

**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:
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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](http://www.BinderOfALifetime.com)

WEALTH ITEM <i>[[Example: XYZ Mutual Fund</i>	DETAILS (BENEFICIARIES, WHERE DONE,...) <i>Wife is co-owner, children are beneficiaries</i>	DATE DONE <i>12/6/2018 ]]</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
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**NOTE: SEE PAGE 2 OF WILLS/PoA SECTION TO ASSURE DESIGNATION OF ALL KEY WEALTH**