PERSONAL INFORMATION

Name:

Date of Birth:

Birth Certificate: No/Yes Located:

Citizenship - date/place of naturalization if not U.S. citizen by birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Full Name:

Mother’s Full Name:

Religious Affiliation:

Church:

Address:

Marital Status: Single/Married/Widowed/Divorced/Separated

Spouse’s Name:

Date & State married:

Certificate located:

Previous marriage: Yes / No

Date: Name:

Marriage ended by: Death / Divorce

Divorce certification located:

Children

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

Military Service - Date(s):

Service Serial #:

Discharge papers located:

LIVING WILL DIRECTIVE; ORGAN DONATION; DURABLE POWER OF ATTORNEY; LAST WILL & TESTAMENT

LIVING WILL

I have a living will directive stating my wishes for medical care and treatment. The document is dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and is located \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (consider keeping a copy of this in car glove compartment?)

Individuals having copies

Name: Phone:

Address:

Name: Phone:

Address:

Name: Phone:

Address:

DURABLE POWER OF ATTORNEY

The following person has my durable power of attorney which will go into effect upon my inability to act for myself

Name: Phone:

Address: Papers are located:

I have agreed to donate my body / organs. Yes / No (If Yes, see next page for details)

My will was written on this date: Papers are located:

 Executor of Will:

 Address:

 Attorney:

 Attorney Address:

 In my will, I have left the following charitable bequests

Charity: Bequest Amount:

Charity: Bequest Amount:

Charity: Bequest Amount:

MEMORIAL/FUNERAL & BURIAL ARRANGEMENTS

 SEE THE “AT THE END” SECTION OF THIS BINDER OF A LIFETIME!

FINANCES

Bank Name: Primary Branch Address:

 Checking / Saving Account #: Joint / Individual

 Checking / Saving Account #: Joint / Individual

Bank Name: Primary Branch Address:

 Checking / Saving Account #: Joint / Individual

 Checking / Saving Account #: Joint / Individual

Safety Deposit Box Location/Address:

 Box # \_\_\_\_\_\_ Where is the key located? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 What is in the Safety Deposit Box? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Are there at least 2 people listed on the safety box? (minimizes need for probate) \_\_\_ Yes \_\_\_ No

I own stocks and bonds, held in street name, located as follows:

 Stock Name: Account # / Location:

 Stock Name: Account # / Location:

 Stock Name: Account # / Location:

I own these Mutual Funds

 Fund Name: Account #:

 Fund Name: Account #:

 Fund Name: Account #:

*NOTE: Assure each financial account and security has beneficiaries on death listed – SEE LAST PAGE OF THIS SECTION TO DOCUMENT THIS*

Records of stock, bond and mutual fund purchase and sale are in this location:

I own U.S. Savings Bonds under the following ownership registrations: Solely / Joint with:

Type: Face Value:

Issue Date: Maturity Date:

Serial Number:

I own Certificates of Deposit

 Issuer: Address:

 Amount: $ Date of Redemption:

 Issuer: Address:

 Amount: $ Date of Redemption:

I have these additional financial investments not listed above:

Here are the unusual spots where money, bonds, etc. are hidden (for example: cash under the mattress, bonds in the freezer, cash inside TV case, etc.):

RETIREMENT PLANNING AND TRUST FUNDS

Do you have a Pension? If so, list them below

Company Name: Address: Account #: Beneficiary:

Company Name: Address: Account #: Beneficiary:

Have Social Security? Estimated yearly payment at age 65: $ as of:

Have IRA/SEP? Total Value as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: $

 Equity: Account #:

 Equity: Account #:

 Equity: Account #:

Annuities?

 Equity: Account #:

 Equity: Account #:

Any other retirement benefits not listed above?

*NOTE: Assure each financial account and security has beneficiaries on death listed – SEE LAST PAGE OF THIS SECTION TO DOCUMENT THIS*

TRUST FUNDS

Testamentary Trust? Trustee:

Assets in Trust: Beneficiaries:

Attorney of Record: Firm:

Address:

Charitable Remainder Trust? Trustee:

 Assets in the trust: Income Recipients

 Charitable Beneficiaries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Trust? Yes / No Type/Name: Trustee:

Assets in Trust: Beneficiaries:

Attorney of Record: Firm:

Address:

Trust Papers are located here:

I am a beneficiary under a Trust established by:

 Papers are located here:

PERSONAL EMPLOYMENT; LIFE INSURANCE

I participate in the following employer benefit plans:

 Employer: Address:

Other business interests:

I have these policies owned by me on my own life:

 Insurance Company:

 Policy #: Policy Location:

 Amount of policy: $ Beneficiary(ies):

Policies owned by others on my life (including charities)

 Insurance Company:

 Policy #: Policy Location:

 Amount of policy: $ Beneficiary(ies):

Policies I own on the lives of others

 Person Covered: Insurance Company:

 Policy #: Policy Location:

 Amount of policy: $ Beneficiary(ies):

Insurance Agents or Brokers

 Name: Company: Insurance Type:

 Address: Phone:

 Name: Company: Insurance Type:

 Address: Phone:

I have unpaid loans against these policies

 Policy Name: Policy # Amount Due: $

OTHER INSURANCE; RESIDENCE & OTHER REAL ESTATE; PERSONAL DEBTORS & CREDITORS; TAX RETURNS

TANGIBLE PERSONAL PROPERTY

Listed below are accident, disability, sickness, hospitalization and other such forms of insurance (in addition to and exclusive of any such insurance or benefits provided through my employer) that I personally carry:

 Company: Coverage:

 Policy #: Insurance Agent: Phone:

 Location of Policy:

Residence Address:

 I own the residence: Yes / No Ownership title is held in: My name alone / Jointly with:

 Mortgage on property: Yes / No Held by:

 Documents concerning this property are located:

I own other real estate located \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (provide same details as for primary property)

Homeowner insurance agent:

 Firm: Phone:

 Address:

Automobile(s) – DESCRIBE VEHICLES AND WHERE TITLES ARE:

Jewelry, Art, Antiques, Collectibles – DESCRIBE ON SEPARATE PAGE.

I have done a “Personal Property Memorandum” [inventory of my personal property (written, photo and/or video) along with designating who should receive particular items] and it is in the following location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Debtor: Amount owed to me

 Address:

Name of Debtor: Amount owed to me

 Address:

I have the following outstanding loans

 Creditor: Loan #:

 Amount of Loan: Date of Final Payment:

Credit Card Debt

 Company: Account #: Phone:

 Company: Account #: Phone:

Copies of my income tax returns are located: \_

WEBSITES, EMAILS, TECHNOLOGY AND PASSWORDS FOR EACH

General websites that I use, plus Usernames & Passwords for them (or location of passwords) are here

* Amazon – username: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p-word: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Google – username: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p-word: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Dropbox – username: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p-word: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Paying Bills: \_\_\_\_\_\_\_\_\_\_\_\_\_.com; username: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ p-word: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Which bills do you pay here? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_ – username: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p-word: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_ – username: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p-word: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_ – username: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p-word: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Media Sites that will need to be updated and ultimately deleted

* Facebook – username: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p-word: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Twitter – username: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p-word: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_ – username: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p-word: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the passcode for… (if listed elsewhere, explain how to get to that location…)

* Cellular phone:
* Tablet:
* Personal Computer:
* Answering Machine:
* Other digital device:
* Garage door:

Are there specific computer files/folders of special note? (If so, provide computer folder locations and passwords)

* Tax software results from previous years:
* Summary of key investments:
* Diary, journal or other summary of key life happenings

Do you perform regular back-ups of your computer files? If so, where do you keep the back-up media (hard drive, CD, thumb drive?)

Would it be worth keeping this in a fireproof safe?

Do you have any personal Websites that you have created? (If so, provide URL locations, hosting service, passwords, and how long to preserve this site.)

PERSONAL ADVISORS

Primary Care Physician:

 Address: Phone:

Physician: Specialty:

 Address: Phone:

Veterinarian (if applicable:)

 Address: Phone:

Clergy Person: Denomination:

 Address: Phone:

Attorney: Specialty:

 Address: Phone:

Insurance Agent: Specialty:

 Address: Phone:

Insurance Agent: Specialty:

 Address: Phone:

Trust Officer:

 Address: Phone:

Investment Broker: Specialty:

 Address: Phone:

My tax preparer: Firm:

 Address: Phone:

OTHER Advisor: Specialty:

 Address: Phone:

DIRECT DEPOSITS AND WITHDRAWALS THAT SHOULD STOP

LIST NAMES OF INSTITUTIONS, CONTACT NAME, PHONE NUMBER:

LOCATIONS OF KEY MATERIALS

Trust Agreements:

Last Will & Testament:

Bonds & Securities:

Bank Books:

Insurance Policies:

Business Agreements:

Titles for Cars:

Deeds for Home, Rental Property, Timeshares:

Social Security Card:

Marriage Certificate:

Birth Certificate:

Passport: Passport Expiration Date:

Immunization Records:

Divorce Papers (if applicable):

Photocopy of front/back of all credit cards in your purse/wallet in it is stolen):

Photocopy of Driver’s License (or State I.D.):

Photocopy of Passport:

DD214 (military discharge papers):

Income tax filings and details:

Folders of key topics such as

 Household Improvements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Credit Card purchases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Financial/Bank Account Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Collections/Hobbies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Others (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other items \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

Other items \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

Other items \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

Other items \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

List here any items belonging to / important to others, and where they are kept (keys, safety deposit box key, children’s birth certificates/immunization, borrowed items…)

Additional thoughts/comments:

LISTING BENEFICIARIES FOR WEALTH TRANSFER

While not intended to be an exhaustive listing, this page is a start. Fill out this page or construct you own using the FREE, editable Key Info documents in the Resource section of www.BinderOfALifetime.com

WEALTH ITEM DETAILS (BENEFICIARIES, WHERE DONE,…) DATE DONE

***[[Example: XYZ Mutual Fund Wife is co-owner, children are beneficiaries 12/6/2018 ]]***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

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NOTE: SEE PAGE 2 OF WILLS/PoA SECTION TO ASSURE DESIGNATION OF ALL KEY WEALTH