
**YOUR
PERSONAL
DOCUMENT
ORGANIZER**



ORGANIZING YOUR PERSONAL DOCUMENTS

Financial experts recommend that you keep your personal documents in 2 places. They are:

A. Your SAFE DEPOSIT BOX. As a general rule, keep any item in your safe deposit box if:

1. it must be used to prove ownership in case of an insurance loss;
2. it must be used to claim a future benefit, such as a pension;
3. it is small and valuable; or
4. it is difficult to replace.

You don't need to keep your insurance policies in your safe deposit box. Instead, if you keep just a description of them there, you can keep your policies in your home file where they are handy. Then, if they are lost or destroyed, you'll have everything your insurance companies will need to replace your policies quickly.

Check your homeowner's or renter's insurance policy to see if your valuables or negotiable bearer bonds are covered if you keep them in your safe deposit box. If they aren't, ask your bank if their insurance covers everything in your box at full market value. If not, we recommend that you add supplemental coverage to your own policy. And, if you do keep valuables in a safe deposit box, keep the receipts and appraisals for them in your home file.

Finally, be sure to check with your bank about any state laws which may limit access to your safe deposit box. For example, some states, for estate tax purposes, seal the box after the owner's death. Under what conditions can your heirs open your box? How long must they wait? Do you have a co-owner or co-signer for your safe deposit box?

B. Your HOME FILE. Most experts recommend that you keep your records in file folders in a fire resistant metal file cabinet, box or safe in a fire resistant location in your home. But if that isn't possible, you can also keep your records in a cardboard storage box in your closet. (A wide variety of sturdy cardboard file storage boxes are available at office supply stores.) For your convenience, you may also wish to keep in your home file photocopies of some of the more important documents in your safe deposit box.

We recommend that you arrange your home file into the following 15 categories. (Many people find it convenient to set up 2 file folders for each category, one for the current year and the other for older records.)

1. **Bank Accounts** -- This file is for canceled checks, monthly statements, etc., for all active accounts at banks, savings and loans, and credit unions.
2. **Cars and Boats** -- Keep purchase, maintenance and repair records, loan papers or lease agreements, and warranty information here, for as long as you own or lease each item.
3. **Charities** -- Keep records about gifts or donations to charities, as well as canceled checks, receipts, etc., for the current year in this file.
4. **Credit and Loans** -- This should include all documents related to your current credit cards, and other personal or installment loans. It should also include statements and receipts for your credit card purchases.
5. **Employment** -- All of your current year payroll check stubs should be kept here, along with records of current year expenses which are related to your job but which have not been reimbursed by your employer. This file should also include employee handbooks or other information which describe your employee or union benefit plans.
6. **Home** -- If you own your home, keep your title insurance policy, appraisal, property survey and tax assessments in this file. If you rent your home or an apartment, keep your current rental or lease agreement here.
7. **Insurance Claims** -- Keep all records about insurance claims which you will file or have filed with your insurance company, and documents about claims for which you have received payment during the current year.
8. **Insurance Policies** -- In this file, keep all insurance policies, except annuities. Keep your annuity policies and a detailed description of all other insurance policies in your safe deposit box.
9. **Investments** -- All records, receipts, purchase and sale orders and confirmations, account statements, prospectuses, etc., should be kept in this file.

10. **Legal Documents** -- Keep the original copy of each of these documents in this file:

Durable Powers of Attorney for Property
Durable Power of Attorney for Health Care (sometimes called
a health care proxy or health care surrogate)
Consent for Emergency Medical Treatment
Trust Agreements
Living Wills (also give original copies to your attorney and doctor)
Organ or Body Donor's Certification
Letters of Instruction

11. **Receipts for Valuables** -- If you keep any valuables in your safe deposit box, the receipts and appraisals for those items should be kept in this file.

12. **Retirement Plans** -- General information about your employee pension or profit-sharing plans, or personal retirement plans such as IRAs, Keoghs, 401(k)s, 403(b)s, annuities, etc., should be kept here. However, all certificates or other documents which describe the actual benefits to which you are entitled should be kept in your safe deposit box.

13. **Taxes** -- This file should be used to accumulate information about, or documents for, your federal, state or local income taxes, gift taxes, and/or estate taxes which have not been described in other categories. When preparing your tax returns each year, tax information which you have in other files should be moved into this one. Finally, keep your older tax returns in this file, including all of the documents needed to support your tax deductions, until 7 years after the date on which you filed the return.

14. **Warranties, Guarantees and Manuals** -- For your appliances and other household and yard equipment, use this file to keep warranties and guarantees (until they expire), and all manuals, maintenance and repair records.

15. **Miscellaneous** -- Use this file for anything else you wish to keep at home, including photocopies of important documents that you keep in your safe deposit box.

Three questions must be answered when working with your personal documents:

1. Which documents do I have to keep?
2. How long do I have to keep each document?
3. Where is it best to keep each document?

The **Master Document Locator** on pages 4 through 10 answers these questions for you and gives you space to fill in the locations of your own personal documents. We recommend that you use a pencil so that you can easily make changes as they occur.

Item	Keep Original How Long?	Recommended Location	Where We Keep Ours
GENERAL:			
Safe Deposit Box Inventory	Permanently	Organizer	_____
Professional Advisors	Permanently	Organizer	_____
Doctors, Dentists, Hospitals and Drug Stores	Permanently	Organizer	_____
General Household Information	Permanently	Organizer	_____
Critical Computer User IDs and Passwords	Permanently	Safe Deposit Box	_____
PERSONAL and FAMILY:			
Marriage Certificate	Permanently	Safe Deposit Box	_____
Pre-Nuptial Agreement	Permanently	1 - Safe Deposit Box 1 - Your Attorney	_____
Divorce and Separation Papers	Permanently	1 - Safe Deposit Box 1 - Your Attorney	_____
Birth Certificates and Adoption Papers	Permanently	Safe Deposit Box	_____
Religious Papers and Certificates	Permanently	Safe Deposit Box	_____
Guardianship, Custody Agreements and Papers	Permanently	Safe Deposit Box	_____
Court Decrees	Permanently	Safe Deposit Box	_____
Naturalization and Citizenship Papers	Permanently	Safe Deposit Box	_____
Passports and Visas	Permanently	Safe Deposit Box	_____
Personal History	Permanently	Organizer	_____
Medical History and Prescription Drug Record	Permanently	Organizer	_____
Military Records and Discharge Papers	Permanently	Safe Deposit Box	_____
Education Records	Permanently	Safe Deposit Box	_____
Employment Records	Permanently	Organizer	_____

Item	Keep Original How Long?	Recommended Location	Where We Keep Ours
HOUSEHOLD:			
Home Deed and Closing Statement	7 Years After You Sell	Safe Deposit Box . . .	_____
Home Mortgage, Title Insurance Policy, Property Survey and Appraisals.	While You Own Your Home	Home File	_____
Home Improvement Records and Receipts.	For each Home, for 7 Years after its Sale. . . .	Safe Deposit Box . . .	_____
Home Bill of Sale, Mortgage Release and Related Papers.	7 Years.	Safe Deposit Box . . .	_____
Property Tax Assessments.	7 Years	Home File	_____
Household Inventory, Receipts, Photographs, Video Tapes and Other Records.	Permanently	Safe Deposit Box . . .	_____
Auto, Boat, Plane, Other Vehicle Ownership Papers and Titles.	While You Own	Safe Deposit Box . . .	_____
Auto, Boat, Plane, Other Vehicle Sales Contracts, Receipts, Maintenance Records. License Information and Lease Agreements	While You Own	Home File	_____
Appliances and Home Equipment -- Receipts:			
If Permanently Installed	Permanently	Safe Deposit Box . . .	_____
If NOT Permanently Installed.	While You Own	Safe Deposit Box . . .	_____
Appliances and Home Equipment -- Manuals, Warranties and Maintenance Records.			
Personal Property, Artwork and Valuables: Receipts and Appraisals	While You Own	Safe Deposit Box*. . .	_____
Home and Apartment Lease Agreements.	While Leasing or Renting	Home File	_____

*If you keep a valuable item in your Safe Deposit Box, keep the receipt and/or appraisal for it in your home file.

