

**Website:**

**Username:**

**Password:**

**Expected payoff date:**



## **Insurance Information**

### **Home insurance:**

**Company:**  
**Policy#:**  
**Expiration date:**  
**Payment amount:**

### **Health Insurance:**

**Company:**  
**Policy#:**  
**Expiration date:**  
**Payment amount:**

### **Life Insurance**

**Type:**  
**Company:**  
**Policy#:**  
**Expiration date:**  
**Payment amount:**  
**Face Value:**  
**Investment value:**  
**Named beneficiary:**

### **Accidental Death & Dismemberment**

**Type:**  
**Company:**  
**Policy#:**  
**Expiration date:**  
**Payment amount:**  
**Face Value:**  
**Named beneficiary:**

### **Auto Insurance #1:**

**Type:**  
**Company:**  
**Policy#:**  
**Expiration date:**  
**Payment amount:**  
**Year, Make & Model:**



**Auto Insurance #2:**

**Type:**

**Company:**

**Policy#:**

**Expiration date:**

**Payment amount:**

**Year, Make & Model:**



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## **Financial Information**

### **Banking**

#### **Account #1**

**Bank:**  
**Checking Account #:**  
**Authorized Users:**  
**Website:**  
    **Username:**  
    **Password:**

#### **Account #2**

**Bank:**  
**Checking Account #:**  
**Authorized Users:**  
**Website:**  
    **Username:**  
    **Password:**

#### **Account #3**

**Bank:**  
**Checking Account #:**  
**Authorized Users:**  
**Website:**  
    **Username:**  
    **Password:**

#### **Account #4**

**Bank:**  
**Checking Account #:**  
**Authorized Users:**  
**Website:**  
    **Username:**  
    **Password:**



**Credit/Debit**

**Card #1**

**Type:**

**Card #:**

**Pin #:**

**Phone #:**

**Address:**

**Website:**

**Username:**

**Password:**

**Card #2**

**Type:**

**Card #:**

**Pin #:**

**Phone #:**

**Address:**

**Website:**

**Username:**

**Password:**

**Card #3**

**Type:**

**Card #:**

**Pin #:**

**Phone #:**

**Address:**

**Website:**

**Username:**

**Password:**

**Card #4**

**Type:**

**Card #:**

**Pin #:**

**Phone #:**

**Address:**

**Website:**

**Username:**

**Password:**





## **Personal Information**

### **Home Address:**

**Street:**

**City/State/Zip code:**

### **Mailing Address:**

**Street:**

**City/State/Zip code:**

### **Contact Information**

**Phone #1:**

**Phone #2:**

**Email #1:**

**Username:**

**Password:**

**Email #2:**

**Username:**

**Password:**

### **Drivers License:**

**State:**

**Number:**

**Address:**

**Expiration:**

### **Social Security Number:**

### **Medical Contacts**

**First & Last Name:**

**Relationship:**

**Authority (POA/ETC):**

### **Executor**

**Name:**

**Relationship**

**Phone Number:**

**Email Address**

