

Personal Information

Name (Full) _____

Maiden Name _____

Social Security # _____

Date of Birth _____

Place of Birth _____

Spouse's Name _____

Maiden Name _____

Spouse SSN _____

Place of Birth _____

The Lifestyle of Essential Paperwork Process - Your Pathway to Peace of Mind!

Contact Directory

Family Members

Name _____ Address _____ _____ _____ Cell # _____ Work # _____ Email _____ _____ Date of Birth _____ Relationship _____	Name _____ Address _____ _____ _____ Cell # _____ Work # _____ Email _____ _____ Date of Birth _____ Relationship _____
Name _____ Address _____ _____ _____ Cell # _____ Work # _____ Email _____ _____ Date of Birth _____ Relationship _____	Name _____ Address _____ _____ _____ Cell # _____ Work # _____ Email _____ _____ Date of Birth _____ Relationship _____
Name _____ Address _____ _____ _____ Cell # _____ Work # _____ Email _____ _____ Date of Birth _____ Relationship _____	Name _____ Address _____ _____ _____ Cell # _____ Work # _____ Email _____ _____ Date of Birth _____ Relationship _____
Name _____ Address _____ _____ _____ Cell # _____ Work # _____ Email _____ _____ Date of Birth _____ Relationship _____	Name _____ Address _____ _____ _____ Cell # _____ Work # _____ Email _____ _____ Date of Birth _____ Relationship _____
Name _____ Address _____ _____ _____ Cell # _____ Work # _____ Email _____ _____ Date of Birth _____ Relationship _____	Name _____ Address _____ _____ _____ Cell # _____ Work # _____ Email _____ _____ Date of Birth _____ Relationship _____
Name _____ Address _____ _____ _____ Cell # _____ Work # _____ Email _____ _____ Date of Birth _____ Relationship _____	Name _____ Address _____ _____ _____ Cell # _____ Work # _____ Email _____ _____ Date of Birth _____ Relationship _____
Name _____ Address _____ _____ _____ Cell # _____ Work # _____ Email _____ _____ Date of Birth _____ Relationship _____	Name _____ Address _____ _____ _____ Cell # _____ Work # _____ Email _____ _____ Date of Birth _____ Relationship _____
Name _____ Address _____ _____ _____ Cell # _____ Work # _____ Email _____ _____ Date of Birth _____ Relationship _____	Name _____ Address _____ _____ _____ Cell # _____ Work # _____ Email _____ _____ Date of Birth _____ Relationship _____

Address _____ _____ _____	Address _____ _____ _____
Cell # _____	Cell # _____
Work # _____	Work # _____
Email _____ _____	Email _____ _____
Date of Birth _____	Date of Birth _____
Relationship _____	Relationship _____
Name _____	Name _____
Address _____ _____ _____	Address _____ _____ _____
Cell # _____	Cell # _____
Work # _____	Work # _____
Email _____ _____	Email _____ _____
Date of Birth _____	Date of Birth _____
Relationship _____	Relationship _____
Name _____	Name _____
Address _____ _____ _____	Address _____ _____ _____
Cell # _____	Cell # _____
Work # _____	Work # _____
Email _____ _____	Email _____ _____
Date of Birth _____	Date of Birth _____
Relationship _____	Relationship _____
Name _____	Name _____
Address _____ _____ _____	Address _____ _____ _____
Cell # _____	Cell # _____

Friends, Neighbors, Coworkers, Etc.

