

GUIDE FOR MANAGING PERSONAL AND FINANCIAL AFFAIRS

Personal Information	
Name: _____	Name: _____
Name at Birth: _____	Name at Birth: _____
Birth Date: _____	Birth Date: _____
Birthplace: _____	Birthplace: _____
Current Address: _____	Current Address: _____
Social Security Number: _____	Social Security Number: _____
<i>Previous Marriage(s)</i>	
Name: _____	Name: _____
Date of Death or Divorce: _____	Date of Death or Divorce: _____
Name: _____	Name: _____
Date of Death or Divorce: _____	Date of Death or Divorce: _____

Information Regarding Parents	
Father's Name: _____	Father's Name: _____
Birth Date: ___/___/___ Date of Death: ___/___/___	Birth Date: ___/___/___ Date of Death: ___/___/___
Cause of Death: _____	Cause of Death: _____
Place of Burial: _____	Place of Burial: _____
Mother's Name: _____	Mother's Name: _____
Birth Date: ___/___/___ Date of Death: ___/___/___	Birth Date: ___/___/___ Date of Death: ___/___/___
Cause of Death: _____	Cause of Death: _____
Place of Burial: _____	Place of Burial: _____

Information Regarding Children

Name: _____ Phone: _____
Address: _____
Birth Date: __/__/__ Social Security Number: _____ Deceased
Parents: _____

Name: _____ Phone: _____
Address: _____
Birth Date: __/__/__ Social Security Number: _____ Deceased
Parents: _____

Name: _____ Phone: _____
Address: _____
Birth Date: __/__/__ Social Security Number: _____ Deceased
Parents: _____

Name: _____ Phone: _____
Address: _____
Birth Date: __/__/__ Social Security Number: _____ Deceased
Parents: _____

Other Relatives or Individuals to Contact

<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
-------------------	-------------------

Pet Information

Pet Name and Breed: _____ Pet Age: _____
Preferred Veterinarian: _____ Phone: _____
Other information: _____

Pet Name and Breed: _____ Pet Age: _____
Preferred Veterinarian: _____ Phone: _____
Other information: _____

Pet Name and Breed: _____ Pet Age: _____
Preferred Veterinarian: _____ Phone: _____
Other information: _____

Medical Information

I have a Health Care Directive.

Location(s) of original and copies: _____

I have a Health Care Directive.

Location(s) of original and copies: _____

Current Primary Care Provider

Name: _____
 Office: _____
 Address: _____
 Phone: _____

Current Primary Care Provider

Name: _____
 Office: _____
 Address: _____
 Phone: _____

Current Medications

Name: _____
 Prescription #: _____ Dose: _____

Current Medications

Name: _____
 Prescription #: _____ Dose: _____

Name: _____
 Prescription #: _____ Dose: _____

Name: _____
 Prescription #: _____ Dose: _____

Current Medical Conditions

Current Medical Conditions

Family Medical History (ex. cancer, heart disease, mental illness, etc.)

Family Medical History (ex. cancer, heart disease, mental illness, etc.)

Household Information

Electric Company: _____ Account Number: _____
 Address: _____ Phone: _____

Telephone Provider: _____ Account Number: _____
 Address: _____ Phone: _____

Cable Provider: _____ Account Number: _____
 Address: _____ Phone: _____

Internet Provider: _____ Account Number: _____
Address: _____ Phone: _____

Water Company: _____ Account Number: _____
Address: _____ Phone: _____

Sewer Company: _____ Account Number: _____
Address: _____ Phone: _____

Oil/Gas Company: _____ Account Number: _____
Address: _____ Phone: _____

Personal Advisors

Attorney
Name: _____ Firm: _____
Address & Phone Number: _____

Agent under Power of Attorney
Name: _____
Phone Number: _____
Address: _____

Agent under Power of Attorney
Name: _____
Phone Number: _____
Address: _____

Health Care Agent
Name: _____
Phone Number: _____
Address: _____

Health Care Agent
Name: _____
Phone Number: _____
Address: _____

Accountant
Name: _____ Firm: _____
Address & Phone Number: _____

Financial Advisor
Name: _____ Firm: _____
Address & Phone Number: _____

Religious Contact

Name: _____ Phone Number: _____
Address: _____

Other

Name: _____ Phone Number: _____
Address: _____

Other

Name: _____ Phone Number: _____
Address: _____

Location of Records

Birth Certificates: _____
Marriage Certificates: _____
Divorce Papers: _____
Tax Records: _____
W-2 Forms: _____
Mortgage: _____
Deed(s): _____
Title to Car(s): _____
Military Records: _____
Household Records: _____
Guardianship Letters: _____
Estate Planning Documents: _____
Loan Papers: _____

