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LifeBook

# PREFACE

The LifeBook is an organizing tool built to enable you to share the details of your financial life with your loved ones. We have lived through many transitions of our own, and think this will be helpful. The purpose of the Lifebook is to reduce stress when a family finds itself in crisis. It provides a step-by-step guide to keeping the critical financial function ongoing. You may add or remove sections, and it is not meant to replace your legal documents.

Although working on a project like this can seem daunting, take one step at a time, and recognize how much you are helping yourself, family and friends.

Your Sequoia Team

## Primary Contact In Case of Emergency

Name	Phone	Relation
Name	Phone	Relation
Name	Phone	Relation

# FAMILY LETTER

**When I/we am gone, I/we hope my family will learn from my experiences:**

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**I/we believe that the most important things in life are:**

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**The most important thing I/we have done in my/our life is:**

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**It is my hope that my/our family will use its inheritance from me/us to accomplish the following goals/dreams in their lives:**

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**The most important values/traditions I/ we would like to pass on to my family are:**

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**This is how I/we would like to be remembered:**

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# FAMILY HISTORY

Name: [REDACTED]

I was born in: [REDACTED] Date: [REDACTED]

My parents names: [REDACTED] [REDACTED]

Mother's maiden name: [REDACTED]

My maternal grandparents names: [REDACTED] [REDACTED]

Maternal grandmother's maiden name: [REDACTED]

My parental grandparents names: [REDACTED] [REDACTED]

Paternal grandmother's maiden name: [REDACTED]

I have the following brothers and sisters (including step and half-siblings):

Name	Address	Phone	Birth date
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

My children are:

Name	Address	Phone	Birth date
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

My grandchildren are:

Name	Address	Phone	Birth date
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

My great grandchildren are:

Name	Address	Phone	Birth date
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

I have no children

Name: [Redacted]

Information about my adoption or my children's adoption may be found: [Redacted]

I am a member of the following religious group: [Redacted]

I am a member of the following fraternal group(s): [Redacted]

I support the following charitable activities and my will reflects my wishes:

[Redacted]

Some important facts about my family history:

[Redacted]

Some important facts about my and my family's medical history:

[Redacted]

Details/notes:

[Redacted]

# FAMILY HISTORY

**Name:** \_\_\_\_\_

I was born in:

My parents names:

**Mother's maiden name:**

**My maternal grandparents names:**

Maternal grandmother's maiden:

**My parental grandparents names:**

Paternal grandmother's maiden name:

**I have the following brothers and sisters (Including step and half-siblings):**

Name	Address	Phone	Birth date

## My children are:

Name	Address	Phone	Birth date

## My grandchildren are:

Name	Address	Phone	Birth date

### **My great grandchildren are:**

Name	Address	Phone	Birth date

I have no children

Name: [REDACTED]

Information about my adoption or my children's adoption may be found: [REDACTED]

I am a member of the following religious group: [REDACTED]

I am a member of the following fraternal group(s): [REDACTED]

I support the following charitable activities and my will reflects my wishes:

[REDACTED]

Some important facts about my family history:

[REDACTED]

Some important facts about my and my family's medical history:

[REDACTED]

Details/notes:

[REDACTED]

# LifeBook

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01

ADVISORS

# ADVISORS

## Financial Professional

Name

Address

Phone

Fax

Email

Special comments

## Estate Planning Attorney

Name

Address

Phone

Fax

Email

Special comments

## Business Attorney

Name

Address

Phone

Fax

Email

Special comments

## CPA/Accountant

Name

Address

Phone

Fax

Email

Special comments

## Banker

Name

Address

Phone

Fax

Email

Special comments

## Employer or Former Employer

Name

Address

Phone

Fax

Email

Special comments

## Employer or Former Employer

Name

Address

Phone

Fax

Email

Special comments

## Employer or Former Employer

Name

Address

Phone

Fax

Email

Special comments

## Employer or Former Employer

Name

Address

Phone

Fax

Email

Special comments

## Employer or Former Employer

Name

Address

Phone

Fax

Email

Special comments

## Insurance Advisor

Name

Address

Phone

Fax

Email

Special comments

## Doctor

Name

Address

Phone  Fax  Email

Special comments

## Doctor

Name

Address

Phone  Fax  Email

Special comments

## Doctor

Name

Address

Phone  Fax  Email

Special comments

## Doctor

Name

Address

Phone  Fax  Email

Special comments

## Other

Name

Address

Phone  Fax  Email

Special comments

## Other

Name

Address

Phone  Fax  Email

Special comments

02

FINANCIAL

# PRIMARY BANKING

**Type of Account:**  Savings  Checking  Other

Financial Institution:  Contact name:

