

MY PERSONAL RECORDS

Use this workbook to keep track of your personal records and information for your loved ones. Knowing this information will be helpful to your executor, agent and family if you die or become incapacitated. Keep these records in a safe place. Make sure an appropriate person knows where to look for them. Be sure to update these records from time to time.

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1. Information Regarding These Records

This information was entered in this workbook on the _____ day of _____, 20____, by _____.

It has been revised or reviewed as follows: (List Dates)

1. _____ 2. _____

The original of these records is kept: (Give Location) _____
_____.

(If applicable) A copy of these records is kept: (Give Location) _____
_____.

2. Personal Information

My legal residence is:

Date of Birth:	City	State	County
	Month	Day	Year

Place of Birth: _____

	City	County	State
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Birth Records are located at: _____

If citizen of _____ Date entered
Foreign country _____ U.S.A.: _____

Citizenship Papers at: _____

I **Currently** Am Married to: _____

First Middle Maiden Name

Wedding: _____ At _____
Mo. Day Year City County State

Birth Date of Spouse: _____
Month Day Year

Place of Birth: _____
City County State Country

My Children are: (List Name, Birthdate and Current Address)

If no children, list brothers and sisters.

Former Marriages (list all):

Former Spouse: _____
First Middle Maiden Name

If marriage ended in death:

Date _____
Month Day Year

Cause of Death: _____
Cause City Age

If marriage ended in divorce:

Date _____
Month Day Year

Place of Divorce: _____
City State

Records at: _____

Attorney: _____

Former Spouse: _____
First Middle Maiden Name

If marriage ended in death:

Date _____
Month Day Year

Cause of Death: _____
Cause City Age

If marriage ended in divorce:

Date _____
Month Day Year

Place of Divorce: _____
City State

Records at: _____

Attorney: _____

Former Spouse: _____
First Middle Maiden Name

If marriage ended in death:

Date _____
Month Day Year

Cause of Death: _____
Cause City Age

If marriage ended in divorce:

Date _____
Month Day Year

Place of Divorce: _____
City State

Records at: _____

Attorney: _____

Former Spouse: _____
First Middle Maiden Name

If marriage ended in death:

Date _____
Month Day Year

Cause of Death: _____
Cause City Age

If marriage ended in divorce:

Date _____
Month Day Year

Place of Divorce: _____
City State

Records at: _____

Attorney: _____

Parents:

Father: _____
Date Place

Born: _____

Died: _____

Buried at: _____

Mother: _____
Date Place (Maiden Name)

Born: _____

Died: _____

Buried at: _____

Military Service:

_____ No military service

Branch of Service: _____ Country _____

From: _____ To: _____

Date of Discharge: _____ Type of Discharge: _____

Highest Grade Or Rank Attained: _____

Employment:

My present employer is: _____
Name

_____ Address Phone

Date Started: _____ Supervisor: _____

Social Security No.: _____

Card located at: _____

In addition, I am eligible under the following pension, profit sharing and other benefit plans:

1. _____
2. _____
3. _____
4. _____

I am _____ am not _____ a member of a Labor Union.

Name of Local: _____

Address Phone

I am _____ am not _____ a member of a Credit Union.

Name Address

3. My Estate Planning Documents

My Will: _____ I have no Will.

Original executed copy of my will is located at

It is dated _____, _____

The original executed Codicil (revision), if any, is located at:

It is dated _____, _____

Attorney who drew my will is: _____
Name Address Phone

Names of Executor(s) and Trustee(s):

Names of Guardians of my Children:

Witnesses to Will: (List Names and Addresses)

My Directive to Physicians and Family or Surrogates ("Living Will"):

I have a "Living Will" _____ I have no "Living Will" _____

It is located at _____
and is dated _____

My Medical Power of Attorney:

I have a Durable Power of Attorney for Property ____ I have no such power ____

It is located at _____
and is dated _____

My Durable Power of Attorney for Property:

I have a Durable Power of Attorney for Property ____ I have no such power ____

It is located at _____
and is dated _____

The attorney who drew this document is _____

My Declaration of Guardian:

I have a declaration of whom I want to be my guardian should the need later arise ____
I have no declaration of guardian ____

It is located at _____
and is dated _____

My Trusts:

I have created (or am a beneficiary of) the following trusts:

Trust Name: _____
Date of Trust Instrument: _____
Original Trust Instrument is Located At: _____
Name and Address of Current Trustee: _____
Name and Address of Successor Trustee(s): _____

Trust Name: _____
Date of Trust Instrument: _____
Original Trust Instrument is Located At: _____
Name and Address of Current Trustee: _____
Name and Address of Successor Trustee(s): _____

Trust Name: _____

Date of Trust Instrument: _____

Original Trust Instrument is Located At: _____

Name and Address of Current Trustee: _____

Name and Address of Successor Trustee(s): _____

Other Estate Planning Documents: (Please describe and state location)

4. Insurance

Life Insurance:

I do _____ do not _____ have Life Insurance.