Name _____

Address _____

Cell # _____

Work # _____

Email _____

Relationship _____

Name _____

Address _____

Cell # _____

Work # _____

Email _____

Relationship _____

Name _____

Address _____

Cell # _____

Work # _____

Email _____

Relationship _____

Name _____

Address _____

Address _____

Cell # _____

Work # _____

Email _____

Relationship _____

Name _____

Address _____

Cell # _____

Work # _____

Email _____

Relationship _____

Name _____

Address _____

Cell # _____

Work # _____

Email _____

Relationship _____

Name _____

Address _____

Cell # _____

Professional Directory

Attorney

Name _____

Address _____

Phone #s _____

Emails _____

Executor of Will

Name _____

Address _____

Cell # _____

Work # _____

Email _____

Relationship _____

Stockbroker-Investment Firm

Name _____

Address _____

Cell # _____

Work # _____

Email _____

Relationship _____

Insurance Agent

Name _____

Address _____

Cell # _____

Work # _____

Email _____

Relationship _____

Insurance Company/Agent

Name _____

Address _____

Cell # _____

Work # _____

Email _____

Relationship _____

Accountant

Name _____

Address _____

Cell # _____

Work # _____

Email _____

Relationship _____

Financial Advisor

Name _____

Address _____

Cell # _____

Work # _____

Email _____

Relationship _____

Banking manager

Name _____

Address _____

Cell # _____

Work # _____

Email _____

Relationship _____

Employer - 401K

Name _____

Address _____

Cell # _____

Work # _____

Email _____

Relationship _____

Doctor (Primary)

Name _____

Address _____

Cell # _____

Work # _____

Email _____

Relationship _____

Bookeeper/CPA

Name _____

Address _____

Cell # _____

Work # _____

Email _____

Relationship _____

Name _____

Address _____

Cell # _____

Work # _____

Email _____

Relationship _____

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Financial Goals:

What do you want the future to look like?

What will bring pleasure to your life now and security and independence in the future?

Consider all areas of your life such as housing, hobbies, travel, volunteer work, education, employment or business, major purchases, fitness, recreation, gift, and charitable contributions.

Goal Statements:







<i>Short-Term Objectives (Less than 3 months)</i>	<i>Estimated Cost</i>	<i>Target Date</i>	<i>Weekly \$ To Save</i>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

<i>Medium-Term Objective (3 months to 1 year)</i>	<i>Estimated Cost</i>	<i>Target Date</i>	<i>Weekly \$ To Save</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<i>Long-Term Objective (more than 1 year)</i>	<i>Estimated Cost</i>	<i>Target Date</i>	<i>Weekly \$ To Save</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Safe-Deposit Box or Safe

<i>Location of box</i>	<i>Box number</i>	<i>Names on box</i>	<i>Key location</i>
_____	_____	_____	_____
_____	_____	_____	_____

Credit Cards

<i>Issued By</i>	<i>Card Name</i>	<i>Account #</i>	<i>PIN #</i>	<i>Lost/Stolen Call</i>
<i>Citibank</i>	<i>VISA</i>	<i>123456789</i>	<i>1234</i>	<i>800-888-1234</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Financial Institutions

<i>Type of Account</i>	<i>Name/Address</i>	<i>Account #</i>	<i>Names on account</i>	<i>PIN/PW</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Insurance Policies

<i>Type of Policy</i>	<i>Company and Address</i>	<i>Policy #</i>	<i>Effective Date</i>	<i>Policy Amt.</i>	<i>Location of Policy</i>
Life _____	_____	_____	_____	_____	_____
Health (Medicare, etc) _____	_____	_____	_____	_____	_____
Supplement _____	_____	_____	_____	_____	_____
Long Term Care _____	_____	_____	_____	_____	_____
Other Medical _____	_____	_____	_____	_____	_____
Disability _____	_____	_____	_____	_____	_____
Vehicles _____	_____	_____	_____	_____	_____
Homeowner's _____	_____	_____	_____	_____	_____

Bank Accounts, Savings, and Credit Union Accounts

<i>Type of Account</i>	<i>Name and Address</i>	<i>Name on Account</i>	<i>Account #</i>	<i>Location of Records</i>
Checking _____	_____	_____	_____	_____
Checking _____	_____	_____	_____	_____
Saving _____	_____	_____	_____	_____
Saving _____	_____	_____	_____	_____

Investments - Stocks, Bonds, Mutual Funds

<i>Type of Investment</i>	<i>Company and Contact</i>	<i>Account #</i>	<i>Date Purchased</i>	<i>Location Of Rec.</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employee Savings, Pension, Retirement Plans

<i>Type of Plan</i>	<i>Company and Contact</i>	<i>Value</i>	<i>Location of Record</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Social Security Records

If currently employed:

Location of Annual Social Security

Statement _____

If currently receiving a social security payment:

Monthly Payment Amount _____ Location of Statments _____

U.S. Savings Bonds, CDs, Treasury Bills, Bonds, and Notes

<i>Serial #</i>	<i>Owners</i>	<i>Purchase Date</i>	<i>Purchase Price</i>	<i>Maturity Date</i>	<i>Value @Maturity</i>	<i>Beneficiary~ Location</i>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Real Estate

<i>Type</i>	<i>Address</i>	<i>Purchase \$</i>	<i>Mortgage \$</i>	<i>The Holder</i>	<i>Location of Record</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Vehicles (Cars, Trucks, Recreational, Campers, Etc.