Owner name:  Account number:  Typical balance:

Details/notes:

---

**Type of Account:**  Savings  Checking  Other

Financial institution:  Contact name:

Owner name:  Account number:  Typical balance:

Details/notes:

---

**Type of Account:**  Savings  Checking  Other

Financial institution:  Contact name:

Owner name:  Account number:  Typical balance:

Details/notes:

---

**Type of Account:**  Savings  Checking  Other

Financial institution:  Contact name:

Owner name:  Account number:  Typical balance:

Details/notes:

# INVESTMENTS

## Type of Account:

**IRA:**  Traditional  SEP  Simple  Inherited **EMPLOYER**  401k  403b  457  
**NON-RETIREMENT**  Brokerage  Trust

Financial institution:	Advisory firm:
Owner name:	Account number:
Balance:	Date:
Beneficiaries: Primary:	Contingent:
Details/notes:	

---

## Type of Account:

**IRA:**  Traditional  SEP  Simple  Inherited **EMPLOYER**  401k  403b  457  
**NON-RETIREMENT**  Brokerage  Trust

Financial institution:	Advisory firm:
Owner name:	Account number:
Balance:	Date:
Beneficiaries: Primary:	Contingent:
Details/notes:	

---

## Type of Account:

**IRA:**  Traditional  SEP  Simple  Inherited **EMPLOYER**  401k  403b  457  
**NON-RETIREMENT**  Brokerage  Trust

Financial institution:	Advisory firm:
Owner name:	Account number:
Balance:	Date:
Beneficiaries: Primary:	Contingent:
Details/notes:	

# ANNUITIES

**Type of Contract:**  Qualified  Non-qualified

Insurance carrier:  Agent's name:

Product name:  Term:

Purchase date:  Maturity date:  Income rider?  Yes  No

Owner name:  Contract number:

Value:  Date:

Beneficiaries: Primary:  Contingent:

Details/notes:

---

**Type of Contract:**  Qualified  Non-qualified

Insurance carrier:  Agent's name:

Product name:  Term:

Purchase date:  Maturity date:  Income rider?  Yes  No

Owner name:  Contract number:

Value:  Date:

Beneficiaries: Primary:  Contingent:

Details/notes:

---

**Type of Contract:**  Qualified  Non-qualified

Insurance carrier:  Agent's name:

Product name:  Term:

Purchase date:  Maturity date:  Income rider?  Yes  No

Owner name:  Contract number:

Value:  Date:

Beneficiaries: Primary:  Contingent:

Details/notes:

# REAL ESTATE

## Type of Property:

Primary residence    Vacation home    Rental    Commercial    Other

Address/description:

Purchase date:

Purchase price:

Estimated current value:

Current mortgage balance:

Details/notes:

## Type of Property:

Primary residence    Vacation home    Rental    Commercial    Other

Address/description:

Purchase date:

Purchase price:

Estimated current value:

Current mortgage balance:

Details/notes:

## Type of Property:

Primary residence    Vacation home    Rental    Commercial    Other

Address/description:

Purchase date:

Purchase price:

Estimated current value:

Current mortgage balance:

Details/notes:

## Type of Property:

Primary residence    Vacation home    Rental    Commercial    Other

Address/description:

Purchase date:

Purchase price:

Estimated current value:

Current mortgage balance:

Details/notes:

# OTHER ASSETS

## Jewelry:

Owner name:

Contact person:

Purchase price:

Purchase date:

Est. current value:

Location/notes:

## Collectibles:

Owner name:

Contact person:

Purchase price:

Purchase date:

Est. current value:

Location/notes:

## Asset Description:

Owner name:

Contact person:

Purchase price:

Purchase date:

Est. current value:

Location/notes:

## Asset Description:

Owner name:

Contact Person:

Purchase price:

Purchase date:

Est. current value:

Location/notes:

## Asset Description:

Owner name:

Contact person:

Purchase price:

Purchase date:

Est. current value:

Location/notes:

# OTHER ASSETS

## Auto:

Owner name:

