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# When I'm gone

## *Estate Plan*

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## *Estate Plan*

## What is it?

Even the most organised amongst us have little pieces of information hidden away (or forgotten about) which seem trivial today but could become pivotal in years to come.

The aim of this booklet is to bring together much of this information and keep everything in one simple pack.

The *When I'm gone Estate Plan* is a handy little document designed to help you keep a record of the important things in life, making it easier for you and those who come next.

This works best when you take the time to go through everything (you only need to do this once) and write it all down.

Then, when things change, come back to the *When I'm gone Estate Plan* and scribble down anything important. Simple!

Then one day, your next of kin will have a simple booklet containing everything, making life much easier for them.

**Note:**

*This is NOT a legal document and does not replace any wills or other documentation mentioned herein.*

# Contents

## Personal details

This section will go through who you are, any spouse, partner or children you have, your closest friends and any lovely pets.

## Contacts

Useful area for writing down things like your doctor, any employer details, tradespeople, utility numbers and any membership numbers.

## Finances

An area for any pensions, bank accounts, life insurance policies or anything else financial.

## Documents

A note on where you keep your will, any information about Powers of Attorney and your birth certificate.

## Possessions

Information about your cars, valuables and your home.

**We've created this booklet for you so you have an easy place to write everything down**

- You don't have to fill it out - it's up to you whether you use it or not.
- You can pick and choose which sections you complete.
- Find a safe place to keep it, such as with your will, and let your family or close friends know about it.
- Your details will change over time so think about updating it once a year or when your circumstances change.

If you choose to complete this document, it is really important that you keep it in a secure place at all times as it will contain sensitive and confidential information.

A secure place may be a safe or a locked filing cabinet. Please do not leave it in an unsecure location.

# Personal details

## Personal details; person 1

Full name

Date of birth

NI number

Address

Home number

Mobile

Email

I am an organ donor  Yes  No

### Next of kin or key contact

Full name

Relationship

Phone no

Address

Email



My important property documents are located;

Date page completed

# Personal details

## Personal details; person 2

Full name

Date of birth

NI number

Address

Home number

Mobile

Email

I am an organ donor  Yes  No

### Next of kin or key contact

Full name

Relationship

Phone no

Address

Email



My important property documents are located;

Date page completed

# ♥ Children, dependents & close family

## When I'm gone *Estate Plan*

1

2

Full name

Date of birth

Relationship  
to you

Address

N.I. number

Mobile

Email

3

4

Full name

Date of birth

Relationship  
to you

Address

N.I. number

Mobile

Email

Feel free to draw and enclose a family tree if that helps

Date page completed

 My pets

1

2

Name	<input type="text"/>	<input type="text"/>
Male/female	<input type="text"/>	<input type="text"/>
Type/breed	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Chip number	<input type="text"/>	<input type="text"/>
Needs, ailments or illnesses	<input type="text"/>	<input type="text"/>

3

4

Name	<input type="text"/>	<input type="text"/>
Male/female	<input type="text"/>	<input type="text"/>
Type/breed	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Chip number	<input type="text"/>	<input type="text"/>
Needs, ailments or illnesses	<input type="text"/>	<input type="text"/>

Vet name

Contact no.

Email

Address

Date page completed

 **Close Friends**

Person 1

1

2

Full name

Date of birth

Address

Home number

Mobile

Email

3

4

Full name

Date of birth

Address

Home number

Mobile

Email

Date page completed



 **Close Friends**

Person 2

1

2

Full name

Date of birth

Address

Home number

Mobile

Email

3

4

Full name

Date of birth

Address

Home number

Mobile

Email

Date page completed

# Contacts



**Health contacts** This could be a doctor, pharmacist, optician, district nurse, dentist...

	1	2
Contact type	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	<input type="text"/>
Address and/or email	<input type="text"/>	<input type="text"/>
Contact no.	<input type="text"/>	<input type="text"/>

	3	4
Contact type	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	<input type="text"/>
Address and/or email	<input type="text"/>	<input type="text"/>
Contact no.	<input type="text"/>	<input type="text"/>



**Work contacts** This could be a colleague, partner, employee, volunteer contact...

	1	2
Contact type	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	<input type="text"/>
Address and/or email	<input type="text"/>	<input type="text"/>
Contact no.	<input type="text"/>	<input type="text"/>

Date page completed

# Contacts



## Home & local contacts

This could be a cleaner, home help,  
local authority care manager...

