



**Stock  
Yards**

WEALTH  
MANAGEMENT  
& TRUST

## Tying Up Loose Ends

Record of  
Personal Affairs

### Louisville

4441 Springdale Road  
Louisville, KY 40241  
(502) 625-1005

### Lexington

360 E. Vine Street  
Lexington, KY 40507  
(859) 765-8242

### Cincinnati

101 W. Fourth Street  
Cincinnati, OH 45202  
(513) 824-6117

### Indianapolis

11450 N. Meridian Street  
Carmel, IN 46032  
(317) 238-2816

## Quick Reference Records

---

NAME

---

ADDRESS

---

CITY, STATE, ZIP

---

PHONE NUMBER

### MEDICAL HISTORY

---

BLOOD TYPE

---

ALLERGIES

---

PENICILLIN

---

OTHER

---

DIABETIC

---

TETANUS

---

LAST TETANUS TOXOID VACCINATION, IF ANY

### IN CASE OF EMERGENCY, PLEASE NOTIFY

---

NAME

---

RELATIONSHIP

---

PHONE

---

ADDRESS

---

CITY, STATE, ZIP

### SAFE DEPOSIT BOX

---

NAME OF BANK

---

ADDRESS

---

TELEPHONE

---

IN WHOSE NAME

---

BOX NUMBER

---

LOCATION OF KEY

## Important Documents

### BIRTH CERTIFICATE

---

LOCATION

### PASSPORT

---

LOCATION

### DIVORCE

---

LOCATION OF PAPERS (IF APPLICABLE)

### SOCIAL SECURITY CARD

---

LOCATION

### MARRIAGE CERTIFICATE

---

LOCATION

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## Record Of Vital Statistics

*Information needed for death certificate.*

FULL LEGAL NAME

LEGAL ADDRESS

NICKNAME

CITY

MAIDEN NAME (IF APPLICABLE)

STATE

OTHER NAMES (IF APPLICABLE)

MAILING ADDRESS (IF DIFFERENT)

RACE

CITY

CITIZEN OF HISPANIC ORIGIN? ☐ YES ☐ NO

STATE

(IF YES SPECIFY)

☐ SINGLE ☐ MARRIED

BIRTH DATE

☐ WIDOWED ☐ DIVORCED

BIRTHPLACE

NAME OF SPOUSE

### EDUCATION:

(MAIDEN NAME, IF APPLICABLE)

0-12, # OF YRS

DATE MARRIED

COLLEGE # OF YRS

PLACE MARRIED

SOCIAL SECURITY #

IF SPOUSE IS DECEASED, DATE

OCCUPATION

PLACE OF DEATH

EMPLOYED BY

MOTHER'S MAIDEN NAME

LOCATION: CITY STATE

PLACE OF RESIDENCE

DATE OF RETIREMENT

FATHER'S NAME PLACE OF RESIDENCE

IF A VETERAN, DATE(S) OF SERVICE



## Estate Planning/Wills

Estate planning, documenting your wishes, and protecting your loved ones is vitally important. The estate planning process begins with a Will. A Will allows you to articulate your desires for the distribution of your assets and earthly possessions upon your passing.

One of the most important aspects of drafting a Will is the appointment of an executor. The executor should be someone who is trustworthy and will use sound judgment in settling your affairs. The named executor must file the will with the Probate Court within the time prescribed by statute, then proceed with the distribution of assets of the estate according to the provisions the deceased has prescribed. Settling an estate can be a long, complicated process, and placing this burden on a loved one can be

overwhelming. Please consider naming a professional, unbiased corporate fiduciary, such as Stock Yards Bank & Trust, to serve as executor, co-executor, or agent for executor.

In addition to a Will, a complete estate plan should include a power of attorney, Living Will, and health care surrogate designation and they may require a trust. Estate planning also contemplates disability, asset protection, and health care planning. Due to changing tax laws and family circumstances, it is important to review estate planning documents at least every three to five years. Our estate planning specialists can guide you through this complex process to ensure you and your loved ones are properly protected.

### WILLS/TRUST

LOCATION OF ORIGINAL

LOCATION OF COPIES

DATE OF WILL

ATTORNEY WHO PREPARED

NAME

ADDRESS

TELEPHONE

EMAIL

TRUST ☐ YES ☐ NO

### HEALTHCARE SURROGATE/LIVING WILL

☐ YES ☐ NO

LOCATION OF ORIGINAL

LOCATION OF COPIES

### POWER OF ATTORNEY

NAME

ADDRESS

TELEPHONE

EMAIL

*If no will exists but there are remaining assets, an administrator is appointed by a surrogate or judge to distribute the assets. This means that your assets will be distributed according to state statutes, regardless of your wishes.*