Wills and Trusts

Will

Location of Original: _____
Location of Copy: _____
Date Signed: ___/___/___
Personal Representative: _____
Address: _____
Phone Number: _____

Successor PR: _____
Address: _____
Phone Number: _____

Will

Location of Original: _____
Location of Copy: _____
Date Signed: ___/___/___
Personal Representative: _____
Address: _____
Phone Number: _____

Successor PR: _____
Address: _____
Phone Number: _____

Trustee: _____ Address: _____ Phone Number: _____ Successor Trustee: _____ Address: _____ Phone Number: _____ Guardian for Children: _____ Address: _____ Phone Number: _____	Trustee: _____ Address: _____ Phone Number: _____ Successor Trustee: _____ Address: _____ Phone Number: _____ Guardian for Children: _____ Address: _____ Phone Number: _____
<i>Trust</i> <input type="checkbox"/> I have a trust Name of Trust: _____ Location of Trust Document: _____ Date of Trust: __/__/__ Trust Tax ID: _____ Trustee(s): _____ Address: _____ Phone Number: _____ <input type="checkbox"/> I am a beneficiary of a Trust Name of Trust: _____ Location of Trust Document: _____ Date of Trust: __/__/__ Trust Tax ID: _____ Trustee(s): _____ Address: _____ Phone Number: _____	<i>Trust</i> <input type="checkbox"/> I have a trust Name of Trust: _____ Location of Trust Document: _____ Date of Trust: __/__/__ Trust Tax ID: _____ Trustee(s): _____ Address: _____ Phone Number: _____ <input type="checkbox"/> I am a beneficiary of a Trust Name of Trust: _____ Location of Trust Document: _____ Date of Trust: __/__/__ Trust Tax ID: _____ Trustee(s): _____ Address: _____ Phone Number: _____

Real Estate Information	
<i>Personal Residence</i>	
Location of Property: _____	
Owner(s): _____	Book and Page of Deed: _____
Mortgage Lender: _____	Balance: _____
 <i>Other Real Estate</i>	
Location of Property: _____	
Owner(s): _____	Book and Page of Deed: _____
Mortgage Lender: _____	Balance: _____

Location of Property: _____
 Owner(s): _____ Book and Page of Deed: _____
 Mortgage Lender: _____ Balance: _____

Financial Information

<input type="checkbox"/> I have a Financial Power of Attorney. Location(s) of original and copies: _____ _____ _____	<input type="checkbox"/> I have a Financial Power of Attorney. Location(s) of original and copies: _____ _____ _____
---	---

Bank Accounts

Institution: _____	Account Number: _____
Owner(s): _____	Type of Account: _____
Institution: _____	Account Number: _____
Owner(s): _____	Type of Account: _____
Institution: _____	Account Number: _____
Owner(s): _____	Type of Account: _____
Institution: _____	Account Number: _____
Owner(s): _____	Type of Account: _____

Mutual Funds

Institution: _____	Account Number: _____
Owner(s): _____	Type of Fund: _____
Institution: _____	Account Number: _____
Owner(s): _____	Type of Fund: _____

Annuities

Institution: _____	Policy Number: _____
Owner: _____	Annuitant: _____
Institution: _____	Policy Number: _____
Owner: _____	Annuitant: _____
Institution: _____	Policy Number: _____
Owner: _____	Annuitant: _____

Institution: _____ Policy Number: _____ Owner: _____ Annuitant: _____
<i>Certificates of Deposit</i> Institution: _____ Certificate #: _____ Owner(s): _____ Institution: _____ Certificate #: _____ Owner(s): _____
<i>Brokerage Accounts</i> Institution: _____ Account #: _____ Owner(s): _____ Institution: _____ Account #: _____ Owner(s): _____
<i>Savings Bonds</i> Institution: _____ Account #: _____ Owner(s): _____ Institution: _____ Account #: _____ Owner(s): _____
<i>Other Bonds</i> Institution: _____ Account #: _____ Owner(s): _____ Institution: _____ Account #: _____ Owner(s): _____
<i>Stocks</i> Institution: _____ # of Shares: _____ Owner(s): _____ Institution: _____ # of Shares: _____ Owner(s): _____ Institution: _____ # of Shares: _____ Owner(s): _____

Insurance Information
<i>Life Insurance</i> Company: _____ Policy #: _____ Owner: _____ Insured life: _____ Beneficiaries: _____ Company: _____ Policy #: _____ Owner: _____ Insured life: _____ Beneficiaries: _____ Company: _____ Policy #: _____ Owner: _____ Insured life: _____ Beneficiaries: _____ Company: _____ Policy #: _____ Owner: _____ Insured life: _____ Beneficiaries: _____
<i>Health Insurance</i> Company: _____ Policy #: _____ Type of Coverage: _____

