

PERSONAL RECORDS ORGANIZER

1. Information Regarding These Records

This information was compiled on the _____ day of _____, 20____.

2. Personal Information

My full legal name is: _____

I reside at: _____

City	State	County
------	-------	--------

I was born in: _____

City	County	State
------	--------	-------

I was born on: _____

Month	Day	Year
-------	-----	------

I have stored my birth records: _____

I am a citizen of: USA _____ Foreign country: _____

Location of citizenship papers: _____

I **Currently** Am Married to: _____

First	Middle	Maiden
-------	--------	--------

We were married on: _____

Month	Day	Year
-------	-----	------

We were married in: _____

City	County	State
------	--------	-------

My spouse was born on: _____

Month	Day	Year
-------	-----	------

Place of Birth: _____

City	County	State	Country
------	--------	-------	---------

My Children are: (List Name, Birthdate and Current Address)

I have the following siblings: (List Name, Birthdate and Current Address)

Former marriages:

I was previously married to: _____
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

We were divorced in: _____
City State

Location of divorce records: _____

Attorney: _____

I was also previously married to _____
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

We were divorced in: _____

City

State

Location of divorce records: _____

I was also previously married to: _____

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

We were divorced in: _____

City

State

Location of divorce records: _____

Attorney: _____

My Parents:

My father's name is: _____

He was born on: _____

He is currently (alive, deceased): _____

He died on: _____

He was buried at: _____

My mother's name is: _____

(Maiden Name)

She was born on: _____

She is currently (alive, deceased): _____

She died on: _____

She was buried at: _____

Military Service:

_____ No military service

Branch of Service: _____ Country _____

From: _____ To: _____

Date of Discharge: _____ Type of Discharge: _____

Highest Grade Or Rank Attained: _____

Employment:

My present employer is: _____
Name

_____ Address Phone

I began my employment on: _____

My supervisor is: _____

My Social Security number is: _____

My social security card is located: _____

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

1. _____

2. _____

3. _____

4. _____

5. _____

I am not a member of a Labor Union: _____

I am a member of a Labor Union: _____

Name of Local: _____

Address

Phone

I am not a member of a credit union: _____

I am a member of a credit union: _____

Name

Address

3. My Estate Planning Documents

My Will

I do not have a will: _____

I have a will: _____

An original executed copy of my will is located: _____

It is dated: _____, _____

The original executed Codicil, if any, is located:

It is dated: _____, _____

The attorney who prepared my will is: _____

My attorney's contact information is: _____

Address

Phone

I have named the following Executor(s) and Trustee(s):

I have named the following guardians of my children: (list names and addresses)

The following people witnessed my will: (list names and addresses)

My Directive to Physicians (“Living Will”):

I do not have a “Living Will”: _____

I have a “Living Will”: _____

It is located: _____

It is dated: _____

The attorney who prepared this document is: _____

My Medical Power of Attorney:

I do not have a Durable Medical Power of Attorney: _____

I have a Medical Power of Attorney: _____

It is located: _____

It is dated: _____

The attorney who prepared this document is: _____

My Durable Power of Attorney:

I do not have a Durable Power of Attorney: _____

I have a Durable Power of Attorney: _____

It is located: _____

It is dated: _____

The attorney who prepared this document is: _____

My Trusts:

I have created (or am a beneficiary of) the following trusts:

Trust name: _____

Date of trust instrument: _____

Location of original trust instrument: _____

Name and address of current trustee: _____

Name and address of successor trustee(s): _____

Trust name: _____

Date of trust instrument: _____

Location of original trust instrument: _____

Name and address of current trustee: _____

Name and address of successor trustee(s): _____

Trust name: _____

Date of trust instrument: _____

Location of original trust instrument: _____

Name and address of current trustee: _____

Name and address of successor trustee(s): _____

Other estate planning documents: (Please describe and state location)

4. Insurance

Life Insurance:

I do not have life insurance: _____ I have insurance: _____

Insurance coverage is handled by:

Name of Broker/Agent Phone

Location of policies: _____

Policies covering others:

I own insurance policies on the lives of others.