	1	2
Contact type	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	<input type="text"/>
Address and/or email	<input type="text"/>	<input type="text"/>
Contact no.	<input type="text"/>	<input type="text"/>
	3	4
Contact type	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	<input type="text"/>
Address and/or email	<input type="text"/>	<input type="text"/>
Contact no.	<input type="text"/>	<input type="text"/>
	5	6
Contact type	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	<input type="text"/>
Address and/or email	<input type="text"/>	<input type="text"/>
Contact no.	<input type="text"/>	<input type="text"/>

Date page completed

# Contacts

## Organisations This could be a club, association, membership...

	1	2
Contact type	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	<input type="text"/>
Membership account no.	<input type="text"/>	<input type="text"/>
Email/Tel no/ website	<input type="text"/>	<input type="text"/>

	3	4
Contact type	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	<input type="text"/>
Membership account no.	<input type="text"/>	<input type="text"/>
Email/Tel no/ website	<input type="text"/>	<input type="text"/>

## Other contacts This could be an accountant, solicitor, person, firm...

	1	2
Contact type	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	<input type="text"/>
Membership account no.	<input type="text"/>	<input type="text"/>
Email/Tel no/ website	<input type="text"/>	<input type="text"/>

Any additional information about other contacts;

Date page completed

# Contacts

## Useful telephone numbers

Local police  
(non-emergency)

Doctor  
(out of hours)

Water  
(emergency)

Sewage  
(emergency)

Gas  
(emergency)

Electricity  
(emergency)

Local council

Citizens'  
Advice Bureau

Library

Green Lifetime  
Financial  
Planning

**0800 170 7400**

Solicitor

Other

Date page completed

# Finances

 **Banking account** This could be a current account, mortgage, shares, credit cards...

Provider	Account type	Names on account	Account number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please don't write security information about your accounts such as passwords or PIN numbers in this document.

## Credit & store cards

Issuer name	<input type="text"/>	Issuer name	<input type="text"/>
Card no.	<input type="text"/>	Card no.	<input type="text"/>
Issuer name	<input type="text"/>	Issuer name	<input type="text"/>
Card no.	<input type="text"/>	Card no.	<input type="text"/>

Date page completed

# Digital accounts

Digital assets - from photos and videos stored on line to social media accounts - can be just as important as your other possessions. But how will your family know what you've got? Having a list will remove the guesswork for them.

Social media accounts (eg Facebook, X, LinkedIn)	
Email accounts	
Online financial accounts	
Online auction accounts (eg eBay, Gumtree)	
Online file storage	
Digital records: videos, photos, and other files	
Music libraries & ebooks	
Blogs & websites you own	
Digital currency	
Computer game characters	
Online gambling accounts	

Please don't write security information about your accounts such as passwords or PIN numbers in this document.

Some digital assets that you think of as belonging to you may not be yours to pass on. For example, digital music may only be licensed to you for use during your lifetime.

Date page completed



# Utilities & suppliers

	Provider	Acct. ref. number
Water		
Sewerage		
Gas		
Electricity		
Telephone		
Mobile		
Internet		
Cable/satellite TV		
Council tax		
Landlord/rent		
Streaming service (1)		
Streaming service (2)		
Streaming service (3)		
Other		

Date page completed





## Other regular payments

This could be a standing order, direct debit, membership fee...

	Provider	Ref number	Amount (£)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			



Important property documents are located;

Date page completed

# Insurance

## Home contents

Provider

Location of documents

Account number

Renewal date

## Motor

Provider

Location of documents

Account number

Renewal date

## Building

Provider

Location of documents

Account number

Renewal date

## Breakdown

Provider

Location of documents

Account number

Renewal date

Date page completed

Note anything here NOT included in your accompanying Lifetime Financial Plan

# When I'm gone

## *Estate Plan*

### Insurance

#### Life insurance

Provider

Location of documents

Account number

Cover amount & term

#### Life insurance (2)

Provider

Location of documents

Account number

Cover amount & term

#### Critical illness

Provider

Location of documents

Account number

Cover amount & term

#### Critical illness (2)

Provider

Location of documents

Account number

Cover amount & term

Date page completed

Note anything here NOT included in your accompanying Lifetime Financial Plan

# When I'm gone

## *Estate Plan*

### Insurance

#### Income protection

Provider

Location of documents

Account number

Cover amount & term

#### Income protection (2)

Provider

Location of documents

Account number

Cover amount & term

#### Health/Care

Provider

Location of documents

Account number

Cover amount & term

#### Other

Provider

Location of documents

Account number

Cover amount & term

Date page completed

# Documents



## Personal documents; person 1

	Reference	Where located
Birth certificate		
Marriage/Civil Partnership certificate		
Property deeds		
Passport		
Driving licence		
NHS card		
Bus pass/ Travel card		
Car registration		
Other		

