

RECORD & INFORMATION ORGANIZER





Record & Information Organizer

Since 1986 Henssler Financial has been helping people plan for their financial future. Dr. Gene Henssler and his staff have been providing asset management, financial planning, consulting, accounting and tax services to individuals just like you.

We all keep our important records in various places, from shoeboxes to safe-deposit boxes from file cabinets to computer files. If you are like many others, you have probably intended to organize your financial data and important documents into a system that will permit you and others to quickly find things.

Few of us have a comprehensive system. In reality, it doesn't matter where you keep a document, as long as you know where you put it. That is the point of our Record & Information Organizer. Once you have completed the forms provided, you will know where every important document is located.

Our Record & Information Organizer offers a convenient format in which to organize your important records so you and your family can find critical documents in case something happens to you. We recommend that each spouse and adult living in the home fill out an organizer. You should also make copies for family, your attorney, executor, or others, if you choose, and be certain people know it exists.

This organizer does not replace legal documents, but it does contain basic information that can be equally as important as that contained in other estate planning documents. Unfortunately, the information contained within is often not included in other formal documents, and searching for it can mean hours of arduous work in what is a trying time for loved ones. One of the greatest gifts you can give the loved ones who will be asked to handle the business affairs of your passing is a completed Record and Information Organizer, as this document can significantly reduce the stress placed on loved ones.

When broaching the subject of the family's finances and death, the organizer can prove to be an easy device to use with your parents or your children in a non-threatening way.

Emergency Information	Page 4
Contact List	Page 5
Medical Records	Page 7
Insurance Policies	Page 9
Legal Information	Page 11
Cash Assets	Page 13
Safe-Deposit Box	Page 14
Financial Data	Page 15
Investments	Page 17
Real Estate Records	Page 20
Employment Information	Page 21
Self Employment	Page 22
Personal Property Inventory	Page 23
Pets	Page 25
Personal Collateral	Page 26
Digital Assets	Page 27
Family History	Page 29
Funeral Arrangements	Page 31
Authorization	Page 33

EMERGENCY INFORMATION



This form is for recording your vital statistics as well as providing a summary for your family or advisers if needed. First, fill in the basic information, then list the people who should be provided access to this Organizer in the event of an emergency. Include their relationship with you. Let the people on the list know about the organizer, how to access it, and their roles and responsibilities.

Personally Identifiable Information

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____
Social Security Number: _____
Drivers License: _____
Passport: _____ Location: _____
Veterans Affairs: _____

Emergency Contact No. 1

Name: _____ Relationship: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Emergency Contact No. 2

Name: _____ Relationship: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Emergency Contact No. 3

Name: _____ Relationship: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Emergency Contact No. 4

Name: _____ Relationship: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Attorney:

Name: _____ Firm: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

This is your contact list to gather information from your personal and professional advisers. It should start with those family members who are not already listed on the Emergency Information form. The list also includes clergy, employer and business associates, accountant, financial adviser, and life insurance agent. Medical contacts will be addressed in the next section.

Family Member / Friend No. 1

Name: _____ Relationship: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Family Member / Friend No. 2

Name: _____ Relationship: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Family Member / Friend No. 3

Name: _____ Relationship: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Family Member / Friend No. 4

Name: _____ Relationship: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Other:

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Other

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____



Accountant / Tax Preparer

Name: _____ Firm: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Investment Adviser

Name: _____ Firm: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Financial Planner

Name: _____ Firm: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Pension

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Life Insurance Agent

Name: _____ Company: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Property & Casualty Insurance Agent

Name: _____ Company: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Other

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

This form is to track the names and phone numbers for your primary care physician, dentist and any medical specialists you see on a regular basis. Contact numbers for your health insurer and your pharmacy should also be listed here. Indicate your Medicare identification number and where any medicare records are kept.

Record your medical history, such as your blood type, relevant lab-test results, allergies, medications, shots, along with hospital records and any correspondence dealing with health issues, and indicate where they are filed. If you keep track of invoices and receipts or medical-travel expenses for tax purposes, indicate where those records are stored.

General Information

Name: _____ Blood Type: _____
Allergies: _____
Prescriptions: _____
Medicare Number: _____
Veterans Benefits Number: _____

Item

Location

Personal Medical History

(Records of all immunizations,
boosters, diseases, etc.)

