



# Family records worksheet

## Asset inventory and personal information

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This document is designed to help you organize the information necessary for someone to step in and handle your financial affairs and wishes in the case of your incapacitation or death. Complete this form as thoroughly as you can. If you encounter a term or a section you don't quite understand, jot it down and work with a trusted advisor or family member to address it and track down the information applicable to you.

1. You have the option to:
  - Print out this form, handwrite the information, and then secure it in a safe place or
  - Type your information directly into the form and save it in a secure physical or electronic location.
2. Make sure you keep this form up to date and review it annually.
3. Tell your family about this valuable record of information, and make sure they know where it is and how to access it when the time comes.
4. Keep the completed form in a secure yet accessible location. This will make it more convenient for you to update and easier for your family to find. As always, we recommend you avoid sending personal data via email, especially when unsecured or unencrypted.

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: \_\_\_\_\_ Cellphone: \_\_\_\_\_

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: \_\_\_\_\_ Cellphone: \_\_\_\_\_

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: \_\_\_\_\_ Cellphone: \_\_\_\_\_  
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: \_\_\_\_\_ Cellphone: \_\_\_\_\_  
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: \_\_\_\_\_ Cellphone: \_\_\_\_\_

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

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

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

### **Grandchildren**

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

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

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

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

### **Siblings**

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

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

Birth date: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

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

### **Special friend(s)**

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

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

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 advisor's name: \_\_\_\_\_ Firm name: \_\_\_\_\_

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

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

Other advisor's 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: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

### **Homeowner's or Renter's insurance**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Health insurance**

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

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

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

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

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

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

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

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

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

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

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

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

### **Disability insurance**

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

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

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

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

Premiums paid with: pretax dollars  after-tax dollars

### **Long-term care insurance**

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

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

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

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

### **Automobile insurance**

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

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

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

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

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

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

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

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

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

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

## **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/payer: \_\_\_\_\_

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

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

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

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

Name of institution/payer: \_\_\_\_\_

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: \_\_\_\_\_ Taking required distributions? yes  no

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

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

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

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

Type of plan/account: \_\_\_\_\_ Taking required distributions?: yes  no

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

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

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

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

Type of plan/account: \_\_\_\_\_ 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 balance: \_\_\_\_\_ Second mortgage balance: \_\_\_\_\_

Line of credit balance: \_\_\_\_\_

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

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

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

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

First mortgage balance: \_\_\_\_\_ Second mortgage balance: \_\_\_\_\_

Line of credit balance: \_\_\_\_\_

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

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

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



## 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 (if applicable)

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	<input type="checkbox"/>	_____
Copy of will and codicils	<input type="checkbox"/>	_____
Original revocable living trust agreement and amendments	<input type="checkbox"/>	_____
Copy of revocable living trust agreement and amendments	<input type="checkbox"/>	_____
Power of attorney for financial matters	<input type="checkbox"/>	_____
Power of attorney for health care	<input type="checkbox"/>	_____
Living will	<input type="checkbox"/>	_____
Organ donor papers	<input type="checkbox"/>	_____
Certificates of title to automobiles	<input type="checkbox"/>	_____
Birth certificates	<input type="checkbox"/>	_____
Passports	<input type="checkbox"/>	_____
Marriage certificate(s)	<input type="checkbox"/>	_____
Divorce decree(s)	<input type="checkbox"/>	_____
Income tax records	<input type="checkbox"/>	_____
Veterinary papers for pet(s)	<input type="checkbox"/>	_____
Keys to home(s) and car(s)	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	_____

**Safe deposit box**

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

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

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

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

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

## Technology assets, usernames, and passwords

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

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

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

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

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

Cellphone 1: \_\_\_\_\_ Password: \_\_\_\_\_

Cellphone 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: \_\_\_\_\_

X: \_\_\_\_\_ Password: \_\_\_\_\_

PayPal: \_\_\_\_\_ Password: \_\_\_\_\_

Venmo: \_\_\_\_\_ 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, pet insurance details if applicable, 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**