Item	Keep Original How Long?	Recommended Location	Where We Keep Ours
HOUSEHOLD FINANCES:			
Checking Account Statements	1 Year	Home File	_____
Checkbook Records.	7 Years.	Home File	_____
Checks: if NOT Tax Deductible	2* Years	Home File	_____
if Tax Deductible	7 Years.	Home File	_____
Credit Cards and Charge Accounts:			
Statements.	2* Years	Home File	_____
Receipts:			
if NOT Tax Deductible	2* Years	Home File	_____
if Tax Deductible	7 Years.	Home File	_____
Paid Bills and Cash Receipts:			
if NOT Tax Deductible.	2* Years.	Home File	_____
if Tax Deductible	7 Years.	Home File	_____
Rent Receipts.	2 Years.	Home File	_____
Other Receipts, such as Groceries	DO NOT KEEP	Discard Immediately	
Salary and Wage Statements.	Until Compared at the End of the Year with Your W-2	Home File	_____

*If you had a dispute about a bill, keep the bill, your receipt and/or check, and all other related papers, for 7 years, even if the dispute was settled.

Item	Keep Original How Long?	Recommended Location	Where We Keep Ours
INSURANCE (Detailed Description)	Permanently	Safe Deposit Box . . .	_____
Annuities.	Permanently	Safe Deposit Box . . .	_____
Life Insurance	While In Force	Home File	_____
Accidental Death Insurance.	While In Force	Home File	_____
Health and Medical Insurance.	While In Force	Home File	_____
Medicare Supplement Insurance.	While In Force	Home File	_____
Long-Term Care Insurance	While In Force	Home File	_____
Disability Insurance	While In Force	Home File	_____
Credit and Credit Card Insurance.	While In Force	Home File	_____
Mortgage Insurance.	While In Force	Home File	_____
Travel Insurance.	While In Force	Home File	_____
Homeowners or Renters Insurance	While In Force*.	Home File	_____
Auto and Boat Insurance.	While In Force*.	Home File	_____
Liability Insurance	While In Force*.	Home File	_____

*If someone was injured in your home, by your car, or on your boat, keep the police accident report and the applicable insurance policies for at least 7 years after the accident, even if the policies are no longer in force. The actual length of time you should keep these papers depends on the laws of the state in which the accident occurred. Check with your attorney.

Item	Keep Original How Long?	Recommended Location	Where We Keep Ours
INVESTMENTS:			
Deadlines, Important Dates for CDs, Investments, Stock Options and Loans	Permanently.	Organizer	_____
Personal Financial Statement	Permanently.	Organizer	_____
Bank and Trust Account Information	Permanently.	Organizer	_____
Bank Statements.	7 Years.	Home File	_____
CDs.	While You Own	Safe Deposit Box	_____
Stocks, Bonds, Mutual Funds, Money Market Funds and Stock Options: Information	While You Own	Organizer	_____
Certificates and Options.	While You Own	Safe Deposit Box	_____
Transaction Statements, Trade Confirmations, Dividend Reinvestments, Year-End Account Statements and 1099s.	7 Years After You Sell.	Home File	_____
Other Investments, Information.	While You Own.	Organizer	_____
Other Investments, Ownership Documents	While You Own.	Safe Deposit Box	_____
. 7 Years After You Sell.		Home File	_____
Amounts We Owe, Information	While You Owe Loan.	Organizer	_____
Amounts We Owe, Documents.	7 Years After You Pay	Home File	_____
Amounts Owed To Us, Information.	While Owed to You.	Organizer	_____
Amounts Owed To Us, Documents, including Tenant Lease and Rental Agreements.	While Owed to You.	Safe Deposit Box	_____
. 7 Years After Paid		Home File	_____
Copyrights, Patents and Trademarks, License Agreements and Related Documents	While You Own.	Safe Deposit Box	_____

MASTER DOCUMENT LOCATOR (continued)

Item	Keep Original How Long?	Recommended Location	Where We Keep Ours
TAXES:			
Federal, State and Local Income Tax Returns and Documents to prove earnings and other income and to Support Deductions	7 Years.	Home File	_____
Federal, State and Local Gift Tax and/or Estate Tax Returns and supporting documents.	7 Years.	Home File	_____
IRS Form 8606, Non-Deductible IRA Contributions	Permanently.	Safe Deposit Box . . .	_____
IRS Form 8582, Passive Activity Loss Limitations (Rental Property Losses).	7 Years After You Sell.	Home File	_____
RETIREMENT:			
W-2s and Social Security Earnings Records	Permanently	Safe Deposit Box . . .	_____
Social Security Cards	Permanently	Safe Deposit Box . . .	_____
Retirement Income Information (Pension and Profit-Sharing Plans, Deferred Compensation, Rents and Royalties, Individual Retirement Plans, IRAs, Keoghs, 401(k) Plans, 403(b) Plans, Annuities and Social Security).	Permanently.	Organizer.	_____
Retirement Plan Certificates	Permanently	Safe Deposit Box . . .	_____
Other Benefits from Prior Employers.	Permanently.	Home File	_____
Survivor's Benefits	Permanently	Safe Deposit Box . . .	_____
BUSINESS:			
Employment Contracts, Buy-Sell Agreements, Partnership Agreements, Other Business Agreements and Documentation	7 Years After You Sell.	Home File	_____

Item	Keep Original How Long?	Recommended Location	Where We Keep Ours	
			His	Hers
FINAL PLANS:				
Durable Powers of Attorney for Property	Permanently	Home File*	_____	_____
Durable Powers of Attorney for Health Care	Permanently	Home File*	_____	_____
Consent for Emergency Medical Treatment.	Permanently	Home File*	_____	_____
Trust Agreements.	Permanently	1 - Safe Deposit Box 1 - Your Attorney 1 - Home File*	_____	_____
Living Will	Permanently	1 - Your Attorney 1 - Your Doctor 1 - Home File	_____	_____
Wills and Codicils**	Permanently	1 - Safe Deposit Box 1 - Your Attorney 1 - Home File*	_____	_____
Organ or Body Donor's Certification.	Permanently	Home File*	_____	_____
Letters of Instruction.	Permanently	Home File*	_____	_____
Funeral and Burial Instructions.	Permanently	Organizer*	_____	_____
Cemetery Plot Deed and Related Papers.	Permanently	Safe Deposit Box	_____	_____
People and Organizations to Notify.	Permanently	Organizer*	_____	_____
Death Certificates	Permanently	Safe Deposit Box	_____	_____

*Keep a copy in your safe deposit box and give another copy to your attorney, or other trusted advisor, or family member.
 **Do NOT make notes on the original copy of your will; doing so may make parts or all of it invalid.

PERSONAL FINANCIAL ORGANIZER

ORGANIZING YOUR PERSONAL FINANCES

Are your financial records in order? Are your ownership and account documents easy to find? Who are your professional advisors? What if your wallet or purse was stolen? Which credit card companies would you notify? What are their phone numbers?

What if you are in a serious accident tomorrow? Could someone step in and handle your daily affairs while you recovered? What if you should die tomorrow? Could your spouse or heirs easily settle your estate? Or, will they find a jumble of unorganized papers scattered throughout your house? At your attorney's or accountant's office? In your safe deposit box?

This Personal Financial Organizer was designed to help you answer these questions. It will definitely make the job easier for anyone else who needs to manage or settle your affairs. But, more importantly, it will help you manage your own affairs more easily, with greater peace-of-mind. You'll reduce the chance of missing the maturity dates for your CDs, or the interest payment dates for your bonds.

This organizer is very comprehensive; not every page may apply to you. Don't try to complete it all at once. Relax and take your time. Use a pencil so you can easily make changes as they occur. We recommend that you update it at least once each year.

Attorney:

Name _____

Address _____

_____ Phone _____

Accountant or Tax Preparer:

Name _____

Address _____

_____ Phone _____

Financial Planner:

Name _____

Address _____

_____ Phone _____

Investment or Stock Broker:

Name _____

Address _____

_____ Phone _____

Insurance Agent - Life:

Name _____

Address _____

_____ Phone _____

Insurance Agent - Medical:

Name _____

Address _____

_____ Phone _____

Insurance Agent - Auto:

Name _____

Address _____

_____ Phone _____

Insurance Agent - Home:

Name _____

Address _____

_____ Phone _____

Clergy - His:

Name _____

Address _____

_____ Phone _____

Clergy - Hers:

Name _____

Address _____

_____ Phone _____

Other Advisor:

Name _____

Address _____

_____ Phone _____

For _____

Other Advisor:

Name _____

Address _____

_____ Phone _____

For _____

Other Advisor:

Name _____

Address _____

_____ Phone _____

For _____

Other Advisor:

Name _____

Address _____

_____ Phone _____

For _____

We recommend that you use monthly income information. If some of your income sources pay you more or less often than once a month, first estimate your annual income from those sources, then divide by 12 to find the monthly amount. (Some types of income can fit into more than one category; be sure that you count each source of income only once.)

