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I. Family Information-

Provides you and your loved ones immediate vital information that may be used to update physician records, complete applications for services and register for benefits. It serves as an easy access, at-hand resource. Also included in this section is a page for your pet's information.

A. License or Identification card

B. Passports

C. Citizen Papers/green card

II. Emergency Contacts –

This is a quick reference list of who to call first in the event of an emergency. It's critical that the people who are on this list know they are your emergency contact. These should be people you trust to safeguard your personal information and act in your best interest. Be sure they know where this workbook is located and how to access it.

III. Medical information-

It's critical to keep your medical history up to date. Your physicians and healthcare providers are only as good as the information you provide them. Always remember to take a copy of your current medications, allergies, diagnosis and medical history with you to each doctor's appointment. (Just photocopy the pages in this workbook) You should also make a list of any new symptoms, concerns, and questions you have so they can be addressed during your appointment.

A. Vital Medical information: Physicians, Healthcare Providers, Allergies, Assistive Devices

B. Medications

C. Diagnoses, Medical History, & Hospitalizations

D. Copy of Do Not Resuscitate order, if applicable

IV. Financial Information –

Keep a record of what you have and where it is located. This section also provides a convenient way to compare your income and expenses and budget.

A. Income & Assets

- 1. Bank Accounts and statements**
- 2. Retirement Accounts**
- 3. Treasury and Savings Bonds**
- 4. Investments**
- 5. CDs**
- 6. Jewelry, Art, Antiques inventory and appraisals**

B. Recurring Expenses

C. Current Subscriptions

D. Credit and Debit cards

E. Loans and Mortgages

F. Property Tax Bill

G. Credit reports

H. Financial Statements

I. Veterans Benefits Statements

J. Safe Deposit Box and Key Information

V. Insurance Documents-

Having your insurance documents in one place is essential if or when the time comes that you need them. In addition to putting the actual policy in the sleeve, we recommend you include the business card of the agent that sold you the policy. This will provide you with a quick reference when you need it.

- A. Health insurance**
- B. Life insurance**
- C. Homeowner's insurance**
- D. Long term care insurance**
- E. Long Term Disability**
- F. Car insurance**
- G. Annuity**
- H. Beneficiary Designations**

VI. Legal Documents –

The documents in this section allow you to leave a legacy of planned intentions. If you do not have a will or power of attorney we highly recommend you see an attorney to get these documents in place immediately.

- A. Last Will and Testament**
- B. Durable power of attorney**
- C. Healthcare Power of Attorney**
- D. Living Will**
- E. Guardianship**
- F. Trust Documents**
- G. Pour Over Will**

VII. Social Security Documents –

- A. Social Security Card**
- B. Annual Social Security Benefit Notification**

VIII. Certificates and Licenses-

- A. Birth Certificate**
- B. Baptism & Confirmation Certificate**
- C. Marriage License**
- D. Divorce Decree**
- E. Prenuptial agreements**
- F. Other**

IX. Deeds and Titles –

This section provides easy access to deeds for all your property and Titles for vehicles, Boats, campers or RVs. If you own property but the deed or title is held by a lending institution you can document in the sleeve the lending institution's location and contact information.

X. Military Documents –

There are a number of benefits that families may be eligible to receive if you or your spouse has served our country. Having these documents readily available will make it much easier to apply if you choose to do so.

- A. Enlistment**
- B. Discharge**

XI. Logins and Passwords-

This section gives you the opportunity to record all of your passwords and logins for computers, bank accounts, debit and credit cards, etc.

XII. Warranty Information –

Keep track of your appliances, cars, electronics, etc. warranty.

XIII. Firearm information and Permits-

XIV. Loaned items

XV. Tax returns-

You can keep your tax returns in this sleeve or you can make a note of where they are located.

- A. Accountant/Bookkeeper**
- B. Tax returns**

XVI. End-of-life Planning –

One of the greatest gifts you can give your family is to provide them with your wishes and instructions.