Company: _____	Policy #: _____	Type of Coverage: _____
Company: _____	Policy #: _____	Type of Coverage: _____
Company: _____	Policy #: _____	Type of Coverage: _____
<i>Property/Casualty Insurance</i>		
Company: _____	Policy #: _____	Type of Coverage: _____
Company: _____	Policy #: _____	Type of Coverage: _____
<i>Long-Term Care Insurance</i>		
Company: _____	Policy #: _____	Type of Coverage: _____
Company: _____	Policy #: _____	Type of Coverage: _____

Employment Benefits	
<i>Current Employer</i> Name: _____ Address: _____ Phone: _____	<i>Current Employer</i> Name: _____ Address: _____ Phone: _____
I am potentially eligible for the following benefits in the event of my death: <input type="checkbox"/> Group Life Insurance <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Group Health Insurance <input type="checkbox"/> Deferred Compensation <input type="checkbox"/> Profit Sharing (Survivor's Benefits) <input type="checkbox"/> Unpaid Salary <input type="checkbox"/> Pension <input type="checkbox"/> Other	I am potentially eligible for the following benefits in the event of my death: <input type="checkbox"/> Group Life Insurance <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Group Health Insurance <input type="checkbox"/> Deferred Compensation <input type="checkbox"/> Profit Sharing (Survivor's Benefits) <input type="checkbox"/> Unpaid Salary <input type="checkbox"/> Pension <input type="checkbox"/> Other
<i>Pensions</i> Name of Employer: _____ Phone Number: _____ Pension ID #: _____ Name of Employer: _____ Phone Number: _____ Pension ID #: _____	<i>Pensions</i> Name of Employer: _____ Phone Number: _____ Pension ID #: _____ Name of Employer: _____ Phone Number: _____ Pension ID #: _____
<i>Individual Retirement Account (IRA)</i> Name of Company: _____ Phone Number: _____ Account #: _____	<i>Individual Retirement Account (IRA)</i> Name of Company: _____ Phone Number: _____ Account #: _____

Name of Company: _____ Phone Number: _____ Account #: _____	Name of Company: _____ Phone Number: _____ Account #: _____
<i>401(k) Plans</i> Name of Company: _____ Phone Number: _____ Account #: _____	<i>401(k) Plans</i> Name of Company: _____ Phone Number: _____ Account #: _____
Name of Company: _____ Phone Number: _____ Account #: _____	Name of Company: _____ Phone Number: _____ Account #: _____
<i>Other Retirement Plans</i> Name of Company: _____ Phone Number: _____ Account #: _____	<i>Other Retirement Plans</i> Name of Company: _____ Phone Number: _____ Account #: _____
Name of Company: _____ Phone Number: _____ Account #: _____	Name of Company: _____ Phone Number: _____ Account #: _____

Government Benefits	
VA Compensation: \$ _____	Acct. or Claim #: _____
VA Pension: \$ _____	Acct. or Claim #: _____
Active Military: \$ _____	Acct. or Claim #: _____
Civil Service: \$ _____	Acct. or Claim #: _____
Railroad Retirement: \$ _____	Acct. or Claim #: _____
Local/State Employment: \$ _____	Acct. or Claim #: _____

Safe Deposit Storage		
Institution: _____	Box #: _____	Key Location: _____
Institution: _____	Box #: _____	Key Location: _____

Business Interest

Name of Business: _____ Ownership %: _____
Name of Co-Owner(s): _____ Phone: _____
Address of Business: _____
Location of Operating/Partnership Agreement: _____

Name of Business: _____ Ownership %: _____
Name of Co-Owner(s): _____ Phone: _____
Address of Business: _____
Location of Operating/Partnership Agreement: _____

Legal Action

Uncollected legal judgments, pending lawsuits or claims, etc.

Name & Address of Opposing Party: _____
Description: _____

Name & Address of Opposing Party: _____
Description: _____

Credit Cards

Name of Company: _____ Card #: _____
Name of Company: _____ Card #: _____
Name of Company: _____ Card #: _____

Debts

Name & Address of Creditor: _____
Description: _____ Amt. \$ _____
Name & Address of Creditor: _____
Description: _____ Amt. \$ _____
Name & Address of Creditor: _____
Description: _____ Amt. \$ _____
Name & Address of Creditor: _____
Description: _____ Amt. \$ _____

Additional Information

12/30/16