<i>Make</i>	<i>Model/Year</i>	<i>VIN</i>	<i>Plate #</i>	<i>Reg. Owner</i>	<i>Where's the Titles?</i>
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
<i>Rental Property</i>	<i>Name and Address</i>	<i>Rent Due Date</i>	<i>Amount Due</i>	<i>Deposit</i>	<i>Location Keys/Records</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Credit Accounts, Loan Payments, Monthly Household Expense Payments

<i>Creditors/ Company</i>	<i>Address & Phone #</i>	<i>Account #</i>	<i>Due Date</i>	<i>Amt Due</i>	<i>Location of Records</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Safe Deposit Box or Fireproof Safe

Location: _____ **Box #** _____ **Location of Key:** _____

Name(s) of those who have access: _____

Contents of Safe Deposit Box or Fireproof Safe (Check those included; Add details as needed)

- | | |
|---|--|
| <input type="checkbox"/> Birth Certificates | <input type="checkbox"/> Employment records |
| <input type="checkbox"/> Adoption Papers | <input type="checkbox"/> Wills (copy) |
| <input type="checkbox"/> Death Certificates | <input type="checkbox"/> Trusts |
| <input type="checkbox"/> Marriage Certificates | <input type="checkbox"/> Power of Attorney (copy) |
| <input type="checkbox"/> Divorce Documents | <input type="checkbox"/> Household Inventory |
| <input type="checkbox"/> Baptismal Certificates | <input type="checkbox"/> Inventory of: _____ |
| <input type="checkbox"/> College Transcripts | <input type="checkbox"/> Investment/retirement summaries |
| <input type="checkbox"/> Passports | <input type="checkbox"/> Certificates of Deposit |
| <input type="checkbox"/> Citizenship Papers | <input type="checkbox"/> Government bonds |
| <input type="checkbox"/> Military Papers | <input type="checkbox"/> Abstract for real estate |
| <input type="checkbox"/> List of insurance policies | <input type="checkbox"/> Deeds of mortgage |
| <input type="checkbox"/> Vehicles Titles | <input type="checkbox"/> Burial Lot Deed |
| <input type="checkbox"/> Social Security Cards | <input type="checkbox"/> Copy of wallet documents/cards |
| <input type="checkbox"/> Other: _____ | |

Photocopy Essential Documents

- ~Copy of birth certificates
- ~Copy of Driver's license
- ~Copy of Social Security Cards
- ~Copy of Organ Donor Card
- ~Copy of Marriage Certificate
- ~Copy of Credit Cards
- ~Copy of Mortgage Records
- ~Copy of Military Records
- ~Copy of Medicare/Medicaid/Insurance Coverage Card
- ~Copy of Legal Power of Attorney. Healthcare Proxy. Living Will. Advance Directives

Auto/RV/Boat Records ~ Advice:

1. Consult your insurance provider to determine if umbrella insurance will reduce your automobile insurance premiums.
2. Review your insurance coverage yearly to make sure you have adequate coverage.
3. Look into additional insurance if you have a recreational vehicle.
4. Make sure your homeowners' insurance coverage is adequate if you have a boat - most policies only cover damage if it happens on your property.
5. Purchase additional watercraft insurance for any boats not covered under your homeowners' insurance.
6. Drop collision insurance if you have an older car - if your car is totaled, you'll never get reimbursed for its true value.
7. Ask your insurance provider what provisions are contained in your insurance policies with respect to the cost of defending yourself from lawsuits. If your coverage isn't adequate, increase it.