### IF THERE IS NO WILL, MY DESIRED ADMINISTRATOR IS:

NAME

ADDRESS

TELEPHONE

EMAIL

## Record Of Healthcare Providers

### DOCTOR

NAME

ADDRESS

TELEPHONE

EMAIL

### DOCTOR

NAME

ADDRESS

TELEPHONE

EMAIL

### DOCTOR

NAME

ADDRESS

TELEPHONE

EMAIL

### DOCTOR

NAME

ADDRESS

TELEPHONE

EMAIL

### DOCTOR

NAME

ADDRESS

TELEPHONE

EMAIL

### DENTIST

NAME

ADDRESS

TELEPHONE

EMAIL

### DOCTOR

NAME

ADDRESS

TELEPHONE

EMAIL

### DOCTOR

NAME

ADDRESS

TELEPHONE

EMAIL

### DOCTOR

NAME

ADDRESS

TELEPHONE

EMAIL

### DOCTOR

NAME

ADDRESS

TELEPHONE

EMAIL

Financial Planning can mean different things to different people. While having a financial plan is important during your life, it is also extremely important after your passing. A well-documented, written financial plan will list assets, liabilities, income, and expenses. All of these financial items need to be addressed by the executor of your estate, and consequently, will directly affect your loved ones. Keeping a comprehensive, written financial plan with your estate planning documents can be very helpful for your executor.

## RECORD OF PROFESSIONAL ADVISORS

### ATTORNEY

NAME

ADDRESS

TELEPHONE

EMAIL

### CPA/ACCOUNTANT

NAME

ADDRESS

TELEPHONE

EMAIL

### STOCKBROKER

NAME

ADDRESS

TELEPHONE

EMAIL

### BANKER

NAME

ADDRESS

TELEPHONE

EMAIL

### PRIEST/MINISTER/SPIRITUAL ADVISOR

NAME

ADDRESS

TELEPHONE

EMAIL

### INSURANCE AGENT

NAME

ADDRESS

TELEPHONE

EMAIL

### FINANCIAL ADVISOR

NAME

ADDRESS

TELEPHONE

EMAIL

## Record Of Financial Affairs

### BANK ACCOUNT

BANK NAME

ADDRESS

ACCOUNT TYPE

ACCOUNT NUMBER

NAME(S) ON ACCOUNT

### BANK ACCOUNT

BANK NAME

ADDRESS

ACCOUNT TYPE

ACCOUNT NUMBER

NAME(S) ON ACCOUNT

### BANK ACCOUNT

BANK NAME

ADDRESS

ACCOUNT TYPE

ACCOUNT NUMBER

NAME(S) ON ACCOUNT

### DEBT

LENDER

DESCRIPTION

LOAN NUMBER

### DEBT

LENDER

DESCRIPTION

LOAN NUMBER

### CREDIT CARD

PHONE #

ISSUER

ACCOUNT NUMBER

### CREDIT CARD

PHONE #

ISSUER

ACCOUNT NUMBER



## Record Of Financial Affairs

**PENSION OR UNION PLAN**

---

NAME OF COMPANY

---

ADDRESS

---

ACCOUNT NUMBER

---

LOCATION**401K/IRA & RETIREMENT PLAN BENEFITS**

---

NAME OF COMPANY

---

ACCOUNT NUMBER

---

CONTACT INFORMATION**STOCK & BOND CERTIFICATES**

---

LOCATION**ADDITIONAL INFO/CONTACTS**

---

---

---

**INVESTMENT ACCOUNT**

---

NAME OF COMPANY

---

ACCOUNT NUMBER

---

CONTACT INFORMATION**PROPERTY OWNED**

---

LOCATION

---

DEED BOOK/PAGE #

---

MORTGAGE COMPANY

---

TITLE IN NAME OF

---

APPRAISAL VALUE/DATE**PENSION OR UNION PLAN**

---

NAME OF COMPANY

---

ADDRESS

---

ACCOUNT NUMBER

---

LOCATION**401K/IRA & RETIREMENT PLAN BENEFITS**

---

NAME OF COMPANY

---

ACCOUNT NUMBER

---

CONTACT INFORMATION**STOCK & BOND CERTIFICATES**

---

LOCATION**ADDITIONAL INFO/CONTACTS**

---

---

---

**INVESTMENT ACCOUNT**

---

NAME OF COMPANY

---

ACCOUNT NUMBER

---

CONTACT INFORMATION**PROPERTY OWNED**

---

LOCATION

---

DEED BOOK/PAGE #

---

MORTGAGE COMPANY

---

TITLE IN NAME OF

---

APPRAISAL VALUE/DATE

**MISCELLANEOUS PERSONAL PROPERTY (JEWELRY, ART, FURNITURE, ETC.)**


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---

**AUTOMOBILE**


---

YEAR  

---

MAKE/MODEL  

---

VIN #  

---

LIENHOLDER (IF FINANCED)

