

GUIDE FOR MANAGING PERSONAL AND FINANCIAL AFFAIRS

Personal Information	
Name:	
Name at Birth:	
Birth Date:	
Place of Birth:	
Current Address:	
Social Security Number:	
Previous Marriage(s)	
Name: _____	Date of Death or Divorce: _____
Name: _____	Date of Death or Divorce: _____

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

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 History

I have a Health Care Directive.

Location(s) of original and copies: _____

Current Primary Care Provider

Name: _____ Office: _____

Address: _____ Phone: _____

Current Medications

Name: _____ Prescription #: _____ Dose: _____

Name: _____ Prescription #: _____ Dose: _____

Current Medical Conditions

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: _____

Address & Phone Number: _____

Health Care Agent

Name: _____

Address & Phone Number: _____

Accountant

Name: _____ Firm: _____

Address & Phone Number: _____

Financial Advisor

Name: _____ Firm: _____

Address & Phone Number: _____

Religious Contact

Name: _____

Address & Phone Number: _____

Other

Name: _____

Address & Phone Number: _____

Other

Name: _____

Address & Phone Number: _____

Location of Records

Birth Certificate: _____

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: _____

Will and Trusts

Will

Location of Original: _____ Date Signed: ___/___/___

Location of Copy: _____

Personal Representative: _____ Phone: _____

Address: _____

Successor PR: _____ Phone: _____

Address: _____

Trustee: _____ Phone: _____

Address: _____

Successor Trustee: _____ Phone: _____

Address: _____

Guardian for Children: _____ Phone: _____

Address: _____

Trust

I have a Trust

Name of Trust: _____ Date of Trust: ___/___/___

Location of Trust: _____ Trust Tax ID: _____

Trustee(s): _____ Phone: _____

Address: _____

I am a beneficiary of a Trust

Name of Trust: _____ Date of Trust: ___/___/___

Location of Trust: _____ Trust Tax ID: _____

Trustee(s): _____ Phone: _____

Address: _____

Real Estate Information

Personal Residence

Location of Property: _____

Owner(s): _____ Book and Page of Deed: _____

Mortgage Lender: _____ Balance: _____

Other Real Estate

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

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: _____

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: _____
<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): _____

Insurance Information	
<i>Life Insurance</i>	
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: _____
<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

Current Employer

Name: _____ Phone: _____

Address: _____

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"/> Unpaid Salary | <input type="checkbox"/> Profit Sharing (Survivor's Benefits) |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Other |

Pensions

Name of Employer: _____ Phone: _____

Pension ID #: _____

Name of Employer: _____ Phone: _____

Pension ID #: _____

Individual Retirement Account (IRA)

Name of Company: _____ Account #: _____

Phone: _____

Name of Company: _____ Account #: _____

Phone: _____

401(k) Plans

Name of Company: _____ Account #: _____

Phone: _____

Name of Company: _____ Account #: _____

Phone: _____

Other Retirement Plans

Name of Company: _____ Account #: _____

Phone: _____

Name of Company: _____ Account #: _____

Phone: _____

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 judgment, pending lawsuit or claim, 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
