

## **FAMILY RECORDS WORKSHEET:**

### Asset Inventory and Personal Information

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This document will help you to organize information that will be helpful if there is an emergency or you become incapacitated and you need someone to step in suddenly to manage your financial affairs.

- 1.** You have the option of:
  - Printing out this form and writing your information in, or
  - Typing your information directly into the form.
- 2.** Make sure you keep this form up to date and review it annually.
- 3.** Tell your family about this valuable record of information.
- 4.** Keep the completed form in a secure location that is easily accessible. This will make it more convenient to update and easier for your family to locate. We recommend you do not send personal data via email.

# FAMILY RECORDS WORKSHEET:

## Asset Inventory and Personal Information

This record was last reviewed, or revised, by me, \_\_\_\_\_, on \_\_\_\_\_.  
(name) (date)

### PERSONAL INFORMATION

Full name at present: \_\_\_\_\_  
(first) (middle) (maiden) (last)

Address (primary residence): \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

Address (secondary residence): \_\_\_\_\_

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

Birth date: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Place of birth (city, county, state, country): \_\_\_\_\_

I am a citizen of: \_\_\_\_\_ By birth  or By naturalization

I was naturalized on: \_\_\_\_\_ (date) at \_\_\_\_\_ (place)

Naturalization number: \_\_\_\_\_

Father's name: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

Passport number: \_\_\_\_\_ Country of issue: \_\_\_\_\_

Driver's license or other state ID number: \_\_\_\_\_ State of issue: \_\_\_\_\_

### FAMILY INFORMATION

#### Spouse/former spouse(s)

Spouse's name: \_\_\_\_\_  
(first) (middle) (maiden) (last)

Address (if different from yours): \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Place of birth (city, county, state, country): \_\_\_\_\_

Is a citizen of: \_\_\_\_\_ By birth  or By naturalization

Was naturalized on: \_\_\_\_\_ (date) at \_\_\_\_\_ (place)

Naturalization number: \_\_\_\_\_

Former spouse's name: \_\_\_\_\_  
(first) (middle) (maiden) (last)

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Date of death (if applicable): \_\_\_\_\_ Location: \_\_\_\_\_

Date of marriage to you: \_\_\_\_\_ Location: \_\_\_\_\_

Date of divorce from you: \_\_\_\_\_ Court where divorce is recorded: \_\_\_\_\_

Former spouse's name: \_\_\_\_\_  
(first) (middle) (maiden) (last)

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Date of death (if applicable): \_\_\_\_\_ Location: \_\_\_\_\_

Date of marriage to you: \_\_\_\_\_ Location: \_\_\_\_\_

Date of divorce from you: \_\_\_\_\_ Court where divorce is recorded: \_\_\_\_\_

### Children

Child's name: \_\_\_\_\_  
(first) (middle) (maiden) (last)

Birth date: \_\_\_\_\_ Parents' names: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Marital status: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Child's name: \_\_\_\_\_  
(first) (middle) (maiden) (last)

Birth date: \_\_\_\_\_ Parents' names: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Marital status: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Child's name: \_\_\_\_\_  
(first) (middle) (maiden) (last)

Birth date: \_\_\_\_\_ Parents' names: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Marital status: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Child's name: \_\_\_\_\_  
(first) (middle) (maiden) (last)  
Birth date: \_\_\_\_\_ Parents' names: \_\_\_\_\_  
Social Security number: \_\_\_\_\_ Marital status: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Grandchildren**

Grandchild's name: \_\_\_\_\_  
(first) (middle) (maiden) (last)  
Birth date: \_\_\_\_\_ Parents' names: \_\_\_\_\_  
Social Security number: \_\_\_\_\_ Marital status: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Grandchild's name: \_\_\_\_\_  
(first) (middle) (maiden) (last)  
Birth date: \_\_\_\_\_ Parents' names: \_\_\_\_\_  
Social Security number: \_\_\_\_\_ Marital status: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Grandchild's name: \_\_\_\_\_  
(first) (middle) (maiden) (last)  
Birth date: \_\_\_\_\_ Parents' names: \_\_\_\_\_  
Social Security number: \_\_\_\_\_ Marital status: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Grandchild's name: \_\_\_\_\_  
(first) (middle) (maiden) (last)  
Birth date: \_\_\_\_\_ Parents' names: \_\_\_\_\_  
Social Security number: \_\_\_\_\_ Marital status: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Siblings**