Date page completed

# Documents



## Personal documents; person 2

	Reference	Where located
Birth certificate		
Marriage/Civil Partnership certificate		
Property deeds		
Passport		
Driving licence		
NHS card		
Bus pass/ Travel card		
Car registration		
Other		

Date page completed

# Documents ~ person 1



## Legal documents

Will

Powers of Attorney

Living will



## Funeral Plan Funeral plan/life insurance and their details

Provider

Telephone number

Documents are kept in:

### Funeral wishes

Thinking through and talking to your loved ones about how you'd like your funeral to be will take away a lot of worry and uncertainty for them. Writing down your wishes means they'll be reassured that they're doing what you would have wanted.

### Things you might want to think about

- Funeral service - would you like one, what type and where?
- Who would you like to carry out the funeral service?
- Would you like an announcement to be made in a newspaper and if so, which one?
- If you're to be buried, where you'd like this to be (and details of any plot you've purchased).
- If you're to be cremated, where this should be and what you'd like to happen to your ashes.
- What music, prayers and readings you'd like.
- Would you like people to wear black or not?
- Who would you'd like to be invited?
- If there's anyone you'd particularly like to speak at your funeral.
- Would you want flowers or donations and if so, which charities should these go to?
- Where you'd like any post-funeral gathering to be.
- Would you like a memorial and what should it be?

Date page completed

# Funeral notes Person 1

[Large empty rectangular area for writing funeral notes]

Date page completed



# Documents ~ person 2



## Legal documents

Will

Powers of Attorney

Living will



## Funeral Plan Funeral plan/life insurance and their details

Provider

Telephone number

Documents are kept in:

### Funeral wishes

Thinking through and talking to your loved ones about how you'd like your funeral to be will take away a lot of worry and uncertainty for them. Writing down your wishes means they'll be reassured that they're doing what you would have wanted.

### Things you might want to think about

- Funeral service - would you like one, what type and where?
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- What music, prayers and readings you'd like.
- Would you like people to wear black or not?
- Who would you'd like to be invited?
- If there's anyone you'd particularly like to speak at your funeral.
- Would you want flowers or donations and if so, which charities should these go to?
- Where you'd like any post-funeral gathering to be.
- Would you like a memorial and what should it be?

Date page completed

# Funeral notes Person 2

[Large empty rectangular area for writing funeral notes]

Date page completed

# Possessions

## Owned residential properties

Owner	Address

## Owned rental properties

Owner	Address	Since

Any additional information about owned properties

Date page completed

# Possessions

## Vehicles

Registered keeper	<input type="text"/>
Make & model	<input type="text"/>
Registration number	<input type="text"/>
MOT date	<input type="text"/>
Service date	<input type="text"/>
Warranty date	<input type="text"/>
V5C	<input type="text"/>
Safe place for documents	<input type="text"/>

## Vehicles 2

Registered keeper	<input type="text"/>
Make & model	<input type="text"/>
Registration number	<input type="text"/>
MOT date	<input type="text"/>
Service date	<input type="text"/>
Warranty date	<input type="text"/>
V5C	<input type="text"/>
Safe place for documents	<input type="text"/>

Date page completed

# Possessions 1

## Sentimental possessions

This could be family photographs, heirlooms, drawings, letters, jewellery, items from your childhood, items from your children...

## Significant possessions

This could be gold, watches, furniture, jewellery, lamp shades, rugs, clocks, old films, vinyl records, ceramics, paintings of my dog...

Date page completed

# Possessions 2

## Sentimental possessions

This could be family photographs, heirlooms, drawings, letters, jewellery, items from your childhood, items from your children...

## Significant possessions

This could be gold, watches, furniture, jewellery, lamp shades, rugs, clocks, old films, vinyl records, ceramics, paintings of my dog...

Date page completed

# Notes & final wishes

[Large empty rectangular area for notes and final wishes]

Date page completed

# Notes & final wishes

[Large empty rectangular area for notes and final wishes]

Date page completed



# When I'm gone

## *Estate Plan*

### Services to close & cancel

Service	Account no.	Contact	Website	Access info
PO box				
Mobile				
Utilities				
Magazines				
Newspapers				
Cleaners				
Groomers				
Gardeners				
Gym membership				
Television				

### In the event that I become incapacitated

The power of attorney document is located;

My living will can be found;

My organ donor document can be found;

**Notes**

Date page completed

## Contact details



[info@GreenLFP.com](mailto:info@GreenLFP.com)



**0800 170 7400**



**[www.GreenLFP.com](http://www.GreenLFP.com)**