Contact person:

Purchase price:

Purchase date:

Est. current value:

Location/notes:

## Auto:

Owner name:

Contact person:

Purchase price:

Purchase date:

Est. current value:

Location/notes:

## Watercraft:

Owner name:

Contact person:

Purchase price:

Purchase date:

Est. current value:

Location/notes:

## Watercraft:

Owner name:

Contact Person:

Purchase price:

Purchase date:

Est. current value:

Location/notes:

## Recreational Vehicle:

Owner name:

Contact person:

Purchase price:

Purchase date:

Est. current value:

Location/notes:

# INCOME

**Source:**  Employment  Social Security  RMD  Portfolio withdrawal  
 Business  Annuity  Alimony  Royalty  Other

**Payee:**  **Payor:**  **Receiving:**  Yes  No

**Amount:**  (Net/Gross) **Frequency:**  **Method:**  Check  ACH

**Notes:**

---

**Source:**  Employment  Social Security  RMD  Portfolio withdrawal  
 Business  Annuity  Alimony  Royalty  Other

**Payee:**  **Payor:**  **Receiving:**  Yes  No

**Amount:**  (Net/Gross) **Frequency:**  **Method:**  Check  ACH

**Notes:**

---

**Source:**  Employment  Social Security  RMD  Portfolio withdrawal  
 Business  Annuity  Alimony  Royalty  Other

**Payee:**  **Payor:**  **Receiving:**  Yes  No

**Amount:**  (Net/Gross) **Frequency:**  **Method:**  Check  ACH

**Notes:**

---

**Source:**  Employment  Social Security  RMD  Portfolio withdrawal  
 Business  Annuity  Alimony  Royalty  Other

**Payee:**  **Payor:**  **Receiving:**  Yes  No

**Amount:**  (Net/Gross) **Frequency:**  **Method:**  Check  ACH

**Notes:**

---

**Source:**  Employment  Social Security  RMD  Portfolio withdrawal  
 Business  Annuity  Alimony  Royalty  Other

**Payee:**  **Payor:**  **Receiving:**  Yes  No

**Amount:**  (Net/Gross) **Frequency:**  **Method:**  Check  ACH

**Notes:**

# EXPENSES

**Debt Type:**  Mortgage  Auto  Education  Credit Card  Other:

Balance:  As of:

Is there insurance that pays this debt?  Yes  No

Creditor name:  Contact:

Notes:

---

**Debt Type:**  Mortgage  Auto  Education  Credit Card  Other:

Balance:  As of:

Is there insurance that pays this debt?  Yes  No

Creditor name:  Contact:

Notes:

---

**Debt Type:**  Mortgage  Auto  Education  Credit Card  Other:

Balance:  As of:

Is there insurance that pays this debt?  Yes  No

Creditor name:  Contact:

Notes:

---

**Debt Type:**  Mortgage  Auto  Education  Credit Card  Other:

Balance:  As of:

Is there insurance that pays this debt?  Yes  No

Creditor name:  Contact:

Notes:

---

**Debt Type:**  Mortgage  Auto  Education  Credit Card  Other:

Balance:  As of:

Is there insurance that pays this debt?  Yes  No

Creditor name:  Contact:

Notes:

# OTHER RESPONSIBILITIES

## Obligation for: [REDACTED]

Balance or payment amount: [REDACTED]

Frequency: [REDACTED]

Method: [REDACTED]

Contact name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Details/notes: [REDACTED]

---

## Obligation for: [REDACTED]

Balance or payment amount: [REDACTED]

Frequency: [REDACTED]

Method: [REDACTED]

Contact name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Details/notes: [REDACTED]

---

## Obligation for: [REDACTED]

Balance or payment amount: [REDACTED]

Frequency: [REDACTED]

Method: [REDACTED]

Contact name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Details/notes: [REDACTED]

---

## Obligation for: [REDACTED]

Balance or payment amount: [REDACTED]

Frequency: [REDACTED]

Method: [REDACTED]

Contact name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Details/notes: [REDACTED]

---

## Obligation for: [REDACTED]

Balance or payment amount: [REDACTED]

Frequency: [REDACTED]

Method: [REDACTED]

Contact name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Details/notes: [REDACTED]

# OTHER MONTHLY PAYMENTS

These are the regular bills and payments that would need to continue in the event of my/ our incapacity:

**Utilities:**

---

---

---

---

---

**Insurances:**

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---

---

---

---

**Subscriptions:**

---

---

---

---

---

**Dues/donations:**

---

---

---

---

---

**Other:**

Be sure to include electronic payments.

