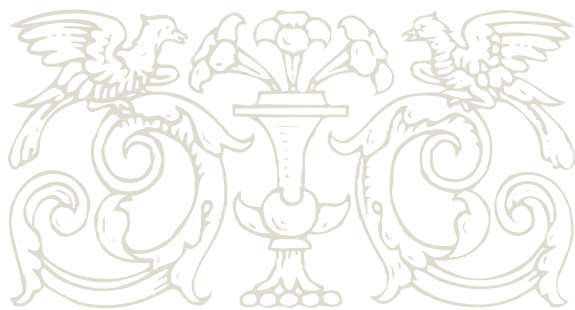




# PERSONAL RECORDS

Confidential records to assist in handling my  
affairs in the even of an emergency.



Print out a free copy of this booklet at  
[www.ExecutiveHomemaker.com](http://www.ExecutiveHomemaker.com)



### Personal Records of:

Name: -----

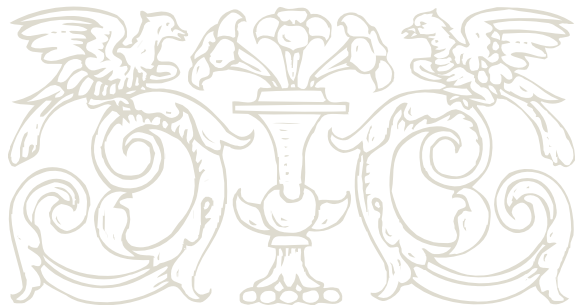
Sign here: -----

This record was completed on:

-----

It was revised on (list dates):

- 1. -----
- 2. -----
- 3. -----
- 4. -----



### Funeral

I would like the following people to:

Read my Obituary: \_\_\_\_\_

Speak: \_\_\_\_\_

Speak: \_\_\_\_\_

I would like the following music played:

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

Other Special Instructions:

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

### Religious Affiliation

Church or Temple: \_\_\_\_\_

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

Pastor or Rabbi: \_\_\_\_\_

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





### Burial

**I Do / Do Not**

\_\_\_\_\_ own a cemetery lot

Name of Cemetery: \_\_\_\_\_

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

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

Describe location: \_\_\_\_\_

Deed located at: \_\_\_\_\_

**Is / Is Not**

\_\_\_\_\_ a provision for perpetual care

**I Do / Do Not**

\_\_\_\_\_ prefer to be an organ donor.

I have given instruction regarding my funeral in the following:

\_\_\_\_\_ Will \_\_\_\_\_ Letter \_\_\_\_\_ Other: \_\_\_\_\_

Membership or fraternal organizations providing cemetery benefits.

c  
\_\_\_\_\_  
\_\_\_\_\_

My preference for burial would be at: (Name of Cemetery)

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

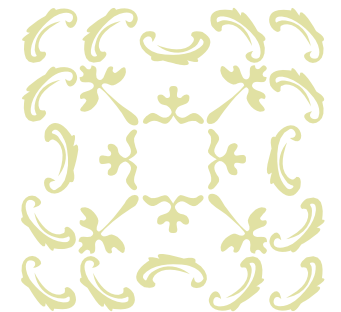


# PERSONAL RECORDS



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### Vital Papers Locations

1. Birth Certificates:

\_\_\_\_\_

2. Marriage Certificate:

\_\_\_\_\_

3. Will or Revocable Trust:

\_\_\_\_\_

4. Power of Attorney:

\_\_\_\_\_

5. Medical Records:

\_\_\_\_\_

6. Dental Records:

\_\_\_\_\_

### Safe Deposit Boxes

\_\_\_ I have a safe deposit box.

\_\_\_ I do not have a safe deposit box.

Located at \_\_\_\_\_

Keys will be found at \_\_\_\_\_ No. \_\_\_

\_\_\_\_\_ No. \_\_\_

The following person has access (name and address)

\_\_\_\_\_ No. \_\_\_

\_\_\_\_\_ No. \_\_\_



Is the buy/sell or stock redemption agreement funded by life insurance? If so, list the insurance company, policy number, policy owner and beneficiary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If there is no buy out agreement, how will your survivor(s) receive your proportional share of the business?

\_\_\_\_\_

\_\_\_\_\_

Will your survivor have to bear any of the business liabilities or assume any of your responsibilities/

\_\_\_\_\_

\_\_\_\_\_

Does the business owe you any money? If so, how much, what are the terms of repayment, and where are the loan documents located?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





### About Your Business

**I Do / Do Not**

\_\_\_\_\_ own a business

What is the name, address, and phone number of your business:

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

List the names, addresses, and phone numbers of the lawyer and accountant for your business.