**OTHER LIABILITY**


---

BORROWER(S)  

---

LENDER NAME/ADDRESS  

---

LOAN NUMBER  

---

LOAN TYPE  

---

COLLATERAL

**AUTOMOBILE**


---

YEAR  

---

MAKE/MODEL  

---

VIN #  

---

LIENHOLDER (IF FINANCED)

**AUTOMOBILE**


---

YEAR  

---

MAKE/MODEL  

---

VIN #  

---

LIENHOLDER (IF FINANCED)

**INCOME TAX RETURNS**


---

LOCATION

**OTHER LIABILITY**


---

BORROWER(S)  

---

LENDER NAME/ADDRESS  

---

LOAN NUMBER  

---

LOAN TYPE  

---

COLLATERAL

As we go through life, we often forget to review insurance purchased years ago. You may have obtained a term policy for any number of reasons; however your needs change over time. It may now be more prudent to plan for long term care needs than replacing lost income or paying for your child's education or wedding expenses in the event of your passing. It is important to review your life insurance coverage periodically to ensure it is evolving with you. Stock Yards Bank & Trust can assist with these reviews to be sure your coverage continues to meet your needs. Let us help give you peace of mind to know that, should something happen to you, your loved ones are protected.

## LIFE INSURANCE

NAME OF COMPANY

AMOUNT

BENEFICIARY

LOCATION OF POLICY

AGENT NAME & CONTACT INFO

## LIFE INSURANCE

NAME OF COMPANY

AMOUNT

BENEFICIARY

LOCATION OF POLICY

AGENT NAME & CONTACT INFO

## HOMEOWNERS INSURANCE

NAME OF COMPANY

AMOUNT

BENEFICIARY

LOCATION OF POLICY

AGENT NAME & CONTACT INFO

## CAR INSURANCE

NAME OF COMPANY

AMOUNT

BENEFICIARY

LOCATION OF POLICY

AGENT NAME & CONTACT INFO

## OTHER INSURANCE (UMBRELLA POLICY)

NAME OF COMPANY

AMOUNT

BENEFICIARY

LOCATION OF POLICY

AGENT NAME & CONTACT INFO

## OTHER INSURANCE

NAME OF COMPANY

AMOUNT

BENEFICIARY

LOCATION OF POLICY

AGENT NAME & CONTACT INFO

## Funeral Arrangements

### FUNERAL HOME TO BE CONTACTED

FUNERAL HOME NAME

ADDRESS

TELEPHONE

PRE-ARRANGED FUNERAL MADE

PRE-ARRANGEMENT CONTRACT

LOCATION OF CONTRACT

### CREMATION

DESIRED LOCATION OF DISPOSITION OF ASHES

### FUNERAL SERVICE TO BE HELD

CHURCH/SYNAGOGUE

FUNERAL HOME

OTHER

### LODGE OR MILITARY SERVICE

CONTACT NAME

### OTHER PERSONAL REQUESTS

CONTACT NAME

### OBITUARY

LOCATION (IF PRE-WRITTEN)

### ADDITIONAL INFO/CONTACTS

---

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---

### CEMETERY

NAME OF CEMETERY DESIRED

ADDRESS

TELEPHONE

PLOT IN WHOSE NAME

PLOT NUMBER

SECTION

BLOCK

LOCATION OF DEED

### PRESIDING OFFICIAL

NAME

ADDRESS

TELEPHONE

MUSIC

SCRIPTURE/READING SELECTIONS

CLOTHING

VISITATION - CALLING HOURS

PALLBEARERS

FLOWERS ☐ YES ☐ NO

MEMORIAL DONATIONS ☐ YES ☐ NO

NAME OF CHARITY

## Biographical Information

### HIGH SCHOOL

SCHOOL NAME

DATES

GRADUATION DATE

### COLLEGE

SCHOOL NAME

DATES

GRADUATION DATE

DEGREE

### COLLEGE

SCHOOL NAME

DATES

GRADUATION DATE

DEGREE

### OTHER EDUCATION

OTHER NAME

DATES

### MILITARY SERVICE RECORD

BRANCH OF SERVICE

RANK

DATES OF SERVICE

MILITARY ID NUMBER

### RELIGIOUS AFFILIATION OR MEMBERSHIP

### EMPLOYMENT

EMPLOYER

POSITION HELD

DATES

### EMPLOYMENT

EMPLOYER

POSITION HELD

DATES

### EMPLOYMENT

EMPLOYER

POSITION HELD

DATES

RETIRED DATE

### FRATERNAL, SERVICE, SOCIAL OR UNION

MEMBER OF

MEMBER OF

MEMBER OF

### FRATERNAL JEWELRY (OR OTHER ORG.)

LOCATION OF JEWELRY

### POLITICAL ORGANIZATIONS

POLITICAL POSITIONS HELD

### OTHER BOARDS SERVED ON

### CLUB, ASSOC., MEMBERSHIPS, ETC.

### SPECIAL RECOGNITIONS

ATHLETIC, POLITICAL, RELIGIOUS, SCIENTIFIC

## Veteran's Service & Family Records

FULL NAME OF VETERAN

PENSION OR V.A. CLAIM NO.