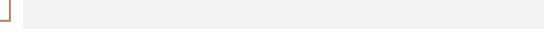
---

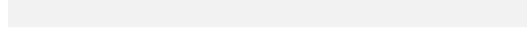
---

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# SPECIAL CONSIDERATIONS

- Business ownership
- Stock options
- Lawsuits
- 

- Partnership
- Notes receivable
- Loans
- 

## Details/Notes:

Include copy of all documents and their location



# PERSONAL BALANCE SHEET

A personal balance sheet summarizes your assets and liabilities at a specific point in time. It's a snapshot of your net worth. Complete your balance sheet by totaling the value of assets listed on previous pages. When completing liabilities, use the amount of debt owed on on-going balances, not bill payment amounts or amounts that are paid off monthly. Add additional rows or totals to reflect your unique situation. If designing your own page, you can break down each total with additional account or holding detail.

Date

## Assets

Banking	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total banking</b>	<b>\$</b>

## Non-retirement investments

\$  
\$  
\$  
\$  
\$  
\$  
\$  
\$  
\$

## Retirement investments

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Retirement</b>	<b>\$</b>

## Real estate

	\$
	\$
	\$
	\$
<b>Real Estate</b>	<b>\$</b>

## Other assets

		\$
		\$
		\$
		\$
<b>Total Other assets</b>		<b>\$</b>

## Liabilities

## Loans & mortgages

\$  
\$  
\$  
\$  
\$  
\$  
\$  
\$

## Other liabilities

<b>Other liabilities</b>	
Other 1	\$
Other 2	\$
Other 3	\$
<b>Total Other liabilities</b>	<b>\$</b>

## Total other liabilities

**Net worth = Assets - Liabilities**

# PERSONAL CASH FLOW

A personal cash flow statement measures the income coming in to your household and the expenses going out, indicating the amount of surplus or deficit in your budget. This will help you understand how much additional spending or saving is available to you. Complete this personal cash flow statement by totaling income and expenses from previous pages. Evaluate cash flow from a monthly or annual perspective, whichever is most useful to you. Add additional lines to describe income and expenses in more detail, if you choose.

## Inflows

Income 1		
Income 2		
Income 3		
Income 4		
<b>Total cash inflows</b>		

## Outflows

Expense 1		
Expense 2		
Expense 3		
Expense 4		
Expense 5		
Expense 6		
Other payments		
Other responsibilities		
<b>Total cash outflows</b>		

## Surplus or deficit =

Total cash inflows – Total cash outflows

# 03 TAXES

# TAX RETURNS

Include a copy of a recent federal and state tax return, Income Tax Return (1040 and 1041) and Gift Tax Return (709) or explain where copies can be found.

Describe any special circumstance or instructions.

A large, light gray rectangular area containing 20 horizontal lines for writing tax return information. The lines are evenly spaced and intended for handwritten responses.

# 04 **LEGAL**

# LEGAL DOCUMENTS SUMMARY

Name:

Option: May attach document copies.

I am currently:

Trustee for a trust       Beneficiary of a trust       Attorney in fact, under GDPOA for another person  
 Patient Advocate for another person       Legal guardian for another person or conservator

Details/notes:

Document	Date Signed	Location of Original
<input type="checkbox"/> Last Will and Testament	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Living Trust	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Living Will	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Medical Power of Attorney	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> General Power of Attorney	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Limited Power of Attorney	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Life Insurance Trust	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Charitable Trust	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Minor's Trust	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Section 529 or Other Education Plan	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Custodial Account	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Guardianship Papers	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Organ Donation Form	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other Medical Directive	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Family Partnership or LLC	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Deeds to Real Property	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Marriage License	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Domestic Partner Agreement	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Cohabitation Agreement	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Pre-Nuptial Agreement	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Post-Nuptial Agreement	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Divorce or Separation Agreement	<input type="text"/>	<input type="text"/>

Name:

**Document**

- Child Support Agreement
- Birth Certificates
- Adoption Papers
- Automobile Title
- Boat and/or Airplane Title
- Citizenship Papers
- Burial or Pre-Need Agreement
- Life Insurance Beneficiary Form
- Military Discharge Papers (DD214)
- Employment or Contractor Contract
- Real Estate Title/Deed
- Other

**Date Signed**

**Location of Original**

Name:

## Power of Attorney over my Assets

1st

2st

**Type of POA:**  Immediate  Springing

# Power of Attorney for Medical Decisions

1st

2st

### Trustee (s)

1st

2st

## Guardian (s) for Minor Children

1st

2st

In the event of my incapacity,  **I do**  **do not** want to be kept home as long as possible, taking into account the cost.