Sibling's name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Sibling's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

**Special Friends**

Name of friend with whom I am in constant contact: \_\_\_\_\_

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

Name of friend with whom I am in constant contact: \_\_\_\_\_

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

**WORK INFORMATION**

Employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

\_\_\_\_\_ Date of employment: \_\_\_\_\_

Title: \_\_\_\_\_

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

Name of personal assistant (if any): \_\_\_\_\_

\_Phone: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

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

HR/benefits contact: \_\_\_\_\_

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

Spouse's employer: \_\_\_\_\_

Address of spouse's employer: \_\_\_\_\_

\_\_\_\_\_ Date of employment: \_\_\_\_\_

Title: \_\_\_\_\_

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

Name of personal assistant (if any): \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

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

HR/benefits contact: \_\_\_\_\_

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

**PROFESSIONAL SERVICE PROVIDERS**

Attorney's name: \_\_\_\_\_ Law firm: \_\_\_\_\_

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

Accountant's name: \_\_\_\_\_ Firm name: \_\_\_\_\_

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

Financial planner's name: \_\_\_\_\_ Firm name: \_\_\_\_\_

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

Other financial professional name: \_\_\_\_\_ Firm name: \_\_\_\_\_

Profession: \_\_\_\_\_

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

Other financial professional name: \_\_\_\_\_ Firm name: \_\_\_\_\_

Profession: \_\_\_\_\_

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

## HEALTH CARE

Personal physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Personal physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Specialist physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Area of specialization: \_\_\_\_\_

Specialist physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Area of specialization: \_\_\_\_\_

Dentist's name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Other health care professional's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Profession: \_\_\_\_\_

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

Prescriptions and pharmacies: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Note any allergies or illnesses:

## INSURANCE POLICIES

### Life Insurance

Include policies that you own, policies where you are listed as the insured, and policies through your employer.

Insurance company: \_\_\_\_\_ Type of policy: \_\_\_\_\_ Policy number: \_\_\_\_\_

Face amount of policy: \_\_\_\_\_ Loans outstanding? yes  no

Owner of policy: \_\_\_\_\_

Insured: \_\_\_\_\_

Primary beneficiary: \_\_\_\_\_

Secondary beneficiary: \_\_\_\_\_

Insurance agent's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of agency: \_\_\_\_\_

Website: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Type of policy: \_\_\_\_\_ Policy number: \_\_\_\_\_

Face amount of policy: \_\_\_\_\_ Loans outstanding? yes  no

Owner of policy: \_\_\_\_\_

Insured: \_\_\_\_\_

Primary beneficiary: \_\_\_\_\_

Secondary beneficiary: \_\_\_\_\_

Insurance agent's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of agency: \_\_\_\_\_

Website: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Type of policy: \_\_\_\_\_ Policy number: \_\_\_\_\_

Face amount of policy: \_\_\_\_\_ Loans outstanding? yes  no

Owner of policy: \_\_\_\_\_

Insured: \_\_\_\_\_

Primary beneficiary: \_\_\_\_\_

Secondary beneficiary: \_\_\_\_\_

Insurance agent's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of agency: \_\_\_\_\_

Website: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Type of policy: \_\_\_\_\_ Policy number: \_\_\_\_\_

Face amount of policy: \_\_\_\_\_ Loans outstanding? yes  no

Owner of policy: \_\_\_\_\_

Insured: \_\_\_\_\_

Primary beneficiary: \_\_\_\_\_

Secondary beneficiary: \_\_\_\_\_

Insurance agent's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of agency: \_\_\_\_\_

Website: \_\_\_\_\_

### **Homeowner's or Renter's Insurance**

Primary residence policy number: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Insurance agent: \_\_\_\_\_ Name of agency: \_\_\_\_\_

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

Second home policy number: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Insurance agent: \_\_\_\_\_ Name of agency: \_\_\_\_\_

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

Excess liability insurance (i.e., umbrella policy) policy number: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Insurance agent: \_\_\_\_\_ Name of agency: \_\_\_\_\_

