

**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
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I was born in: \_\_\_\_\_

City	County	State
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I was born on: \_\_\_\_\_

Month	Day	Year
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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
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We were married on: \_\_\_\_\_

Month	Day	Year
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We were married in: \_\_\_\_\_

City	County	State
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My spouse was born on: \_\_\_\_\_

Month	Day	Year
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Place of Birth: \_\_\_\_\_

City	County	State	Country
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My Children are: (List Name, Birthdate and Current Address)

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

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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)

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

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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: \_\_\_\_\_

Name

Address

Phone

Location of records of purchase and sale: \_\_\_\_\_  
\_\_\_\_\_

Personal Property:

I own the following personal property:

Autos: Yes \_\_\_\_\_ No \_\_\_\_\_

1. \_\_\_\_\_  
Make Year
2. \_\_\_\_\_  
Make Year
3. \_\_\_\_\_  
Make Year

Title(s) located at: \_\_\_\_\_  
\_\_\_\_\_

Household Furnishings: Yes \_\_\_\_\_ No \_\_\_\_\_

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

Jewelry: Yes \_\_\_\_\_ No \_\_\_\_\_

Location of inventory list and appraisals: \_\_\_\_\_

Boat: Yes \_\_\_\_\_ No \_\_\_\_\_

- \_\_\_\_\_ Make Year
- \_\_\_\_\_ Motor Year

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

Miscellaneous personal property

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

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
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Account	Username	Password
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Account	Username	Password
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Account	Username	Password
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Account	Username	Password
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Account	Username	Password
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Account	Username	Password
Account	Username	Password
Account	Username	Password
Account	Username	Password
Account	Username	Password

Credit cards:

I possess the following credit cards:

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Other liabilities:

Mortgages, notes, and other debts not noted elsewhere.

Description: \_\_\_\_\_

Description: \_\_\_\_\_

Description: \_\_\_\_\_

Description: \_\_\_\_\_

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) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_