	HIS	HERS
Salary / Wages	\$ _____	\$ _____
Bonuses / Incentives	_____	_____
Commissions	_____	_____
Interest / Dividends	_____	_____
Loan Repayments	_____	_____
Partnership Draw	_____	_____
Rents	_____	_____
Reverse Mortgage	_____	_____
Royalties / Licensing Fees	_____	_____
Self-Employment Draw	_____	_____
Social Security Survivors' Benefits	_____	_____
Unemployment Compensation	_____	_____
Alimony	_____	_____
Child Support	_____	_____
Court Settlement	_____	_____
Disability / Long-Term Care Insurance Benefits	_____	_____
Social Security Disability Benefits	_____	_____
Union Disability Benefits	_____	_____
VA Disability Benefits	_____	_____
Workers' Compensation	_____	_____
Annuities	_____	_____
Deferred Compensation	_____	_____
Pension / Profit-Sharing Plans	_____	_____
401(k) or 403(b) Plans	_____	_____
IRAs	_____	_____
Keogh / SEP Plans	_____	_____
Military Pension	_____	_____
Social Security Retirement	_____	_____
Union Pension	_____	_____
Other _____	_____	_____
Total Income from all sources for each person	\$ _____	\$ _____
TOTAL FAMILY INCOME	\$ _____	\$ _____

MONTHLY EXPENSES - BUDGETED VS ACTUAL

	Budgeted	Actual
Mortgage / Rent / Condo Fees	\$ _____	\$ _____
Auto: Gas / Maintenance / Repairs	_____	_____
Child Care	_____	_____
Clothing	_____	_____
Commuting (other than Auto)	_____	_____
Dining / Entertainment / Hobbies / Recreation / Vacations	_____	_____
Education (other than Student Loans)	_____	_____
Gifts / Donations	_____	_____
Groceries: Food / Household Supplies	_____	_____
Household Maintenance / Repairs	_____	_____
Insurance Premiums: Auto	_____	_____
Disability	_____	_____
Home / Property	_____	_____
Life / Accident	_____	_____
Medical / Dental / Medicare	_____	_____
Other	_____	_____
Loan Payments: Auto	_____	_____
Credit Cards / Charge Accounts	_____	_____
Home Equity	_____	_____
Student Loans	_____	_____
Magazines / Newspapers / Books	_____	_____
Medical / Dental Expenses not paid by insurance	_____	_____
Personal Care (Hair / Cosmetics / etc.)	_____	_____
Pet Food / Care	_____	_____
Retirement Plan Contributions (IRA / 401k / 403b / etc.) .	_____	_____
Savings / Investments	_____	_____
Taxes: Income - Federal / State / Local	_____	_____
Property - Real Estate / Personal	_____	_____
Utilities: Cable / Satellite TV	_____	_____
Electric	_____	_____
Garbage	_____	_____
Heating - Gas / Oil / Other	_____	_____
Telephone	_____	_____
Water	_____	_____
Other Expenses	_____	_____
TOTAL EXPENSES	\$ _____	\$ _____

(enter home equity loan information, if any, on page 11)

Address _____

Do you rent or own this residence? _____

If you **RENT**, Landlord's Name and Address _____

_____ Phone _____

Lease or Rental Agreement runs from _____ to _____

TOTAL MONTHLY RENT: \$ _____ due on the _____ of each Month

If you **OWN**, Names of Owner(s) _____

_____ Date of Purchase _____

Purchase Price: \$ _____

+ Title Insurance: _____

+ Recording Fees: _____

+ Attorney Fees: _____

+ Other Fees: _____

TOTAL PURCHASE PRICE: \$ _____

Most recent appraised value = \$ _____ Date _____

Mortgage Held By _____ Phone _____

Address _____

Date of Mortgage _____ Loan Number _____ Mortgage Period = _____ Years

Annual Interest Rate _____% Is this Interest Rate Variable? _____ If YES, explain _____

Is this Mortgage covered by Mortgage Life and/or Disability Insurance? _____

Title Insurance Company _____

Address _____

Policy Number _____ Location of Policy _____

Property Taxes = \$ _____ per year, due on _____ and _____

Paid Directly or paid in Escrow to Mortgage Holder? _____

For Co-ops and Condominiums:

Management Firm _____

Address _____ Phone _____

Membership Dues or Maintenance Fees = \$ _____ payable each _____

Monthly Payment: Principal & Interest: \$ _____

Property Taxes: + _____

Homeowner's Property Insurance: + _____

Mortgage Life and Disability Insurance: + _____

TOTAL MONTHLY PAYMENT: \$ _____ due on the _____ of each Month

(enter home equity loan information, if any, on page 11)

Address _____

Do you rent or own this residence? _____

If you RENT, Landlord's Name and Address _____

_____ Phone _____

Lease or Rental Agreement runs from _____ to _____

TOTAL MONTHLY RENT: \$ _____ due on the _____ of each Month

If you OWN, Names of Owner(s) _____

_____ Date of Purchase _____

Purchase Price: \$ _____

+ Title Insurance: _____

+ Recording Fees: _____

+ Attorney Fees: _____

+ Other Fees: _____

TOTAL PURCHASE PRICE: \$ _____

Most recent appraised value = \$ _____ Date _____

Mortgage Held By _____ Phone _____

Address _____

Date of Mortgage _____ Loan Number _____ Mortgage Period = _____ Years

Annual Interest Rate _____% Is this Interest Rate Variable? _____ If YES, explain _____

Is this Mortgage covered by Mortgage Life and/or Disability Insurance? _____

Title Insurance Company _____

Address _____

Policy Number _____ Location of Policy _____

Property Taxes = \$ _____ per year, due on _____ and _____

Paid Directly or paid in Escrow to Mortgage Holder? _____

For Co-ops and Condominiums:

Management Firm _____

Address _____ Phone _____

Membership Dues or Maintenance Fees = \$ _____ payable each _____

Monthly Payment: Principal & Interest: \$ _____

Property Taxes: + _____

Homeowner's Property Insurance: + _____

Mortgage Life and Disability Insurance: + _____

TOTAL MONTHLY PAYMENT: \$ _____ due on the _____ of each Month

AUTO #1: Make _____ Model _____ Year _____
Vehicle ID # _____ License # _____ State _____
Dealership Name/Address _____

_____ Did you purchase an Extended Warranty? _____
If YES, Location of Warranty _____ Was the car purchased or leased? _____

If Purchased: Registered Owner(s) _____
_____ Date Purchased _____

Auto Loan is With _____ Loan # _____
Address _____ Phone _____

Purchase Price \$ _____ Amount Financed \$ _____ How Many Months? _____
Monthly Payment \$ _____ Annual Interest Rate _____%

Is this loan covered with Credit Life and/or Disability Insurance? _____

Title # _____ Location of Title _____

If Leased: Name(s) of Leasee(s) _____

Auto Lease is With _____ Lease # _____
Address _____ Phone _____

Date of Lease _____ Duration of Lease _____

Monthly Lease Payment \$ _____ Amount of Security Deposit \$ _____

Additional Mileage Costs = \$ _____ per mile over _____ miles per (year?) _____

AUTO #2: Make _____ Model _____ Year _____
Vehicle ID # _____ License # _____ State _____
Dealership Name/Address _____

_____ Did you purchase an Extended Warranty? _____
If YES, Location of Warranty _____ Was the car purchased or leased? _____

If Purchased: Registered Owner(s) _____
_____ Date Purchased _____

Auto Loan is With _____ Loan # _____
Address _____ Phone _____

Purchase Price \$ _____ Amount Financed \$ _____ How Many Months? _____
Monthly Payment \$ _____ Annual Interest Rate _____%

Is this loan covered with Credit Life and/or Disability Insurance? _____

Title # _____ Location of Title _____

If Leased: Name(s) of Leasee(s) _____

Auto Lease is With _____ Lease # _____
Address _____ Phone _____

Date of Lease _____ Duration of Lease _____

Monthly Lease Payment \$ _____ Amount of Security Deposit \$ _____

Additional Mileage Costs = \$ _____ per mile over _____ miles per (year?) _____

(for other Bank Accounts, see page 12)

Financial Institution		Account Number	Authorized Signers
Name			
Address			
Phone			
Location of Checkbook			
Name			
Address			
Phone			
Location of Checkbook			
Name			
Address			
Phone			
Location of Checkbook			
Name			
Address			
Phone			
Location of Checkbook			
Name			
Address			
Phone			
Location of Checkbook			

AUTOMATIC TELLER and DEBIT CARDS

Card Issuer		Card Number	Authorized Signers
Name			
Address			
Phone			
Location of Card		Personal Identification Number (PIN)	
Name			
Address			
Phone			
Location of Card		Personal Identification Number (PIN)	
Name			
Address			
Phone			
Location of Card		Personal Identification Number (PIN)	

Credit Card Issuer	Card Number	Authorized Signers
Name		
Address		
Phone		
Location of Card		
	PIN*	
Name		
Address		
Phone		
Location of Card		
	PIN*	
Name		
Address		
Phone		
Location of Card		
	PIN*	
Name		
Address		
Phone		
Location of Card		
	PIN*	
Name		
Address		
Phone		
Location of Card		
	PIN*	
Name		
Address		
Phone		
Location of Card		
	PIN*	
Name		
Address		
Phone		
Location of Card		
	PIN*	

*PIN = Personal Identification Number.