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

### **Health Insurance**

Description of coverage: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Group number: \_\_\_\_\_ Service code: \_\_\_\_\_

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

Website: \_\_\_\_\_

Who pays premiums? \_\_\_\_\_

Description of coverage: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Group number: \_\_\_\_\_ Service code: \_\_\_\_\_



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

Website: \_\_\_\_\_

Who pays premiums? \_\_\_\_\_

### Disability Insurance

Description of coverage: \_\_\_\_\_

Insurance company: \_\_\_\_\_

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

Website: \_\_\_\_\_

Premiums paid with: pretax dollars  after-tax dollars

### Long-Term Care Insurance

Description of coverage: \_\_\_\_\_

Insurance company: \_\_\_\_\_

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

Website: \_\_\_\_\_

### Automobile Insurance

Insured automobile: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Insurance agent: \_\_\_\_\_ Name of agency: \_\_\_\_\_

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

Insured automobile: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Insurance agent: \_\_\_\_\_ Name of agency: \_\_\_\_\_

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

## FINANCIAL INFORMATION

### Current Sources of Income

Employer: \_\_\_\_\_

Monthly income: \_\_\_\_\_ Direct deposit: yes  no

Employer: \_\_\_\_\_

Monthly income: \_\_\_\_\_ Direct deposit: yes  no

Other: \_\_\_\_\_

Monthly income: \_\_\_\_\_ Direct deposit: yes  no

Social Security monthly income: \_\_\_\_\_

Social Security monthly income: \_\_\_\_\_

Pension monthly income: \_\_\_\_\_ Includes COLA? \_\_\_\_\_

Name of institution/payor: \_\_\_\_\_

Website: \_\_\_\_\_

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

Primary beneficiary: \_\_\_\_\_ Terms and conditions: \_\_\_\_\_

Veterans benefits monthly income: \_\_\_\_\_ Includes COLA? \_\_\_\_\_ Service branch: \_\_\_\_\_

Dates of service: \_\_\_\_\_

Service/serial number: \_\_\_\_\_ Final rank: \_\_\_\_\_

**Employer Retirement Plans (401(k)s) and Individual Retirement Accounts (IRAs)**

Type of plan/account: \_\_\_\_\_ Am taking required distributions: yes  no

Name of institution: \_\_\_\_\_

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

Primary beneficiary: \_\_\_\_\_

Secondary beneficiary: \_\_\_\_\_

Type of plan/account: \_\_\_\_\_ Am taking required distributions: yes  no

Name of institution: \_\_\_\_\_

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

Primary beneficiary: \_\_\_\_\_

Secondary beneficiary: \_\_\_\_\_

Type of plan/account: \_\_\_\_\_ Am taking required distributions: yes  no

Name of institution: \_\_\_\_\_

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

Primary beneficiary: \_\_\_\_\_

Secondary beneficiary: \_\_\_\_\_

**Checking, Savings, Annuity, and Investment Accounts**

Type of account: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Joint owners or power of attorney (If applicable): \_\_\_\_\_

Name of institution: \_\_\_\_\_

Account number(s): \_\_\_\_\_ Password(s): \_\_\_\_\_

Contact person or website: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of account: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Joint owners or power of attorney (If applicable): \_\_\_\_\_

Name of institution: \_\_\_\_\_  
Account number(s): \_\_\_\_\_ Password(s): \_\_\_\_\_  
Contact person or website: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of account: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Joint owners or power of attorney (If applicable): \_\_\_\_\_

Name of institution: \_\_\_\_\_

Account number(s): \_\_\_\_\_ Password(s): \_\_\_\_\_

Contact person or website: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of account: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Joint owners or power of attorney (If applicable): \_\_\_\_\_

Name of institution: \_\_\_\_\_

Account number(s): \_\_\_\_\_ Password(s): \_\_\_\_\_

Contact person or website: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of account: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Joint owners or power of attorney (If applicable): \_\_\_\_\_

Name of institution: \_\_\_\_\_

Account number(s): \_\_\_\_\_ Password(s): \_\_\_\_\_

Contact person or website: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of account: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Joint owners or power of attorney (If applicable): \_\_\_\_\_