Complete itemized list can be found.

Policies are located at: _____

Policies Covering Others:

I own insurance policies on the lives of others. A list of companies and policy numbers is located at: _____

Name of persons insured: _____

I have _____ have not _____ made loans against some of the policies.

Source of Loan: _____

Address

Phone

Pertinent papers are filed with the policies: (Check)

Endorsements Dividend Payments
 Premium Receipts Assignments
 Settlement Agreements

Annuities:

I do _____ do not _____ have annuities:

Detailed list is located at: _____

Location of annuity contracts: _____

My principal life insurance broker is:

Name

Address Phone

Medical and Long Term Care Insurance:

Accident, Hospitalization, Disability, Long term care and all other insurance (in addition to and exclusive of those covered by employer) not noted elsewhere.

Location of List: _____

Location of Policies: _____

Broker/agent Phone

Medicare:

I am _____ am not _____ registered for Medicare.

Enrollment _____ at _____
Date City State

Medicare card located at: _____

5. My Assets and Liabilities

Safe Deposit Boxes:

I have _____ have not _____ a safe deposit box(es.)

Located at _____

Keys will be found at _____ No. _____

_____ No. _____

The following person has access: (Name and Address)

_____ No. _____

_____ No. _____

Accounts:

Checking

Accounts: _____

With

Number

With

Number

Savings

Accounts: _____

With

Number

With

Number

Other

Accounts: _____

With

Number

With Number

With Number

With Number

Passbooks located at: _____

Accounts in joint names with myself and: (Name & Acct. No.)

Name of person who power to sign checks for me:

Address Phone

Real Estate:

I do _____ do not _____ own real estate. _____ I am the sole owner.

It is located at: _____

Mortgage on my residence is held by:

The following documents are located at: _____

Check (X):

_____ Deed	_____ Mortgage Insurance Policy
_____ Copy of Mortgage	_____ Title Abstract
_____ Improvement Loans	_____ Closing Statement
_____ Title Insurance	_____ Leases
_____ Tax Receipts	_____ Maps & Surveys

Bonds are located at: _____

Securities (Stocks and Bonds):

I do _____ do not _____ own securities (Stocks & Bonds).

List of all securities and certificate numbers will be found at:

Certificates located at: _____

I do _____ do not _____ have a brokerage account.

Name of Broker or Firm: _____

		Name
_____	_____	_____
Address		Phone

Records of Purchase and Sale are located at: _____

List Securities pledged for loans:

_____ with _____
Lender Address

_____ with _____
Lender Address

_____ with _____
Lender Address

Personal Property:

I own the following personal property:

Auto: Yes _____ No _____

1. _____
Make Year

2. _____
Make Year

Title(s) located at: _____

Household Furnishings: Yes _____ No _____

Located at: _____

Record of Inventory located at: _____

Jewelry: Yes _____ No _____ Inventory List & Appraisals
at: _____

Boat: Yes _____ No _____

_____ Make Year

_____ Motor Year

Located at: _____

Miscellaneous Personal Property – (not previously listed):

Pertinent insurance policies on personal property are located at: _____

Insurance Broker: _____
Name Phone

Proof of Ownership, Receipts, Bills of Sales, etc., are located at: _____

Miscellaneous Assets:

List here other assets you own that are not otherwise covered above.

Credit Cards:

I possess the following credit cards:

Other Liabilities:

Mortgages, notes, and other debts not noted elsewhere.

Description: _____

Description: _____

Description: _____

Description: _____

Description: _____

Description: _____

Tax Records:

Copies of previous years tax returns filed are located at: _____

Party who prepared or assisted in tax returns: _____

Work sheets and evidence in support of returns are located at: _____

Current withholding tax forms and receipts received from my employer are located at:

6. Burial

(Please note: A special form is required to leave binding burial instructions. You can indicate your wishes here, but those indications are not binding on your family. Ask a lawyer for more information.)

I do _____ do not _____ own a cemetery lot.

Cemetery Lot: _____
Name of Cemetery Describe location

Deed located at: _____

There is _____ is not _____ provision for perpetual care.

I have given instructions regarding my funeral in:

_____ Letter Other: _____

List membership in lodges or fraternal organizations providing cemetery benefits:

My preference for burial would be at:

Name of Cemetery City

Religious Affiliation:

List Church or Temple

Address

Pastor or Rabbi Phone

7. Persons Familiar With My Affairs

Please print name, address and phone number.

Attorney: _____

Accountant – Tax Counselors: _____

Banker: _____

Doctor: _____

Employer: _____

Funeral Director: _____

Insurance Agent: _____

Executor of Estate: _____

Fraternal or Professional Groups: (Please notify) _____

Relatives and Personal Friends: (Please notify) _____
