

USC Emeriti Center

My CONFIDENTIAL DOCUMENTS.



USC University of
Southern California

THE USC EMERITI CENTER continually seeks our colleagues' knowledge and experience to develop resources that benefit the USC retiree community, the university, and the community at large. This publication, "My Confidential Documents", is one of several resources developed at the Emeriti Center and is designed to

help prepare, collect and store all important information in one place.

Our retired USC faculty and staff are concerned about those who experience the loss or illness of a loved one and are faced with a number of decisions that they may not be prepared to handle. As a result of this concern, a

group of USC retirees compiled a comprehensive list of what is needed when a loved one becomes incapacitated or passes away. We hope that this booklet is helpful for all members of the Trojan Family and our many colleagues and friends.

Janette C. Brown, Ed.D.
Executive Director, USC Emeriti Center

INSTRUCTIONS:

Keep copies of documents, instructions, and information in one place. Review and update your important documents periodically. Also, review beneficiary designations on a regular basis. Share this planner with your spouse, partner, or another family member or friend so that your loved ones will know your wishes and have access to your key documents and information. Include copies of wills, living trusts, durable powers of attorney, and advanced directives (living wills).

1. PERSONAL IDENTIFICATION

To protect your personal information, this information should not be entered online.

My name

Former names and/or maiden name

Social Security number

Date of birth

Place of birth

Mother's maiden name

Email address(es)

Drivers license number

Medicare number

Passport number

Emergency contact info

Other

2. ESTATE PLANNING CHECKLIST

Please indicate if you have the item and, if so, where it is located and the person and contact info you have appointed to manage.

- Living trusts and/or wills
- Power of attorney for health care decisions
- Advance health care directive form
- Power of attorney for asset management (Durable power of attorney)
- Name of your designated trustee(s)
- Other/asset management directives
- Advanced directive (living will)

3. COMPUTER / INTERNET ACCESS

Instructions for accessing computer files and internet sites (ie: user names, passwords, security questions, internet addresses for web sites)

.....
.....
.....

4. PHYSICIANS

Include name, phone number and/or email

Internal medicine

Cardiologist

Gynecologist

Urologist

Dermatologist

Allergist

Family medicine

Oncology

Others

.....
.....
.....
.....
.....
.....
.....
.....

5. INSURANCE

Include all pertinent policy details; make additional copies as needed

A) LIFE INSURANCE

Company name

Agent's name

Agent's phone number

Agent's email

URL (web address)

Your email address that you use for this account

Your user name

Your password

Policy number(s)

Amount

Beneficiary(ies)

.....

B) HOMEOWNERS INSURANCE

Company name

Agent's name

Agent's phone number

Agent's email

URL (web address)

Your email address that you use for this account

Your user name

Your password

Policy number

Amount

C) AUTOMOBILE INSURANCE

Company name

Agent's name

Agent's phone number

Agent's email

URL (web address)

Your email address that you use for this account

Your user name

Your password

Policy number

Amount

D) PERSONAL LIABILITY INSURANCE

Company name

Agent's name

Agent's phone number

Agent's email

URL (web address)

Your user name

Your password

Policy number

Amount

E) LONG-TERM CARE INSURANCE

Company name

Agent's name

Agent's phone number

Agent's email

URL (web address)

Your email address that you use for this account

Your user name

Your password

Policy number

Amount

F) HEALTH INSURANCE

Company name

Agent's name

Agent's phone number

Agent's email

URL (web address)

Your email address that you use for this account

Your user name

Your password

Policy number

G) DENTAL INSURANCE

Company name

Agent's name

Agent's phone number

Agent's email

URL (web address)

Your email address that you use for this account

Your user name

Your password

Policy number

H) PRIMARY CARE PHYSICIAN

Physician's name

Physician's phone number

Physician's email

B) BROKERAGE ACCOUNT INFORMATION

Company name(s)

Account number(s)

Phone number(s)

URL (web address)

Agent's name

Agent's phone number

Agent's email

Your email address that you use for this account

Your user name

Your password

Amount

As of (specify date)

Beneficiary(ies)

C) BANK ACCOUNT(S)—CHECKING, SAVINGS

Bank name(s)

Account number(s)

Phone number(s)

URL (web address)

Agent's name

Agent's phone number

Agent's email

Your email address that you use for this account

Your user name

Your password

Amount

As of (specify date)

Beneficiary(ies)

D) SAFETY DEPOSIT BOX

.....
Bank name(s)
.....
Location/phone number(s)
.....
URL (web address)
.....
Your email address that you use for this account
.....
Your user name Your password
.....
Account signers
.....
Contents of box
.....
Beneficiary(ies)
.....

