

Date form completed: _____

Worksheet: Your Confidential Data to create your IMPORTANT DOCUMENT FOLDER, to consider when deciding on who will have your Power of Attorney and be the Executor of Your Ecuadorian Will.

This information is highly confidential, so please keep this worksheet in a safe place, accessible only to your Power of Attorney, Executor of your will, and perhaps place a copy with your lawyers in your home country and in Ecuador for safe keeping.

Person	Name	Contact information
Significant other		
Power of Attorney		
Power of Attorney (alt)		
Executor		
Lawyer (local)		
Lawyer (home country)		
Next of kin (local)		
Next of kin (home country)		

It is advisable to photocopy all your documents and keep a copy for safe keeping. If more space is needed, you can expand or add a new row by clicking on the 'X' that appears on the left side of the form when you move your mouse between the rows.

Type of Document	Institution/country	Where do you keep original	Done
Debit card			
Credit card			
Savings account			
Passbook			
COD - Cert. of Deposit			
Cedula			
Passport			
Birth Certificate			
Medical History Form			
Poder (POA)			
Declaración			
Keys to your home			
Any codes for locks or doors (specify)			
Other (specify)			

Electronic Information (if you have an online storage account, such as Dashlane, in which you keep all your personal information: please provide the login, password, recovery method so that your executor can access all the information online. If you do not keep your information in such a storage account, please fill in the following form.

Online storage used (yes/no):

Website: _____

Login ID: _____ Password: _____

Recovery or acknowledge email or phone number that is sent to verify account:

Website	Type of account	Account No.	Name of account	ID and password
Ex: Google	Email	Not applicable	David Smith	ddsmith@gmail.com d#ghnd185
FaceBook				
Cellphone				
WhatsApp				
Other (specify)				

Financial Information (income):

Type of income	From	Frequency	Current Amt.	
Social Security				
Pension (s)				
Investment Income				

Financial Information (expenses):

List Bills that are paid in cash:

Company	Service	Policy No.	Frequency	Where paid?	Est Amt.

List Bills paid electronically

Company	Service	Policy No.	Frequency	How paid?	Est. Amt.

Insurance policies here and abroad: Name of company, policy number, phone and contact name with email address:

Company	Type of Policy	Policy No.	Contact	Phone	Email	Amount

It is recommended that your folder contain several copies of each document so that they are ready when requested by the appropriate authorities. If can always write out additional information and attach to your completed form.