Correspondence

(Account statements, receipts, letters/ faxes,
health-related travel expenses)

Medical Records

(Lab-test results, dental, treatment plans,
eye care, etc.)

Health-Care Legal Documents

(Medical power of attorney,
organ-donor statement, living Will)

Insurance

(Policy-benefit summaries, provider directories,
claims forms and current year information,
which should include: premium payment receipts,
account statements, copies of outstanding claims,
insurance-company check stubs, explanations of
benefit and correspondence)

Primary Physician

Name: _____ Practice: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____



Medical Specialist

Name: _____ Practice: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Medical Specialist

Name: _____ Practice: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Dentist

Name: _____ Practice: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Pharmacy

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Primary Insurance Plan

Name: _____ Policy Number: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Secondary Insurance Plan

Name: _____ Policy Number: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Long-Term Care Insurance Plan

Name: _____ Policy Number: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

This form is for tracking insurance policies such as your life, medical, dental, and disability insurance policies, as well as car insurance and any general-liability and long-term-care policies. Be sure to note where you keep the actual policies. If you are unsure of which company holds your policy, The National Association of Insurance Commissioners (www.naic.org; 816-789-8250) can help you track down the company that originally issued your policy.

Life Insurance

Company: _____	Agent: _____
Phone: _____	Policy Type: _____
Premium Due Date: _____	Policy Number: _____
Location: _____	

Company: _____	Agent: _____
Phone: _____	Policy Type: _____
Premium Due Date: _____	Policy Number: _____
Location: _____	

Company: _____	Agent: _____
Phone: _____	Policy Type: _____
Premium Due Date: _____	Policy Number: _____
Location: _____	

Company: _____	Agent: _____
Phone: _____	Policy Type: _____
Premium Due Date: _____	Policy Number: _____
Location: _____	

Medical / Dental Insurance

Company: _____	Agent: _____
Phone: _____	Policy Type: _____
Premium Due Date: _____	Policy Number: _____
Location: _____	

Company: _____	Agent: _____
Phone: _____	Policy Type: _____
Premium Due Date: _____	Policy Number: _____
Location: _____	

Company: _____	Agent: _____
Phone: _____	Policy Type: _____
Premium Due Date: _____	Policy Number: _____
Location: _____	

Disability

Company: _____	Agent: _____
Phone: _____	Policy Number: _____
Premium Due Date: _____	Location: _____

If I become disabled, please make sure to pay the premiums on the policies, which will provide me or my family benefits.

If I become disabled, my life insurance policy	Does allow <input type="checkbox"/>	Does not allow <input type="checkbox"/>	for pre-payment of death benefits to support me
--	-------------------------------------	---	---

If I am disabled, my life insurance policy	Does allow <input type="checkbox"/>	Does not allow <input type="checkbox"/>	you to stop making premium payments.
--	-------------------------------------	---	--------------------------------------

If I am disabled, my disability insurance policy	Does allow <input type="checkbox"/>	Does not allow <input type="checkbox"/>	you to stop making premium payments.
--	-------------------------------------	---	--------------------------------------



Flex Spending or Health Savings Account

Company: _____ Agent: _____
Phone: _____ Investment Account: _____
Location: _____

Long-Term Care

Company: _____ Agent: _____
Phone: _____ Policy Number: _____
Premium Due Date: _____ Location: _____

Homeowners

Company: _____ Agent: _____
Phone: _____ Policy Number: _____
Premium Due Date: _____ Location: _____

Renters

Company: _____ Agent: _____
Phone: _____ Policy Number: _____
Premium Due Date: _____ Location: _____

Automobile

Company: _____ Agent: _____
Phone: _____ Policy Number: _____
Premium Due Date: _____ Location: _____

Company: _____ Agent: _____
Phone: _____ Policy Number: _____
Premium Due Date: _____ Location: _____

Company: _____ Agent: _____
Phone: _____ Policy Number: _____
Premium Due Date: _____ Location: _____

Liability

Company: _____ Agent: _____
Phone: _____ Policy Number: _____
Premium Due Date: _____ Location: _____

Other

Company: _____ Agent: _____
Phone: _____ Policy Number: _____
Premium Due Date: _____ Location: _____

The most important document concerned here is your Will. Note the location of the original document as well as copies. Also include information and documents your family will need to administer your Will. This form should also include the location of birth and marriage certificates, divorce and separation papers, social security cards, passports, and military records. Reference the Contact Information section on page 3 for Attorney information.