Don't list on this page auto loans or home mortgages; you've already included that information on earlier pages. And, don't include on this page any mortgages for Single Family and Duplex Rental Homes; those will be covered in later pages.

Home Equity Loan or Line of Credit:

Loan Number _____ Home's Address _____

Lender's Name and Address _____

_____ Phone _____

Maximum Credit Limit = \$ _____ Outstanding Balance = \$ _____

Duration of Loan = _____ Months Most Recent Monthly Payment = \$ _____

Date Payments Due _____ Loan Expires On _____ Interest Rate _____%

Is this Interest Rate Variable? _____ If so, explain _____

Is this loan covered by Credit Life and/or Disability Insurance? _____

Home Equity Loan or Line of Credit:

Loan Number _____ Home's Address _____

Lender's Name and Address _____

_____ Phone _____

Maximum Credit Limit = \$ _____ Outstanding Balance = \$ _____

Duration of Loan = _____ Months Most Recent Monthly Payment = \$ _____

Date Payments Due _____ Loan Expires On _____ Interest Rate _____%

Is this Interest Rate Variable? _____ If so, explain _____

Is this loan covered by Credit Life and/or Disability Insurance? _____

Other Loan or Line of Credit:

Lender's Name and Address _____

_____ Phone _____

Loan Number _____ Collateral _____

Maximum Credit Limit = \$ _____ Outstanding Balance = \$ _____

Duration of Loan = _____ Months Most Recent Monthly Payment = \$ _____

Date Payments Due _____ Loan Expires On _____ Interest Rate _____%

Is this Interest Rate Variable? _____ If so, explain _____

Is this loan covered by Credit Life and/or Disability Insurance? _____

CERTIFICATES OF DEPOSIT

Amount Invested	Date Purchased	Maturity Date	Interest Rate	How is Interest Paid or Reinvested	Certificate Number	Name and Address of Issuer	Owners
\$						Phone	
\$						Phone	
\$						Phone	
\$						Phone	
\$						Phone	
\$						Phone	
\$						Phone	

This page was updated on _____

MUTUAL FUNDS AND MONEY MARKET FUNDS

Amount Invested*	Type of Fund	Purchase or Start Date	Name and Address of Issuer	Account Number	Owners
\$			Phone		
\$			Phone		
\$			Phone		
\$			Phone		
\$			Phone		
\$			Phone		
\$			Phone		

*Including Commissions

This page was updated on _____

(Single Family Home or Duplex)

Address _____

Names of Owner(s) _____

Date of Purchase _____ Purchase Price: \$ _____

+ Title Insurance: _____

+ Recording Fees: _____

+ Attorney Fees: _____

+ Other Fees: _____

TOTAL PURCHASE PRICE: \$ _____

Most recent appraised value = \$ _____ Date of Appraisal _____

Mortgage Held By _____ Phone _____

Address _____

Date of Mortgage _____ Loan Number _____ Mortgage Period = _____ Years

Annual Interest Rate _____% Is this Interest Rate Variable? _____ If YES, explain _____

Is this Mortgage covered by Mortgage Life and/or Disability Insurance? _____

Title Insurance Company _____

Address _____

Policy Number _____ Location of Policy _____

Property Taxes = \$ _____ per year, due on _____ and _____

Paid Directly or paid in Escrow to the Mortgage Holder? _____

Monthly Payment: Principal & Interest: \$ _____

Property Taxes: + _____

Homeowner's Property Insurance: + _____

Mortgage Life/Disability Insurance: + _____

TOTAL MONTHLY PAYMENT: \$ _____ due on the _____ of each Month

Real Estate Management Firm _____

Address _____

Manager's Name _____ Phone _____

RENTERS:

1. Name(s) _____ Home Phone _____

Renter's Employer _____ Work Phone _____

Address _____

MONTHLY RENT = \$ _____, DUE ON THE _____ DAY OF EACH MONTH

2. Name(s) _____ Home Phone _____

Renter's Employer _____ Work Phone _____

Address _____

MONTHLY RENT = \$ _____, DUE ON THE _____ DAY OF EACH MONTH

Business Name, Address and Phone	Type of Business	Price*/Value of Interest	Owner(s)	Percent of Ownership
		\$		
		\$		

OTHER INVESTMENTS

Include here real estate and other limited partnership interests, commodities and other types of investments not covered on other pages.

Description	Date Acquired	Price*/Value	Owner(s)
		\$	

*Including Commissions

Type (Copyright, Patent or Trademark) _____ Owner's Name _____
Registration or ID Number _____ Registration Date _____
Description _____
Are the rights licensed to someone else? _____ If YES, Name _____
Address _____ Phone _____
Royalties to be received from: Name _____
Address _____ Phone _____
Payable To _____
Payment Amount(s) Due \$ _____ Due Dates _____
Duration of Royalties _____ Are there Survivor Benefits? _____
If YES, Explain _____

Type (Copyright, Patent or Trademark) _____ Owner's Name _____
Registration or ID Number _____ Registration Date _____
Description _____
Are the rights licensed to someone else? _____ If YES, Name _____
Address _____ Phone _____
Royalties to be received from: Name _____
Address _____ Phone _____
Payable To _____
Payment Amount(s) Due \$ _____ Due Dates _____
Duration of Royalties _____ Are there Survivor Benefits? _____
If YES, Explain _____

Type (Copyright, Patent or Trademark) _____ Owner's Name _____
Registration or ID Number _____ Registration Date _____
Description _____
Are the rights licensed to someone else? _____ If YES, Name _____
Address _____ Phone _____
Royalties to be received from: Name _____
Address _____ Phone _____
Payable To _____
Payment Amount(s) Due \$ _____ Due Dates _____
Duration of Royalties _____ Are there Survivor Benefits? _____
If YES, Explain _____

**(ALMOST)
EVERYTHING
WE OWN**



HOW TO PROVE THAT YOU OWN IT

If something you own is lost or stolen ... or your home is damaged or destroyed ... one of the first calls you'll make is to your insurance company. After they politely listen to your story, the next thing they'll ask is if you can prove that you really did own the thing or things that you claim were lost, stolen, damaged or destroyed. Then they'll ask to see proof of how much you paid for each and every item. Finally, if that's not enough, they'll ask you for the make, model and serial number for each appliance and other equipment for which you're filing a claim.

Experts say that insurance payments average only about 80% to 85% of the true value of the loss. (You have to make up the difference out of your own pocket.) The reason? ... Most people simply can't remember everything they own at the time of a loss, or how much they paid.

You've started out right if you've taken pictures or made a videotape of the things you own. But, it's even better if you also make a written record. (You'll be surprised at how much money you have tied up in underwear, socks and shoes.) Then, keep your written record, your receipts for more expensive items, and your photos or video tape in a safe deposit box where they will be protected from damage.

Simply fill in the following pages, and you'll have the written record for your safe deposit box. And, if you use a pencil, you can easily update your record when you buy something new, or get rid of something old. (NOTE: Use pages 2-8 for most items in your household inventory; pages 9-10 are for valuables and pages 11-12 are for yard items.)

OUR FAMILY'S HEALTH HISTORY

OUR FAMILY'S HEALTH HISTORY

Doctors often have difficulty treating an illness, or sometimes even treat the wrong illness, because people don't know enough about their family's health history. All too often, it's too late to ask their parents, brothers and sisters, or aunts and uncles. Now, you can help avoid this problem in case you or another member of your family comes down with a serious illness.

Start with your (and your spouse's) full name, date and place of birth in the spaces provided below. Then, fill in the information in the following pages. We recommend that you use a pencil so that you can easily make changes as they occur.