Name of institution: \_\_\_\_\_

Account number(s): \_\_\_\_\_ Password(s): \_\_\_\_\_

Contact person or website: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of account: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Joint owners or power of attorney (If applicable): \_\_\_\_\_

Name of institution: \_\_\_\_\_

Account number(s): \_\_\_\_\_ Password(s): \_\_\_\_\_

Contact person or website: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of account: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Joint owners or power of attorney (If applicable): \_\_\_\_\_

Name of institution: \_\_\_\_\_

Account number(s): \_\_\_\_\_ Password(s): \_\_\_\_\_

Contact person or website: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of account: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Joint owners or power of attorney (If applicable): \_\_\_\_\_

Name of institution: \_\_\_\_\_

Account number(s): \_\_\_\_\_ Password(s): \_\_\_\_\_

Contact person or website: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Other Assets and Liabilities**

Primary residence address: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Rent  Own

Mortgage lending institution: \_\_\_\_\_ Phone: \_\_\_\_\_

Account number(s): \_\_\_\_\_ Website: \_\_\_\_\_

First mortgage: \_\_\_\_\_ Second mortgage: \_\_\_\_\_ Line of credit: \_\_\_\_\_

Second home address: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Rent  Own

Mortgage lending institution: \_\_\_\_\_ Phone: \_\_\_\_\_

Account number(s): \_\_\_\_\_ Website: \_\_\_\_\_

First mortgage: \_\_\_\_\_ Second mortgage: \_\_\_\_\_ Line of credit: \_\_\_\_\_

Other real estate address: \_\_\_\_\_

Renter(s)/occupant(s): \_\_\_\_\_

Other information: \_\_\_\_\_

### **Home Repair Contacts**

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

Phone/Email: \_\_\_\_\_ Website: \_\_\_\_\_

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

Phone/Email: \_\_\_\_\_ Website: \_\_\_\_\_

### **AUTOMOBILES AND OTHER VEHICLES**

Vehicle: \_\_\_\_\_ Tag number: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Where housed: \_\_\_\_\_

Lending or leasing institution: \_\_\_\_\_

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

Vehicle: \_\_\_\_\_ Tag number: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Where housed: \_\_\_\_\_

Lending or leasing institution: \_\_\_\_\_

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

Vehicle: \_\_\_\_\_ Tag number: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Where housed: \_\_\_\_\_

Lending or leasing institution: \_\_\_\_\_

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

Vehicle: \_\_\_\_\_ Tag number: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Where housed: \_\_\_\_\_

Lending or leasing institution: \_\_\_\_\_

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

**CREDIT CARDS**

Name of Company	Account Number	Joint Owner(s)	Website/Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**DOCUMENTATION AND IMPORTANT INFORMATION**

**Will**

I do not have a will.       My spouse does not have a will.

Date of most recent will or codicil: \_\_\_\_\_

Location of will and codicils: \_\_\_\_\_

Estate planning attorney's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Law firm: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Executor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Trustee for trusts under will: \_\_\_\_\_ Phone: \_\_\_\_\_

Successor trustee for trusts under will: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian's name: \_\_\_\_\_ Relationship to minor children: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Revocable Living Trust

I do not have a revocable living trust.       My spouse does not have a revocable living trust.

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

Spouse's Name: \_\_\_\_\_

Date of revocable living trust agreement: \_\_\_\_\_ Dates of amendments: \_\_\_\_\_

Location of original trust document and amendments: \_\_\_\_\_

Have funded the trust: yes  no

Are some of my assets still outside the trust? yes  no

Name of current trustee of revocable living trust: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of successor trustee of revocable living trust: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### POWERS OF ATTORNEY

Power of attorney forms completed for specific investment accounts: yes  no

Institutions where the investment accounts are held: \_\_\_\_\_

Name of your attorney-in-fact or agent: \_\_\_\_\_

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

Attorney's name who prepared your document(s): \_\_\_\_\_

Law firm: \_\_\_\_\_ Website: \_\_\_\_\_

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

Power of attorney: yes  no  Durable: yes  no  Date signed: \_\_\_\_\_

Name of attorney-in-fact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Health care power of attorney: yes  no  Date signed: \_\_\_\_\_