- A. Service instructions**
- B. What next: Tasks to accomplish after the death of a loved one**
- C. Sample letters to life insurance, credit card Companies, social security, Attorney, Veteran's Administration**
- D. Prepaid Funeral Information**
- E. Prepaid Cemetery Plot**

My Information

Full Name _____ Date of Birth _____

Previous Name/ Maiden Name/ Aliases _____

Place of Birth _____ Social Security Number _____

Current Address: _____

Previous Address _____

Phone Number _____ Fax Number _____

Mobile Number _____ Email _____

Marital Status: Married Divorced Single Widowed

Spouse's Name: _____ Date of Marriage _____ Prenuptial Yes No

This marriage ended by: Death Divorce

Previous Spouse's Name: _____ Date of Marriage _____ Prenuptial Yes No

This marriage ended by: Death Divorce

Mother's Full Name _____

Father's Full Name _____

Personal History:

Highest grade Completed _____ Schools/University _____

Resident Cities/Years _____

Religion _____ Place of Worship _____

Occupation: _____ **Employer:** _____

Position Held _____

Occupation: _____ **Employer:** _____

Position Held _____

Occupation: _____ **Employer:** _____

Position Held _____

Occupation: _____ **Employer:** _____

Position Held _____

Military: Branch _____ Rate or Rankk at Discharge _____ Service Number _____

County Recorded _____ War(s) _____

Enlistment Date and Place _____ Discharge Date and Place _____

Memberships (Organizations, lodges, etc): _____

Volunteer Service: _____

Public Offices Held: _____

Personal and Professional accomplishments: _____

Other: _____

Pet Information

Full Name _____ Date of Birth _____

Breed: _____ Gender: _____ Spayed/Neutered [] Yes [] No

Color and Markings _____

Microchip: _____ Date: _____

Medical History:

Veterinarian: _____

Address: _____

Phone: _____ Fax _____ Annual Exam Month _____

Diagnosis	Date	Notes

Medication	Dosage	Frequency

Allergy	Reaction

Special Diet: _____

Favorite Toy _____

Favorite Activity _____

Emergency Contacts

In the event of an emergency, please Contact:

Name: _____ Relationship _____

Cell _____ Home Phone _____ Work Phone _____

Email _____ Mailing Address _____

Name: _____ Relationship _____

Cell _____ Home Phone _____ Work Phone _____

Email _____ Mailing Address _____

Name: _____ Relationship _____

Cell _____ Home Phone _____ Work Phone _____

Email _____ Mailing Address _____

Name: _____ Relationship _____

Cell _____ Home Phone _____ Work Phone _____

Email _____ Mailing Address _____

Other contacts (Family, Friends, etc):

Name: _____ Relationship _____

Cell _____ Home Phone _____ Work Phone _____

Email _____ Mailing Address _____

Name: _____ Relationship _____

Cell _____ Home Phone _____ Work Phone _____

Email _____ Mailing Address _____

Name: _____ Relationship _____

Cell _____ Home Phone _____ Work Phone _____

Email _____ Mailing Address _____

Name: _____ Relationship _____

Cell _____ Home Phone _____ Work Phone _____

Email _____ Mailing Address _____

Vital Medical Information

Name: _____

Physicians:

Primary Care: _____ Phone _____

Address _____ Practice name _____

Dentist: _____ Phone _____

Address _____ Practice name _____

Eye Care: _____ Phone _____

Address _____ Practice name _____

Other Providers: _____ Phone _____

Address _____ Practice name _____

Preferred Providers:

Hospital: _____

Address: _____ Phone: _____

Pharmacy: _____

Address: _____ Phone: _____

Care Facility: _____

Address: _____ Phone: _____

Hospice: _____

Address: _____ Phone: _____

Allergy	Reaction

List all assistive Medical Devices & Providers (Pacemaker, stints, hearing aids, dentures, etc.)

Income & Assets

Income Type	Source	Amount	Frequency	Notes

Account Type (Checking, Savings)	Bank & Location	Account Number	Contact	Notes
Safe Deposit Box		Box #	People with access	Key location

Asset/investment Type*	Financial Institution	Account Number	Balance	Notes

- If you have Certificates of deposit (CDs), be sure to add the maturity date and Certificate number.

Insurance Information

Names On Policy _____

Primary medical Insurance: _____ Policy # _____

Agent Name _____ Phone: _____

Address _____ Email: _____

Medicare [] A [] B Medicare # _____

Medicaid# _____

Supplemental Insurance: _____ Policy # _____

Agent Name _____ Phone: _____

Address _____ Email: _____

Long term Care Ins: _____ Policy # _____

Agent Name _____ Phone: _____

Address _____ Email: _____

Homeowner's Ins: _____ Policy # _____

Agent Name _____ Phone: _____

Address _____ Email: _____

Life Insurance: _____ Policy # _____

Agent Name _____ Phone: _____

Address _____ Email: _____

Auto Insurance: _____ Policy # _____

Agent Name _____ Phone: _____

Address _____ Email: _____

Other Insurance: _____ Policy # _____

Agent Name _____ Phone: _____

Address _____ Email: _____

Other Insurance: _____ Policy # _____

Agent Name _____ Phone: _____

Address _____ Email: _____

Legal Information

Attorney/ Executor:

Name: _____

Firm: _____

Address: _____

Phone: _____ Email: _____

Services: _____

Will:

Copy Attached in Binder

Location of Original _____

Power of Attorney:

Copy Attached in Binder

Location of Original _____

Durable Power of Attorney:

Copy Attached in Binder

Location of Original _____

Healthcare Power Of Attorney:

Copy Attached in Binder

Location of Original _____

Living Will:

Copy Attached in Binder

Location of Original _____

Revocable/ Irrevocable Living Trust

Copy Attached in Binder

Location of Original _____

Pour-Over Will

Copy Attached in Binder

Location of Original _____

Social Security Information

Copy of social security card in binder

Location of original _____

Copy of most recent Social security statement in binder

Website Login information:

Designated Representative: _____

Certificates and Licenses

At least one and preferably two copies of each included in binder

Birth Certificate

Original Located: _____

Baptism & Confirmation Certificate

Original Located: _____

Marriage License

Original Located: _____

Divorce Decree

Original Located: _____

Prenuptial agreements

Original Located: _____

Other: _____

Original Located: _____

Deeds and Titles

At least one and preferably two copies of each included in binder

Primary Residence

Original Located: _____

Other Residence

Original Located: _____

Vehicle

Original Located: _____

Vehicle

Original Located: _____

Other: _____

Original Located: _____

Military Documents

At least one and preferably two copies of each included in binder

Enlistment

Original Located: _____

Discharge

Original Located: _____

Other: _____

Original Located: _____

Lost/Stolen Firearms Investigations

Each year, thousands of firearms are reported lost or stolen. The owners' ability to adequately identify these firearms is central to law enforcement's ability to investigate these crimes and losses. Insurance claims and reacquisition of recovered firearms will also hinge on the ability to correctly identify these firearms.

By completing this record and maintaining it in a safe location, separate from your firearms, you will be not only protecting your own property, you will be taking an important first step in the effort to prevent thefts and to keep firearms out of the hands of criminals.

This is a personal record only. The information will not be collected or maintained by ATF or any other Federal Government agency.



Personal Firearms Record

Keep this list separate from your firearms to assist police in the event your firearms are ever lost or stolen.



“A stolen gun threatens everyone.”

Taxes

Accountant/ Bookkeeper:

Name: _____

Firm: _____

Address: _____ Phone: _____

I complete my own Taxes:

I use the following software: _____

The information is stored : _____

UserID: _____ Password _____

Location of originals _____

End-Of-Life Planning

Full Name: _____

Check your preferences: Funeral Memorial Service Cremation Burial Other _____

with viewing without viewing

Have any final arrangements been prepaid? Yes No

If yes, with whom did you make these arrangements?

Company name: _____

Address: _____

Website: _____

Contact: _____ Phone: _____

Special Instructions: _____

Place of Service: Funeral Home Church Gravesite Other _____

Cemetery: _____ Address: _____

Section: _____ Lot: _____ Space: _____ Marker Installed _____

Disposition Of Ashes: Scattered Mausoleum Columbarium Internment Other _____

When and Where: _____

Special Instructions: _____

Service Requests:

Clergy/Celebrant: _____

Place of Worship: _____

Favorite Music: _____

Favorite Readings: _____

Special Instructions: _____

Participating Organizations: (fraternal, military rites, etc.) _____

Pallbearers:

Name: _____ **Phone:** _____

Address: _____ **Email:** _____

Name: _____ **Phone:** _____

Address: _____ **Email:** _____

Name: _____ **Phone:** _____

Address: _____ **Email:** _____

Name: _____ **Phone:** _____

Address: _____ **Email:** _____

Name: _____ **Phone:** _____

Address: _____ **Email:** _____

Name: _____ **Phone:** _____

Address: _____ **Email:** _____

Memorial Contributions/ Donations made in my name to:

Obituary:

All information needed for the death certificate and the obituary is located on the "My Information" sheet in the section 1 of this workbook.

I would like my obituary published in: _____

[] with [] without a Photo

Photo is located _____

What's Next

Within the first 24 hours:

- Contact the funeral Home, crematorium, or company arranging service or memorial
- Provide information for the death certificate, located on the “My Information” sheet in Section 1 of this workbook. Request five to ten copies of the certified death certificate to use to notify insurance, creditors, etc.

