



# A&I Wealth Management

## Wealth and Wellbeing Album

Grow your wealth, protect your hard work and choose how you want to be taxed <sup>SM</sup>



A&I Wealth Management | 9605 Kingston Court, Suite 190 | Lone Tree, CO 80112 | 303.690.5070 phone | 303.699.8945 fax | [www.AssetsandIncome.com](http://www.AssetsandIncome.com)

*Investment advisory services offered through A&I Wealth Management a dba of A&I Financial Services, LLC, a registered investment adviser.  
Securities provided through Gêncos Wealth Management Inc., member FINRA, SIPC.*



A&I Wealth  
Management

# Wealth & Wellbeing Album

For

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**A&I Wealth Management** | 9605 Kingston Court, Suite 190 | Lone Tree, CO 80112  
303.690.5070 **phone** | 303.699.8945 **fax** | [www.assetsandincome.com](http://www.assetsandincome.com)

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## Checklist for the Executor

Items to include:

- ☐ Copy of birth certificate
- ☐ Copy of marriage certificate and/or divorce decree
- ☐ Copy of name change document
- ☐ Copy of passports
- ☐ Copy of deeds
- ☐ Adoption papers

# Information for Heirs and Executor

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

Item	Location
Birth certificate	
Marriage certificate	
Wills/trusts/guardianship/conservatorship	
Insurance Policies: <input type="checkbox"/> Life/disability <input type="checkbox"/> Health/long-term Care <input type="checkbox"/> Auto/home/umbrella	
Valuables: <input type="checkbox"/> Safe deposit box and location of key <input type="checkbox"/> Gun safe combination or location of key <input type="checkbox"/> Home safe combo or location of key	
Deeds to primary and rental property	
Titles: car, boat, other	
Bank accounts	
Cemetery lot(s)	
On legal matters, consult	
On financial matters, consult	
My healthcare power of attorney is	
My general financial power of attorney is	

# Information for Heirs and Executor

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

Item	Location
Birth certificate	
Marriage certificate	
Wills/trusts/guardianship/conservatorship	
Insurance Policies: <input type="checkbox"/> Life/disability <input type="checkbox"/> Health/long-term Care <input type="checkbox"/> Auto/home/umbrella	
Valuables: <input type="checkbox"/> Safe deposit box and location of key <input type="checkbox"/> Gun safe combination or location of key <input type="checkbox"/> Home safe combo or location of key	
Deeds to primary and rental property	
Titles: car, boat, other	
Bank accounts	
Cemetery lot(s)	
On legal matters, consult	
On financial matters, consult	
My healthcare power of attorney is	
My general financial power of attorney is	

## Estate Plan Checklist

Items to include:

- ☐ Copy of Last Will & Testament
- ☐ Revocable Living Trust
- ☐ Secondary Documents:
  - ☐ Durable Power of Attorney
  - ☐ Healthcare Power of Attorney
  - ☐ Advance Medical Directive
  - ☐ HIPAA Authority and Release
  - ☐ Personal Property Memorandum
  - ☐ Other Trust Documents
  - ☐ Five Wishes and/or Compassion and Choices
  - ☐ Medicare card (or other insurance) copy

## If You Have an Estate Plan

If you have an estate plan, changes in tax laws or in family situations can render it obsolete over time. It is important to review your plan at least every 3–5 years. If changes such as these occur, your plan may need to be updated:

- ☐ Purchased or sold property?
- ☐ Moved into a different county or state?
- ☐ Planned your retirement?
- ☐ Taken a new dependent—a widowed parent, a sick relative?
- ☐ Incurred new obligations chargeable against your estate?
- ☐ Has the law change since your last revision?
- ☐ Has the nominated guardian of your children changed?



## Insurance Checklist

Items to include:

- ☐ Life insurance policies (personal policies and/or through employment)
- ☐ Health insurance policies (personal policies and/or through your employment)
- ☐ Disability insurance policies (personal policies and/or through your employment)
- ☐ Property and casualty policies, including homeowners, auto and umbrella
- ☐ Long-term care or Medicare supplement policies

## Life Insurance Policy Log

Not in force	Insured/Owner	Company	Policy Number	Face Amount	Cash Value as of date	Beneficiary

Include all policies. Indicate if the policy is surrendered or lapsed under “Not in force.”

## Disability Income Insurance Log

Insured	Company	Policy Number	Effective Date	Monthly Benefit	Elimination Period	Max. Benefit Period	Riders	Premium	Deductible

## Property/Casualty Insurance Log

Insured	Company	Policy Number	Policy Date	Type of Insurance	Premium & Mode	Deductible	Owner

## Other Investments Checklist

Items to include:

- ☐ Employee benefit statements – 401(k), 457 plan, pension, SEP IRA, Keogh, 401a, 403b, TSP, profit-sharing plan
- ☐ Other investment statements including businesses, real estate, timeshares etc.