His Full Name _____

Date of Birth _____

Place of Birth _____

Her Full Name _____

Date of Birth _____

Place of Birth _____

Child's First Name	_____	_____	_____	_____	_____	_____
Date of Birth	_____	_____	_____	_____	_____	_____
Illnesses and Conditions*:	_____	_____	_____	_____	_____	_____
(List Dates)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
Allergies (to food or to medicine):	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
Date of Latest:						
Visit to the Doctor	_____	_____	_____	_____	_____	_____
Hepatitis B Shot	_____	_____	_____	_____	_____	_____
Hib Shot	_____	_____	_____	_____	_____	_____
Polio Shot (IPV)	_____	_____	_____	_____	_____	_____
DTaP Shot	_____	_____	_____	_____	_____	_____
Pneumo Shot	_____	_____	_____	_____	_____	_____
MMR Shot	_____	_____	_____	_____	_____	_____
Varicella Shot	_____	_____	_____	_____	_____	_____
Hepatitis A Shot	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____

*ILLNESSES AND MEDICAL CONDITIONS: Anemia; Arthritis; Bronchitis; Cancer or Tumor; Chicken Pox; Congenital Birth Defect; Diabetes; Diseases of the Bones, Brain, Digestive Tract, Heart, Joints, Kidney, Lungs or Nervous System; Disorders of the Back, Bladder, Blood, Gallbladder, Immune System, Liver, Pancreas, Skin, Stomach or Thyroid Gland; Epilepsy; German Measles; High Blood Pressure; Measles; Mononucleosis; Mumps; Pneumonia; Polio; Rheumatic Fever; Scarlet Fever.

Doctor's Name _____
Address _____
_____ Phone _____
For Whom _____
For Treatment Of _____

Doctor's Name _____
Address _____
_____ Phone _____
For Whom _____
For Treatment Of _____

Doctor's Name _____
Address _____
_____ Phone _____
For Whom _____
For Treatment Of _____

Doctor's Name _____
Address _____
_____ Phone _____
For Whom _____
For Treatment Of _____

Doctor's Name _____
Address _____
_____ Phone _____
For Whom _____
For Treatment Of _____

Doctor's Name _____
Address _____
_____ Phone _____
For Whom _____
For Treatment Of _____

Doctor's Name _____
Address _____
_____ Phone _____
For Whom _____
For Treatment Of _____

Hospital:
Name _____
Address _____
_____ Phone _____

Dentist's Name _____
Address _____
_____ Phone _____
For Whom _____

Dentist's Name _____
Address _____
_____ Phone _____
For Whom _____

Ophthalmologist or Optometrist:
Name _____
Address _____
_____ Phone _____

Orthodontist:
Name _____
Address _____
_____ Phone _____

Drug Store:
Name _____
Address _____
_____ Phone _____

Home Health Care Service:
Name _____
Address _____
_____ Phone _____

THE INSURANCE ORGANIZER



ORGANIZING YOUR INSURANCE POLICIES

Your safe deposit box is not the best place to keep your insurance policies. Most financial experts agree it's better if you keep them in your home file where they are handy. But, they also say that you should keep a full description of your policies in your safe deposit box, just in case they are ever lost or destroyed.

This Insurance Organizer includes all of the information you'll need about your policies for your safe deposit box. Then, if they are lost or destroyed, you'll have everything your insurance companies will need to replace your policies quickly.

Like most guidelines, there's an exception to this one too. If you have an annuity, or other certificate or policy which describes retirement income benefits, keep it in your safe deposit box. This is particularly important if it describes vested retirement benefits from an old employer who you left years ago. For your convenience, you may also want to keep a photocopy of it in your home file.

Finally, as you go through your policies, check your home-owners or renters insurance policy to see if it covers your negotiable bearer bonds or other valuables while they are in your safe deposit box. If they aren't, ask your bank if their insurance covers, at full market value, everything valuable which you keep in your box. If it doesn't, we recommend that you add supplemental coverage to your own policy.

Use this page for all Life Insurance (Individual, Employee, Union and Retiree Group Life),
Accidental Death Insurance and Travel Accident Insurance

Type of Policy _____ **Policy Number** _____
Face Amount \$ _____ **Issue Date** _____ **Expiration or Maturity Date** _____
Insured Person _____ **Policy Owner** _____
Beneficiaries _____
Premium Due = \$ _____ **How Frequently?** _____
Name and Address of Insurance Company _____
_____ **Phone** _____
Name and Address of Insurance Agent _____
_____ **Phone** _____

Type of Policy _____ **Policy Number** _____
Face Amount \$ _____ **Issue Date** _____ **Expiration or Maturity Date** _____
Insured Person _____ **Policy Owner** _____
Beneficiaries _____
Premium Due = \$ _____ **How Frequently?** _____
Name and Address of Insurance Company _____
_____ **Phone** _____
Name and Address of Insurance Agent _____
_____ **Phone** _____

Type of Policy _____ **Policy Number** _____
Face Amount \$ _____ **Issue Date** _____ **Expiration or Maturity Date** _____
Insured Person _____ **Policy Owner** _____
Beneficiaries _____
Premium Due = \$ _____ **How Frequently?** _____
Name and Address of Insurance Company _____
_____ **Phone** _____
Name and Address of Insurance Agent _____
_____ **Phone** _____

Type of Policy _____ **Policy Number** _____
Face Amount \$ _____ **Issue Date** _____ **Expiration or Maturity Date** _____
Insured Person _____ **Policy Owner** _____
Beneficiaries _____
Premium Due = \$ _____ **How Frequently?** _____
Name and Address of Insurance Company _____
_____ **Phone** _____
Name and Address of Insurance Agent _____
_____ **Phone** _____

Type of Policy _____ **Policy Number** _____
Face Amount \$ _____ **Issue Date** _____ **Expiration or Maturity Date** _____
Insured Person _____ **Policy Owner** _____
Beneficiaries _____
Premium Due = \$ _____ **How Frequently?** _____
Name and Address of Insurance Company _____
_____ **Phone** _____
Name and Address of Insurance Agent _____
_____ **Phone** _____

Type of Policy _____ **Policy Number** _____
Face Amount \$ _____ **Issue Date** _____ **Expiration or Maturity Date** _____
Insured Person _____ **Policy Owner** _____
Beneficiaries _____
Premium Due = \$ _____ **How Frequently?** _____
Name and Address of Insurance Company _____
_____ **Phone** _____
Name and Address of Insurance Agent _____
_____ **Phone** _____

Type of Policy _____ **Policy Number** _____
Face Amount \$ _____ **Issue Date** _____ **Expiration or Maturity Date** _____
Insured Person _____ **Policy Owner** _____
Beneficiaries _____
Premium Due = \$ _____ **How Frequently?** _____
Name and Address of Insurance Company _____
_____ **Phone** _____
Name and Address of Insurance Agent _____
_____ **Phone** _____

Type of Policy _____ **Policy Number** _____
Face Amount \$ _____ **Issue Date** _____ **Expiration or Maturity Date** _____
Insured Person _____ **Policy Owner** _____
Beneficiaries _____
Premium Due = \$ _____ **How Frequently?** _____
Name and Address of Insurance Company _____
_____ **Phone** _____
Name and Address of Insurance Agent _____
_____ **Phone** _____

Type of Policy _____ **Policy Number** _____

If this is a single premium immediate or deferred annuity, the original cost = \$ _____

Monthly Benefit \$ _____ Issue Date _____ Maturity Date _____

Covered Person _____ Policy Owner _____

Beneficiaries _____

Premium Due = \$ _____ How Frequently? _____

Insurance Company Name/Address _____

_____ Phone _____ Agent Name/Address _____

_____ Phone _____

Type of Policy _____ **Policy Number** _____

If this is a single premium immediate or deferred annuity, the original cost = \$ _____

Monthly Benefit \$ _____ Issue Date _____ Maturity Date _____

Covered Person _____ Policy Owner _____

Beneficiaries _____

Premium Due = \$ _____ How Frequently? _____

Insurance Company Name/Address _____

_____ Phone _____ Agent Name/Address _____

_____ Phone _____

Type of Policy _____ **Policy Number** _____

If this is a single premium immediate or deferred annuity, the original cost = \$ _____

Monthly Benefit \$ _____ Issue Date _____ Maturity Date _____

Covered Person _____ Policy Owner _____

Beneficiaries _____

Premium Due = \$ _____ How Frequently? _____

Insurance Company Name/Address _____

_____ Phone _____ Agent Name/Address _____

_____ Phone _____

Type of Policy _____ **Policy Number** _____

If this is a single premium immediate or deferred annuity, the original cost = \$ _____

