

## For my Power of Attorney,

I have written this letter to provide you with information that will be necessary for you when the time arises. It is my desire that the person below has the power of attorney act on my behalf rather than a guardian being appointed, unless my family believes a guardianship is necessary.

### Power of Attorney over my Assets:

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

#### Contact Information:

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

### Power of Attorney for Medical Decisions:

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

#### Contact Information:

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

### Guardian over my Property:

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

#### Contact Information:

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

### Guardian over my Person:

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

#### Contact Information:

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

**SECTION ONE- Advisors and Financial Information**

**My Advisors**

Some of the people you may need to contact are listed below

**Financial/Investment Advisor**

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Name Nancy J. LaPointe  
Address 3663 College St. SE Suite B, Lacey, WA 98503  
Phone (360) 628-8175  
Email [nancy@navigatefinancialnw.com](mailto:nancy@navigatefinancialnw.com)

**Attorney**

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Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Accountant**

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Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Insurance Agent**

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Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Mortgage Holder**

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**First Home:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Second Home:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Pension Benefits**

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Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Type of Benefits \_\_\_\_\_  
Amount \_\_\_\_\_

**Other**

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Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Other**

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Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**My Assets**

Here is a list of my stock, bonds and other investment accounts, including real property. I have listed a contact person and telephone number for each person, as well as the location of my documents.

I \_\_\_ have \_\_\_ have not attached a financial statement.

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Investment: \_\_\_\_\_  
Account No.: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents are located: \_\_\_\_\_

Investment: \_\_\_\_\_  
Account No.: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents are located: \_\_\_\_\_

Investment: \_\_\_\_\_  
Account No.: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents are located: \_\_\_\_\_

Investment: \_\_\_\_\_  
Account No.: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents are located: \_\_\_\_\_

Money is owed to us by: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Amount: \_\_\_\_\_

**This Loan is a Signed Writing:  Yes  No**

Money is owed to us by: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Amount: \_\_\_\_\_

**This Loan is a Signed Writing:  Yes  No**

Money is owed to us by: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Amount: \_\_\_\_\_

**This Loan is a Signed Writing:  Yes  No**

I want the following loan(s) forgiven at the time of my death (NOTE: Your will or the promissory note should be changed to reflect this forgiveness and make it legally enforceable):

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I want the following loan(s) forgiven as a part of the bequest I am leaving to the borrower at the time of my time of death (i.e. The debt that will be one of the assets to satisfy my bequest to such heir in my will.):

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I  have  have not made any substantial deposits on certain accounts.

If applicable, the accounts are:

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### Loaned and Stored Assets

I have assets stored at the following location:

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The key to the storage facility is at: \_\_\_\_\_

I have loaned the following personal property (furniture, art, collectibles, etc):

Objects	Person Holding Them

(If the loan is subject to written agreement, I have attached the copy this document)

## My Liabilities

I am a Guarantor for the following debt:

Debt: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents are located: \_\_\_\_\_

Debt: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents are located: \_\_\_\_\_

Debt: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents are located: \_\_\_\_\_

I presently carry the following credit cards:

Card: \_\_\_\_\_  
Contact info: \_\_\_\_\_  
How are payments made: \_\_\_\_\_  
Username/Password: \_\_\_\_\_

Card: \_\_\_\_\_  
Contact info: \_\_\_\_\_  
How are payments made: \_\_\_\_\_  
Username/Password: \_\_\_\_\_

Card: \_\_\_\_\_  
Contact info: \_\_\_\_\_  
How are payments made: \_\_\_\_\_  
Username/Password: \_\_\_\_\_

Card: \_\_\_\_\_  
Contact info: \_\_\_\_\_  
How are payments made: \_\_\_\_\_  
Username/Password: \_\_\_\_\_

I lease the following assets:

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

Contact info: \_\_\_\_\_

How are payments made: \_\_\_\_\_

Documents: \_\_\_\_\_

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

Contact info: \_\_\_\_\_

How are payments made: \_\_\_\_\_

Documents: \_\_\_\_\_

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

Contact info: \_\_\_\_\_

How are payments made: \_\_\_\_\_

Documents: \_\_\_\_\_

Please make sure that payments on these assets continue to be managed if I become disabled.

## SECTION TWO- Insurance Benefits

### My Insurance Coverage

Please make sure that premiums on these policies continue to be paid if I become disabled. Please check with each company and determine if:

- The policy allows for prepayment in death benefits because of disability, or
- The policy allows you to stop making payments in the case of disability.

Please note that premiums may be paid on a monthly, quarterly, semi-annual or annual basis.

I have the following **Life Insurance** (including company-owned) policies:

Type / Company	Owner	Beneficiary	Face Value	Loans	Cash Value	Carrier	Policy Number	Annual Premium
			\$	\$	\$			\$
			\$	\$	\$			\$
			\$	\$	\$			\$
			\$	\$	\$			\$

I have \_\_ have not \_\_ attached a policy in force statement for the above life insurance policies.

