

DATE:

LEGAL, FINANCIAL, AND MEDICAL INFORMATION

HEAD OF HOUSEHOLD full name:		
Date of birth		
Social security #		
Driver's license # and state		
Passport #		
Military service #		
Church membership #		
Family members	Address	Phone

SPOUSE full name:		
Date of birth		
Social security #		
Driver's license # and state		
Passport #		
Military service #		
Church membership #		
Family members	Address	Phone

CHILDREN	Date of birth	Address	Phone
	Social security #		

BANK/CREDIT UNION	Checking account #	Savings account #
	Name on account	Name on account

BILLS we pay (mark to indicate payment method: check C, online O, or autopay AP)

	Company and Account #	Monthly	Quarterly	Twice/yr	Yearly
Rent/mortgage					
Storage unit					
Yard care					
Maid service					
Water					
Gas/Propane					
Electricity					
Trash					
Sewer					
Internet					

	Company and Account #	Monthly	Quarterly	Twice/yr	Yearly
Telephone					
Cable TV					
Cell phone					
Newspaper					
Credit cards (see page 242)					
Church donations					
Autopay donations					
HOA fees					
Car insurance #1					
Car insurance #2					
Homeowner's insurance					
Flood insurance					

	Company and Account #	Monthly	Quarterly	Twice/yr	Yearly
Medical insurance					
Dental insurance					
Vision insurance					
Life insurance					
Disability insurance					
Property tax #1					
Property tax #2					
Car loan #1					
Car loan #2					
School loan					
Business loan					
Other					

Make COPIES of credit cards both front and back to include with this record.

CREDIT CARDS

Name	Account #	Customer Service phone	PS	PB	AP

Paper statement (PS), paperless billing (PB), automatic payment (AP)

LOANS

	Institution	Account #	Contact information
Mortgage			
Car #1			
Car #2			
Business			
School			
Other			

PEOPLE we owe money

Name	Address	Phone	Amount

INSURANCE

	Account #	Company	Agent	Telephone
Health/Medicare				
Medicare supplement				
Medicare drug				
Dental				
Vision				
HSA				
Life #1				
Life #2				
Disability				
Homeowner's				
Flood				
Car #1				
Car #2				

INVESTMENTS

Company/Bank	Account #	Contact information

PENSION plan

Account #	
Employer	
Employer HR contact	
Pension company	
Pension company contact	
Survivor benefits:	

ADVISORS

	Address	Phone
Lawyer		
Accountant		
Investment broker		
Other		

SOURCES OF INCOME

	Monthly	Quarterly	Yearly	Auto deposit
Paycheck				
Pension				
Social Security				
Investments				
Rental property				
Other				

PROPERTY we own:

Location of duplicate keys

PROPERTY we lease/rent to others:

PEOPLE who owe us money:

Name	Address	Phone	Amount

LOCATION of important papers

Wills	
Love letter	
Trust	
Powers of attorney	
Birth certificates	
Marriage certificate	
Passports	
Medical directives	
Funeral & burial info	
Obituary	
Car titles	
Real estate title	
Household inventory	
Other	

SAFE deposit box

Key location	
Location of box	
Contents	

STORAGE UNIT

Location	
Security gate passcode	
Location of key	
Contents	

COMPUTER password/pin:

IPAD password/pin:

CELLPHONE password/pin:

Location of additional usernames and passwords:

EMAIL ADDRESSES

Name	Address

CARS

#1 license plate #	
location of all keys	
#2 license plate #	
location of all keys	

EMPLOYER contact information:

PERSONAL BUSINESS information

MEDICAL PROVIDERS

	Name	Address	Phone
Doctor			
Doctor			
Doctor			
Dentist			
Optometrist			
Pharmacy			

REGULAR PRESCRIPTION MEDICATIONS

	Prescription #	Pharmacy phone
#1		
#2		
#3		
#4		

PETS

Veterinarian	
Location of vaccination records	
Medication #1	
Medication #2	
Recommended diet	

KEEP THIS DOCUMENT SECURE

**KEEP AT LEAST ONE ADDITIONAL COPY IN A SECURE PLACE AWAY FROM
YOUR HOME OR OFFICE**