Monthly Benefit \$ _____ Issue Date _____ Maturity Date _____

Covered Person _____ Policy Owner _____

Beneficiaries _____

Premium Due = \$ _____ How Frequently? _____

Insurance Company Name/Address _____

_____ Phone _____ Agent Name/Address _____

_____ Phone _____

His Primary Health, Medical or MEDICARE Insurance:

Issue Date _____ Policy or Plan Number _____

Premium Due = \$ _____ How Frequently? _____

If MEDICARE, Date of Enrollment _____ Medicare Insurance # _____

Name and Address of Insurance Company _____

_____ Phone _____

Name and Address of Insurance Agent _____

_____ Phone _____

His Supplemental Health or Medical Insurance: Policy or Plan Number _____

Issue Date _____ Premium Due = \$ _____ How Frequently? _____

Name and Address of Insurance Company _____

_____ Phone _____

Name and Address of Insurance Agent _____

_____ Phone _____

Other Supplemental Health or Medical Insurance: Policy or Plan Number _____

Issue Date _____ Premium Due = \$ _____ How Frequently? _____

Name and Address of Insurance Company _____

_____ Phone _____

Name and Address of Insurance Agent _____

_____ Phone _____

Other Supplemental Health or Medical Insurance: Policy or Plan Number _____

Issue Date _____ Premium Due = \$ _____ How Frequently? _____

Name and Address of Insurance Company _____

_____ Phone _____

Name and Address of Insurance Agent _____

_____ Phone _____

His Long-Term Care (Nursing Home) Insurance: Policy or Plan Number _____

Covered Person(s) _____ Daily Benefit = \$ _____

Issue Date _____ Premium Due = \$ _____ How Frequently? _____

Waiting Period _____ Name and Address of Insurance Company _____

_____ Phone _____

Name and Address of Insurance Agent _____

_____ Phone _____

Her Primary Health, Medical or MEDICARE Insurance:

Issue Date _____ Policy or Plan Number _____

Premium Due = \$ _____ How Frequently? _____

If MEDICARE, Date of Enrollment _____ Medicare Insurance # _____

Name and Address of Insurance Company _____

_____ Phone _____

Name and Address of Insurance Agent _____

_____ Phone _____

Her Supplemental Health or Medical Insurance: Policy or Plan Number _____

Issue Date _____ Premium Due = \$ _____ How Frequently? _____

Name and Address of Insurance Company _____

_____ Phone _____

Name and Address of Insurance Agent _____

_____ Phone _____

Other Supplemental Health or Medical Insurance: Policy or Plan Number _____

Issue Date _____ Premium Due = \$ _____ How Frequently? _____

Name and Address of Insurance Company _____

_____ Phone _____

Name and Address of Insurance Agent _____

_____ Phone _____

Other Supplemental Health or Medical Insurance: Policy or Plan Number _____

Issue Date _____ Premium Due = \$ _____ How Frequently? _____

Name and Address of Insurance Company _____

_____ Phone _____

Name and Address of Insurance Agent _____

_____ Phone _____

Her Long-Term Care (Nursing Home) Insurance: Policy or Plan Number _____

Covered Person(s) _____ Daily Benefit = \$ _____

Issue Date _____ Premium Due = \$ _____ How Frequently? _____

Waiting Period _____ Name and Address of Insurance Company _____

_____ Phone _____

Name and Address of Insurance Agent _____

_____ Phone _____

DISABILITY INCOME INSURANCE

Policy Number _____ Waiting Period Before Benefits Begin _____
Covered Person(s) _____ Monthly Benefit = \$ _____
Issue Date _____ Premium Due = \$ _____ How Frequently? _____
Name and Address of Insurance Company _____
_____ Phone _____
Name and Address of Insurance Agent _____
_____ Phone _____

Policy Number _____ Waiting Period Before Benefits Begin _____
Covered Person(s) _____ Monthly Benefit = \$ _____
Issue Date _____ Premium Due = \$ _____ How Frequently? _____
Name and Address of Insurance Company _____
_____ Phone _____
Name and Address of Insurance Agent _____
_____ Phone _____

HMO OR PPO HEALTH CARE PLAN

Plan Name _____ Plan Name _____
Address _____ Address _____
_____ Phone _____ _____ Phone _____
Plan ID# _____ Plan ID# _____
Covered Person(s) _____ Covered Person(s) _____

OTHER LIFE, ACCIDENT, HEALTH, MEDICAL AND DENTAL INSURANCE

Type of Policy _____ Policy Number _____
Covered Person(s) _____ Benefit Amount = \$ _____
Issue Date _____ Premium Due = \$ _____ How Frequently? _____
Name and Address of Insurance Company _____
_____ Phone _____
Name and Address of Insurance Agent _____
_____ Phone _____

Type of Policy _____ Policy Number _____
Covered Person(s) _____ Benefit Amount = \$ _____
Issue Date _____ Premium Due = \$ _____ How Frequently? _____
Name and Address of Insurance Company _____
_____ Phone _____
Name and Address of Insurance Agent _____
_____ Phone _____

LICENSED DRIVERS IN OUR FAMILY

Name	Drivers License Number	State Issued In	Expires On

AUTO (for which car) _____ Policy Number _____
 Insured Driver(s) _____
 Next Renewal Date _____ Renewal Period _____ Last Premium Paid \$ _____
 Deductible \$ _____ Name and Address of Insurance Company _____
 _____ Phone _____
 Name and Address of Insurance Agent _____
 _____ Phone _____

AUTO (for which car) _____ Policy Number _____
 Insured Driver(s) _____
 Next Renewal Date _____ Renewal Period _____ Last Premium Paid \$ _____
 Deductible \$ _____ Name and Address of Insurance Company _____
 _____ Phone _____
 Name and Address of Insurance Agent _____
 _____ Phone _____

AUTO (for which car) _____ Policy Number _____
 Insured Driver(s) _____
 Next Renewal Date _____ Renewal Period _____ Last Premium Paid \$ _____
 Deductible \$ _____ Name and Address of Insurance Company _____
 _____ Phone _____
 Name and Address of Insurance Agent _____
 _____ Phone _____

AUTO (for which car) _____ Policy Number _____
 Insured Driver(s) _____
 Next Renewal Date _____ Renewal Period _____ Last Premium Paid \$ _____
 Deductible \$ _____ Name and Address of Insurance Company _____
 _____ Phone _____
 Name and Address of Insurance Agent _____
 _____ Phone _____

OTHER PROPERTY AND CASUALTY INSURANCE

BOAT (Describe) _____ **Policy Number** _____
Next Renewal Date _____ **Renewal Period** _____ **Last Premium Paid \$** _____
Deductible \$ _____ **Name and Address of Insurance Company** _____

Phone _____
Name and Address of Insurance Agent _____

Phone _____

BOAT (Describe) _____ **Policy Number** _____
Next Renewal Date _____ **Renewal Period** _____ **Last Premium Paid \$** _____
Deductible \$ _____ **Name and Address of Insurance Company** _____

Phone _____
Name and Address of Insurance Agent _____

Phone _____

Homeowners or Renters (address?) _____ **Policy Number** _____
Next Renewal Date _____ **Renewal Period** _____ **Last Premium Paid \$** _____
Deductible \$ _____ **Name and Address of Insurance Company** _____

Phone _____
Name and Address of Insurance Agent _____

Phone _____

Homeowners or Renters (address?) _____ **Policy Number** _____
Next Renewal Date _____ **Renewal Period** _____ **Last Premium Paid \$** _____
Deductible \$ _____ **Name and Address of Insurance Company** _____

Phone _____
Name and Address of Insurance Agent _____

Phone _____

Personal Liability: Coverage Amount \$ _____ **Policy Number** _____
Next Renewal Date _____ **Renewal Period** _____ **Last Premium Paid \$** _____
Deductible \$ _____ **Name and Address of Insurance Company** _____

Phone _____
Name and Address of Insurance Agent _____

Phone _____

Other: Type of Policy _____ Policy Number _____
Next Renewal Date _____ Renewal Period _____ Last Premium Paid \$ _____
Deductible \$ _____ Name and Address of Insurance Company _____

Phone _____
Name and Address of Insurance Agent _____

Phone _____

Other: Type of Policy _____ Policy Number _____
Next Renewal Date _____ Renewal Period _____ Last Premium Paid \$ _____
Deductible \$ _____ Name and Address of Insurance Company _____