SERVICE SERIAL NC.

DATE ENTERED SERVICE

PLACE ENTERED SERVICE

PLACE OF ENTRY

STATE OF RESIDENCE AT TIME

BRANCH OF SERVICE

GRADE OR RANK

NAME OF ORGANIZATION

CO. - REG. - DIV.

NAME OF WAR OR CONFLICT

DATE OF DISCHARGE

PLACE OF DISCHARGE

DECORATIONS

MEDAL OF HONOR RECIPIENT ☐ YES ☐ NO

### FLAG REQUEST

☐ DRAPED ON CASKET ☐ NOT DRAPED

VETERANS CEMETERY MARKER ☐ YES ☐ NO

### TYPE OF MARKER

☐ UPRIGHT MARBLE ☐ FLAT MARBLE

☐ FLAT GRANITE ☐ FLAT BRONZE

ADDITIONAL MILITARY INFORMATION

ADDITIONAL INFO/CONTACTS

### RELATIVE/FRIEND

NAME

BIRTHDATE

ADDRESS

PHONE/EMAIL

### RELATIVE/FRIEND

NAME

BIRTHDATE

ADDRESS

PHONE/EMAIL

### RELATIVE/FRIEND

NAME

BIRTHDATE

ADDRESS

PHONE/EMAIL

### LOCATION OF BIRTH CERT. OR ADOPTION PAPERS

### CHILD

NAME

BIRTHDATE

ADDRESS

PHONE/EMAIL

### CHILD

NAME

BIRTHDATE

ADDRESS

PHONE/EMAIL



## Relatives & Friends To Notify

RELATIVE/FRIEND:

NAME

RELATIONSHIP

ADDRESS

PHONE/EMAIL

RELATIVE/FRIEND:

NAME

RELATIONSHIP

ADDRESS

PHONE/EMAIL

RELATIVE/FRIEND:

NAME

RELATIONSHIP

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PHONE/EMAIL

RELATIVE/FRIEND:

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RELATIONSHIP

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PHONE/EMAIL

RELATIVE/FRIEND:

NAME

RELATIONSHIP

ADDRESS

PHONE/EMAIL

RELATIVE/FRIEND:

NAME

RELATIONSHIP

ADDRESS

PHONE/EMAIL

## Digital Information/Logins & Passwords

KEEP THIS IN A SECURE & SAFE LOCATION

	USERNAME	PASSWORD
COMPUTER		
PHONE/TABLET		
ONLINE BANKING		
INVESTMENT WEBSITE		
FACEBOOK		
TWITTER		
INSTAGRAM		
LINKEDIN		
EMAIL		
iCLOUD		
OTHER		
OTHER		
OTHER		
OTHER		
OTHER		

***Record all pages in this book which apply - check when completed***

- ☐ DISCUSS CONTENTS OF BOOK WITH FAMILY \_\_\_\_\_
- ☐ DISCUSS FUNERAL ARRANGEMENTS \_\_\_\_\_
- ☐ CEMETERY - PLOT PURCHASE \_\_\_\_\_
- ☐ MONUMENT DEALER \_\_\_\_\_
- ☐ FUNERAL HOME \_\_\_\_\_
- ☐ ATTORNEY - WILL OR UPDATING ORIGINAL \_\_\_\_\_
- ☐ EXECUTOR OF ESTATE \_\_\_\_\_
- ☐ ACCOUNTANT / FINANCIAL INFORMATION \_\_\_\_\_
- ☐ SOCIAL SECURITY ADMINISTRATION \_\_\_\_\_
- ☐ VETERANS SERVICE RECORD \_\_\_\_\_
- ☐ PENSION / RETIREMENT PLANS \_\_\_\_\_
- ☐ AUTOMOBILE REGISTRATIONS \_\_\_\_\_
- ☐ LIFE INSURANCE POLICIES/ UPDATES \_\_\_\_\_
- ☐ STOCK BROKER \_\_\_\_\_
- ☐ SAFE DEPOSIT BOX INSPECTION \_\_\_\_\_
- ☐ BIOGRAPHICAL INFORMATION \_\_\_\_\_
- ☐ FAMILY RECORDS \_\_\_\_\_

**NOTES:**

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Investment and Insurance Products are:

- Not FDIC Insured
- May Lose Value
- No Bank Guarantee
- Not a Deposit
- Not Insured By Any Federal Government Agency