Item	Date Signed	Location
Original Will:		
Copies of Will:		
Date of Will:		
Living Will / Health Care Directive:		
Organ-Donor Statement:		
Power of Attorney:		
Letter of Instruction:		
Burial Agreement:		
Insurance Trust:		
Charitable Trust:		
Minor's Trust:		
Custodial Account:		
Birth Certificates:		
Adoption Papers:		
Social Security Cards / Statements:		
Marriage Certificate:		
Prenuptial Agreement:		
Divorce / Separation Papers:		
Citizenship & Naturalization Papers:		
Passports:		
Military Records (incl. Form DD214):		
Government-Service Documents:		
Retirement Beneficiary Designation:		
Buy Out Agreement Paperwork:		

Executor

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____ E-Mail: _____

Guardian

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____ E-Mail: _____

Powers of Attorney

I have appointed (in the listed documents) the following persons to act on my behalf if I become disabled:

First

Second

Power of Attorney over my assets: _____
Power of Attorney for Medical _____
Decisions: _____
Guardian over my Property: _____
Guardian over my Person: _____

It is my desire that the persons having the above powers of attorney act on my behalf rather than a guardian being appointed, unless my family believes guardianship is necessary. Yes ☐ No ☐

In the event of my incapacity, I want to be kept at home as long as possible, taking into account the cost. Yes ☐ No ☐

I have a divorce decree that may require that certain payments be made after I am disabled or after my death. Yes ☐ No ☐

Trust

Trustee Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____
Beneficiary: _____

Trust

Trustee Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____
Beneficiary: _____

I am the Trustee of

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

I have been Appointed the Fiduciary of

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Track your cash assets by listing Certificates of Deposit and Treasury Notes or Bills, as well as money-market funds, any promissory notes, and any other cash assets you have. This will allow family members to know what cash you have to meet immediate needs during an emergency.

Money-Market Funds

Financial Institution:	Account No:
Phone:	Statements:
Balance:	
Financial Institution:	Account No:
Phone:	Statements:
Balance:	
Financial Institution:	Account No:
Phone:	Statements:
Balance:	
Financial Institution:	Account No:
Phone:	Statements:
Balance:	

Certificates of Deposit / Treasury Bills

Financial Institution:	Account No:
Phone:	Maturity Date:
Location:	
Financial Institution:	Account No:
Phone:	Maturity Date:
Location:	
Financial Institution:	Account No.:
Phone:	Maturity Date:
Location:	
Financial Institution:	Account No.:
Phone:	Maturity Date:
Location:	

Promissory Notes

Due From:	Amount:
Due Date:	Location:
Due From:	Amount:
Due Date:	Location:
Due From:	Amount:
Due Date:	Location:

Other

Amount:
Location:

SAFE-DEPOSIT BOX

The safe-deposit box is a favorable place to store important documents. Because these boxes are relatively small, work through this list and decide which documents should go in the box and which you want to keep elsewhere. When keeping records at home, some people prefer to keep documents in a fireproof safe or a fireproof file cabinet. You also may want to keep original documents in the safe-deposit box and copies at home.

Bank Address

Name: _____ Phone: _____
Address: _____
City, State, Zip: _____
Location of Password and Key: _____

People with Keys

Name: _____	Phone: _____	Signature Authority: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name: _____	Phone: _____	Signature Authority: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name: _____	Phone: _____	Signature Authority: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name: _____	Phone: _____	Signature Authority: Yes <input type="checkbox"/>	No <input type="checkbox"/>

Check Items that are in Box

<input type="checkbox"/> Copies of Wills	<input type="checkbox"/> Prenuptial Agreement	Other: _____
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Divorce / Separation Papers	Other: _____
<input type="checkbox"/> Trust Agreements	<input type="checkbox"/> Notes Payable / Receivable	Other: _____
<input type="checkbox"/> Mortgages	<input type="checkbox"/> Naturalization Papers	Other: _____
<input type="checkbox"/> Property Deeds	<input type="checkbox"/> Tax Returns	Other: _____
<input type="checkbox"/> Car Titles / Deeds	<input type="checkbox"/> Military Documents	Other: _____
<input type="checkbox"/> Stock Certificates	<input type="checkbox"/> Insurance Policies	Other: _____
<input type="checkbox"/> U.S. Savings Bonds	<input type="checkbox"/> Copyrights / Patents / Etc.	Other: _____
<input type="checkbox"/> Adoption Papers	<input type="checkbox"/> Important Contracts	Other: _____
<input type="checkbox"/> Marriage Certificate	<input type="checkbox"/> Jewelry	Other: _____

Personal Safe

It can be found here: _____
The combination is: _____
The safe contains: _____

For a snapshot of your short-term cash flow, list your bank and credit-union accounts by name, type of account, and account number and identify where you keep statements. Include any automatic deductions or deposits to these accounts. Then add your credit card numbers and home equity line if you have one. Finally, record where you keep information about your latest federal, state, and local tax returns, along with the name and contact information of your tax preparer or accountant.