E) PROPERTY HOLDINGS (Attach list of property holdings)

.....
Type of property (residence, vacation, commercial, rental)
.....
Address
.....
Owner name(s)
.....
Approximate current value As of (specify date)
.....

F) PERSONAL PROPERTY INVENTORY

Attach a list of any personal property of financial or sentimental value, including jewelry, furniture, artwork, family heirlooms, etc., and indicate where that property is stored. Take photos of important items; include a family story on each. Include approximate value and indicate who you wish to receive this property (consult with your attorney or estate planner to ensure your wishes are appropriately recorded in your will or estate plan).

7. INCOME SOURCES

Include all pertinent details re: sources of income; make additional copies as needed (attach a copy of the prior year's income-tax return)

A) RETIREMENT ACCOUNTS

.....
Company name(s)
.....
Account number(s)
.....
Agent's name Agent's phone number
.....
Agent's email
.....
URL (web address)
.....
Your email address that you use for this account
.....
Your user name Your password
.....
Amount received monthly
.....
Beneficiary(ies)
.....

B) REAL ESTATE

Address

Amount received monthly

C) SOCIAL SECURITY

Amount received monthly

URL (web address)

Your email address that you use for this account

Your user name

Your password

D) ANTICIPATED ADDITIONAL FUTURE INCOME (Identify sources)

E) VETERAN'S BENEFITS AND INSURANCE

Account number(s)

Phone number(s)

URL (web address)

Your email address that you use for this account

Your user name

Your password

Amount received monthly

Beneficiary(ies)

F) MONEY IS OWED TO ME BY

Name

Amount

Address

Promissory Note

8. CONTACTS

Include name, address, email, telephone number, and company name, if appropriate

- a) Executor
- b) Attorney
- c) Primary Care Doctor
- d) Trust Officer
- e) Tax consultant or accountant
- f) Financial planning professional
- g) Life insurance agent
- h) Other insurance agents (specify type)
- i) Broker (stocks, bonds, etc.)
- j) Religious organization

9. LIABILITIES

Make additional copies as needed

A) MORTGAGES

Company name(s)

Account number(s)

Agent's name Agent's phone number

Agent's email

URL (web address)

Your email address that you use for this account

Your user name Your password

Monthly payment

Payoff amount

12. SPECIAL-NEEDS FAMILY MEMBER

I have a special-needs family member or friend for whom I am responsible.

.....
Name

.....
Relationship

.....
Nature of disability

.....
.....

.....
Special service they receive

.....
.....
.....

.....
Primary physician's name

.....
Primary physician's phone number

.....
Financial assistance from other sources

.....
Contact person with Power of Attorney for special-needs family member

.....
.....

13. PETS

.....
Pet's name(s)

.....
Pet's age

.....
Veterinarian name

.....
Address

.....
Phone number

.....
If I become incapacitated or die, it is my desire that _____ take care of my pet(s).

.....
Instructions

.....
.....
.....
.....
.....
.....

14. DOCUMENT COPIES ATTACHED

- Birth certificate
 - Marriage certificate or domestic partner agreement
 - Organ donation form
 - Pre-nuptial agreement / post-nuptial agreement / divorce records
 - Personal property inventory / photos and descriptions
 - Advance health care directive
 - Social security card (copy-optional)
 - Other
-
-
-
-
-
-
-
-
-
-

SIGNATURE

DATE

Print Name

USC Emeriti Center

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Part of the Office of the Provost since 1978, the USC Emeriti Center serves the University's retirees and pre-retirees in living healthy and purposeful lives by providing opportunities, resources, services, advocacy, privileges, and support. The Center is home to the USC Emeriti Center College, which operates a speakers' bureau, offers classes and small research grants, and fosters multidisciplinary, multigenerational, and multicultural opportunities for lifelong learning. The Emeriti Center is home to the USC Living History Project recording legacy interviews with USC faculty and staff. It also supports the activities of USC's Retired Faculty Association (RFA) and the Staff Retirement Association (SRA), and encourages all members of the Trojan Family to participate in its many programs.

Special thanks to Dan Deurwaarder and Connie Horak for content and editing. RESOURCES: www.familyloveletter.com, www.help4srs.org