Auto/RV/Boat Records Checklist:

- Titles to any automobile**
- Auto leases**
- Auto-Insurance policies**
- Auto-Loan documents**
- Titles to any RV**
- RV-Insurance policies**
- RV-Loan documents**
- Titles to any Boat**
- Boat-Insurance policies**
- Boat-Loan documents**

Notes:

Credit Cards & Debt ~ Advice:

Home Ownership

1. Consider purchasing replacement-cost coverage for your home and its contents on your fire insurance policy.
 2. Consider purchasing an umbrella insurance policy in addition to your homeowners' policy if you have an aggressive dog, a swimming pool or if you entertain or travel a lot.
 3. Keep a deed of reconveyance when you pay off your mortgage.
 4. Keep contracts and receipts that have guarantees on major expenditures such as a new roof, termite extermination services, and electrical repair.
 5. Keep copies of all home-improvement receipts - it will increase your cost basis if you eventually sell your property.
 6. Make sure the deeds in your HELP BINDER show the date and place of recording of the deed for legal purposes - and to make it easier if replacement copies need to be requested.
 7. Obtain a separate insurance rider to protect your valuable items such as jewelry, coin collections, art, and antiques if the value is over the limit of your policy and/or your policy doesn't cover those items at all.
 8. Keep records of extra principal payments, and make sure they're reflected on your next monthly statement.
 9. Don't transfer the title of your primary residence to your children while you're alive without first considering the tax consequences. It could be to their advantage to **inherit** the house.
-

Home-Ownership Records Checklist:

- Deeds
 - Promissory Notes
 - Property co-ownership agreements
 - Homeowners insurance
 - Copy of land survey
 - Copy of title policy
 - Most recent property tax bill
 - Appraisals and evaluation of valuable items; Art, Jewelry, Antiques
 - Fire & Flood insurance
 - Copy of property list in case of loss
-

Investment Records

1. Look into buying only high-quality individual bonds if you're looking for interest income and you want to know that you'll get your original investment back at your maturity date.
2. Open and read all correspondence from your brokerage house.
3. Contact the manager of your brokerage house immediately if a trade occurred without your permission.
4. Diversify investments over different categories - not just different companies - so that all of your stocks aren't in one area, such as technology.
5. Keep documentation on the purchase of securities as long as you own the stock, and then for at least three years after the stock is sold.
6. Don't buy a whole life, variable life, or universal life insurance policy for investment purposes.
7. Don't ever sign blank forms or contracts from your brokerage house.
8. Do not write a check to an individual broker. Always, always write it out to the brokerage house (For example Charles Schwab and not Cheryl Camacho)
9. Do not invest more than 4 percent in one stock outside of an employer's retirement plan (401K) you could have better options somewhere else.
10. Don't buy bond funds if you're looking for a return of principal and a fixed monthly income.

Investment Records Checklist:

- Treasuries/Series I/ Series EE/ Notes
- Stock certificates
- CDs
- Annuity contracts and annuity beneficiary designations
- Stock-option grant agreements
- Copies of all investment-account application forms & Agreements

Notes:

Personal Documents

1. Make sure if you leave the country, a family member or friend has a copy of your passport and they know where you keep your HELP BINDER.
2. Request extra copies of your birth certificate, marriage certificate, and divorce decree, since you may need to send out copies periodically in case of emergency or legal situation.
3. Make sure that copies of your birth certificate are certified with the town/state stamp.
4. Have a Cohabitation Agreement if you're unmarried and living with your partner. [CT Cohabitation Agreement](#)
5. Check your local laws for rights & obligations for domestic-partner registration if you're unmarried and living with your partner.
6. Do not wait to modify child or other support orders if you have a financial change of circumstances. Petition the courts immediately, because if you wait too long, it won't be retroactive.