Location of documents:

\_\_\_\_\_

I have the following **insurance** policies:

Type of Insurance	Company	Policy Number	Location of Policy
Disability			
2 <sup>nd</sup>			
Long-term Care			
2 <sup>nd</sup>			
Health Insurance			
2 <sup>nd</sup>			
Auto			
2 <sup>nd</sup>			
RV			
Umbrella			
Other			
Other			

The following insurance premiums are paid automatically from my bank account. (Please do not close my accounts without making sure the premiums are being paid.)

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### Employment Benefits and Income

I am retired, and have the following pension income:

Company	Contact Phone No.	Monthly Income	Survivor Benefit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Income: \_\_\_\_\_

I receive monthly income from the following annuity:

Company	Policy No.	Monthly Income	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



I  am  am not entitled to military and/or government benefits. List the benefits:

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I  am  am not entitled to other benefits. List the benefits:

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### SECTION THREE- Documents and Other Information

#### My Documents

I have executed each of the following documents and you can find them where noted:

Document	Date Signed	Location	Not Applicable
Will			
Living Will			
Medical Power of Attorney			
Medical Directive			
General Power of Attorney			
Living Trust			
Insurance Trust			
Charitable Trust			
Minor's Trust			
Custodial Account			
Organ Donation			
Children Adoption Papers			
Section 529 Education Plan			
Prenuptial Agreement			
Post-Nuptial Agreement			

Divorce Decree or Settlement			
Citizenship Papers			
Burial Agreement			
Retirement Plan Beneficiary Designation			
Insurance Beneficiary Designation			
Military Discharge Paper (DD214)			
Employment or Independent Contractor Contract			
Other			

My important records can generally be found at:

my home filing cabinet

my safe deposit box

my home safe

my attorney's office

my accountant's office

my financial planner's office

other: \_\_\_\_\_

My most recent personal and any business tax returns can be found at:

\_\_\_\_\_

I  have  have not attached a list of the persons I want to receive my personal property when I die.

In the event of my incapacity I  do  do not want to be kept home as long as possible, taking into account the cost.

I  have  do not have a divorce decree which may require that certain payments be made after I am disabled or after my death.

I have buy-out insurance for the following businesses: \_\_\_\_\_

I have a buy-sell agreement for the following businesses: \_\_\_\_\_

## General Information

My Social Security No. is: \_\_\_\_\_

My Driver's License No. is: \_\_\_\_\_

My Passport No. is: \_\_\_\_\_

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

I may receive an inheritance from: \_\_\_\_\_

The amount of the inheritance may be as much as \$: \_\_\_\_\_

**Upon my death, my heirs  will  will not receive a distribution of benefits from a trust.**

If yes, the trust instrument was created by: \_\_\_\_\_

**I  am  am not currently the Trustee for a trust**

**I  am  am not a beneficiary for a trust**

I am currently Legal Guardian for the following person(s): \_\_\_\_\_

I am a member of the following religious groups: \_\_\_\_\_

\_\_\_\_\_

I am a member of the following fraternal groups: \_\_\_\_\_

\_\_\_\_\_

I have provided the following for the education of my family: \_\_\_\_\_

\_\_\_\_\_

I am currently Legal Guardian for the following person(s): \_\_\_\_\_

Documents appointing me can be found at: \_\_\_\_\_

**I  have  do not have a special needs family member or friend who I take care of:**

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

Relationship: \_\_\_\_\_

Nature of Disability: \_\_\_\_\_

Special Services they receive \_\_\_\_\_

Primary Physician and Phone Number: \_\_\_\_\_

**Is there a trust for such person?  Yes  No**

Trust Documents are at: \_\_\_\_\_

**I have been Appointed Legal Guardian for such person: \_\_ Yes \_\_ No**

I believe the following person should take over this responsibility: \_\_\_\_\_

Information on any Accounts I handle for this person: \_\_\_\_\_

\_\_\_\_\_

With regard to my general information, the following additional information which I think is important for my family and advisors to know:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have signed this document this day: \_\_\_\_\_.

I have signed this document to provide guidance to my powers of attorney regarding my affairs. This document is not intended to replace my will or other estate planning documents signed by me. However, it is my express desire that the powers of attorney utilize this and the other documents signed by me in making any discretionary decisions for me and my family.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

*This may seem daunting at first, but address one thing at a time, taking the time to be thoughtful and thorough about what you desire to happen. You're not alone, Navigate Financial is here to help you. Lean on us while you complete this document and we'll help you along the way.*

Copies of this document were delivered to:

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***I have attached the following documents to my For Power of Attorney document:***

- my current financial statement**
- a copy of my current life insurance policy**
- a policy in force statement for my life insurance policies**
- a personal property ownership list**
- a personal property disposition list**
- written documents for any personal property loans**
- personal property agreements**