In the event of my incapacity, the following is additional information which I think is important for my family and advisors to know:

Original or copies of above document(s) are located

### Details/notes:

# LEGAL DOCUMENTS SUMMARY

Name:

Option: May attach document copies.

I am currently:

Trustee for a trust       Beneficiary of a trust       Attorney in fact, under GDPOA for another person  
 Patient Advocate for another person       Legal guardian for another person or conservator

## Document

Last Will and Testament  
 Living Trust  
 Living Will  
 Medical Power of Attorney  
 General Power of Attorney  
 Limited Power of Attorney  
 Life Insurance Trust  
 Charitable Trust  
 Minor's Trust  
 Section 529 or Other Education Plan  
 Custodial Account  
 Guardianship Papers  
 Organ Donation Form  
 Other Medical Directive  
 Family Partnership or LLC  
 Deeds to Real Property  
 Marriage License  
 Domestic Partner Agreement  
 Cohabitation Agreement  
 Pre-Nuptial Agreement  
 Post-Nuptial Agreement  
 Divorce or Separation Agreement

Name:

Child Support Agreement

Birth Certificates

Adoption Papers

Automobile Title

Boat and/or Airplane Title

Citizenship Papers

Burial or Pre-Need Agreement

Life Insurance Beneficiary Form

Military Discharge Papers (DD214)

Employment or Contractor Contract

Real Estate Title/Deed

Other

Name:

## Power of Attorney over my Assets

Immediate  Springing

## Power of Attorney for Medical Decisions

### Trustee (s)

## Guardian (s) for Minor Children

In the event of my incapacity, **I do**  **do not**  want to be kept home as long as possible, taking into account the cost.

In the event of my incapacity, the following is additional information which I think is important for my family and advisors to know:

Original or copies of above document(s) are located

05

## SPECIAL NEEDS FAMILY MEMBER

# SPECIAL NEEDS FAMILY MEMBER

Name: [REDACTED]

Relationship: [REDACTED]

Nature of disability: [REDACTED]

Special services they receive: [REDACTED]

Primary physician: [REDACTED]

Phone: [REDACTED]

There is a Trust for such person:  Yes  No Trust documents are located: [REDACTED]

I have been appointed Legal Guardian for such person:  Yes  No

I have named: [REDACTED]

as contingent Legal Guardian in the event I cannot fulfill my obligations

I have provided information on the accounts I handle for this person:

[REDACTED]

Pertinent documents:  Are attached  Can be found here: [REDACTED]

Details/notes:

[REDACTED]

# 06 INSURANCES

# HEALTH INSURANCE

## Medical, dental, vision, prescription

Name: [REDACTED]

Carrier name: [REDACTED]

Policy name: [REDACTED]

Policy number: [REDACTED]

Customer service phone: [REDACTED]

Plan type to include:  Employer  Retiree  Medicare

Details/notes:

---

[REDACTED]

[REDACTED]

## Medical, dental, vision, prescription

Name: [REDACTED]

Carrier name: [REDACTED]

Policy name: [REDACTED]

Policy number: [REDACTED]

Customer service phone: [REDACTED]

Plan type to include:  Employer  Retiree  Medicare

Details/notes:

---

[REDACTED]

[REDACTED]

## Medical, dental, vision, prescription

Name: [REDACTED]

Carrier name: [REDACTED]

Policy name: [REDACTED]

Policy number: [REDACTED]

Customer service phone: [REDACTED]

Plan type to include:  Employer  Retiree  Medicare

Details/notes:

---

[REDACTED]

[REDACTED]

## Medical, dental, vision, prescription

Name: [REDACTED]

Carrier name: [REDACTED]

Policy name: [REDACTED]

Policy number: [REDACTED]

Customer service phone: [REDACTED]

Plan type to include:  Employer  Retiree  Medicare

Details/notes:

---

[REDACTED]

[REDACTED]

# LIFE INSURANCE

## Life Insurance

Carrier name:	Owner name:	
Beneficiary name:		
Face value:	Cash value:	Loans:
Policy number:	Annual cost:	Automatic debit:
Details/notes:		

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## Life Insurance

Carrier name:	Owner name:	
Beneficiary name:		
Face value:	Cash value:	Loans:
Policy number:	Annual cost:	Automatic debit:
Details/notes:		

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## Life Insurance

Carrier name:	Owner name:	
Beneficiary name:		
Face value:	Cash value:	Loans:
Policy number:	Annual cost:	Automatic debit:
Details/notes:		

---

## Life Insurance

Carrier name:	Owner name:	
Beneficiary name:		
Face value:	Cash value:	Loans:
Policy number:	Annual cost:	Automatic debit:
Details/notes:		

# LONG TERM CARE INSURANCE

## Long Term Care Policy

Carrier Name:  Owner Name:

Waiting period:  Daily benefit:

Term of benefit:  Home care provider:  Yes  No

% of daily benefit used for Home Care:  % Inflation Rider:  simple:

Compounded maximum to:  Used for home care provider:  Yes  No

Indemnity feature:  Yes  No Spousal discount and premium wavier:  Yes  No

Spousal special premium consideration:  Yes  No

Unused benefit transferred to a surviving spouse  Yes  No

Type of account Premium payments are automatically withdrawn from:

Checking  Savings  Investment

Instructions and/or policy (ies) are located:

---

## Long Term Care Policy

Carrier Name:  Owner Name:

Waiting period:  Daily benefit:

Term of benefit:  Home care provider:  Yes  No

% of daily benefit used for Home Care:  % Inflation Rider:  simple:

Compounded maximum to:  Used for home care provider:  Yes  No

Indemnity feature:  Yes  No Spousal discount and premium wavier:  Yes  No

Spousal special premium consideration:  Yes  No

Unused benefit transferred to a surviving spouse  Yes  No

Type of account Premium payments are automatically withdrawn from:

Checking  Savings  Investment

Instructions and/or policy (ies) are located:

# CAR INSURANCE

## Automobile:

Carrier name:

Owner Name:

Policy number:

Annual cost:

Automatic debit:

Details/notes:

## Automobile:

Carrier name:

Owner Name:

Policy number:

Annual cost:

Automatic debit:

Details/notes:

## Automobile:

Carrier name:

Owner Name:

Policy number:

Annual cost:

Automatic debit:

Details/notes:

## Automobile:

Carrier name:

Owner Name:

Policy number:

Annual cost:

Automatic debit:

Details/notes:

# OTHER INSURANCE

## Disability:

Carrier Name:

Owner Name:

Employer  Retiree  Military  Government  Other

### Details/notes:

---

---

## Disability:

Carrier Name:

Owner Name:

Employer  Retiree  Military  Government  Other

### Details/notes:

---

---

## Property:

Carrier Name:

Owner Name:

Employer  Retiree  Military  Government  Other

### Details/notes:

---

---

## Homeowners:

Carrier Name:

Owner Name:

Employer  Retiree  Military  Government  Other

### Details/notes:

---

---

## Umbrella:

Carrier Name:

Owner Name:

Employer  Retiree  Military  Government  Other

### Details/notes:

---

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# 07 PETS

# PETS

## Type:

Pet's name:

Age

Special Notes:

Veterinarian name:

Address:

Phone:

Groomer name:

Address:

Phone:

Sitter name:

Address:

Phone:

Insurance:

Pet Trust:  Yes

No

Pet Trust is located:

Details/notes:

## Type:

Pet's name:

Age

Special Notes:

Veterinarian name:

Address:

Phone:

Groomer name:

Address:

Phone:

Sitter name:

Address:

Phone:

Insurance:

Pet Trust:  Yes

No

Pet Trust is located:

Details/notes:

## Type:

Pet's name:

Age

Special Notes:

Veterinarian name:

Address:

Phone:

Groomer name:

Address:

Phone:

Sitter name:

Address:

Phone:

Insurance:

Pet Trust:  Yes

No

Pet Trust is located:

Details/notes:

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## FUNERAL DETAILS

# UPON DEATH

Name: [REDACTED]

I have the following final wishes:

[REDACTED]

Funeral home: [REDACTED]