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

Is the business a corporation, partnership, or sole proprietorship?

\_\_\_\_\_

What percentage of the business do you own? \_\_\_\_\_

Do you have a “buy/sell” or “stock redemption” agreement?  
If so list the basic terms and the location of the document.

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



### People Familiar with My Affairs

#### Professional Services

names, addresses, and phone numbers

1. Attorney:

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

2. Accountant or Tax Counselor:

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

3. Credit Union Executive or banker:

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

4. Funeral Director:

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

5. Investment Representative:

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







### Trust Funds

I have created a trust for the benefit of \_\_\_\_\_  
\_\_\_\_\_

Established on: \_\_\_\_\_

Name of Trustee if different from attorney:  
\_\_\_\_\_

Name of attorney who drafted trust agreement:  
\_\_\_\_\_  
\_\_\_\_\_

Trust located at: \_\_\_\_\_

### My Will

The original executed copy of my will is located at:  
\_\_\_\_\_

Attorney who drafted my will (name, address, phone):  
\_\_\_\_\_  
\_\_\_\_\_



Married to: \_\_\_\_\_

Marriage Date: \_\_\_\_\_

Marriage City, State: \_\_\_\_\_

Children (list name and birthdates)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Divorced                      \_\_\_\_\_ Legally Separated

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

Attorney: \_\_\_\_\_

### Insurance

#### Health/Life/Disability Insurance

#### I Do / Do Not

\_\_\_\_\_ have Life Insurance

\_\_\_\_\_ have Life Savings Insurance on my savings/  
share account

\_\_\_\_\_ have Life Insurance through my employer.

I also have insurance through \_\_\_\_\_

\_\_\_\_\_  
(other than employer or credit card, and not including Life Savings Ins.)





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

Agent: \_\_\_\_\_

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

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

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

Policy located at: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_

### Policies covering lives of others

\_\_\_\_ I own insurance policies/certificates on the lives of others.

Name of person insured: \_\_\_\_\_

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

Agent: \_\_\_\_\_

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

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

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

Policy located at: \_\_\_\_\_



## Your Estate Financial Account Information

### Share Certificate / Certificates of Deposit (CDs)

Institution: \_\_\_\_\_

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

Institution: \_\_\_\_\_

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

Institution: \_\_\_\_\_

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

### Real Estate

#### I Do / Do Not

\_\_\_\_\_ own Real Estate

\_\_\_\_\_ I am sole owner.

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

Mortgage Holder: \_\_\_\_\_

Documents located at: \_\_\_\_\_

Insurance Coverage handled by: \_\_\_\_\_

\_\_\_\_\_





### Homeowner Insurance

**I Do / Do Not**

\_\_\_\_\_ have Homeowner insurance

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

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

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

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

Policy located at: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### Auto Insurance

**I Do / Do Not**

\_\_\_\_\_ have Auto Insurance

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

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

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

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

Policy located at: \_\_\_\_\_

Policy Number: \_\_\_\_\_



### Annuities

**I Do / Do Not**

\_\_\_\_\_ have Annuities

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

Policy located at: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_

### Credit Life/Credit Disability

**I Do / Do Not**

\_\_\_\_\_ have Credit Life/Credit Disability on my loans.

Insurance Company / Financial Institution / Car Dealership:

\_\_\_\_\_

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

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

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

Policy located at: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_

My Principal life insurance broker is \_\_\_\_\_

\_\_\_\_\_





### Health Insurance

**I Do / Do Not**

\_\_\_\_\_ have Health Insurance

Is it Group Health or Individually Owned: \_\_\_\_\_

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

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

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

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

Policy located at: \_\_\_\_\_

Policy Number: \_\_\_\_\_

My Principal life insurance broker is \_\_\_\_\_

\_\_\_\_\_

### Accident / Hospitalization Insurance

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

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

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

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

Policy located at: \_\_\_\_\_

Policy Number: \_\_\_\_\_



### Medicare

**I Am / Am Not**

\_\_\_\_\_ registered fro Medicare

Date of enrollment: \_\_\_\_\_

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

Medicare - Health Insurance card located at: \_\_\_\_\_

\_\_\_\_\_

### Medicare Supplement

**I Do / Do Not**

\_\_\_\_\_ have Medicare Supplement

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

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

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

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

Policy located at: \_\_\_\_\_

Policy Number: \_\_\_\_\_