Phone _____
Name and Address of Insurance Agent _____

Phone _____

Other: Type of Policy _____ Policy Number _____
Next Renewal Date _____ Renewal Period _____ Last Premium Paid \$ _____
Deductible \$ _____ Name and Address of Insurance Company _____

Phone _____
Name and Address of Insurance Agent _____

Phone _____

Other: Type of Policy _____ Policy Number _____
Next Renewal Date _____ Renewal Period _____ Last Premium Paid \$ _____
Deductible \$ _____ Name and Address of Insurance Company _____

Phone _____
Name and Address of Insurance Agent _____

Phone _____

Other: Type of Policy _____ Policy Number _____
Next Renewal Date _____ Renewal Period _____ Last Premium Paid \$ _____
Deductible \$ _____ Name and Address of Insurance Company _____

Phone _____
Name and Address of Insurance Agent _____

Phone _____

Employee or Union Pension, Profit-Sharing and Deferred Compensation Plans

Employer's or Union's Name Address and Phone	Type of Plan	Benefits are Payable To Whom	Are there Survivor Benefits	Starting Date for Benefits	Vested Lump Sum	Vested Monthly Income
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

This page was updated on _____

**OUR
FINAL
WISHES**



OUR FINAL WISHES

When a loved one passes away, surviving family members have to make a lot of quick decisions ... often difficult and in the worst possible situation ... when they are suffering a deep personal loss. As a result, the deceased's wishes are often overlooked, or discovered too late.

While no one likes to think about passing away, you can help your family with some advance preparation. Just as important, you can help make sure that your final wishes are known in advance and respected. This will help insure that important details are not overlooked.

OUR FINAL WISHES will help you achieve your goals. And, it will help guide your family through their personal loss.

You'll begin by writing down important facts about yourself ... facts your family may not know, or may have forgotten. Then, you'll describe your final legal arrangements, the instructions for your funeral, and the preparations you've already made.

HIS PERSONAL HISTORY

Full Name _____

Date of Birth _____ Social Security Number _____

Married? _____ If YES, Date _____ Place _____

Pre-Nuptial Agreement? _____ Widowed? _____ If YES, Date _____

Divorced? _____ If YES, Date _____ Single? _____

Legal Residence Address _____

_____ How Long? _____

Other Current Address _____

_____ How Long? _____

Prior Address _____

_____ From _____ To _____

Father's Name _____

Date of Birth _____ Still Living? _____

Mother's Name _____

Date of Birth _____ Maiden Name _____ Still Living? _____

Children

Name	Date of Birth

Name	Date of Birth

Brothers and Sisters

Name	Date of Birth

Name	Date of Birth

Religious Affiliation _____ At _____

Memberships (Fraternal, Service and Social Organizations, Unions, Clubs, Etc.):

MILITARY SERVICE

Branch _____ Service Number _____ Date of Enlistment _____
 Rank at Discharge _____ Date of Discharge _____

EDUCATION

Schools Attended	From	To	Degrees, Diplomas, Honors, Etc.

EMPLOYMENT

Current Employer _____ Date From _____
 Address _____ Date To _____
 Employee ID Number _____ Job Title _____
 List Benefits Due* _____
 _____ Location of Documents _____

Previous Employer _____ Date From _____
 Address _____ Date To _____
 Employee ID Number _____ Job Title _____
 List Benefits Due* _____
 _____ Location of Documents _____

Previous Employer _____ Date From _____
 Address _____ Date To _____
 Employee ID Number _____ Job Title _____
 List Benefits Due* _____
 _____ Location of Documents _____

Previous Employer _____ Date From _____
 Address _____ Date To _____
 Employee ID Number _____ Job Title _____
 List Benefits Due* _____
 _____ Location of Documents _____

*Due either now or at retirement. Include details in the Insurance and Retirement sections.

HER PERSONAL HISTORY

Full Name _____ Date of Birth _____
Social Security Number _____ Maiden Name _____
Married? _____ If YES, Date _____ Place _____
Pre-Nuptial Agreement? _____ Widowed? _____ If YES, Date _____
Divorced? _____ If YES, Date _____ Single? _____

Legal Residence Address _____
_____ How Long? _____

Other Current Address _____
_____ How Long? _____

Prior Address _____
_____ From _____ To _____

Father's Name _____
Date of Birth _____ Still Living? _____

Mother's Name _____
Date of Birth _____ Maiden Name _____ Still Living? _____

Children

Name	Date of Birth

Name	Date of Birth

Brothers and Sisters

Name	Date of Birth

Name	Date of Birth

Religious Affiliation _____ At _____

Memberships (Fraternal, Service and Social Organizations, Unions, Clubs, Etc.):

MILITARY SERVICE

Branch _____ Service Number _____ Date of Enlistment _____
 Rank at Discharge _____ Date of Discharge _____

EDUCATION

Schools Attended	From	To	Degrees, Diplomas, Honors, Etc.

EMPLOYMENT

Current Employer _____ Date From _____
 Address _____ Date To _____
 Employee ID Number _____ Job Title _____
 List Benefits Due* _____
 _____ Location of Documents _____

Previous Employer _____ Date From _____
 Address _____ Date To _____
 Employee ID Number _____ Job Title _____
 List Benefits Due* _____
 _____ Location of Documents _____

Previous Employer _____ Date From _____
 Address _____ Date To _____
 Employee ID Number _____ Job Title _____
 List Benefits Due* _____
 _____ Location of Documents _____

Previous Employer _____ Date From _____
 Address _____ Date To _____
 Employee ID Number _____ Job Title _____
 List Benefits Due* _____
 _____ Location of Documents _____

*Due either now or at retirement. Include details in the Insurance and Retirement sections.

Date of his latest **Will** _____ Location(s) of Original Copy(ies) _____

His **Will** was prepared according to the laws of which state? _____

Executor's or Administrator's Name and Address _____

Phone _____

Attorney's Name and Address _____

Phone _____

Does his **Will** appoint a **financial guardian** for his dependent child(ren)? _____ If YES:

Name(s) of Child(ren) _____

Name(s) of Designated Financial Guardian _____

Address _____ Phone _____

Does his **Will** appoint a **personal guardian** for his dependent child(ren)? _____ If YES:

Name(s) of Child(ren) _____

Name(s) of Designated Personal Guardian _____

Address _____ Phone _____

Has he included special instructions in his **Will** for distribution of his property? _____

If NO, has he created separate **Codicils** and/or **Letters of Instruction**? _____ If YES,

Location of original Codicils/Letters _____

Does he have a **Living Will**? _____ If YES, Location _____

Has he signed an **Organ or Body Donor's Certification**? _____ Location _____

Has he assigned his **Durable Power of Attorney** to someone else to make decisions regarding his health care or his finances? _____ If YES, Location(s) _____

For **HEALTH CARE**, Person's Name and Address _____

Phone: Work _____ Home _____

Is this Durable Power of Attorney now activated? _____ If NO, under what conditions will it be activated? _____

For **FINANCES**, Person's Name and Address _____

Phone: Work _____ Home _____

Is this Durable Power of Attorney now activated? _____ If NO, under what conditions will it be activated? _____

Trusts and Life Estates:

Has he transferred any property or assets into a **Trust**? _____

Is he the beneficiary of a **Trust**? _____

Does any of his property or assets transfer into a **Trust** upon his death? _____

Has he transferred any property or assets through a **Life Estate**? _____

If the answer to any of these 4 questions is **YES**, please complete page 8, 9 or 10.

Date of her latest **Will** _____ Location(s) of Original Copy(ies) _____

Her **Will** was prepared according to the laws of which state? _____

Executor's or Administrator's Name and Address _____

Phone _____

Attorney's Name and Address _____

Phone _____

Does her **Will** appoint a **financial guardian** for her dependent child(ren)? _____ If YES:

Name(s) of Child(ren) _____

Name(s) of Designated Financial Guardian _____

Address _____ Phone _____

Does her **Will** appoint a **personal guardian** for her dependent child(ren)? _____ If YES:

Name(s) of Child(ren) _____

Name(s) of Designated Personal Guardian _____

Address _____ Phone _____

Has she included special instructions in her **Will** for distribution of her property? _____

If NO, has she created separate **Codicils** and/or **Letters of Instruction**? _____ If YES,

Location of original Codicils/Letters _____

Does she have a **Living Will**? _____ If YES, Location _____

Has she signed an **Organ or Body Donor's Certification**? _____ Location _____

Has she assigned her **Durable Power of Attorney** to someone else to make decisions regarding her health care or her finances? _____ If YES, Location(s) _____

For **HEALTH CARE**, Person's Name and Address _____

Phone: Work _____ Home _____

Is this Durable Power of Attorney now activated? _____ If NO, under what conditions will it be activated? _____

For **FINANCES**, Person's Name and Address _____

Phone: Work _____ Home _____

Is this Durable Power of Attorney now activated? _____ If NO, under what conditions will it be activated? _____

Trusts and Life Estates:

Has she transferred any property or assets into a **Trust**? _____

Is she the beneficiary of a **Trust**? _____

Does any of her property or assets transfer into a **Trust** upon her death? _____

Has she transferred any property or assets through a **Life Estate**? _____

If the answer to any of these 4 questions is **YES**, please complete page 8, 9 or 10.

