



ESTATE PLANNING

# PERSONAL RECORD KEEPER

This booklet contains important information which will be helpful to you in the event of my death or disability.



COMPLIMENTS OF

**MediChoice**  
insurance agency

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5775 Wayzata Blvd., #700  
St Louis Park, MN 55416

**952.367.6350**

**[www.MediChoiceInsurance.com](http://www.MediChoiceInsurance.com)**



James and Joe Romeo

This Book Belongs to: \_\_\_\_\_

Use this helpful book to organize your important records and information. Tell your family where the book is kept, and consider giving one of them a copy in case the original should be lost.

Be sure to update your booklet whenever any of the information changes. It is a good idea to review at least once a year, even if no information has changed.

Below provides space where you can enter the dates when you completed the booklet and each time you reviews its contents.

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

### **DATES & INFORMATION REVIEWED**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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## **IMPORTANT PHONE NUMBERS**

### **PRIMARY CARE DOCTOR**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### **LAWYER**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

### **ACCOUNTANT**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

## IMPORTANT PHONE NUMBERS (CONT)

### FINANCIAL ADVISOR

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

### OTHER NUMBERS

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

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## PERSONAL INFORMATION

### I WAS BORN

Location: \_\_\_\_\_ Date: \_\_\_\_\_

### BIRTH CERTIFICATE

Yes, Located : \_\_\_\_\_  I do not have a birth certificate

### CITIZENSHIP PAPERS (if born outside the United states)

Located: \_\_\_\_\_

### I AM CURRENTLY A LEGAL RESIDENT OF:

City: \_\_\_\_\_ State: \_\_\_\_\_

## PERSONAL INFORMATION (CONT)

### I WAS MARRIED

Location: \_\_\_\_\_ Date: \_\_\_\_\_

### MARRIAGE CERTIFICATE

Located: \_\_\_\_\_

I have not been divorced or legally separated

I have been divorced or legally separated

Date: \_\_\_\_\_ State of jurisdiction: \_\_\_\_\_

Legal Papers Located: \_\_\_\_\_

### MILITARY SERVICE

I did not serve in the military

I did serve, branch of military served: \_\_\_\_\_

Service Serial #: \_\_\_\_\_

Discharge papers located: \_\_\_\_\_

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## FAMILY INFORMATION

Father's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Siblings Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My Children Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## OTHER INFORMATION

Church I am a member of: \_\_\_\_\_

Address: \_\_\_\_\_

Schools I have attended: \_\_\_\_\_

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Degrees earned: \_\_\_\_\_

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My fraternity, sorority, or honor society: \_\_\_\_\_

Other organizations I belong to: \_\_\_\_\_

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Public or civic offices I have held: \_\_\_\_\_

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My special achievements or recognition: \_\_\_\_\_

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Work history: \_\_\_\_\_

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# MEDICAL INFORMATION

## I HAVE BEEN TREATED FOR:

Cancer	[ ] Yes	[ ] No	Heart Condition	[ ] Yes	[ ] No
Tuberculosis	[ ] Yes	[ ] No	Kidney Disease	[ ] Yes	[ ] No
Circulatory Problems	[ ] Yes	[ ] No	Diabetes	[ ] Yes	[ ] No

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

Allergies (medication or other): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PRIMARY CARE DOCTOR

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

## OTHER DOCTORS

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_

## MEDICAL INFORMATION (CONT)

### HEALTH INSURANCE PRIMARY

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

ID/Group #: \_\_\_\_\_ Website: \_\_\_\_\_

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### HEALTH INSURANCE SECONDARY

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

ID/Group #: \_\_\_\_\_ Website: \_\_\_\_\_

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## INSTRUCTIONS FOR MY FAMILY

### MY MEDICAL WISHES

I have a Living Will [ ] Yes [ ] No

Located: \_\_\_\_\_

I have a Durable power of Attorney [ ] Yes [ ] No

Copies Located : \_\_\_\_\_

**PEOPLE TO NOTIFY** In the event of my death or serious illness the following people should be notified:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

5. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

**FUNERAL ARRANGEMENTS**

I have made arrangements in advance for my:  Burial  Cremation  Memorial Service

**I OWN A PLOT IN**

Cemetery Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Deed to the plot located: \_\_\_\_\_

I have arranged for perpetual care of the plot:  Yes  No

**FUNERAL ARRANGEMENTS ENTRUSTED TO**

Funeral Home Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred pallbearers are: \_\_\_\_\_

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

**MY WILL**

I have not made a will

I have left complete instructions for my will

Located: \_\_\_\_\_

Date my will was made: \_\_\_\_\_ Date my will was last updated: \_\_\_\_\_

State my will was made: \_\_\_\_\_

Original signed copy of my will is located: \_\_\_\_\_

Lawyer who prepared my will: \_\_\_\_\_

Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

**MY PETS**

Names: \_\_\_\_\_

\_\_\_\_\_  
I have made arrangements for their care in my will  Yes  No



## FINANCIAL INFORMATION

### TRUST FUNDS

Date my trust fund was established: \_\_\_\_\_

State my trust fund was made: \_\_\_\_\_

The trust agreement is located: \_\_\_\_\_

Names of trustees: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lawyer who prepared my trust agreement: \_\_\_\_\_

Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

### PENSIONS AND BENEFITS

I currently receive Social Security benefits [ ] Yes [ ] No

SS card #: \_\_\_\_\_

My SS card is located: \_\_\_\_\_

I currently receive a pension [ ] Yes [ ] No

Former employer name: \_\_\_\_\_

Pension Administrator: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

## FINANCIAL INFORMATION (CONT)

### CHECKING ACCOUNTS

1. Bank: \_\_\_\_\_

Branch location: \_\_\_\_\_ Website: \_\_\_\_\_

Account #: \_\_\_\_\_ Pin#: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

2. Bank: \_\_\_\_\_

Branch location: \_\_\_\_\_ Website: \_\_\_\_\_

Account #: \_\_\_\_\_ Pin#: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

3. Bank: \_\_\_\_\_

Branch location: \_\_\_\_\_ Website: \_\_\_\_\_

Account #: \_\_\_\_\_ Pin#: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

### SAVINGS ACCOUNTS

1. Bank: \_\_\_\_\_

Branch location: \_\_\_\_\_ Website: \_\_\_\_\_

Account #: \_\_\_\_\_ Pin#: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

2. Bank: \_\_\_\_\_

Branch location: \_\_\_\_\_ Website: \_\_\_\_\_

Account #: \_\_\_\_\_ Pin#: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

3. Bank: \_\_\_\_\_

Branch location: \_\_\_\_\_ Website: \_\_\_\_\_

Account #: \_\_\_\_\_ Pin#: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

## FINANCIAL INFORMATION (CONT)

### MARKET MONEY ACCOUNTS

1. Bank: \_\_\_\_\_

Branch location: \_\_\_\_\_ Website: \_\_\_\_\_

Account #: \_\_\_\_\_ Pin#: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

2. Bank: \_\_\_\_\_

Branch location: \_\_\_\_\_ Website: \_\_\_\_\_

Account #: \_\_\_\_\_ Pin#: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

3. Bank: \_\_\_\_\_

Branch location: \_\_\_\_\_ Website: \_\_\_\_\_

Account #: \_\_\_\_\_ Pin#: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

Passbooks for these accounts are located: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PEOPLE AUTHORIZED TO SIGN CHECKS FOR ME

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## FINANCIAL INFORMATION (CONT)

### SAFETY DEPOSIT BOX

Bank: \_\_\_\_\_ Box #: \_\_\_\_\_

Address: \_\_\_\_\_

Keys to the box are located: \_\_\_\_\_

Contents of the box: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PEOPLE WITH ACCESS TO MY SAFE DEPOSIT BOX

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### 401 (K) ACCOUNTS

1. Bank/Company I have accounts with: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

2. Bank/Company I have accounts with: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

## FINANCIAL INFORMATION (CONT)

### IRA ACCOUNTS

1. Bank/Company I have accounts with: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

2. Bank/Company I have accounts with: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

### CERTIFICATES OF DEPOSIT

Amount	Interest Rate	Maturity Date

Purchased from Bank/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Certificates located: \_\_\_\_\_

\_\_\_\_\_

# FINANCIAL INFORMATION (CONT)

## STOCK OWNERSHIP

Company Name	Number of Shares	Date of Purchase

- Stock ownership is in my name only
- Owned jointly with: \_\_\_\_\_

## FINANCIAL INFORMATION (CONT)

### STOCKS

[ ] Stock certificates are in my possession, located: \_\_\_\_\_

[ ] Stock certificates are held by my broker

Broker Name: \_\_\_\_\_

Broker Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

[ ] I have a trading account with my broker, current value of \$ \_\_\_\_\_

### MUTUAL FUNDS

1. Company: \_\_\_\_\_

Name of Fund: \_\_\_\_\_ Number of shares: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

2. Company: \_\_\_\_\_

Name of Fund: \_\_\_\_\_ Number of shares: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

3. Company: \_\_\_\_\_

Name of Fund: \_\_\_\_\_ Number of shares: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

4. Company: \_\_\_\_\_

Name of Fund: \_\_\_\_\_ Number of shares: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

## FINANCIAL INFORMATION (CONT)

### MUTUAL FUNDS (CONT)

Mutual Funds purchased directly from me

Purchase records located: \_\_\_\_\_

Purchased through a bank or brokerage:

Broker Name: \_\_\_\_\_

Brokerage Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

### BONDS

1. Type of Bond: \_\_\_\_\_

Serial number: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Value at maturity: \_\_\_\_\_ Maturity Date: \_\_\_\_\_