Name of persons insured: _____

Location of policies: _____

Annuities:

I do not have annuities: _____

I have annuities: _____

Location of annuity contracts: _____

Medical and Long Term Care Insurance: Accident, hospitalization, disability, long term care and all other insurance

A list of my policies is located: _____

My policies are located: _____

Insurance coverage is handled by:

Name of Broker/Agent Phone

Medicare:

I am not registered for Medicare: _____

I am registered for Medicare: _____

Enrollment _____ at _____
Date City State

Location of Medicare card: _____

5. My Assets and Liabilities

Safe deposit boxes:

I do not have a safe deposit box(es): _____

I have a safe deposit box(es): _____

Location of safe deposit boxes: _____

Keys to my safe deposit boxes can be found: _____

The following people have access to my safe deposit box:

Name Address Phone

Name Address Phone

Accounts:

Checking
Accounts: _____
Financial Institution Account Number

Financial Institution Account Number

Savings

Accounts: _____
Financial Institution Account Number

_____ Financial Institution Account Number

Other

Accounts: _____
Financial Institution Account Number

_____ Financial Institution Account Number

_____ Financial Institution Account Number

Passbooks located at: _____

Joint Accounts: (Name & Acct. No.)

Names of people authorized to sign checks for me:

Name Address Phone

Name Address Phone

Names Address Phone

Real Estate:

I do not own real estate: _____

I own real estate: _____

I am the sole owner: _____

My property is located: _____

Mortgage on my residence is held by:

Insurance coverage is handled by:

Name of Broker/Agent Phone

Location of policies: _____

Location of records pertaining to this property: _____

Other Real Estate I own

I am sole owner: _____

Location of documents pertaining to this property:

Insurance coverage is handled by:

Name of Broker/Agent Phone

Location of policies: _____

I lease property to others: _____ Yes _____ No

_____ Vacant _____ Improved

To: _____
Name Address Phone

At _____
List Location

Location of leases: _____

U. S. Savings Bonds:

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

I own U.S. Savings Bonds: _____

I am sole owner: _____

List of bonds, serial numbers, co-ownership and beneficiaries at my death can be found: _____

Location of bonds: _____

Securities (Stocks and Bonds):

I do not own securities (stocks and bonds): _____

I own securities (Stocks & Bonds): _____

List of all securities and certificate numbers will be found:

Location of certificates: _____

I do not have a brokerage account: _____

I have a brokerage account: _____

Name of broker or firm: _____

_____	_____
Address	Name
_____	_____
Address	Phone

Location of pertinent insurance policies on personal property: _____

Insurance broker: _____

Name

Phone

Location of proof of ownership, receipts, bills of sales, etc: _____

Miscellaneous assets:

List of other assets I own that are not otherwise covered above:

Digital Assets:

List of online accounts, usernames, and passwords:

Account Username Password

Description: _____

Description: _____

Tax Records:

Location of copies of previous year's tax returns: _____

Party who prepared or assisted in tax returns: _____

Worksheets and evidence in support of returns are located at: _____

Current withholding tax forms and receipts received from my employer are located at:

6. Burial

I do not own a cemetery plot: _____

I would like to be buried:

Name of Cemetery

City

I own a cemetery plot: _____

Cemetery plot: _____

Name of Cemetery

Describe location

Deed located at: _____

There is a provision for perpetual care: _____

There is not a provision for perpetual care: _____

I have given instructions regarding my funeral in:

_____ A letter

_____ Other: _____

Religious Affiliation:

List place of worship

Address

Spiritual leader

Phone

7. People familiar with my affairs

Please print name, address and phone number.

Attorney: _____

Accountant – Tax Counselors: _____

Banker: _____

Doctor: _____

Employer: _____

Funeral director: _____

Insurance agent: _____

Executor of estate: _____

Fraternal or professional groups: (Please notify) _____

Relatives and personal friends: (Please notify) _____