Trustee's Name _____

Address _____ Phone _____

Successor Trustee's Name _____

Address _____ Phone _____

Has someone else been named to manage, or to make investment decisions about, the trust's property or assets? If YES, who? _____

Address _____ Phone _____

Who established the trust? _____

Describe the property or assets now in the trust, or which will go into the trust upon your death:

Approximate value of property or assets \$ _____ Was a Gift Tax Return Filed? _____

Is the trust in effect now, or does it take effect upon your death? _____

IF IT IS IN EFFECT NOW: Name of Trust _____

Federal Tax I.D.# _____ Date of Trust _____

Is the trust revocable or irrevocable? _____

Who is (are) the beneficiary (beneficiaries) of the **property or assets** in the trust?

1. Primary Beneficiary's Name _____

Address _____ Phone _____

2. Primary Beneficiary's Name _____

Address _____ Phone _____

1. Successor Beneficiary's Name _____

Address _____ Phone _____

2. Successor Beneficiary's Name _____

Address _____ Phone _____

Who is (are) the beneficiary (beneficiaries) of the **income** of the trust?

1. Primary Beneficiary's Name _____

Address _____ Phone _____

2. Primary Beneficiary's Name _____

Address _____ Phone _____

1. Successor Beneficiary's Name _____

Address _____ Phone _____

2. Successor Beneficiary's Name _____

Address _____ Phone _____

What is the approximate annual income from the trust? \$ _____

When does the trust terminate for each beneficiary? _____

To whom is the property or assets transferred upon termination of the trust?

1. Name _____

Address _____ Phone _____

2. Name _____

Address _____ Phone _____

Trustee's Name _____

Address _____ Phone _____

Successor Trustee's Name _____

Address _____ Phone _____

Has someone else been named to manage, or to make investment decisions about, the trust's property or assets? If YES, who? _____

Address _____ Phone _____

Who established the trust? _____

Describe the property or assets now in the trust, or which will go into the trust upon your death:

Approximate value of property or assets \$ _____ Was a Gift Tax Return Filed? _____

Is the trust in effect now, or does it take effect upon your death? _____

IF IT IS IN EFFECT NOW: Name of Trust _____

Federal Tax I.D.# _____ Date of Trust _____

Is the trust revocable or irrevocable? _____

Who is (are) the beneficiary (beneficiaries) of the **property or assets** in the trust?

1. Primary Beneficiary's Name _____

Address _____ Phone _____

2. Primary Beneficiary's Name _____

Address _____ Phone _____

1. Successor Beneficiary's Name _____

Address _____ Phone _____

2. Successor Beneficiary's Name _____

Address _____ Phone _____

Who is (are) the beneficiary (beneficiaries) of the **income** of the trust?

1. Primary Beneficiary's Name _____

Address _____ Phone _____

2. Primary Beneficiary's Name _____

Address _____ Phone _____

1. Successor Beneficiary's Name _____

Address _____ Phone _____

2. Successor Beneficiary's Name _____

Address _____ Phone _____

What is the approximate annual income from the trust? \$ _____

When does the trust terminate for each beneficiary? _____

To whom is the property or assets transferred upon termination of the trust?

1. Name _____

Address _____ Phone _____

2. Name _____

Address _____ Phone _____

1. Describe the gift _____
By whom was the gift given _____
Address _____ Phone _____
To whom was the gift given _____
Address _____ Phone _____
Who is the Custodian _____
Address _____ Phone _____
Approximate value of the gift \$ _____ Date of Gift _____
When does the custodianship end? _____ Was a Gift Tax Return Filed? _____

2. Describe the gift _____
By whom was the gift given _____
Address _____ Phone _____
To whom was the gift given _____
Address _____ Phone _____
Who is the Custodian _____
Address _____ Phone _____
Approximate value of the gift \$ _____ Date of Gift _____
When does the custodianship end? _____ Was a Gift Tax Return Filed? _____

LIFE ESTATES

1. Describe the property or asset transferred through a Life Estate _____
Approximate value \$ _____
To whom was ownership transferred _____
Address _____ Phone _____
By whom was ownership transferred _____
Address _____ Phone _____
Date of Transfer _____ Was a Gift Tax Return Filed? _____

2. Describe the property or asset transferred through a Life Estate _____
Approximate value \$ _____
To whom was ownership transferred _____
Address _____ Phone _____
By whom was ownership transferred _____
Address _____ Phone _____
Date of Transfer _____ Was a Gift Tax Return Filed? _____

Whenever a question mark appears below, please answer the question either YES or NO.

Person to Conduct Service: Name _____

Address _____ Phone _____

Or, if he or she is Not Available: Name _____

Address _____ Phone _____

Desired Funeral Home or Mortuary: Name _____

Address _____ Phone _____

Service to be held at: Funeral Home or Mortuary? _____ Church, Synagog or Mosque? _____

If Church, Synagog or Mosque: Name _____

Address _____ Phone _____

Type of Service: Family Only? _____ Include Friends? _____ Open to Public? _____

Music: Organist? _____ Vocalist? _____ If either is YES, Please list selections _____

Disposition of his body: Burial? _____ Cremation? _____

Has he purchased a prepaid funeral plan? _____ If YES, # _____

At: Name of Funeral Home or Mortuary _____

Address _____ Phone _____

Has he purchased a: Cemetery Lot? _____ Mausoleum Crypt? _____ Columbarium Vault? _____

If YES, Name _____

Address _____ Phone _____

Lot Number _____ Block Number _____ Section _____

If Burial, Casket Viewing: Open? _____ Closed? _____

If Cremation, does he want his ashes scattered? _____ If YES, Where _____

Donate Organs or Body? _____ If YES, Which _____

To What Institution or Hospital _____

Address _____ Phone _____

Please remember that the institution or hospital must be contacted immediately.

Instead of flowers, please make donations to the following organization(s) _____

Other special requests (type of casket, Bible passages to be read, clothing, etc.) _____

Whenever a question mark appears below, please answer the question either YES or NO.

Person to Conduct Service: Name _____

Address _____ Phone _____

Or, if he or she is Not Available: Name _____

Address _____ Phone _____

Desired Funeral Home or Mortuary: Name _____

Address _____ Phone _____

Service to be held at: Funeral Home or Mortuary? _____ Church, Synagog or Mosque? _____

If Church, Synagog or Mosque: Name _____

Address _____ Phone _____

Type of Service: Family Only? _____ Include Friends? _____ Open to Public? _____

Music: Organist? _____ Vocalist? _____ If either is YES, Please list selections _____

Disposition of her body: Burial? _____ Cremation? _____

Has she purchased a prepaid funeral plan? _____ If YES, # _____

At: Name of Funeral Home or Mortuary _____

Address _____ Phone _____

Has she purchased a: Cemetery Lot? _____ Mausoleum Crypt? _____ Columbarium Vault? _____

If YES, Name _____

Address _____ Phone _____

Lot Number _____ Block Number _____ Section _____

If Burial, Casket Viewing: Open? _____ Closed? _____

If Cremation, does she want her ashes scattered? _____ If YES, Where _____

Donate Organs or Body? _____ If YES, Which _____

To What Institution or Hospital _____

Address _____ Phone _____

Please remember that the institution or hospital must be contacted immediately.

Instead of flowers, please make donations to the following organization(s) _____

Other special requests (type of casket, Bible passages to be read, clothing, etc.) _____

Name _____ Relationship _____
Address _____
_____ Phone: Home _____ Work _____

Name _____ Relationship _____
Address _____
_____ Phone: Home _____ Work _____

Name _____ Relationship _____
Address _____
_____ Phone: Home _____ Work _____

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Name _____ Relationship _____
Address _____
_____ Phone: Home _____ Work _____