## Loss of a Spouse Checklist

| <b>Immediate Concerns:</b>           |   |  |   |               |
|--------------------------------------|---|--|---|---------------|
| Were written wishes of the decea     | $\square$ Yes   | $\square$ No   | $\square$ N/A                                       |               |
| Has a funeral home/funeral direct    | <ul> <li>☐ Yes</li> <li>☐ Yes</li> <li>☐ Yes</li> <li>☐ Yes</li> <li>☐ Yes</li> </ul> | <ul><li>□ No</li><li>□ No</li><li>□ No</li><li>□ No</li><li>□ No</li></ul> | $\square$ N/A                                       |               |
| Is the funeral service organized?    |   |  | $\square$ N/A                                       |               |
| Have burial, interment, or cremat    |   |  | <ul><li>□ N/A</li><li>□ N/A</li><li>□ N/A</li></ul> |               |
| Has the obituary been drafted and    |   |  |   |               |
| Are funeral expense payment arra     |   |  |   |               |
| Is the deceased was a business ov    |   |  |   |               |
| made for the short-term continuat    | ion of the business?  | □ Yes  | $\square$ No  | □ <b>N</b> /A |
| Get organized. Gather and organ      | nize the appropriate documents  | s:   |   |               |
| ☐ Birth Certificate                  |   |  |   |               |
| ☐ Marriage Certific                  | cate  |  |   |               |
| ☐ Divorce Decree                     |   |  |   |               |
| ☐ Military Service                   |   |  |   |               |
| ☐ Death Certificate                  |   |  |   |               |
| ☐ Life Insurance Po                  | olicies   |  | ATTI  |               |
| ☐ Investment Docu                    | ments   |  | $\Lambda/\vdash$                                    |               |
| □ Will                               |   |  | VILI  | M             |
| ☐ Tax Information                    |   |  |   |               |
| ☐ Employee Benef                     | its Information   |  |   |               |
|                                      |   |  |   |               |
| Have the appropriate advisors        | been contacted?   |  |   |               |
| ☐ Wealth Advisor                     |   |  |   |               |
| ☐ Account/Tax Ad                     |   |  |   |               |
| ☐ Insurance Profess                  | sional  |  |   |               |
| <b>Insurance Considerations:</b>     |   |  |   |               |
| <ol> <li>Have claims been</li> </ol> | n filed with insurance compani  | ies?   |   |               |
| ☐ Individua                          | al Life Insurance   |  |   |               |
| ☐ Group L                            | ife Insurance   |  |   |               |
|                                      | r-based Life Insurance  |  |   |               |
|                                      | al Death and Dismemberment  |  |   |               |
| ☐ Travel In                          |   |  |   |               |
| ☐ Mortgage                           | e Life Insurance  |  |   |               |
| □ Credit Li                          | fe Insurance  |  |   |               |

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| 2.                     | Have surviving spouse's insurance needs been re-evaluated?                          |
|------------------------|---|
|                        | ☐ Life Insurance  |
|                        | ☐ Health Insurance  |
|                        | ☐ Disability Insurance  |
|                        | ☐ Homeowners Insurance  |
|                        | ☐ Auto Insurance  |
|                        | ☐ Liability Insurance   |
|                        | □ Long-term Care Insurance  |
| 3.                     | Have beneficiary designations been reviewed and changed as appropriate?             |
|                        |   |
| Claim or notif         | y agencies for other benefits.  |
|                        | Social Security survivor's benefits   |
|                        | Social Security death benefits  |
|                        | Federal Employee benefits   |
|                        | Civil Service benefits  |
|                        | State Government Employee benefits  |
|                        | Military benefits   |
|                        | Deceased Spouse Employee benefits   |
|                        | Qualified Retirement Plan benefits  |
|                        | PROSPERWELL   |
| <b>Retirement Plan</b> | anning Concerns   |
|                        | Have retirement planning needs been re-evaluated?                                   |
|                        | Have beneficiary designations for existing IRAs and retirement plan been updated as |
|                        | appropriate?  |
|                        |   |
| Settling the Es        |   |
|                        | Have the executor/administrator, trustee(s), guardians, and heirs been contacted?   |
|                        | Has an attorney and/or other advisor(s) been contacted?                             |
|                        | Have the appropriate records been gathered?   |
|                        | Is probate necessary?   |
|                        | Has a Taxpayer Identification Number (TIN) been obtained?                           |
|                        | Have creditors been notified?   |
|                        | Have other institutions been notified?  |
|                        | Have assets been distributed to heirs?  |
|                        | Have appropriate tax returns been filed   |
| Cumpiying C            | usa's Estata Dlanning Canaanns  |
|                        | use's Estate Planning Concerns  |
|                        | Is there an updated will?   |
|                        | Have advanced medical directives been prepared?                                     |
|                        | Have letters of instruction been prepared?  |
|                        | Does plan for estate tax need to be reviewed?                                       |

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| Tax Plann  | ning  | Concerns  |
|------------|-------|---|
|            |       | Has a tax advisor been contacted?   |
|            |       | Has a change in filing status been evaluated?   |
|            |       | Have the tax consequences of making gifts been considered?                              |
|            |       | Has surviving spouse inherited retirement plan assets (income in respect for decedent)? |
| Reassessir | ng th | e Financial Situation   |
|            | 1.    | Have joined owned assets been retitled?   |
|            |       | □ Real Estate   |
|            |       | □ Vehicles  |
|            |       | ☐ Investments   |
|            |       | □ Bank Accounts   |
|            | 2.    | Have other financial goals/needs been reviewed?   |
|            |       | ☐ Readjustment period   |
|            |       | □ Emergency Fun   |
|            |       |   |
|            |       | Other Purchases   |
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