Bank / Credit Union Account No. 1

Bank: _____	Name on Account: _____
Account No: _____	Account Type: _____
Location of Statements: _____	
Automatic Deductions/Deposits: _____	Due Date: _____
Location of Statements: _____	
Automatic Deductions/Deposits: _____	Due Date: _____
Location of Statements: _____	
Automatic Deductions/Deposits: _____	Due Date: _____
Location of Statements: _____	

Bank / Credit Union Account No. 2

Bank: _____	Name on Account: _____
Account No: _____	Account Type: _____
Location of Statements: _____	
Automatic Deductions/Deposits: _____	Due Date: _____
Location of Statements: _____	
Automatic Deductions/Deposits: _____	Due Date: _____
Location of Statements: _____	
Automatic Deductions/Deposits: _____	Due Date: _____
Location of Statements: _____	

Bank / Credit Union Account No. 3

Bank: _____	Name on Account: _____
Account No: _____	Account Type: _____
Location of Statements: _____	
Automatic Deductions/Deposits: _____	Due Date: _____
Location of Statements: _____	
Automatic Deductions/Deposits: _____	Due Date: _____
Location of Statements: _____	
Automatic Deductions/Deposits: _____	Due Date: _____
Location of Statements: _____	

Credit / Charge Card Accounts

Bank or Store: _____	Account No: _____
Phone: _____	Location of Statements: _____
Bank or Store: _____	Account No: _____
Phone: _____	Location of Statements: _____
Bank or Store: _____	Account No: _____
Phone: _____	Location of Statements: _____
Bank or Store: _____	Account No: _____
Phone: _____	Location of Statements: _____
Bank or Store: _____	Account No: _____
Phone: _____	Location of Statements: _____
Bank or Store: _____	Account No: _____
Phone: _____	Location of Statements: _____

Home-Equity Loans

Bank: _____	Account No: _____	Due Date: _____	Statements: _____
Bank: _____	Account No: _____	Due Date: _____	Statements: _____
Bank: _____	Account No: _____	Due Date: _____	Statements: _____

Auto Loans

Bank: _____	Account No: _____	Due Date: _____	Statements: _____
Bank: _____	Account No: _____	Due Date: _____	Statements: _____
Bank: _____	Account No: _____	Due Date: _____	Statements: _____

Other Loans

Bank: _____	Account No: _____	Due Date: _____	Statements: _____
Bank: _____	Account No: _____	Due Date: _____	Statements: _____
Bank: _____	Account No: _____	Due Date: _____	Statements: _____

Tax Information

Tax Preparer or Accountant: _____			
Address: _____			
City, State, Zip: _____			
Phone: _____	Fax: _____	E-Mail: _____	
Location of Returns: _____			

Here is where you can list your stocks, bonds, and mutual funds individually or by broker account, online account, or mutual fund family. Actual stock certificates, mutual fund shares, etc., will be kept at the broker's office, but list where the statements are located. Make separate listings for assets held in retirement accounts such as Keoghs, IRAs or 401(k) plans.

Stocks

Financial Institution or Broker:	Account No:
Phone: _____	Statements: _____
No. of Units: _____	
Financial Institution or Broker:	Account No:
Phone: _____	Statements: _____
No. of Units: _____	
Financial Institution or Broker:	Account No:
Phone: _____	Statements: _____
No. of Units: _____	
Financial Institution or Broker:	Account No:
Phone: _____	Statements: _____
No. of Units: _____	
Financial Institution or Broker:	Account No:
Phone: _____	Statements: _____
No. of Units: _____	
Financial Institution or Broker:	Account No:
Phone: _____	Statements: _____
No. of Units: _____	

