

FAMILY RECORDS WORKSHEET:

Asset Inventory and Personal Information

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 adviser's name: _____ Firm name: _____

Profession: _____

Website: _____ Email: _____ Phone: _____

Other adviser'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: _____

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