2. Type of Bond: \_\_\_\_\_

Serial number: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Value at maturity: \_\_\_\_\_ Maturity Date: \_\_\_\_\_

3. Type of Bond: \_\_\_\_\_

Serial number: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Value at maturity: \_\_\_\_\_ Maturity Date: \_\_\_\_\_

4. Type of Bond: \_\_\_\_\_

Serial number: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Value at maturity: \_\_\_\_\_ Maturity Date: \_\_\_\_\_

Bond ownership is in my name only

Owned jointly with: \_\_\_\_\_

Located: \_\_\_\_\_

Beneficiary: \_\_\_\_\_



# REAL ESTATE

## PROPERTY OWNED

1. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In my name only     Owned jointly with: \_\_\_\_\_

Mortgage holder: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Documents pertaining to this property are located: \_\_\_\_\_

\_\_\_\_\_

1. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In my name only     Owned jointly with: \_\_\_\_\_

Mortgage holder: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Documents pertaining to this property are located: \_\_\_\_\_

\_\_\_\_\_

1. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In my name only     Owned jointly with: \_\_\_\_\_

Mortgage holder: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Documents pertaining to this property are located: \_\_\_\_\_

\_\_\_\_\_

## PERSONAL PROPERTY

<b>Household Furnishings</b>	<b>Value</b>	<b>Location</b>

  

<b>Antiques</b>	<b>Value</b>	<b>Location</b>

  

<b>Car(s)</b>	<b>Value</b>	<b>Location</b>

**PERSONAL PROPERTY (CONT)**

Jewelry	Value	Location
Collectibles (stamps, coins, etc.)	Value	Location
Other	Value	Location

**PERSONAL PROPERTY (CONT)**

Other	Value	Location

Evidence of ownership such as bills of sale are located: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Appraisal or other evidence of value are located: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The property listed is protected by fire, theft and or liability insurance     Yes     No

The Insurance policies are located: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## LIFE INSURANCE

1. Type: \_\_\_\_\_ Face Value: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Policy #: \_\_\_\_\_

Issuing Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

2. Type: \_\_\_\_\_ Face Value: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Policy #: \_\_\_\_\_

Issuing Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

3. Type: \_\_\_\_\_ Face Value: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Policy #: \_\_\_\_\_

Issuing Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

**LIFE INSURANCE (CONT)**

4. Type: \_\_\_\_\_ Face Value: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Policy #: \_\_\_\_\_

Issuing Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

5. Type: \_\_\_\_\_ Face Value: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Policy #: \_\_\_\_\_

Issuing Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Policies Located: \_\_\_\_\_

[ ] I have borrowed money against some policies, from:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## OTHER INSURANCE

1. Type: \_\_\_\_\_ Face Value: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Policy #: \_\_\_\_\_

Issuing Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

2. Type: \_\_\_\_\_ Face Value: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Policy #: \_\_\_\_\_

Issuing Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

3. Type: \_\_\_\_\_ Face Value: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Policy #: \_\_\_\_\_

Issuing Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

## ANNUITIES

1. Type: \_\_\_\_\_ Value: \_\_\_\_\_

Issuing Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

2. Type: \_\_\_\_\_ Value: \_\_\_\_\_

Issuing Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

3. Type: \_\_\_\_\_ Value: \_\_\_\_\_

Issuing Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

4. Type: \_\_\_\_\_ Value: \_\_\_\_\_

Issuing Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

The annuities are located: \_\_\_\_\_

\_\_\_\_\_



# DEBTS

## PERSONAL DEBTS

List of my unsecured debts, such as credit cards:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Records pertaining to these debts (credit card statements, loan agreements, receipts, etc.) are located:

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## DEBTS (CONT)

### OWED TO ME

1. Amount \_\_\_\_\_ Owed by: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Amount \_\_\_\_\_ Owed by: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Amount \_\_\_\_\_ Owed by: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

4. Amount \_\_\_\_\_ Owed by: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Records pertaining to these debts (notes, loan agreements, receipts, etc.) are located:

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## TAX RETURNS

Preparer Name: \_\_\_\_\_

Preparer Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Copies of my tax returns are located: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Worksheets and supporting documents are located: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## IMPORTANT PASSWORDS AND LOGINS

1. Place/Name/Type: \_\_\_\_\_

Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

\_\_\_\_\_

2. Place/Name/Type: \_\_\_\_\_

Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

\_\_\_\_\_

3. Place/Name/Type: \_\_\_\_\_

Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

\_\_\_\_\_

4. Place/Name/Type: \_\_\_\_\_

Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

\_\_\_\_\_

5. Place/Name/Type: \_\_\_\_\_

Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

\_\_\_\_\_

6. Place/Name/Type: \_\_\_\_\_

Website: \_\_\_\_\_

Online Username: \_\_\_\_\_ Online Password: \_\_\_\_\_

\_\_\_\_\_