Mutual Funds

Financial Institution or Broker:	Account No:
Phone: _____	Statements: _____
No. of Units: _____	
Financial Institution or Broker:	Account No:
Phone: _____	Statements: _____
No. of Units: _____	
Financial Institution or Broker:	Account No:
Phone: _____	Statements: _____
No. of Units: _____	
Financial Institution or Broker:	Account No:
Phone: _____	Statements: _____
No. of Units: _____	
Financial Institution or Broker:	Account No:
Phone: _____	Statements: _____
No. of Units: _____	
Financial Institution or Broker:	Account No:
Phone: _____	Statements: _____
No. of Units: _____	

Bonds

Financial Institution or Broker:	Account No:
Phone: _____	Statements: _____
Face Value/Maturity: _____	
Financial Institution or Broker:	Account No:
Phone: _____	Statements: _____
Face Value/Maturity: _____	
Financial Institution or Broker:	Account No:
Phone: _____	Statements: _____
Face Value/Maturity: _____	
Financial Institution or Broker:	Account No:
Phone: _____	Statements: _____
Face Value/Maturity: _____	
Financial Institution or Broker:	Account No:
Phone: _____	Statements: _____
Face Value/Maturity: _____	
Financial Institution or Broker:	Account No:
Phone: _____	Statements: _____
Face Value/Maturity: _____	

IRA, 401(k) and Keogh

Financial Institution or Broker:	Account No:
Phone: _____	Statements: _____
No. of Units: _____	
Financial Institution or Broker:	Account No:
Phone: _____	Statements: _____
No. of Units: _____	
Financial Institution or Broker:	Account No:
Phone: _____	Statements: _____
No. of Units: _____	
Financial Institution or Broker:	Account No:
Phone: _____	Statements: _____
No. of Units: _____	
Financial Institution or Broker:	Account No:
Phone: _____	Statements: _____
No. of Units: _____	
Financial Institution or Broker:	Account No:
Phone: _____	Statements: _____
No. of Units: _____	

Investment Clubs

Name:		Account No. / Description:
Phone:	Value:	Statements:
Name:		Account No. / Description:
Phone:	Value:	Statements:
Name:		Account No. / Description:
Phone:	Value:	Statements:
Name:		Account No. / Description:
Phone:	Value:	Statements:

Limited Partnerships

Name:		Account No. / Description:
Phone:	Value:	Statements:
Name:		Account No. / Description:
Phone:	Value:	Statements:
Name:		Account No. / Description:
Phone:	Value:	Statements:
Name:		Account No. / Description:
Phone:	Value:	Statements:

Other

Name:		Account No. / Description:
Phone:	Value:	Statements:
Name:		Account No. / Description:
Phone:	Value:	Statements:
Name:		Account No. / Description:
Phone:	Value:	Statements:
Name:		Account No. / Description:
Phone:	Value:	Statements:

REAL ESTATE RECORDS

Describe each property you own, including residence, vacation, or investment real estate. Include information on who holds your mortgage, second mortgage, or home-equity line. List your real estate agents and any property managers. Indicate where you keep other documents such as the deeds, property tax records, and homeowners association documents. Make a copy and fill out this form for each property you own.

Property Description

Legal Description: _____
Address: _____
City, State, Zip: _____
Residence / Vacation / Investment: _____

Item

Location

Deed:	_____
Insurance Policy:	_____
Property Purchase Records:	_____
Homeowners Association Documents:	_____
Homeowners Warranties:	_____

Mortgage Holder

Name: _____	Loan Number: _____
Address: _____	
City, State, Zip: _____	
Phone: _____	Fax: _____ E-Mail: _____

Home Equity Line

Name: _____	Loan Number: _____
Address: _____	
City, State, Zip: _____	
Phone: _____	Fax: _____ E-Mail: _____

Homeowners Association

Name: _____	
Address: _____	
City, State, Zip: _____	
Phone: _____	Fax: _____ E-Mail: _____

Property Manager

Name: _____	
Address: _____	
City, State, Zip: _____	
Phone: _____	Fax: _____ E-Mail: _____

This form is for tracking your employment information as well as benefits like insurance, retirement, deferred compensation, and profit-sharing plan. Note where you keep a record of company credit cards, cars, etc. Copy and fill out this form for every employed family member.