Location: [REDACTED]

Cemetery: [REDACTED]

Plot/drawer#: [REDACTED]

I have prepaid my burial costs  Yes  No  For my burial plot  For my casket

Details, instructions and/or policy(ies) are located: [REDACTED]

I have a deceased:  Spouse  Parent  Child Who is buried at: [REDACTED]

I wish to be buried next to such person:  Yes  No

I want to be cremated:  Yes  No Crematory: [REDACTED]

I want a memorial service/celebration of life:  Yes  No

## Military Funeral Honors:

Military branch of services: [REDACTED]

SVS# [REDACTED]

SS#: [REDACTED]

Grade or rank: [REDACTED]

Dates of service from: [REDACTED]

To: [REDACTED]

Dates of service from: [REDACTED]

To: [REDACTED]

Military status:  Veteran  Retired veteran Medal of honor:  Recipient  General

Copy of separation or military discharge form can be found: (DD214 or DD215)

[REDACTED]

Upon my death, I would like the American Flag presented to: [REDACTED]

Details/notes:

[REDACTED]

## Special Requests:

Name: [REDACTED]

Organs for donation: [REDACTED]

Priest/Minister/Rabbi to perform service: [REDACTED]

Pallbearers: [REDACTED]

I would like the following person(s) to give the eulogy at my service: [REDACTED]

Obituary reading: [REDACTED]

Tombstone engraving: [REDACTED]

In lieu of flowers, please ask for donations to: [REDACTED]

Other special requests: [REDACTED]

I would like the following songs, music, poetry, etc., at my funeral: [REDACTED]

My most memorable photos/videos are located: [REDACTED]

I would like the following people be notified at my death\*: [REDACTED]

\*also list hairdressers, barber, manicurist and other personal care professionals.

I would like the following people to attend my service: [REDACTED]

It is my wish that the following person(s) do not attend my service: [REDACTED]

In the event of my death, the following is important additional information for family and advisors: [REDACTED]

# UPON DEATH

Name: [REDACTED]

I have the following final wishes:

[REDACTED]

Funeral home: [REDACTED]

Location: [REDACTED]

Cemetery: [REDACTED]

Location: [REDACTED]

I have prepaid my burial costs  Yes  No  For my burial plot  For my casket

Details, instructions and/or policy(ies) are located: [REDACTED]

I have a deceased:  Spouse  Parent  Child Who is buried at: [REDACTED]

I wish to be buried next to such person:  Yes  No

I want to be cremated:  Yes  No Crematory: [REDACTED]

I want a memorial service/celebration of life:  Yes  No

## Military Funeral Honors:

Military branch of services: [REDACTED]

SVS# [REDACTED]

SS#: [REDACTED]

Grade or rank: [REDACTED]

Dates of service from: [REDACTED]

To: [REDACTED]

Dates of service from: [REDACTED]

To: [REDACTED]

Military status:  Veteran  Retired veteran Medal of honor:  Recipient  General

Copy of separation or military discharge form can be found: (DD214 or DD215)

[REDACTED]

Upon my death, I would like the American Flag presented to: [REDACTED]

Details/notes:

[REDACTED]

## Special Requests:

Name: [REDACTED]

Organs for donation: [REDACTED]

Priest/Minister/Rabbi to perform service: [REDACTED]

Pallbearers: [REDACTED]

I would like the following person(s) to give the eulogy at my service: [REDACTED]

Obituary reading: [REDACTED]

Tombstone engraving: [REDACTED]

In lieu of flowers, please ask for donations to: [REDACTED]

Other special requests: [REDACTED]

I would like the following songs, music, poetry, etc., at my funeral: [REDACTED]

My most memorable photos/videos are located: [REDACTED]

I would like the following people be notified at my death\*: [REDACTED]

\*also list hairdressers, barber, manicurist and other personal care professionals.