Name of agent: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Living will: yes  no  Date signed: \_\_\_\_\_

Name of agent: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Organ donor papers: yes  no  Date signed: \_\_\_\_\_

### LOCATION OF RECORDS

#### Deposit Box

#### Other Locations

Key to safe deposit box

N/A

\_\_\_\_\_

Original will and codicils

\_\_\_\_\_

- Copy of will and codicils  \_\_\_\_\_
- Original revocable living trust agreement and amendments  \_\_\_\_\_
- Copy of revocable living trust agreement and amendments  \_\_\_\_\_
- Power of attorney for financial matters  \_\_\_\_\_
- Power of attorney for health care  \_\_\_\_\_
- Living will  \_\_\_\_\_
- Organ donor papers  \_\_\_\_\_
- Certificates of title to automobiles  \_\_\_\_\_
- Birth certificates  \_\_\_\_\_
- Passports  \_\_\_\_\_
- Marriage certificate  \_\_\_\_\_
- Divorce decree  \_\_\_\_\_
- Income tax records  \_\_\_\_\_
- Veterinary papers for pets  \_\_\_\_\_
- Keys to home(s) and car(s)  \_\_\_\_\_
- Other: \_\_\_\_\_  \_\_\_\_\_

**Safe Deposit Box**

Access authorized to: \_\_\_\_\_

Name of institution: \_\_\_\_\_

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

Box (or account) number: \_\_\_\_\_ Location of key: \_\_\_\_\_

Co-owner of box (if any): \_\_\_\_\_

**ASSETS AND PASSWORDS**

Desktop computer: \_\_\_\_\_ Password: \_\_\_\_\_

Laptop computer 1: \_\_\_\_\_ Password: \_\_\_\_\_

Laptop computer 2: \_\_\_\_\_ Password: \_\_\_\_\_

iPad/tablet 1: \_\_\_\_\_ Password: \_\_\_\_\_

iPad/tablet 2: \_\_\_\_\_ Password: \_\_\_\_\_

Cell phone 1: \_\_\_\_\_ Password: \_\_\_\_\_

Cell phone 2: \_\_\_\_\_ Password: \_\_\_\_\_

Primary home alarm system: \_\_\_\_\_ Password: \_\_\_\_\_

Secondary home alarm system: \_\_\_\_\_ Password: \_\_\_\_\_

App 1: \_\_\_\_\_ Password: \_\_\_\_\_

App 2: \_\_\_\_\_ Password: \_\_\_\_\_

App 3: \_\_\_\_\_ Password: \_\_\_\_\_

Facebook: \_\_\_\_\_ Password: \_\_\_\_\_

LinkedIn: \_\_\_\_\_ Password: \_\_\_\_\_

Instagram: \_\_\_\_\_ Password: \_\_\_\_\_

Twitter: \_\_\_\_\_ Password: \_\_\_\_\_

**Information About Special Family Heirlooms, Papers, etc.:**

**PETS**

Name: \_\_\_\_\_ Approximate current age: \_\_\_\_\_

Name: \_\_\_\_\_ Approximate current age: \_\_\_\_\_

Name: \_\_\_\_\_ Approximate current age: \_\_\_\_\_

Kennel or caregiver and/or walker: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian's name: \_\_\_\_\_ Name of practice: \_\_\_\_\_

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

Groomer: \_\_\_\_\_

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

**Pet Insurance**

Description of coverage: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Website: \_\_\_\_\_

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

Special Information (special care, dietary needs, medicines, etc.):



**RELIGIOUS AND FUNERAL INFORMATION**

Arrangements made with funeral home or cemetery: yes  no  Prepaid: yes  no

Name of funeral home: \_\_\_\_\_

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

Contact person: \_\_\_\_\_ Email: \_\_\_\_\_

Name of church: \_\_\_\_\_

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

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

Clergy: \_\_\_\_\_

Name of cemetery: \_\_\_\_\_

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

Plot location (if any): \_\_\_\_\_ Phone: \_\_\_\_\_

Contact person: \_\_\_\_\_ Email: \_\_\_\_\_

Special wishes/other wishes:

**ADDITIONAL COMMENTS**