

A Checklist For New Parents

Getting Started

A new mommy and daddy's work is never done. Along with raising your bundle of joy (and trying to find time for sleep) you've also got some major planning to do.

This checklist includes the following:

- Important Contacts: Keep your family connected.
- Will: Naming a Guardian is a must now that you have something more valuable than material possessions.
- Life Insurance: How will your family get by financially if something happened to you? If you have a policy, let them know where it is.
- Power Of Attorney: A POA has power over everything involving your finances. Share who you named or remind yourself to name one.
- Health Directive & Important Documents: Your family needs to carry on, even after you're gone. Share your medical decisions, financial basics, and other things that will keep your household running smoothly.

Remember

[Create an Everplan](#) to easily and securely update and share this vital info with the people you love and trust.

IMPORTANT CONTACTS

<input type="checkbox"/> Emergency	Name/Info: _____
<input type="checkbox"/> Work	Name/Info: _____
<input type="checkbox"/> Your Doctor	Name/Info: _____
<input type="checkbox"/> Pediatrician	Name/Info: _____
<input type="checkbox"/> Financial/Accountant	Name/Info: _____
<input type="checkbox"/> Insurance Agent	Name/Info: _____
<input type="checkbox"/> Lawyer	Name/Info: _____
<input type="checkbox"/> Other	Name/Info: _____

WILL

I Don't Have A Will But I Need One
 Completed

Location of Will: _____

Executor (Name/Contact): _____

Guardian (Name/Contact): _____

Date Created/By Whom: _____

Notes:

I Don't Have Or Want A Will

Why? We promise we're not judging you! But you might want to explain your decision so your family knows why you didn't want to create a Will.

LIFE INSURANCE

- I Don't Have Life Insurance But I Need It
- I Have A Stand-Alone Life Insurance Policy

Type (circle one): Term | Permanent: Whole | Permanent: Universal | Other

Company: _____ Agent: _____

Location of Policy: _____

Policy #: _____ Expiration Date (If Term): _____

Beneficiaries: _____

Notes (Example: Riders you may have on this policy):

- I Have Life Insurance Coverage Through My Job

Type (circle one): Term | Permanent: Whole | Permanent: Universal | Other

Human Resources Contact: _____

Policy Info: _____

Notes:

- I Don't Have, Want, Or Require Life Insurance

Notes (Example: You don't believe in it; The Term policy you had lapsed and you didn't renew):

POWER OF ATTORNEY

I Need To Name A POA

I've Named A POA

Type (circle one): Durable | Non-Durable | Springing | Don't Know/Not Sure

POA Name/Contact Info: _____

Location Of Official Document: _____

Date Created/By Whom: _____

Notes:

I Don't Have Or Require A POA

ADVANCE DIRECTIVE

I Need To Create An Advance Directive

I Have An Advance Directive

Location Of Official Document: _____

Name Of Health Care Proxy: _____

Date Created/By Whom: _____

Notes:

I Don't Have An Advance Directive And Don't Want To Create One

Why? (The default for medical treatment is to keep you alive at all costs; if that's what you want, let your loved ones know):

IMPORTANT DOCUMENTS/PAPERWORK

Financial Info

Primary Bank: _____

Account Type(s): Savings | Checking | Investments | Mortgage | Loan | Safe Deposit Box | Trust | Other

Notes:

Secondary Bank: _____

Account Type(s): Savings | Checking | Investments | Mortgage | Loan | Safe Deposit Box | Trust | Other

Notes:

Credit Cards (circle all that apply): AmEx | Discover | Mastercard | Visa | Other

Notes:

Investments

Company/Institution Name: _____

Notes:

Titles/Deeds

Property Deed/Lease Location: _____

Auto Title/Lease Location: _____

Other Property/Vehicles: _____

Insurance

Health Insurance Provider: _____

Acct. #/Other Info: _____

Car Insurance Provider: _____

Acct. #/Other Info: _____

Home Insurance Provider: _____

Acct. #/Other Info: _____

Other Insurance: _____

Acct. #/Other Info: _____

Around The House

(Include company providing the service and contact info if applicable.)

Electricity: _____

Gas: _____

Water: _____

Phone: _____

Cable: _____

Internet: _____

Cleaning Service: _____

Garbage Collection: _____

Heating Oil: _____

HVAC: _____

Home Security: _____

Septic: _____

Landscaping: _____

Exterminator: _____

Plumber: _____

Electrician: _____

Other: _____

Other: _____

NOTES & PERSONAL THOUGHTS

Use this section for any important information, personal thoughts, or anything we may have missed. Remember, you can do this all online. Create an Everplan so this info, along with much more, is neatly organized, securely stored, and easy to share with the people you care about most.

CREATE YOUR FREE EVERPLAN NOW: www.everplans.com

Create, store, and share all of the information in this document (and so much more) in a personalized Everplan so it's accessible to those who will need it.

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Learn more about creating an Everplan at www.everplans.com.

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