I would like the following people to attend my service: [REDACTED]

It is my wish that the following person(s) do not attend my service: [REDACTED]

In the event of my death, the following is important additional information for family and advisors: [REDACTED]

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OTHER

# LOCATION OF VALUABLE/ NECESSARY ITEMS

## My General Information:

Name: [REDACTED]

I have a safe deposit box:  Yes  No It may be found: [REDACTED]

The key may be found: [REDACTED]

People with signature authority to open the box:

I have a personal safe:  Yes  No The combination is: [REDACTED]

The safe may be found: [REDACTED]

Phone number/access codes:

Phone	Phone number	Access code or password	Voice mail retrieval number
Cell	[REDACTED]	[REDACTED]	[REDACTED]
Tablet	[REDACTED]	[REDACTED]	[REDACTED]
Work	[REDACTED]	[REDACTED]	[REDACTED]
Home	[REDACTED]	[REDACTED]	[REDACTED]
Home alarm code	[REDACTED]	[REDACTED]	[REDACTED]
Office alarm code	[REDACTED]	[REDACTED]	[REDACTED]
Other	[REDACTED]	[REDACTED]	[REDACTED]

People\* to contact in an emergency:

\*Listed in my cell phone as ICE 1, ICE 2 etc. (ICE — In case of emergency)

Other important numbers:

Item	Number	Original documents located
My social security number:	[REDACTED]	[REDACTED]
My spouse's/partner's social security number:	[REDACTED]	[REDACTED]
My driver's license:	[REDACTED]	[REDACTED]
Expiration date:	[REDACTED]	[REDACTED]
My spouse's/partner's driver's license:	[REDACTED]	[REDACTED]
Expiration date:	[REDACTED]	[REDACTED]
My Medicare number:	[REDACTED]	[REDACTED]
My spouse's/partner's Medicare number:	[REDACTED]	[REDACTED]
Expiration date:	[REDACTED]	[REDACTED]
My passport number:	[REDACTED]	[REDACTED]
Expiration date:	[REDACTED]	[REDACTED]
My spouse's/partner's passport number:	[REDACTED]	[REDACTED]
Expiration date:	[REDACTED]	[REDACTED]
Other expires:	[REDACTED]	[REDACTED]
Other expires:	[REDACTED]	[REDACTED]

Instructions and/or original document(s) (or copies) of above information is located:

# DIGITAL ASSETS

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

**The password to my computer is:**

**My email address is:**

**Password:**

## **My Internet account is with:**

**Account #:**

User name:

**Password:**

**Other important websites/passwords include:**

**Websites, accounts, apps, software**      **User ID**      **Password/pin#**      **Security questions/answers**

# LOCATION OF VALUABLE/ NECESSARY ITEMS

## My General Information:

Name: [REDACTED]

I have a safe deposit box:  Yes  No It may be found: [REDACTED]

The key may be found: [REDACTED]

People with signature authority to open the box:

I have a personal safe:  Yes  No The combination is: [REDACTED]

The safe may be found: [REDACTED]

Phone number/access codes:

Phone	Phone number	Access code or password	Voice mail retrieval number
Cell	[REDACTED]	[REDACTED]	[REDACTED]
Tablet	[REDACTED]	[REDACTED]	[REDACTED]
Work	[REDACTED]	[REDACTED]	[REDACTED]
Home	[REDACTED]	[REDACTED]	[REDACTED]
Home alarm code	[REDACTED]	[REDACTED]	[REDACTED]
Office alarm code	[REDACTED]	[REDACTED]	[REDACTED]
Other	[REDACTED]	[REDACTED]	[REDACTED]

People\* to contact in an emergency:

\*Listed in my cell phone as ICE 1, ICE 2 etc. (ICE — In case of emergency)

Other important numbers:

### Item

My social security number: [REDACTED] [REDACTED]

My spouse's/partner's social security number: [REDACTED] [REDACTED]

My driver's license: [REDACTED] [REDACTED]

Expiration date: [REDACTED]

My spouse's/partner's driver's license: [REDACTED] [REDACTED]

Expiration date: [REDACTED]

My spouse's/partner's Medicare number: [REDACTED] [REDACTED]

Expiration date: [REDACTED]

My passport number: [REDACTED] [REDACTED]

Expiration date: [REDACTED]

My spouse's/partner's passport number: [REDACTED] [REDACTED]

Expiration date: [REDACTED]

Other expires: [REDACTED] [REDACTED]

Other expires: [REDACTED] [REDACTED]

Instructions and/or original document(s) (or copies) of above information is located: [REDACTED]

# DIGITAL ASSETS

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

**The password to my computer is:**

**My email address is:**

## My Internet account is with:

User name:

## Other important websites/passwords include:

**Websites, accounts, apps, software**      **User ID**      **Password/pin#**      **Security questions/answers**

# OTHER

## Education:



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## Other:





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