Personal Document Checklist:

- Birth certificate(s) and adoption certificate(s)
- Copy of driver's license(s)
- Passport(s)
- Military record of service
- Citizenship paperwork and/or Permanent Residence Card(s)
- Marriage certificate, prenuptial, or postnuptial agreements
- Domestic-partner registration & cohabitation agreement
- Divorce decree, child support and/or spousal support orders
- Death certificate(s)

Notes:

Estate Planning

1. Confirm that your beneficiary statement is up-to-date so the correct individuals will inherit your investments.
2. Prepare a new Will or Trust if you divorce, marry, or if there's a death of an individual that's listed in the will or trust.
3. Be sure to fund your trust, including bank accounts and new beneficiary designations, as soon as you create it.
4. Speak to a qualified attorney if you want to leave less than half of your assets to your spouse.
5. Give a copy of your advanced directive and durable power of attorney for health care to your treating physician, and ask that it be kept as part of your medical records - make sure you file a copy within your **MEDICAL** section of the binder.
6. Don't forget to have all family members over the age of 18 prepare their own power of attorney for health care.
7. Do Not give the original or copies of the financial power of attorney to anyone before there is a need to use it.
8. Don't write on the Will or Trust - don't initial or cross out any text once it has been signed and witnessed as it invalidates the document.

Estate Planning Documents Checklist:

- Advanced directive and durable power of attorney for health care**
- Financial durable power of attorney**
- Will**
- Pour-over Will**
- Revocable Living Trust**
- Contracts for the funeral or memorial arrangements, and documentation of prepaid fees to the cemetery and/or funeral home**

Notes:

Personal Insurance

1. Review your policies yearly and confirm that your current beneficiaries are correct.
2. Look into Long-Term-Care insurance (LTC) if you're 55 or older, healthy, and can afford it.
3. Review your options to pay for a Long-Term-Care stay. If Medicaid is your last resort - consult a Medicaid attorney.
4. Investigate resources for at-home health care ahead of time - compare rates, services, integrity, and confirm that convenient service providers are in your area and accept your LTC insurance.
5. Consider buying Term Insurance if you need life insurance protection.
6. Compare the cost of any policy you're about to buy, as well as any current ones you may have to ensure you have the best rates.
7. Don't cancel a life insurance policy without first determining that you're in perfect health and are expected to stay that way.

Personal Insurance Documents Checklist:

- Life Insurance policy**
- Health insurance card and benefit description and policy**
- Medicare and/or Medicaid card and benefit description**
- Medigap/Managed-Care-Organization policy**
- Long-Term-Care policy (LTC)**
- Long-Term-Disability policy**
- Beneficiary designations**

Notes:

Retirement Records

1. Update your beneficiary designation in case of birth, death or divorce.
 2. Make sure your retirement assets are diversified.
 3. Make sure you have a summary plan of your retirement plan from your place of employment.
 4. Take advantage of the additional contribution options for retirement plans through the year _____ if you're 50 years old or older.
 5. Request an updated and detailed description of benefits and rights if your company has been bought or merged with another company.
 6. Do not invest in variable annuities in your retirement plans, the variable annuity's biggest disadvantage is **its cost**.
 7. Don't take personal possession of the money that's in your 401K if you leave your company, intend to roll over to an IRA. Do a custodian-to-custodian transfer.
 8. Great site with retirement resources & tools [Charles Schwab Retirement Planning](#)
-

Retirement Records Checklist:

- Pension-Plan summary description, annual plan statement, and annual individual pension benefit statement**
 - Money-purchase/profit-sharing plan documents**
 - Beneficiary designations**
 - Retirement-account withdrawals**
-

Notes:

Social Security

1. Compare your W-2s to your annual Social Security statements
2. Contact Social Security if you find a mistake on your annual statement.
3. Submit an application for a new card if you change your name.
4. Look into any survivor benefits you may qualify for if you're divorced.
5. Keep copies of checks that show you paid self-insurance tax if you're self-employed - your tax return isn't sufficient.
6. Report a death or disability to Social Security as soon as possible to clarify benefits.
7. Contact Social Security if you're divorced or widowed to determine if you qualify on another's person's Social Security record. If you do, figure out which Social Security record gives you the maximum benefit - yours or your spouse's.
8. Do not remarry until you first check with Social Security to see how it will affect your benefits.