Employer / Supervisor

Company or Firm:	_____	Phone:	_____
Address:	_____		
City, State, Zip:	_____		
Supervisor's Name:	_____	Phone:	_____
Assistant's Name:	_____	Phone:	_____
Human Resources:	_____	Phone:	_____

Item

Location

Job Description:	_____
Employment Contract:	_____
Employee-Benefits Descriptions:	_____
Corporate Life Insurance:	_____
Group Health Insurance Benefits:	_____
Retirement and Pension Agreements:	_____
Deferred-Compensation Agreement:	_____
Profit-Sharing Plans:	_____
Stock-Option Plans:	_____
Social Security Earnings Statement:	_____
Company Credit Cards:	_____
Other Fringe Benefits:	_____
Company Car Records:	_____

SELF-EMPLOYMENT

Use this form to keep track of your self-employment or home business records should your family need to preserve the business' assets and keep it running in your absence.

Business Partner

Name: _____ Phone: _____
Fax: _____ E-Mail: _____

Secretary / Assistant

Name: _____ Phone: _____
Fax: _____ E-Mail: _____

Other

Name: _____ Phone: _____
Fax: _____ E-Mail: _____

Other

Name: _____ Phone: _____
Fax: _____ E-Mail: _____

Item

Income and Expense Records:
Self-Employment Business Agreements:
Succession Plan:
Corporate Life Insurance:
Buy-Sell Agreements:
Letters of Instruction:
Business Valuation Reports:
Business Bank-Account Records:
Business Credit Cards:
Deferred-Compensation Agreements:
Key-Man Insurance Policy:
Retirement and Pension Agreements:
Business Tax Returns:
List of Vendors:
Rental or Lease Agreements:
Independent Contractor 1099s:
Corporate-Owned Life-Insurance Policy:
Corporate-Owned Real Estate:
Notes Receivable:
Notes Payable:
Other:

Location

Household Contents

[illegible]

Heirlooms, Jewelry, Furs, China, Silverware, Crystal or Linens, Fine Art, Antiques

Description: _____	Date Purchased: _____
Purchase Price: _____	Location of Receipts / Appraisals: _____
Description: _____	Date Purchased: _____
Purchase Price: _____	Location of Receipts / Appraisals: _____
Description: _____	Date Purchased: _____
Purchase Price: _____	Location of Receipts / Appraisals: _____
Description: _____	Date Purchased: _____
Purchase Price: _____	Location of Receipts / Appraisals: _____
Description: _____	Date Purchased: _____
Purchase Price: _____	Location of Receipts / Appraisals: _____
Description: _____	Date Purchased: _____
Purchase Price: _____	Location of Receipts / Appraisals: _____

Vehicle Titles / Leases / Registrations

Description: _____	Date Purchased/Leased: _____
Purchase Price: _____	Location of Receipt: _____
Description: _____	Date Purchased/Leased: _____
Purchase Price: _____	Location of Receipt: _____
Description: _____	Date Purchased/Leased: _____
Purchase Price: _____	Location of Receipt: _____

Items Outside the Home

Description: _____	Date Purchased: _____
Purchase Price: _____	Location of Receipts: _____
Description: _____	Date Purchased: _____
Purchase Price: _____	Location of Receipts: _____
Description: _____	Date Purchased: _____
Purchase Price: _____	Location of Receipts: _____
Description: _____	Date Purchased: _____
Purchase Price: _____	Location of Receipts: _____
Description: _____	Date Purchased: _____
Purchase Price: _____	Location of Receipts: _____

You may want to leave information on how to care for the family pets, especially if you want to make financial arrangements for their care. In addition to the identification records, you should include contact names of veterinarians, boarding facilities, groomers, or trainers. Copy and fill out this form for each pet.

Pet Information

Name: _____ Date of Birth: _____
Breed: _____ Sex: _____
Identifying Marks: _____ ID Number: _____

Item**Location**

Adoption Papers:	_____
Pet Registry:	_____
Training Certificate:	_____
Vaccination Records:	_____
Pedigree Information:	_____
License:	_____
Show Awards:	_____
Trust Agreement:	_____
Final Arrangements:	_____
Other:	_____

Veterinarian

Name: _____ Phone: _____
Address: _____ Emergency Phone: _____
City, State, Zip: _____

Boarding / In-Home Pet Care

Name: _____ Phone: _____
Address: _____ Emergency Phone: _____
City, State, Zip: _____

Grooming

Name: _____ Phone: _____
Address: _____ Emergency Phone: _____
City, State, Zip: _____

Training

Name: _____ Phone: _____
Address: _____ Emergency Phone: _____
City, State, Zip: _____

PERSONAL COLLATERAL



This form is to record where you keep things hidden in the event your family will need to access your secret hiding places for items like spare keys, checkbooks, computer passwords, lock combinations, etc.