Within two weeks:

- Locate the deceased's letter of instruction, if any, and locate and read the last will and Testament
- Make appointment with an attorney to discuss the estate if there are assets to manage and distribute
- Notify the insurance company of the death and request claim forms
- If mortgage insurance on home exists, notify insurance of death and change name of insured if needed
- Change beneficiaries on insurance, bank accounts, stocks, bonds, etc.
- Determine if any bills must be paid immediately
- Notify creditors of death and change name on accounts if needed (Utilities, Cable, Telephone, Cell, Automobile Insurance, Hospitals, Credit Cards, Physicians, etc.)
- Be sure to cancel credit cards for which deceased was the only signer
- Contact post office to make any necessary changes in the delivery of mail.
- Cancel any subscriptions

Within One Month:

- Notify Social Security of the death
- Notify any organization paying retirement Benefits or paying annuity upon death
- Locate important records such as titles (vehicles, deeds, and life insurance policies)
- Gather and organize financial documents including bank accounts, mutual funds, certificates of Deposit, stock certificates, appraisals of Jewelry or other valuable personal property owned by the deceased, and any promissory notes under which the deceased was entitled to receive payment
- Inventory any safe deposit boxes
- Obtain the account balance on mortgages, loans, checking and savings accounts as of the date of death
- Bring will, financial documents, balances, death certificate and inventory of safe deposit boxes to meet with attorney
- Notify accountant or bookkeeper of the death
- Review and modify W4 withholding status to limit tax liability

Sample letter to the life Insurance Company

Name
Address
City, State, Zip

Date

Insurance Company Name
Address
City State, Zip
Attention: Claims Department

Regarding (Deceased's Name, (Social Security Number) , (Policy Number)

To whom it may Concern,

I am writing to inform you of the death of my _____, on _____.

I have enclosed a copy of the death certificate.

As beneficiary of the policy proceeds, please contact me regarding any of the benefits that my family or I may be entitled to receive. I can be reached at the above address, by telephone at _____, or by email at _____.

Thank you for your assistance in this matter.

Sincerely,

Your Name

Sample Letter

To the Medical Insurance Company

Name
Address
City, State, Zip

Date

Insurance Company Name
Address
City State, Zip
Attention: Claims Department

Regarding (Deceased's Name, (Social Security Number)

To whom it may Concern,

I am writing to inform you of the death of my _____, on _____.

I have enclosed a copy of the death certificate. The policy is held in the deceased's name (or whoever's name it is held) and his/her Social security number is _____.

Please contact me to discuss the current benefits, as well as any outstanding premiums that may be due or to be refunded. I can be reached at the above address, by telephone at _____, or by email at _____.

Thank you for your assistance in this matter.

Sincerely,

Your Name

Sample Letter To the Credit Card Company

Name
Address
City, State, Zip

Date

Credit Card Company
Address
City State, Zip
Attention: Claims Department

Regarding (Deceased's Name, (Social Security Number)

To whom it may Concern,

I am writing to inform you of the death of my _____, on _____.

I have enclosed a copy of the death certificate. The account is held in the deceased's name and will need to be cancelled as of _____.

Please contact me if there is any outstanding balance due or to be refunded. I can be reached at the above address, by telephone at _____, or by email at _____.

Thank you for your assistance in this matter.

Sincerely,

Your Name

Sample Letter To the Social Security

Name
Address
City, State, Zip

Date

Social Security Office
Address
City State, Zip

Regarding (Deceased's Name, (Social Security Number)

To whom it may Concern,

I am writing to inform you of the death of my _____, on _____.

I have enclosed a copy of the death certificate

Please contact me regarding any benefits that my family or I may be entitled. I can be reached at the above address, by telephone at _____, or by email at _____.

Thank you for your assistance in this matter.

Sincerely,

Your Name

Sample Letter To the Attorney

Name
Address
City, State, Zip

Date

Attorney Name
Practice Name
Address
City State, Zip

Regarding (Deceased's Name, (Social Security Number)

Dear _____,

I am writing to inform you of the death of my _____, on _____.

I have enclosed a copy of the death certificate.

Please contact me regarding the Will, probate procedures and requirements, any further documents or information you will need, as well as any retainer fees that you are entitled to receive.

I can be reached at the above address, by telephone at _____, or by email at _____.

Thank you for your assistance in this matter.

Sincerely,

Your Name

Sample Letter

To the Veteran's Administration

Name
Address
City, State, Zip

Date

VA Office
Address
City State, Zip

Regarding (Deceased's Name, (Social Security Number)

To whom it may Concern,

I am writing to inform you of the death of my _____, on _____.

I have enclosed a copy of the death certificate. He/She served in the _____ and was discharged _____, with a _____ status. The military identification number is _____.

Please contact me regarding any benefits that my family or I may be entitled to receive, as well as any outstanding matters of which I should be aware. I can be reached at the above address, by telephone at _____, or by email at _____.

Thank you for your assistance in this matter.

Sincerely,

Your Name