Social Security Statements & Cards Checklist:

- Annual Social Security statement**
- Photocopy of your Social Security card**
- Photocopies of your family's - including spouse, partner, and children's Social Security cards**

Notes:

Tax Records

1. Keep tax returns and supporting documentation for three years if you have simple tax returns.
2. Keep tax returns for six years if your return is more complicated (if you have capital gains or losses, are self-employed, or own your own business).
3. Keep tax-deductible receipts for the medical expenses; charitable contributions, investment expenses, employee business, travel, and entertainment, education expenses, real-estate taxes, mortgage interest and closing costs.
4. Pay estimated taxes if you're eligible, rather than monthly withdrawals.
5. Keep documentation of nondeductible IRA contributions and Roth IRA contributions as long as the respective IRA accounts are in existence, and then for at least 3 years after the last affected tax return.
6. Keep records of selling a house or stocks as documentation for any capital gains or capital losses on your tax return.
7. Do not sign a tax return, especially if you're married and filing a joint return, unless you verify the amounts on every line of the return.
8. Do not throw away records of satisfied loans - keep them for at least 7 years.

Tax Records Checklist:

- Tax returns for each of the last three years
- Supporting documentation of income and expenses for the last three years

Notes:

Household Inventory

Room _____

Date _____

Item	Description	Purchase cost/date	Model/Serial #	Photo

Room _____

Date _____

Item	Description	Purchase cost/date	Model/Serial #	Photo

Household Inventory

Room _____

Date _____

Item	Description	Purchase cost/date	Model/Serial #	Photo

Room _____

Date _____

Item	Description	Purchase cost/date	Model/Serial #	Photo

List of Content

Auto * Boat * RV - 1

- Titles to automobiles
- Auto Leases
- Auto Insurance policies
- Titles to any RV
- RV insurance policies
- RV loan documents
- Titles to any Boat
- Boat insurance policies
- Boat loan documents

Business Information - 2

- Business setup
- Quickbooks log in information
- Business insurance
- Business Clients
- Business tax information

Estate Planning - 3

- Directive / Durable Power of Attorney for health care
- Financial Power of Attorney
- Will
- Pour of Over Will - (*What's the definition of 'pour-over will'? A pour-over will is a last will and testament that serves as a safety device to capture any assets that are not transferred to or included in a living trust. An important part of creating a living trust is that it needs to be "funded," meaning that your personal assets must be transferred into the trust document via the trust document and/or retitling the assets into the trust's name. While "funding" a living trust can be an easy process, sometimes assets don't always make it to the trust for a variety of reasons.*)
- Revocable Living Trust
- Contracts for the funeral - memorial arrangements - cemetery and/or funeral home - prepaid fees

Debt information - 4

- Photocopies of active credit cards, with (800) numbers visible
- An up-to-date copy of your credit report
- An up-to-date copy of your FICO score

- Copies of letters closing credit card accounts

Home Ownership - 5

- Deeds
- Promissory notes
- Property co-ownership agreement
- Homeowners insurance
- Copy of Land Survey
- Copy of Title policy
- The most recent property tax bill
- Appraisals and evaluation of valuable items such as jewelry, art, and antiques
- Fire and Flood insurance
- Copy of property list in case of loss

Investment Records - 6

- Treasuries / Series / Series EE / Notes
- Stock Certificates
- CDs
- Annuity contracts and annuity beneficiary designations
- Stock option grant agreements
- Copies of ALL investment account applications form and agreements

Personal Documents - 7

- Birth certificate(s) and adoption certificate(s)
- Copies of driver licenses
- Passports
- Military records of service
- Citizenship papers and/or green card
- Marriage certificates and prenuptial or postnuptial agreements
- Domestic partner registration and cohabitation agreement
- Divorce decree and child and/or spousal support order
- Death certificate(s)

Personal Insurance - 8

- Life insurance policies
- Health insurance card and benefits description and policy
- Medicare and/or Medicaid card and benefits description
- Medigap/managed care organization policy
- Long term care policy

- Long term disability policy
- Beneficiary designations
- Caregiver worksheets and checklists
- Life transition information

Retirement Records - 9

- Pension-plan summary description, annual plan statement, individual pension statement
- Money-purchase / profit-sharing plan documents
- Beneficiary designations
- Retirement account withdrawals

Social Security - 9

- Annual social security statement
- Photocopy of social security card(s)
- Photocopies of your family's (including domestic partner) social security card(s)

Tax Records - 10

- Tax returns of each of the last three years
- Supporting documentation of income/expenses for the last three years