## Outside Investment Accounts\*

Plan Type*	Investment Type**	Owner	Account Number	Notes

\* Retirement plans, IRAs, brokerage accounts, annuities, stocks, bonds, etc.

## Other Investments and Assets\*\*

Investment*	Description	Owner	Important Information

\*\* Real estate, business ownership, art, jewelry, timeshares, etc.

## Upon Death

	Item	Date
<input type="checkbox"/>	Notify children, family, close friends	
<input type="checkbox"/>	Notify Financial Advisor, get guidance	
<input type="checkbox"/>	Notify accountant	
<input type="checkbox"/>	Notify attorney	
<input type="checkbox"/>	Notify business associates	
<input type="checkbox"/>	Finalize funeral arrangements	
<input type="checkbox"/>	Complete and send obituary report to newspaper(s) or online provider	
<input type="checkbox"/>	Obtain 10-12 copies of death certificate and letters of testamentary	
<input type="checkbox"/>	Notify banks and create estate checking account	
<input type="checkbox"/>	Call life insurance agent	
<input type="checkbox"/>	Call Social Security Administration	
<input type="checkbox"/>	Write Veterans Administration or Office of Personnel Management re: pension and monument	
<input type="checkbox"/>	Pay debts/cancel credit card accounts/etc.	
<input type="checkbox"/>	Notify alumni association, clubs, and associations	

## Friends and Relatives

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

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

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
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## Friends and Relatives

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

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Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

## Financial Institution

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Account type	Account number	Important information
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card <input type="checkbox"/> Other: _____		

## Financial Advisor, Attorney & Other Professionals

### 1) Contact: «WritingAdvisor»

Firm: **A&I Wealth Management**

Address: **9605 Kingston Court, Suite 190, Lone Tree, CO 80112**

Phone: Work: **303-690-5070**

Home:

Documents advised on:

<input type="checkbox"/> Investments	<input type="checkbox"/> Medicare supplement plan
<input type="checkbox"/> IRAs	<input type="checkbox"/> Mortgages and other loans
<input type="checkbox"/> Annuities	<input type="checkbox"/> Long-term care insurance
<input type="checkbox"/> Life insurance	<input type="checkbox"/> Disability insurance
<input type="checkbox"/> Mortgage	

Actions to be taken on survivor's behalf: **Please contact A&I soon**

### 2) Contact:

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Documents in professional's possession:

Actions to be taken on survivor's behalf:

### 2) Contact:

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Documents in professional's possession:

Actions to be taken on survivor's behalf:

## Organ Donations

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

Authorization (attach a photocopy)

Specify which organ(s):

Recipient organization:

Address:

Phone:

Local physician:

Telephone: (      )

Burial or disposition procedures:

## Organ Donations

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

Authorization (attach a photocopy)

Specify which organ(s):

Recipient organization:

Address:

Phone:

Local physician:

Telephone: (      )

Burial or disposition procedures:

# Obituary Report for Publication

Name:

Funeral Home:

Telephone: (      )

Deceased's Name: (Mrs.-Miss-Ms.-Dr.-Rev-Other):

Photo: ☐ Yes ☐ No      Age:

Date of Death:

Address:

Place of Death

Cause of Death:

Funeral - Place:

Time:

Date:

Memorial - Place:

Time:

Date:

Visitation - Place:

Time:

Date:

Burial/Entombment:

City:

Biography:

Birthplace:

Years locally:

Retired: ☐ Yes ☐ No      If yes, when?

Profession:

Last Employer:

Schools, Colleges, Special Training:

Memberships (Church, Organizations:

Military (Branch, Rank, War Service):

Survivors:

# Obituary Report for Publication

Name:

Funeral Home:

Telephone: (      )

Deceased's Name: (Mrs.-Miss-Ms.-Dr.-Rev-Other):

Photo: ☐ Yes ☐ No      Age:

Date of death:

Address:

Place of Death

Cause of death:

Funeral - Place:

Time:

Date:

Memorial - Place:

Time:

Date:

Visitation - Place:

Time:

Date:

Burial/Entombment:

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Biography:

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Profession:

Last Employer:

Schools, Colleges, Special Training:

Memberships (Church, Organizations:

Military (Branch, Rank, War Service):

Survivors:

# Funeral Arrangements

Name:

Location of pre-arrangement contract:

Funeral home: Address: Funeral director:	Religious services: Officiating clergy: Telephone:
Cemetery: Address: Telephone: Location of deed: Plot details (section, number, block)	Military services: Fraternal services: Contact person Telephone:

Viewing Preference:    ☐ Open Casket    ☐ Closed Casket    ☐ No preference

Pallbearers:
Honorary Pallbearers:
Readings/Prayers:
Eulogy Speaker:
Music:
Flowers:
Memorials:
Monument preference and wording:
Special Instructions:



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Eulogy Speaker:
Music:
Flowers:
Memorials:
Monument preference and wording:
Special Instructions:

## Whom do I Contact?

### Death Certificate

Certified copies are needed for: insurance, insured loans, joint ownership of stocks, bonds, real property, etc. Certified copies are provided by the state for \$17.75 for the first copy (or search of files when no record is found), \$10 for each additional copy of the same record ordered at the same time, and \$50 for each Heirloom copy. Convenience charge will be added for phone, fax or online credit card orders (no charge for walk-in orders). Certified copies of certificates are available from county offices, through your funeral director, or from:

Colorado Department of Public Health and Environment  
Vital Records Section  
4300 Cherry Creek Drive South  
HSVRD-VR-A1  
Denver, CO 80246-1530

### Social Security

Will file SSA-721 notifying Social Security that a death has occurred. If there is a surviving spouse or dependents, a \$255 death benefit will be paid. Call 800-772-1213 for a telephone interview or to make an appointment with the local office. To find your local office, go to [www.socialsecurity.gov](http://www.socialsecurity.gov) and select "Find a Social Security Office." To make a claim, have a certified copy of the death certificate available.

### Insurance

Notify your agent or the insurance company directly to claim death benefits on life insurance policies. Check your homeowner's policy, auto insurance, consumer credit cards (Wards, Sears, Visa, MasterCard, American Express, Discover, etc.) for any death benefits for which you may be eligible. Also, check with the deceased's employer, union, etc.

### Banks, Savings & Loans, Credit Unions

Notify institution and check for insurance on loans, installment contracts, etc. Change name on transaction accounts, savings certificates, government bonds etc. Check safe deposit box.

### Securities and Investments

Contact your Financial Advisor for procedures to transfer stocks and bonds.

### Motor Vehicles

To change title, present a copy of the death certificate and a certificate of title to the local DMV office (will be returned). Denver Motor Vehicles, 720-865-4600. (Contact information varies for different counties).

## Whom do I Contact?

### Home and Real Estate

To remove the deceased's name from the tax roll, a certified copy of the death certificate must be presented to the assessor in the county where the property is located. Denver's Assessor's Office, 720-913-4162, is located on 201 West Colfax, Dept 406, Denver, CO 80202. (Contact and location information varies for different counties).

To transfer deed to heir(s): present either a copy of the death certificate or a copy of the Probate Court decree to the Drafting Department in the County Court House.

To record a death on a title: Denver Office of Clerk and Recorder, 720-913-1311, is located on 201 West Colfax, Denver, CO 80202. (Contact and location information varies for different counties). A fee will be charged per page. Certified copy is needed, but will be returned.

### Veterans Benefits

Each county in Colorado has a Veterans Service office. You may also contact Colorado Department of Military and Veterans Affairs. [www.vets.colorado.gov](http://www.vets.colorado.gov) 303-914-5832.

Colorado Department of Human Services, 303-886-5700, is located at 1575 Sherman St., Denver, CO 80203

Fort Logan National Cemetery, 303-761-0117, is located on 3698 South Sheridan Boulevard, Denver, CO 80235

To file for any VA Benefits, for which you may be entitled, a copy of the discharge document and/or form DD214 is **required**. Securing a flag for burial ceremonies and making application for a headstone can be handled by your funeral director or upon request.

1. Headstone & Grave Marker Applications: 800-697-6947
2. Insurance: 800-669-8477
3. Loans, Mortgages: 800-828-8801
4. Property Tax Benefit: 720-865-7070 – Take to County Assessor's Office: Copy of the Death Certificate, Copy of Marriage Certificate, and Copy of Military Discharge.

## Tax Filing Checklist:

Items to include:

- ☐ Last Three Years of Tax Returns Filed – Federal and State

## Contacts: Tax Professionals

### Personal

1) Contact:

Firm:

Address:

Phone:    Work: (    )

Home: (    )

Documents in professional's possession:

Actions to be taken on survivor's behalf:

### Business

1) Contact:

Firm:

Address:

Phone:    Work: (    )

Home: (    )

Documents in professional's possession:

Actions to be taken on survivor's behalf:

2) Contact:

Firm:

Address:

Phone:    Work: (    )

Home: (    )

Documents in professional's possession:

Actions to be taken on survivor's behalf:

## Resources

	Important Information
Home security code	
Garage door code	
Veterinarian	
Storage units	
Personal safe, fire safe, gun safe	
Home care company	
Life line, life alert company	
House cleaners	
Lawn service	
Landscaping	
Pest control	
Snow removal	
Property management/HOA	
Pharmacy	
Home security company	

## Resources

	Important Information
Primary email address	
Cell phone unlock code	
Internet home Wifi password	
Computer login/password	
Apple or Google passwords	

