



PERSONAL RECORDS

This worksheet can be used to list your personal information. Knowing this information will be helpful to your executor, agent and family if you die or become incapacitated. This document should be updated periodically and kept in a safe place, such as with your other estate planning documents.

PERSONAL INFORMATION

Full legal name: _____

Social Security Number: _____

Current address: _____

_____ City State County

Date of Birth: _____
Month Day Year

Place of Birth: _____
City County State

Currently 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/or 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

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

Parents:

Father: _____
 Date Place

Born: _____

Died: _____

Buried at: _____

Mother: _____
(Maiden Name) Date Place

Born: _____

Died: _____

Buried at: _____

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

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

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 _____

Attorney who drafted this document is _____

Name

Address

Phone

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)

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: _____

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 |

Other Real Estate I own: _____ I am sole owner.

Documents pertaining thereto are located at:

Insurance Coverage is handled by:

Name of Broker	Address	Phone
----------------	---------	-------

Policies are located at: _____

I lease property to others: _____ Yes _____ No

_____ Vacant _____ Improved

To: _____
Name Address Phone

At _____
List Location

Leases can be found at: _____

U.S. Savings Bonds:

I do _____ do not _____ own U.S. Savings Bonds.

_____ I am sole owner.

List of Bonds – Serial Numbers – Co-ownership – and who is a Beneficiary at my death can be found at: _____

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.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Credit Cards:

I possess the following credit cards:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

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:

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.

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:

_____ City
Name of Cemetery

Religious Affiliation:

_____ List Church or Temple

_____ Address

_____ Phone
Pastor/Priest/Rabbi