Item	Location
Secret Hiding Places for Selected Items:	
Spare Keys to Home, Autos, etc:	
Checkbook, Savings-Account Passbooks:	
Cash-Management Accounts:	
Address Books / Rolodex:	
Memberships and Subscriptions:	
Memberships to be Passed on or Sold:	
Belongings to be Recovered:	

Whether you share your life with others through e-mail, Facebook posts, and tweets, or simply have several online, password-protected accounts, you'll want to make plans for the disposition of all of your digital assets in the event of your death or incapacity.

For assets such as your e-mail accounts or social media accounts, you may wish to designate a younger family member or someone who is more adept at managing these types of accounts. You may want your Facebook page to serve as a memorial where someone could post the last entry that you prepared ahead of time, and then after a certain time, delete the account. Or, you may wish that they delete the account immediately. You could also specify that the photos are printed and distributed to family before the account is deleted.

Desktop or Laptop Computer

Description: _____ Date Purchased: _____
Warranty or Service Contract: _____ Location of Documents: _____
Computer Password: _____

Tablet Computer

Description: _____ Date Purchased: _____
Warranty or Service Contract: _____ Location of Documents: _____
Tablet Password: _____

Smart Phone

Description: _____ Date Purchased: _____
Warranty or Service Contract: _____ Location of Documents: _____
Phone Password: _____

Password Manager Software

Software Name: _____ Master Password: _____

E-Mail

E-Mail Address: _____	Password: _____	Uses: _____
E-Mail Address: _____	Password: _____	Uses: _____
E-Mail Address: _____	Password: _____	Uses: _____
E-Mail Address: _____	Password: _____	Uses: _____

Website Logins

Photo Sharing Site: _____ Password: _____
Wishes: _____

Cloud Storage Site: _____ Password: _____
Wishes: _____

Cloud Storage Site: _____ Password: _____
Wishes: _____

Social Media

Facebook:

Password:

Wishes:

Instagram:

Password:

Wishes:

YouTube Channel:

Password:

Wishes:

Twitter:

Password:

Wishes:

LinkedIn:

Password:

Wishes:

Personal Blog:

Password:

Web Host:

Platform:

Wishes:

Snapchat:

Password:

Wishes:

Pinterest:

Password:

Wishes:

WhatsApp:

Password:

Wishes:

Website:

Password:

Wishes:

Website:

Password:

Wishes:

Website:

Password:

Wishes:

Website:

Password:

Wishes:

Other:

Website:	Password:	Uses:
Website:	Password:	Uses:
Website:	Password:	Uses:
Website:	Password:	Uses:
Website:	Password:	Uses:
Website:	Password:	Uses:
Website:	Password:	Uses:
Website:	Password:	Uses:

About Me

Name: _____ Born: _____

Location of documents: _____

I have used the following genomics and biotechnology company: _____

When I am gone, I hope my family will learn from my experiences

[illegible]



The most important thing I have done in my life is

How I want to be remembered

While no one wants to talk about their funeral arrangements, having these planned in advance can ease your family's burdens. You may want to write a letter stating your preferences for burial, services, or choice of cemetery. Include the location of documents verifying prepayment of funeral expenses.

Item

Location

Letter of Preference: _____

Draft Death Notice and Obituary: _____

Desired Service Details: _____

Mortuary

Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

Cemetery or Memorial Park

Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

Plot or Deed: _____

I have ☐ have not ☐ prepaid my burial costs for my burial plot.

I have ☐ have not ☐ prepaid my burial costs for my casket

If I have a deceased Spouse ☐ Parent ☐ Child ☐
who is buried here: _____

☐ I wish to be buried next to such person.

☐ I do not wish to be buried next to such person.

☐ I do have the right to be buried in a military cemetery.

☐ I want to be cremated.

☐ I do not want to be cremated.

Charities for Donations in Lieu of Flowers

Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

I have signed this family documents and records locator on _____

This document is not intended to replace my Last Will and Testament or other estate planning documents signed by me. However, it is my express desire that each family member, Executor, Trustee, and Guardian will use this document and the documents signed by me in making any discretionary decisions for me and my family.

Signature _____

Print Name _____

Copies of this document were delivered to:

