



THE
EVERY LITTLE
detail
BOOK

A LEAVE BEHIND FOR MY LOVED ONES



**EXPECT THE BEST.
PREPARE FOR THE WORST.
CAPITALIZE ON WHAT COMES.**
ZIG ZIGLAR

**THIS EVERY LITTLE DETAIL BINDER
BELONGS TO:**

AND WAS LAST UPDATED ON:

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Meet the Author

*Paige
Pritchard*

Paige Pritchard is a certified life coach and money coach who helps ambitious women overcome their overspending so they can reach their full financial potential.



Through her years of educating and coaching women, Paige has developed a fresh and unique blend to money management, merging the "how-to's" of money with money mindset work. She's a firm believer that you need to master both the math and mental aspects of money to reach your full financial potential.

Her mission is to be a living example to other women of what is possible financially when you manage your mindset and emotions around money. She believes that when women can make empowered choices with their spending they are equipped to build more wealth and live the lives of their dreams.

She holds a bachelors degree in Marketing from Texas A&M University, a dual-concentration MBA in Marketing & Finance from the University of Michigan - Dearborn, and is also a Certified Life Coach through The Life Coach School.

She lives in Dallas Texas with her husband Ryan and two fur-children Ellie & Poppy and she has a little girl on the way due July 2022.

INSTRUCTIONS

To Make The Most of Your Legacy Binder...

- 1** Fill out all the sections that are relevant to you in the workbook. You can either print out the PDF and fill it in by hand or type in the fields within the PDFs. If there are sections that are not relevant to your life (i.e. Pets, Children, Business Information) then simply don't include those sections in your binder
- 2** Once complete, share the existence of the binder with 1-2 trusted family members or friends. Make sure they are aware of the folder, and know where to find it should anything happen.
- 3** To protect your personal information, place your completed binder in a safe and secure location such as a safe or a safety deposit box.
- 4** Every six months to one-year, review your binder to make sure all information is still accurate, and make any necessary updates needed to keep your information current.

TIPS & TRICKS

- 1** There is a lot of information in this binder. I suggest you taking it section by section. Tackle one section every couple of days. If you do that, you will have the entire binder completed in 1-2 months. After that, you can monitor it occasionally and update any changes that are needed.
- 2** If you run out of space in certain sections, just re-print the page as many times as you need until all your information is covered.
- 3** I encourage you to print off the PDF, place the contents in a binder, and feel free to add divider tabs, clear slip pockets to hold documents and letters, etc which will make your binder clean and organized.



*personal
information*

PERSONAL INFORMATION

This section outlines important **PERSONAL INFORMATION** including:

- Basic Personal Information
- Previous Addresses
- Traveler & ID Information
- Educational Information
- Employment Information & History
- Military Information & History
- Groups & Organizations
- Credit Reports

BASIC PERSONAL INFORMATION (Person 1)

BASIC PERSONAL INFORMATION	
Full Name	
Address	
City, State, Zip	
Date of Birth	
Birth City, State	
SSN	
Mother's Name	
Mother's Maiden Name	
Father's Name	
Phone	
Email Address	

PREVIOUS ADDRESSES:

PREVIOUS ADDRESS #1	
Address	
Dates Occupied	
Rented/Owned?	
Who Lived There?	

PREVIOUS ADDRESS #2	
Address	
Dates Occupied	
Rented/Owned?	
Who Lived There?	

PERSONAL INFORMATION

TRAVELER & ID INFORMATION (PERSON 1):

DRIVER'S LICENSE	
Driver's License Number	
Driver's License State	
Driver's License Exp Date	
Where to Find Driver's License	

PASSPORT	
Name on Passport	
Passport Number	
Passport Issuing Country	
Passport Issuing Date	
Passport Exp Date	
Where to Find Passport	

TSA PRE CHECK/GLOBAL ENTRY	
Known Traveler #	
Expiration Date	

TRAVELER REWARDS PROGRAMS	
Name of Airline/Hotel/Etc.	Loyalty Program Number

PERSONAL INFORMATION

EDUCATIONAL INFORMATION (PERSON 1)

EDUCATION BACKGROUND	
High School	
Name of High School	
Dates Attended	
Undergraduate Degree	
Name of College	
Dates Attended	
Degree Earned	
Major/Minor	
GPA	
Master's Degree	
Name of College	
Dates Attended	
Degree Earned	
Major/Minor	
GPA	
PHD or Doctorate Degree	
Name of College	
Dates Attended	
Degree Earned	
Major/Minor	
GPA	

OTHER EDUCATIONAL CERTIFICATIONS OR AWARDS
Below, list any other certifications or educational awards you have received.

PERSONAL INFORMATION

CURRENT EMPLOYMENT INFORMATION (Person 1)

CURRENT EMPLOYER	
Company Name	
Start Date	
Current Title	
Current Salary	
Starting Salary	
Previous Titles	
Boss & Contact Info	
Awards Received & Major Contributions	

PREVIOUS EMPLOYMENT INFORMATION (Person 1)

PREVIOUS EMPLOYER #1	
Company Name	
Dates Employed	
Starting Salary	Ending Salary
Titles Held & Dates	
Awards Received & Major Contributions	

PREVIOUS EMPLOYER #2	
Company Name	
Dates Employed	
Starting Salary	Ending Salary
Titles Held & Dates	
Awards Received & Major Contributions	

* As a suggestion, include a copy of your most current resume in this section as well.

PERSONAL INFORMATION

MILITARY INFORMATION & HISTORY (Person 1)

MILITARY INFORMATION	
Military Branch	
Military Occupation	
Training & Schools Completed	
Promotions & Dates	
Final Rank	
Date Enlisted	Discharge Date
Combat & Overseas Service	
Medals & Honors	
Names & Contact Information of Others you Served With	

PERSONAL INFORMATION

GROUPS & ORGANIZATIONS (Person 1)

ORGANIZATION #1			
Group Name			
Level/Title			
Member Since		Membership #	
Main Contact Name		Contact Phone	
Commitment			
Awards & Honors Received			

ORGANIZATION #2			
Group Name			
Level/Title			
Member Since		Membership #	
Main Contact Name		Contact Phone	
Commitment			
Awards & Honors Received			

ORGANIZATION #3			
Group Name			
Level/Title			
Member Since		Membership #	
Main Contact Name		Contact Phone	
Commitment			
Awards & Honors Received			

ORGANIZATION #4			
Group Name			
Level/Title			
Member Since		Membership #	
Main Contact Name		Contact Phone	
Commitment			
Awards & Honors Received			

PERSONAL INFORMATION

CREDIT SCORE & REPORT (Person 1)

Below, record your current credit score with each of the 3 major credit bureaus. Under the Fair Credit Reporting Act, you are entitled to free copies of your credit reports once a year. To get your free copy, visit AnnualCreditReport.Com.

Once you have your credit reports, include a copy of each of your reports in this section.

CURRENT CREDIT SCORES			
Experian Score		As Of	
Equifax Score		As Of	
TransUnion Score		As Of	

Below, write any details about your credit score or reports that are important to note, such as major factors that are currently impacting your score (i.e. bankruptcy) or if you are currently impacting your score (i.e. bankruptcy) or if you are currently disputing inaccuracies on your report to be corrected.

PERSONAL INFORMATION

The information in this section is the same as the above for your spouse. If you are single, there is no need to fill out the below information and you can move to the next section.

BASIC PERSONAL INFORMATION (Person 2)

BASIC PERSONAL INFORMATION	
Full Name	
Address	
City, State, Zip	
Date of Birth	
Birth City, State	
SSN	
Mother's Name	
Mother's Maiden Name	
Father's Name	
Phone	
Email Address	

PREVIOUS ADDRESSES (Person 2)

PREVIOUS ADDRESS #1	
Address	
Dates Occupied	
Rented/Owned?	
Who Lived There?	

PREVIOUS ADDRESS #2	
Address	
Dates Occupied	
Rented/Owned?	
Who Lived There?	

PERSONAL INFORMATION

TRAVELER & ID INFORMATION (Person 2):

DRIVER'S LICENSE	
Driver's License Number	
Driver's License State	
Driver's License Exp Date	
Where to Find Driver's License	

PASSPORT	
Name on Passport	
Passport Number	
Passport Issuing Country	
Passport Issuing Date	
Passport Exp Date	
Where to Find Passport	

TSA PRE CHECK/GLOBAL ENTRY	
Known Traveler #	
Expiration Date	

TRAVELER REWARDS PROGRAMS	
Name of Airline/Hotel/Etc.	Loyalty Program Number

PERSONAL INFORMATION

EDUCATIONAL INFORMATION (PERSON 2)

EDUCATION BACKGROUND	
High School	
Name of High School	
Dates Attended	
Undergraduate Degree	
Name of College	
Dates Attended	
Degree Earned	
Major/Minor	
GPA	
Master's Degree	
Name of College	
Dates Attended	
Degree Earned	
Major/Minor	
GPA	
PHD or Doctorate Degree	
Name of College	
Dates Attended	
Degree Earned	
Major/Minor	
GPA	

OTHER EDUCATIONAL CERTIFICATIONS OR AWARDS

Below, list any other certifications or educational awards you have received.

--

PERSONAL INFORMATION

CURRENT EMPLOYMENT INFORMATION (Person 2)

CURRENT EMPLOYER	
Company Name	
Start Date	
Current Title	
Current Salary	
Starting Salary	
Previous Titles	
Boss & Contact Info	
Awards Received & Major Contributions	

PREVIOUS EMPLOYMENT INFORMATION (Person 2)

PREVIOUS EMPLOYER #1	
Company Name	
Dates Employed	
Starting Salary	Ending Salary
Titles Held & Dates	
Awards Received & Major Contributions	

PREVIOUS EMPLOYER #2	
Company Name	
Dates Employed	
Starting Salary	Ending Salary
Titles Held & Dates	
Awards Received & Major Contributions	

*As a suggestion, include a copy of your most current resume in this section as well.

PERSONAL INFORMATION

MILITARY INFORMATION & HISTORY (Person 2)

MILITARY INFORMATION	
Military Branch	
Military Occupation	
Training & Schools Completed	
Promotions & Dates	
Final Rank	
Date Enlisted	Discharge Date
Combat & Overseas Service	
Medals & Honors	
Names & Contact Information of Others you Served With	

PERSONAL INFORMATION

GROUPS & ORGANIZATIONS (Person 2)

ORGANIZATION #1			
Group Name			
Level/Title			
Member Since		Membership #	
Main Contact Name		Contact Phone	
Commitment			
Awards & Honors Received			

ORGANIZATION #2			
Group Name			
Level/Title			
Member Since		Membership #	
Main Contact Name		Contact Phone	
Commitment			
Awards & Honors Received			

ORGANIZATION #3			
Group Name			
Level/Title			
Member Since		Membership #	
Main Contact Name		Contact Phone	
Commitment			
Awards & Honors Received			

ORGANIZATION #4			
Group Name			
Level/Title			
Member Since		Membership #	
Main Contact Name		Contact Phone	
Commitment			
Awards & Honors Received			

PERSONAL INFORMATION

CREDIT SCORE & REPORT (Person 2)

Below, record your current credit score with each of the 3 major credit bureaus. Under the Fair Credit Reporting Act, you are entitled to free copies of your credit reports once a year. To get your free copy, visit AnnualCreditReport.Com.

Once you have your credit reports, include a copy of each of your reports in this section.

CURRENT CREDIT SCORES			
Experian Score		As Of	
Equifax Score		As Of	
TransUnion Score		As Of	

Below, write any details about your credit score or reports that are important to note, such as major factors that are currently impacting your score (i.e. bankruptcy) or if you are currently disputing inaccuracies on your report to be corrected.



estate
plan

ESTATE PLAN

This section is to outline the details of your **ESTATE PLAN** including your:

- Will & Trust
- Letter of Instruction
- Power of Attorney (POA)
- Living Will & Healthcare POA
- Beneficiary Designation
- Guardianship Designation

DISCLAIMER: This is simply a summary of your estate plan documents and in no way is the information in this section legally binding.

WILL & TRUST DETAILS (Person 1)

WILL & TRUST DETAILS	
Will Executor	
Date Will Created	Date Last Updated
Type of Will (Simple, Joint, Trust)	Will State
Attorney or Service Used to Create Will	
Attorney Contact Information	
Where is Will Stored and How to Access?	
Does a Trust Exist?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Type of Trust	REVOCABLE <input type="checkbox"/> IRREVOCABLE <input type="checkbox"/>
List of Trustees	
Property Within Trust	
Where is Trust Stored and How to Access?	

LETTER OF INSTRUCTION (Person 1)

LETTER OF INSTRUCTION DETAILS	
Do you have a Letter of Instruction?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Where is LOI Stored and How to Access?	

ESTATE PLAN

POWER OF ATTORNEY (Person 1)

POWER OF ATTORNEY DETAILS (POA)	
POA Name	
Date POA Created	Date Last Updated
Attorney or Service Used to Create POA	
Attorney Contact Information	
Where is POA Stored and How to Access?	

LIVING WILL & HEALTHCARE POWER OF ATTORNEY (Person 1)

HEALTHCARE POWER OF ATTORNEY (HCPA) DETAILS	
Do you have a Living Will?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Where is Living Will Stored and How to Access?	
Name of HCPA	
Date HCPA Created	Date Last Updated
Attorney or Service Used to Create HCPA	
Attorney Contact Information	
Where is HCPA Stored and How to Access?	

BENEFICIARY DESIGNATION (Person 1)

Below, list the details for designations or gifts that you have outlined in your will. Examples include homes, retirement accounts, collectibles, jewelry, etc.

ITEM #1	
Item Name/Description	
Left to Whom?	
Item Value	Item Location

ESTATE PLAN

BENEFICIARY DESIGNATION CONT. (Person 1)

ITEM #2			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #3			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #4			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #5			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #6			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #7			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ESTATE PLAN

BENEFICIARY DESIGNATION CONT. (Person 1)

ITEM #8			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #9			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #10			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #11			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #12			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #13			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ESTATE PLAN

BENEFICIARY DESIGNATION CONT.

ITEM #14

Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #15

Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #16

Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #17

Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #18

Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #19

Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #20

Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ESTATE PLAN

Below is the same information as outlined previously, but for your spouses will information. If you are single or have a Joint Will with your spouse, you can skip this section and move to the Guardianship Designation Section.

WILL & TRUST DETAILS (Person 2)

WILL & TRUST DETAILS	
Will Executor	
Date Will Created	Date Last Updated
Type of Will (Simple, Joint, Trust)	Will State
Attorney or Service Used to Create Will	
Attorney Contact Information	
Where is Will Stored and How to Access?	
Does a Trust Exist?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Type of Trust	REVOCABLE <input type="checkbox"/> IRREVOCABLE <input type="checkbox"/>
List of Trustees	
Property Within Trust	
Where is Trust Stored and How to Access?	

LETTER OF INSTRUCTION (Person 2)

LETTER OF INSTRUCTION DETAILS	
Do you have a Letter of Instruction?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Where is LOI Stored and How to Access?	

ESTATE PLAN

POWER OF ATTORNEY (Person 2)

POWER OF ATTORNEY DETAILS (POA)	
POA Name	
Date POA Created	Date Last Updated
Attorney or Service Used to Create POA	
Attorney Contact Information	
Where is POA Stored and How to Access?	

LIVING WILL & HEALTHCARE POWER OF ATTORNEY (Person 2)

HEALTHCARE POWER OF ATTORNEY (HCPA) DETAILS	
Do you have a Living Will?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Where is Living Will Stored and How to Access?	
Name of HCPA	
Date HCPA Created	Date Last Updated
Attorney or Service Used to Create HCPA	
Attorney Contact Information	
Where is HCPA Stored and How to Access?	

BENEFICIARY DESIGNATION (Person 2)

Below, list the details for designations or gifts that you have outlined in your will. Examples include homes, retirement accounts, collectibles, jewelry, etc.

ITEM #1	
Item Name/Description	
Left to Whom?	
Item Value	Item Location

ESTATE PLAN

BENEFICIARY DESIGNATION CONT. (Person 2)

ITEM #2			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #3			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #4			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #5			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #6			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #7			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ESTATE PLAN

BENEFICIARY DESIGNATION CONT. (Person 2)

ITEM #8			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #9			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #10			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #11			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #12			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #13			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ESTATE PLAN

BENEFICIARY DESIGNATION CONT.

ITEM #14			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #15			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #16			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #17			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #18			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #19			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ITEM #20			
Item Name/Description			
Left to Whom?			
Item Value		Item Location	

ESTATE PLAN

GUARDIANSHIP DESIGNATION

If you have children who are minors and have a legal guardianship designation established, detail that information below for each of your children.

CHILD #1	
Guardian Name (s)	
Guardian Relation to Self	
Guardian Address	
Guardian Contact Info	
Other Details for Guardian	

CHILD #2	
Guardian Name (s)	
Guardian Relation to Self	
Guardian Address	
Guardian Contact Info	
Other Details for Guardian	

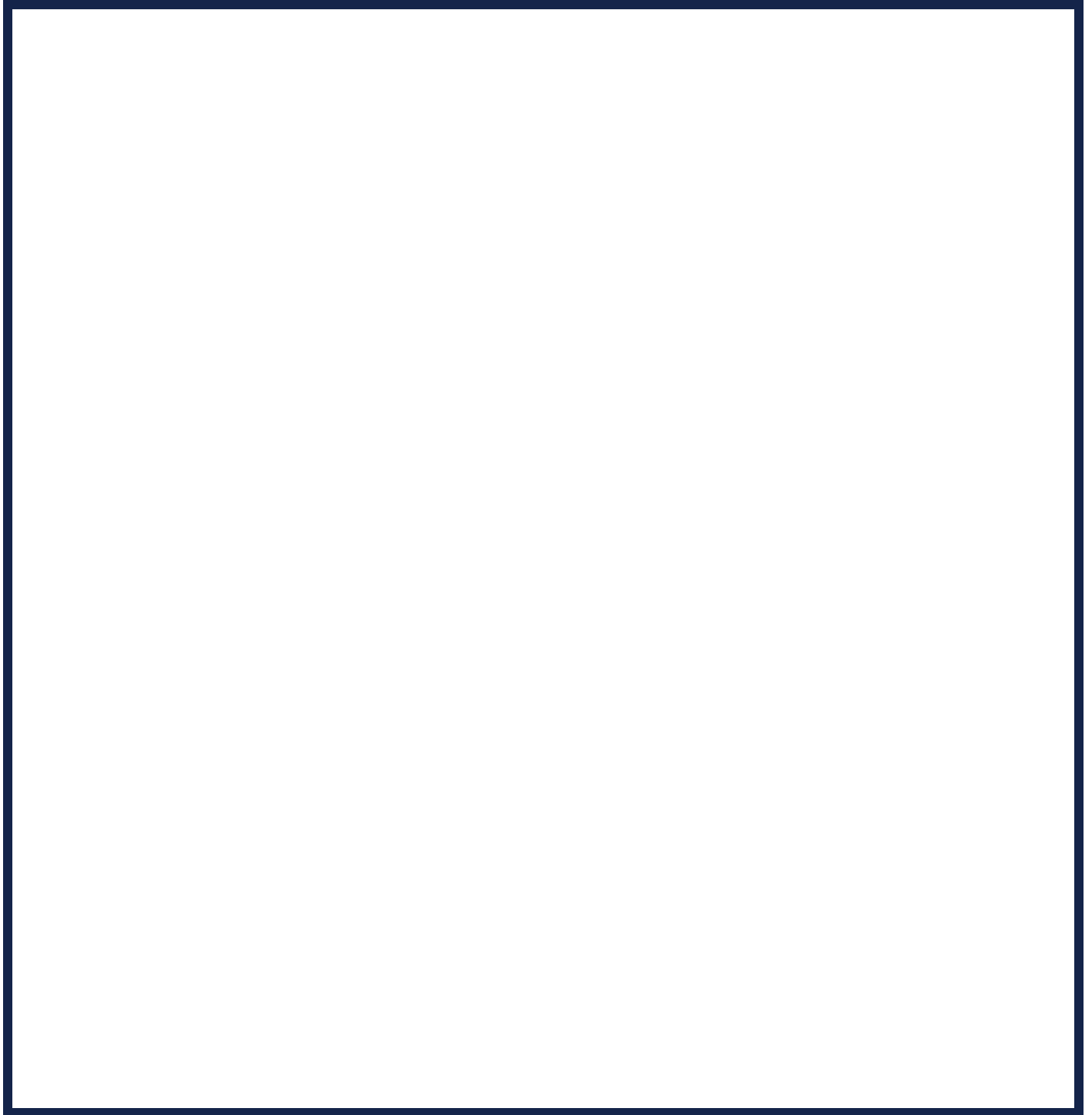
CHILD #3	
Guardian Name (s)	
Guardian Relation to Self	
Guardian Address	
Guardian Contact Info	
Other Details for Guardian	

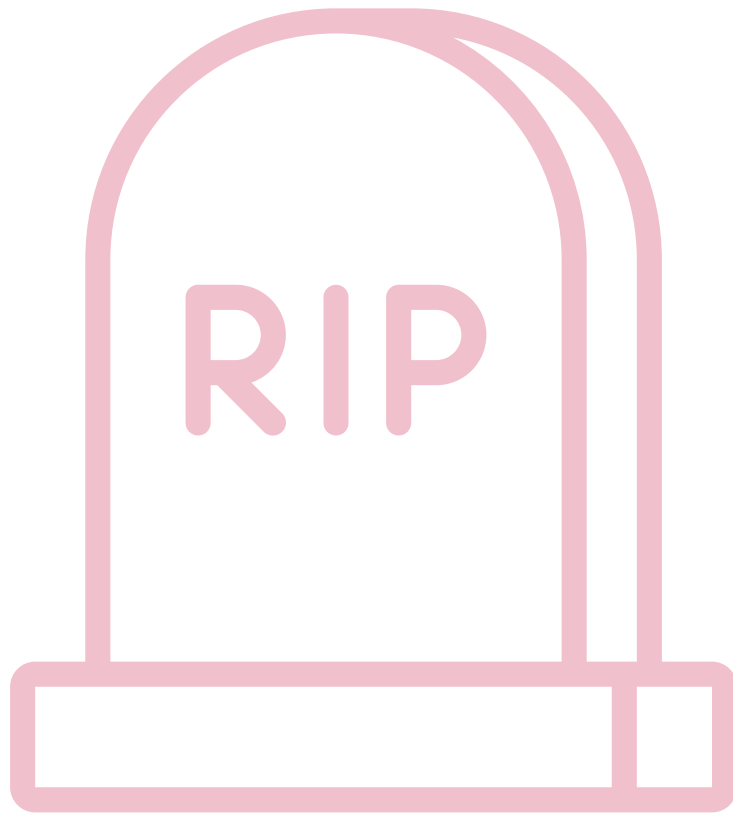
CHILD #4	
Guardian Name (s)	
Guardian Relation to Self	
Guardian Address	
Guardian Contact Info	
Other Details for Guardian	

ESTATE PLAN

OTHER ESTATE PLAN DETAILS

Below, outline in detail any other important information or parts of your estate plan that are not already documented in this section. Also, feel free to leave copies of important documents pertaining to your estate plan for your loved ones to reference.





final
wishes

FINAL WISHES

This section is to outline your **FINAL WISHES** including your representative for planning your arrangements, final resting details & funeral service details.

REPRESENTATIVE FOR FUNERAL ARRANGEMENTS (Person 1)

MEMORIAL SERVICE DETAILS	
Person(s) in charge of Planning & Executing my Final Wishes & Funeral	

FINAL RESTING DETAILS (Person 1)

FINAL RESTING DETAILS			
Desired Final Resting State (Buried, Cremated Donate to Science, etc.)			
Final Resting Place Location (Cemetery, Plot #, Spreading Ashes, etc.)			
Type of Casket/Urn to Use			
Open/Closed Casket?	OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/>	Embalmed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Wording to Put on Headstone			
Bury me with these Keepsakes			
Desired Clothes to be Buried In			
Funeral Home to Use/Location/Contact Info			
Budget Set Aside for Arrangements			
Where to Find Official Documents for Pre-Arrangements			

FINAL WISHES

FUNERAL & MEMORIAL SERVICE (Person 1)

MEMORIAL SERVICE DETAILS

Describe the Type of Service You Want
(Memorial Service, Graveside Service, Service at Home, etc)

Any Other Funeral Events Wanted?
(Viewing, Wake, Visitation, etc)

Memorial Service Location
(Enter First & Second Choice)

Memorial Service Officiant
(Enter First & Second Choice)

Desired Pallbearers

Desired People to Give Eulogy

Points to Include in Eulogy

Desired Readings, Prayers, or Poems to be Read

Above Readings to be Given By

Desired Songs, Hymns, Music to be Played

FINAL WISHES

FUNERAL & MEMORIAL SERVICE (Person 1, cont.)

MEMORIAL SERVICE DETAILS

Desired Flower Arrangements

Photos/Keepsakes to Set out During Funeral or Reception

Charities to Donate to in my Memory

Please Notify the Below Groups/Organizations of my Passing

Memorial Service Guest List
(Include people your family might not know to invite and include their contact information)

FINAL WISHES

PRE-ARRANGEMENTS MADE (Person 1)

Below, outline any of the above outlined arrangements that have already been formally arranged with a funeral home or other company or service. Include copies of any formal paperwork, documentation or receipts outlining arrangements in this section.

A large, empty rectangular box with a dark blue border, intended for the user to provide details about pre-arrangements made for Person 1.

PRE-ARRANGEMENTS PAID FOR (Person 1)

Below, outline any of the above outlined arrangements or services that have already been paid for regarding your final arrangements & service.

A large, empty rectangular box with a dark blue border, intended for the user to provide details about pre-arrangements paid for for Person 1.

FINAL WISHES

REPRESENTATIVE FOR FUNERAL ARRANGEMENTS (Person 2)

MEMORIAL SERVICE DETAILS

Person/People in charge of
Planning & Executing my
Final Wishes & Funeral

--

FINAL RESTING DETAILS (Person 2)

FINAL RESTING DETAILS

Desired Final Resting State
(Buried, Cremated Donate to Science, etc.)

--

Final Resting Place Location

(Cemetery, Plot #, Spreading Ashes, etc.)

--

Type of Casket/Urn to Use

--

Open/Closed Casket?

OPEN
CLOSED

Embalmed?

YES
NO

Wording to Put on Headstone

--

Bury me with these Keepsakes

--

Desired Clothes to be Buried In

--

Funeral Home to Use/Location/Contact Info

--

Budget Set Aside for Arrangements

--

Where to Find Official Documents for Pre-Arrangements

--

FINAL WISHES

FUNERAL & MEMORIAL SERVICE (Person 2)

MEMORIAL SERVICE DETAILS

Describe the Type of Service You Want
(Memorial Service, Graveside Service, Service at Home, etc)

Any Other Funeral Events Wanted?
(Viewing, Wake, Visitation, etc)

Memorial Service Location
(Enter First & Second Choice)

Memorial Service Officiant
(Enter First & Second Choice)

Desired Pallbearers

Desired People to Give Eulogy

Points to Include in Eulogy

Desired Readings, Prayers, or Poems to be Read

Above Readings to be Given By

Desired Songs, Hymns, Music to be Played

FINAL WISHES

FUNERAL & MEMORIAL SERVICE (Person 2, cont.)

MEMORIAL SERVICE DETAILS

Desired Flower Arrangements

Photos/Keepsakes to Set out During Funeral or Reception

Charities to Donate to in my Memory

Please Notify the Below Groups/Organizations of my Passing

Memorial Service Guest List
(Include people your family might not know to invite and include their contact information)

FINAL WISHES

PRE-ARRANGEMENTS MADE (Person 2)

Below, outline any of the above outlined arrangements that have already been formally arranged with a funeral home or other company or service. Include copies of any formal paperwork or documentation outlining arrangements in this section.

A large, empty rectangular box with a dark blue border, intended for the user to provide details about pre-arrangements made for Person 2.

PRE-ARRANGEMENTS PAID FOR (Person 2)

Below, outline any of the above outlined arrangements or services that have already been paid for regarding your final arrangements & service.

A large, empty rectangular box with a dark blue border, intended for the user to provide details about pre-arrangements paid for for Person 2.



assets

ASSETS

“The rich buy assets. The poor only have expenses. The middle class buys liabilities they think are assets. The poor and the middle-class work for money. The rich have money work for them.” - Robert Kiyosaki

This section outlines all your **ASSETS** including:

- Bank Accounts
- Investments
- Retirement Accounts
- Debts Owed to You
- Real Estate
- All Motor Vehicles
- Other Valuables (Art, Jewelry, etc)

BANK ACCOUNTS

BANK ACCOUNT #1			
Name(s) on Accounts			
Type of Account		Bank Name	
Bank Contact Information			
Account Number		Routing Number	
Debit Card Number			
Card Expiration Date		Card CVV	
Debit Card PIN Number		Location of Checkbook	

BANK ACCOUNT #2			
Name(s) on Accounts			
Type of Account		Bank Name	
Bank Contact Information			
Account Number		Routing Number	
Debit Card Number			
Card Expiration Date		Card CVV	
Debit Card PIN Number		Location of Checkbook	

ASSETS

BANK ACCOUNTS

BANK ACCOUNT #3			
Name(s) on Accounts			
Type of Account		Bank Name	
Bank Contact Information			
Account Number		Routing Number	
Debit Card Number			
Card Expiration Date		Card CVV	
Debit Card PIN Number		Location of Checkbook	

BANK ACCOUNT #4			
Name(s) on Accounts			
Type of Account		Bank Name	
Bank Contact Information			
Account Number		Routing Number	
Debit Card Number			
Card Expiration Date		Card CVV	
Debit Card PIN Number		Location of Checkbook	

BANK ACCOUNT #5			
Name(s) on Accounts			
Type of Account		Bank Name	
Bank Contact Information			
Account Number		Routing Number	
Debit Card Number			
Card Expiration Date		Card CVV	
Debit Card PIN Number		Location of Checkbook	

*If you have more than 5 bank accounts, print off this page again and fill out all the information for every bank account you have.

ASSETS

INVESTMENTS (Mutual Funds, Annuities, Stocks, etc)

INVESTMENT ACCOUNT #1			
Name on Account			
Provider Name & Info			
Account Type		Account Number	
Approx. Value		As of	
Beneficiary Information			
Notes & Other Information			

INVESTMENT ACCOUNT #2			
Name on Account			
Provider Name & Info			
Account Type		Account Number	
Approx. Value		As of	
Beneficiary Information			
Notes & Other Information			

INVESTMENT ACCOUNT #3			
Name on Account			
Provider Name & Info			
Account Type		Account Number	
Approx. Value		As of	
Beneficiary Information			
Notes & Other Information			

INVESTMENT ACCOUNT #4			
Name on Account			
Provider Name & Info			
Account Type		Account Number	
Approx. Value		As of	
Beneficiary Information			
Notes & Other Information			

ASSETS

INVESTMENT ACCOUNT #5			
Name on Account			
Provider Name & Info			
Account Type		Account Number	
Approx. Value		As of	
Beneficiary Information			
Notes & Other Information			

INVESTMENT ACCOUNT #6			
Name on Account			
Provider Name & Info			
Account Type		Account Number	
Approx. Value		As of	
Beneficiary Information			
Notes & Other Information			

INVESTMENT ACCOUNT #7			
Name on Account			
Provider Name & Info			
Account Type		Account Number	
Approx. Value		As of	
Beneficiary Information			
Notes & Other Information			

INVESTMENT ACCOUNT #8			
Name on Account			
Provider Name & Info			
Account Type		Account Number	
Approx. Value		As of	
Beneficiary Information			
Notes & Other Information			

*If you have more than 8 different investment accounts, print off this page again to document all your investments.

ASSETS

RETIREMENT ACCOUNTS (401Ks, IRAs, Pensions etc)

RETIREMENT ACCOUNT #1			
Name on Account			
Provider Name & Info			
Account Type		Account Number	
Approx. Value		As of	
Beneficiary Information			
Notes & Other Information			

RETIREMENT ACCOUNT #2			
Name on Account			
Provider Name & Info			
Account Type		Account Number	
Approx. Value		As of	
Beneficiary Information			
Notes & Other Information			

RETIREMENT ACCOUNT #3			
Name on Account			
Provider Name & Info			
Account Type		Account Number	
Approx. Value		As of	
Beneficiary Information			
Notes & Other Information			

RETIREMENT ACCOUNT #4			
Name on Account			
Provider Name & Info			
Account Type		Account Number	
Approx. Value		As of	
Beneficiary Information			
Notes & Other Information			

ASSETS

RETIREMENT ACCOUNT #5			
Name on Account			
Provider Name & Info			
Account Type		Account Number	
Approx. Value		As of	
Beneficiary Information			
Notes & Other Information			

RETIREMENT ACCOUNT #6			
Name on Account			
Provider Name & Info			
Account Type		Account Number	
Approx. Value		As of	
Beneficiary Information			
Notes & Other Information			

RETIREMENT ACCOUNT #7			
Name on Account			
Provider Name & Info			
Account Type		Account Number	
Approx. Value		As of	
Beneficiary Information			
Notes & Other Information			

RETIREMENT ACCOUNT #8			
Name on Account			
Provider Name & Info			
Account Type		Account Number	
Approx. Value		As of	
Beneficiary Information			
Notes & Other Information			

*If you have more than 8 retirement accounts, print off this page again to document all your investments.

ASSETS

DEBTS OWED TO YOU

DEBT #1			
Debtor Name			
Debtor Contact Info			
Original Loan Amount		Loan Date	
Interest Rate		Monthly PMT	
Current Balance		As Of	
Pay Off Date		Payment Method	
Other Details of Loan			

DEBT #2			
Debtor Name			
Debtor Contact Info			
Original Loan Amount		Loan Date	
Interest Rate		Monthly PMT	
Current Balance		As Of	
Pay Off Date		Payment Method	
Other Details of Loan			

DEBT #3			
Debtor Name			
Debtor Contact Info			
Original Loan Amount		Loan Date	
Interest Rate		Monthly PMT	
Current Balance		As Of	
Pay Off Date		Payment Method	
Other Details of Loan			

ASSETS

This part of the **ASSET** section will outline all your *physical assets* such as real estate, motor vehicles and other valuables. If any of your assets currently have a lien against them, you will enter in the lienholder and payoff information in the “Liabilities” section of the binder.

REAL ESTATE

PRIMARY RESIDENCE			
Address			
Date Purchased		Purchase Price	
Approx. Value		As of	
Paid Off?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Estimated Equity
Real Estate Agent Contact Information			

SECONDARY RESIDENCE			
Address			
Date Purchased		Purchase Price	
Approx. Value		As of	
Paid Off?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Estimated Equity
Real Estate Agent Contact Information			

TERTIARY RESIDENCE			
Address			
Date Purchased		Purchase Price	
Approx. Value		As of	
Paid Off?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Estimated Equity
Real Estate Agent Contact Information			

ASSETS

INCOME PROPERTIES

INCOME PROPERTY #1			
Address			
Approx. Value		As of	
Paid Off?	YES <input type="checkbox"/>		NO <input type="checkbox"/>
Estimated Equity in Home			
Currently Rented Out?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Monthly Rent
Renters Information (Contact Info and Details of Lease)			

INCOME PROPERTY #2			
Address			
Approx. Value		As of	
Paid Off?	YES <input type="checkbox"/>		NO <input type="checkbox"/>
Estimated Equity in Home			
Currently Rented Out?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Monthly Rent
Renters Information (Contact Info and Details of Lease)			

INCOME PROPERTY #3			
Address			
Approx. Value		As of	
Paid Off?	YES <input type="checkbox"/>		NO <input type="checkbox"/>
Estimated Equity in Home			
Currently Rented Out?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Monthly Rent
Renters Information (Contact Info and Details of Lease)			

*If you have more than 3 income properties, reprint this page to include information about all your rental properties

ASSETS

VEHICLES

VEHICLE #1			
Year/Make/Model			
Date Purchased		Purchase Price	
Approx. Value		As of	
Paid Off?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Estimated Equity
Location of Spare Key			License Plate #
VIN			
VEHICLE #2			
Year/Make/Model			
Date Purchased		Purchase Price	
Approx. Value		As of	
Paid Off?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Estimated Equity
Location of Spare Key			License Plate #
VIN			
VEHICLE #3			
Year/Make/Model			
Date Purchased		Purchase Price	
Approx. Value		As of	
Paid Off?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Estimated Equity
Location of Spare Key			License Plate #
VIN			
VEHICLE #4			
Year/Make/Model			
Date Purchased		Purchase Price	
Approx. Value		As of	
Paid Off?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Estimated Equity
VIN			

*If you have more than 4 vehicles, print off this page again and fill out information for your remaining vehicles.

ASSETS

OTHER MOTOR VEHICLES

MOTORCYCLE #1			
Year/Make/Model			
Date Purchased		Purchase Price	
Approx. Value		As of	
Paid Off?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Estimated Equity
VIN			

MOTORCYCLE #2			
Year/Make/Model			
Date Purchased		Purchase Price	
Approx. Value		As of	
Paid Off?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Estimated Equity
VIN			

BOAT			
Year/Make/Model			
Date Purchased		Purchase Price	
Approx. Value		As of	
Paid Off?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Estimated Equity
HIN			

MOTOR HOME			
Year/Make/Model			
Date Purchased		Purchase Price	
Approx. Value		As of	
Paid Off?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Estimated Equity
VIN			

*If you have more assets that need to be listed, reprint this page and include information on all other vehicle motor vehicle assets.

ASSETS

OTHER ASSETS & VALUABLES (Jewelry, Art, Collectibles, etc.)

*If you have insurance on any valuables, list the policy information in the "Insurance" section of the binder.
If these items are willed to anyone, list those details in the "Other Item Details" section.

ITEM #1			
Item Name/Description			
Model/Color/Serial #			
Approx. Value		As of	
Insured?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Item Location
Other Item Details			

ITEM #2			
Item Name/Description			
Model/Color/Serial #			
Approx. Value		As of	
Insured?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Item Location
Other Item Details			

ITEM #3			
Item Name/Description			
Model/Color/Serial #			
Approx. Value		As of	
Insured?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Item Location
Other Item Details			

ITEM #4			
Item Name/Description			
Model/Color/Serial #			
Approx. Value		As of	
Insured?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Item Location
Other Item Details			

ASSETS

OTHER ASSETS & VALUABLES (Jewelry, Art, Collectibles, etc.)

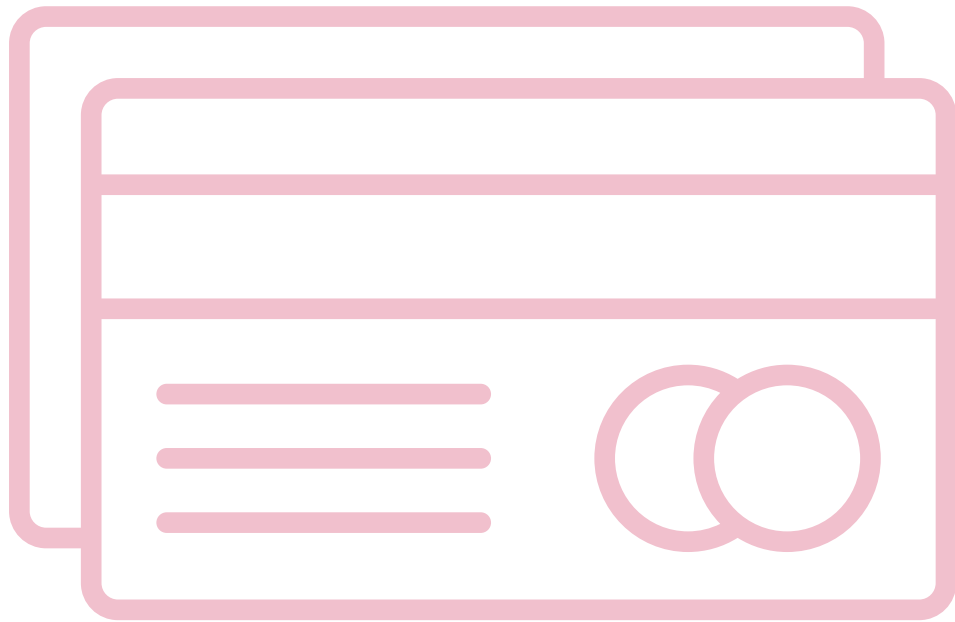
ITEM #5			
Item Name/Description			
Model/Color/Serial #			
Approx. Value		As of	
Insured?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Item Location
Other Item Details			

ITEM #6			
Item Name/Description			
Model/Color/Serial #			
Approx. Value		As of	
Insured?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Item Location
Other Item Details			

ITEM #7			
Item Name/Description			
Model/Color/Serial #			
Approx. Value		As of	
Insured?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Item Location
Other Item Details			

ITEM #8			
Item Name/Description			
Model/Color/Serial #			
Approx. Value		As of	
Insured?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Item Location
Other Item Details			

*If you have more physical assets & valuables that need to be outlined, print off this page again until you have all your assets documented.



liabilities

LIABILITIES

“To succeed, you need to find something to hold on to, something to motivate you, something to inspire you.” - Tony Dorsett

This section outlines all your **LIABILITIES** including:

- Credit Cards
- Student Loans
- Personal Loans
- Mortgage Debt
- Car & Motor Vehicle Loans
- Loans from Family or Friends

SUMMARY

TOTAL LIABILITY SUMMARY	
LIABILITY NAME	LIABILITY AMOUNT
TOTAL	

LIABILITIES

CREDIT CARDS

CREDIT CARD #1			
Name(s) on Card Account			
Type (Visa, AMEX, etc)		Issuing Bank	
Card Number			
Card Expiration Date		Card CVV	
Balance		As Of	
Monthly Due Date		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Account Payment is Made From:			
Other Card Details/Information:			

CREDIT CARD #2			
Name(s) on Card Account			
Type (Visa, AMEX, etc)		Issuing Bank	
Card Number			
Card Expiration Date		Card CVV	
Balance		As Of	
Monthly Due Date		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Account Payment is Made From:			
Other Card Details/Information:			

CREDIT CARD #3			
Name(s) on Card Account			
Type (Visa, AMEX, etc)		Issuing Bank	
Card Number			
Card Expiration Date		Card CVV	
Balance		As Of	
Monthly Due Date		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Account Payment is Made From:			
Other Card Details/Information:			

LIABILITIES

CREDIT CARDS

CREDIT CARD #4			
Name(s) on Card Account			
Type (Visa, AMEX, etc)		Issuing Bank	
Card Number			
Card Expiration Date		Card CVV	
Balance		As Of	
Monthly Due Date		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Account Payment is Made From:			
Other Card Details/Information:			

CREDIT CARD #5			
Name(s) on Card Account			
Type (Visa, AMEX, etc)		Issuing Bank	
Card Number			
Card Expiration Date		Card CVV	
Balance		As Of	
Monthly Due Date		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Account Payment is Made From:			
Other Card Details/Information:			

CREDIT CARD #6			
Name(s) on Card Account			
Type (Visa, AMEX, etc)		Issuing Bank	
Card Number			
Card Expiration Date		Card CVV	
Balance		As Of	
Monthly Due Date		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Account Payment is Made From:			
Other Card Details/Information:			

*If you have more than 6 credit cards, reprint this page and fill out the above information for each credit card you have.

LIABILITIES

STUDENT LOANS

STUDENT LOAN #1			
Student Loan Name			
Account Number			
Lender Name		Loan Type	
Original Loan Amount		Origination Date	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Account Payment Comes From:		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>

STUDENT LOAN #2			
Student Loan Name			
Account Number			
Lender Name		Loan Type	
Original Loan Amount		Origination Date	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Account Payment Comes From:		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>

STUDENT LOAN #3			
Student Loan Name			
Account Number			
Lender Name		Loan Type	
Original Loan Amount		Origination Date	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Account Payment Comes From:		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>

LIABILITIES

STUDENT LOANS

STUDENT LOAN #4			
Student Loan Name			
Account Number			
Lender Name		Loan Type	
Original Loan Amount		Origination Date	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Account Payment Comes From:		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>

STUDENT LOAN #5			
Student Loan Name			
Account Number			
Lender Name		Loan Type	
Original Loan Amount		Origination Date	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Account Payment Comes From:		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>

STUDENT LOAN #6			
Student Loan Name			
Account Number			
Lender Name		Loan Type	
Original Loan Amount		Origination Date	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Account Payment Comes From:		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>

LIABILITIES

STUDENT LOANS

STUDENT LOAN #7			
Student Loan Name			
Account Number			
Lender Name		Loan Type	
Original Loan Amount		Origination Date	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Account Payment Comes From:		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>

STUDENT LOAN #8			
Student Loan Name			
Account Number			
Lender Name		Loan Type	
Original Loan Amount		Origination Date	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Account Payment Comes From:		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>

STUDENT LOAN #9			
Student Loan Name			
Account Number			
Lender Name		Loan Type	
Original Loan Amount		Origination Date	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Account Payment Comes From:		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>

*If you have more than 9 student loans, reprint this page and fill out the above information for each of your student loans.

LIABILITIES

PERSONAL LOANS

PERSONAL LOAN #1			
Loan Name			
Account Number			
Lender Name		Loan Type	
Original Loan Amount		Origination Date	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Account Payment Comes From:		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>

PERSONAL LOAN #2			
Loan Name			
Account Number			
Lender Name		Loan Type	
Original Loan Amount		Origination Date	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Account Payment Comes From:		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>

PERSONAL LOAN #3			
Loan Name			
Account Number			
Lender Name		Loan Type	
Original Loan Amount		Origination Date	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Account Payment Comes From:		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>

*If you have more than 3 personal loans, reprint this page and fill out the above information for each of your personal loans.

LIABILITIES

MORTGAGE DEBT

PRIMARY RESIDENCE LOAN			
Name on Loans			
Account Number			
Lender Name		Loan Type	
Original Loan Amount		Origination Date	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Account Payment Comes From:		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>

SECONDARY RESIDENCE LOAN			
Name on Loans			
Account Number			
Lender Name		Loan Type	
Original Loan Amount		Origination Date	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Account Payment Comes From:		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>

TERTIARY RESIDENCE LOAN			
Name on Loans			
Account Number			
Lender Name		Loan Type	
Original Loan Amount		Origination Date	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Account Payment Comes From:		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>

LIABILITIES

INCOME PROPERTY DEBT

INCOME PROPERTY LOAN #1			
Name on Loans			
Account Number			
Lender Name		Loan Type	
Original Loan Amount		Origination Date	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Account Payment Comes From:		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>

INCOME PROPERTY LOAN #2			
Name on Loans			
Account Number			
Lender Name		Loan Type	
Original Loan Amount		Origination Date	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Account Payment Comes From:		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>

INCOME PROPERTY LOAN #3			
Name on Loans			
Account Number			
Lender Name		Loan Type	
Original Loan Amount		Origination Date	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Account Payment Comes From:		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>

LIABILITIES

CAR LOANS

CAR LOAN #1			
Vehicle (Make/Model)			
Name(s) on Loans			
Account Number			
Lender Name		Interest Rate	
Original Loan Amount		Origination Date	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Account Payment Comes From:		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>

CAR LOAN #2			
Vehicle (Make/Model)			
Name(s) on Loans			
Account Number			
Lender Name		Interest Rate	
Original Loan Amount		Origination Date	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Account Payment Comes From:		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>

CAR LOAN #3			
Vehicle (Make/Model)			
Name(s) on Loans			
Account Number			
Lender Name		Interest Rate	
Original Loan Amount		Origination Date	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Account Payment Comes From:		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>

LIABILITIES

OTHER VEHICLE LOANS (Motorcycles, Motorhomes, Boats, etc)

VEHICLE LOAN #1			
Make/Model			
Name(s) on Loans			
Account Number			
Lender Name		Interest Rate	
Original Loan Amount		Origination Date	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Account Payment Comes From:		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>

VEHICLE LOAN #2			
Make/Model			
Name(s) on Loans			
Account Number			
Lender Name		Interest Rate	
Original Loan Amount		Origination Date	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Account Payment Comes From:		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>

VEHICLE LOAN #3			
Make/Model			
Name(s) on Loans			
Account Number			
Lender Name		Interest Rate	
Original Loan Amount		Origination Date	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Account Payment Comes From:		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>

LIABILITIES

LOANS OWED TO FAMILY & FRIENDS

FAMILY & FRIENDS LOAN #1			
Money Owed To			
Original Loan Amount		Interest Rate	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Other Details & Terms of Loan			

FAMILY & FRIENDS LOAN #2			
Money Owed To			
Original Loan Amount		Interest Rate	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Other Details & Terms of Loan			

FAMILY & FRIENDS LOAN #3			
Money Owed To			
Original Loan Amount		Interest Rate	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Other Details & Terms of Loan			

FAMILY & FRIENDS LOAN #4			
Money Owed To			
Original Loan Amount		Interest Rate	
Current Balance		As Of	
Monthly Due Date		Minimum PMT	
Extra Monthly Payment Amount		Anticipated Payoff Date	
Other Details & Terms of Loan			



*bills &
accounts*

BILLS & ACCOUNTS

This section outlines all your other **BILLS & ACCOUNTS** such as:

- Utilities
- Phone, Cable & Internet
- Fitness Memberships
- Subscriptions
- MISC Household Expenses
- MISC Other Expenses

UTILITIES

ELECTRICITY	
Name(s) on Account	
Electricity Provider	
Account Number	
Monthly Due Date	Auto Pay On? YES <input type="checkbox"/> NO <input type="checkbox"/>
Account Payment is Made From:	
Other Account Details:	

GAS	
Name(s) on Account	
Gas Provider	
Account Number	
Monthly Due Date	Auto Pay On? YES <input type="checkbox"/> NO <input type="checkbox"/>
Account Payment is Made From:	
Other Account Details:	

WATER	
Name(s) on Account	
Water Provider	
Account Number	
Monthly Due Date	Auto Pay On? YES <input type="checkbox"/> NO <input type="checkbox"/>
Account Payment is Made From:	
Other Account Details:	

BILLS & ACCOUNTS

PHONE, CABLE, INTERNET

CELL PHONE PLAN			
Name(s) on Account			
Cell Phone Provider			
Account Number	Monthly Due Date		
Monthly Payment Amount	Auto Pay On?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Account Payment is Made From:			
Other Account Details:			

CABLE			
Name(s) on Account			
Cable Provider			
Account Number	Monthly Due Date		
Monthly Payment Amount	Auto Pay On?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Account Payment is Made From:			
Other Account Details:			

INTERNET			
Name(s) on Account			
Internet Provider			
Account Number	Monthly Due Date		
Monthly Payment Amount	Auto Pay On?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Account Payment is Made From:			
Other Account Details:			

HOME PHONE/LANDLINE			
Name(s) on Account			
Phone Provider			
Account Number	Monthly Due Date		
Monthly Payment Amount	Auto Pay On?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Account Payment is Made From:			
Other Account Details:			

BILLS & ACCOUNTS

FITNESS MEMBERSHIPS

GYM MEMBERSHIP			
Name(s) on Membership			
Gym Name			
Membership Number	Monthly Due Date		
Monthly Payment Amount	Auto Pay On?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Account Payment is Made From:			
Other Account Details:			

OTHER FITNESS MEMBERSHIP #1			
Name(s) on Membership			
Gym Name			
Membership Number	Monthly Due Date		
Monthly Payment Amount	Auto Pay On?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Account Payment is Made From:			
Other Account Details:			

OTHER FITNESS MEMBERSHIP #2			
Name(s) on Membership			
Gym Name			
Membership Number	Monthly Due Date		
Monthly Payment Amount	Auto Pay On?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Account Payment is Made From:			
Other Account Details:			

OTHER FITNESS MEMBERSHIP #3			
Name(s) on Membership			
Gym Name			
Membership Number	Monthly Due Date		
Monthly Payment Amount	Auto Pay On?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Account Payment is Made From:			
Other Account Details:			

BILLS & ACCOUNTS

SUBSCRIPTIONS (Spotify, Netflix, Hulu, Box Subscriptions, etc)

SUBSCRIPTION #1			
Name(s) on Subscription			
Subscription Service			
Account Number	Monthly Due Date		
Monthly Payment Amount	Auto Pay On?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Account Payment is Made From:			
Other Account Details:			

SUBSCRIPTION #2			
Name(s) on Subscription			
Subscription Service			
Account Number	Monthly Due Date		
Monthly Payment Amount	Auto Pay On?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Account Payment is Made From:			
Other Account Details:			

SUBSCRIPTION #3			
Name(s) on Subscription			
Subscription Service			
Account Number	Monthly Due Date		
Monthly Payment Amount	Auto Pay On?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Account Payment is Made From:			
Other Account Details:			

SUBSCRIPTION #4			
Name(s) on Subscription			
Subscription Service			
Account Number	Monthly Due Date		
Monthly Payment Amount	Auto Pay On?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Account Payment is Made From:			
Other Account Details:			

BILLS & ACCOUNTS

SUBSCRIPTIONS (Spotify, Netflix, Hulu, Box Subscriptions, etc)

SUBSCRIPTION #5			
Name(s) on Subscription			
Subscription Service			
Account Number	Monthly Due Date		
Monthly Payment Amount	Auto Pay On?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Account Payment is Made From:			
Other Account Details:			

SUBSCRIPTION #6			
Name(s) on Subscription			
Subscription Service			
Account Number	Monthly Due Date		
Monthly Payment Amount	Auto Pay On?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Account Payment is Made From:			
Other Account Details:			

SUBSCRIPTION #7			
Name(s) on Subscription			
Subscription Service			
Account Number	Monthly Due Date		
Monthly Payment Amount	Auto Pay On?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Account Payment is Made From:			
Other Account Details:			

SUBSCRIPTION #8			
Name(s) on Subscription			
Subscription Service			
Account Number	Monthly Due Date		
Monthly Payment Amount	Auto Pay On?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Account Payment is Made From:			
Other Account Details:			

BILLS & ACCOUNTS

MISC HOUSEHOLD EXPENSES

- Cleaning Service
- Lawn Service
- Security System
- Other Household Expenses

HOUSEHOLD EXPENSE #1			
Expense Name			
Service Provider			
Account Number		Monthly Due Date	
Monthly Payment Amount		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Account Payment is Made From:			
Other Account Details:			

HOUSEHOLD EXPENSE #2			
Expense Name			
Service Provider			
Account Number		Monthly Due Date	
Monthly Payment Amount		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Account Payment is Made From:			
Other Account Details:			

HOUSEHOLD EXPENSE #3			
Expense Name			
Service Provider			
Account Number		Monthly Due Date	
Monthly Payment Amount		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Account Payment is Made From:			
Other Account Details:			

HOUSEHOLD EXPENSE #4			
Expense Name			
Service Provider			
Account Number		Monthly Due Date	
Monthly Payment Amount		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Account Payment is Made From:			
Other Account Details:			

BILLS & ACCOUNTS

OTHER MISC EXPENSES (Any re-occurring expense that does not fall into any of the above categories)

MISC EXPENSE #1			
Expense Name			
Service Provider			
Account Number	Monthly Due Date		
Monthly Payment Amount	Auto Pay On?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Account Payment is Made From:			
Other Account Details:			

MISC EXPENSE #2			
Expense Name			
Service Provider			
Account Number	Monthly Due Date		
Monthly Payment Amount	Auto Pay On?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Account Payment is Made From:			
Other Account Details:			

MISC EXPENSE #3			
Expense Name			
Service Provider			
Account Number	Monthly Due Date		
Monthly Payment Amount	Auto Pay On?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Account Payment is Made From:			
Other Account Details:			

MISC EXPENSE #4			
Expense Name			
Service Provider			
Account Number	Monthly Due Date		
Monthly Payment Amount	Auto Pay On?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Account Payment is Made From:			
Other Account Details:			



insurance

INSURANCE

In this section, outline all the details for each **INSURANCE POLICY** you hold in the below categories:

- Property Insurance
- Motor Vehicle Insurance
- Health Insurance
- Disability Insurance
- Life Insurance
- Pet Insurance
- Valuables Insurance
- Other Insurance

PROPERTY INSURANCE

Outline the policy information for all your **PROPERTY INSURANCE** including:

- Homeowners Insurance
- Renters Insurance
- Fire Insurance
- Flood Insurance
- Earthquake Insurance
- Farm Insurance

PROPERTY INSURANCE POLICY #1	
Type of Insurance	
Insurance Provider	
Policy Number	
Premium	
Deductible	
Amount of Coverage	
Other Policy Details	

PROPERTY INSURANCE POLICY #2	
Type of Insurance	
Insurance Provider	
Policy Number	
Premium	
Deductible	
Amount of Coverage	
Other Policy Details	

INSURANCE

PROPERTY INSURANCE

PROPERTY INSURANCE POLICY #3	
Type of Insurance	
Insurance Provider	
Policy Number	
Premium	
Deductible	
Amount of Coverage	
Other Policy Details	

PROPERTY INSURANCE POLICY #4	
Type of Insurance	
Insurance Provider	
Policy Number	
Premium	
Deductible	
Amount of Coverage	
Other Policy Details	

PROPERTY INSURANCE POLICY #5	
Type of Insurance	
Insurance Provider	
Policy Number	
Premium	
Deductible	
Amount of Coverage	
Other Policy Details	

INSURANCE

MOTOR VEHICLE INSURANCE

Outline the policy information for all your **MOTOR VEHICLE INSURANCE** including:

- Car Insurance
- Boat Insurance
- Caravan Insurance
- Motorcycle Insurance

MOTOR VEHICLE INSURANCE POLICY #1

Type of Insurance	
Insurance Provider	
Vehicle Covered	
Drivers Covered	
Policy Number	
Premium	
Deductible	
Other Policy Details	

MOTOR VEHICLE INSURANCE POLICY #2

Type of Insurance	
Insurance Provider	
Vehicle Covered	
Drivers Covered	
Policy Number	
Premium	
Deductible	
Other Policy Details	

INSURANCE

MOTOR VEHICLE INSURANCE

MOTOR VEHICLE INSURANCE POLICY #3		
Type of Insurance		
Insurance Provider		
Vehicle Covered		
Drivers Covered		
Policy Number		
Premium		Deductible
Other Policy Details		

MOTOR VEHICLE INSURANCE POLICY #4		
Type of Insurance		
Insurance Provider		
Vehicle Covered		
Drivers Covered		
Policy Number		
Premium		Deductible
Other Policy Details		

MOTOR VEHICLE INSURANCE POLICY #5		
Type of Insurance		
Insurance Provider		
Vehicle Covered		
Drivers Covered		
Policy Number		
Premium		Deductible
Other Policy Details		

INSURANCE

HEALTH INSURANCE

Outline the policy information for all your **HEALTH INSURANCE** including:

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Long-Term Care Insurance

HEALTH INSURANCE POLICY #1			
Who is Covered?			
Type of Insurance			
Insurance Provider		Policy Type <small>(PPO, HDHP)</small>	
Group Number		Policy Number	
Co-Pay Amount		Monthly Premium	
How is Premium Paid?		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other Details of Coverage & Policy			

HEALTH INSURANCE POLICY #2			
Who is Covered?			
Type of Insurance			
Insurance Provider		Policy Type <small>(PPO, HDHP)</small>	
Group Number		Policy Number	
Co-Pay Amount		Monthly Premium	
How is Premium Paid?		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other Details of Coverage & Policy			

INSURANCE

HEALTH INSURANCE

HEALTH INSURANCE POLICY #3			
Who is Covered?			
Type of Insurance			
Insurance Provider		Policy Type <small>(PPO, HDHP)</small>	
Group Number		Policy Number	
Co-Pay Amount		Monthly Premium	
How is Premium Paid?		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other Details of Coverage & Policy			

HEALTH INSURANCE POLICY #4			
Who is Covered?			
Type of Insurance			
Insurance Provider		Policy Type <small>(PPO, HDHP)</small>	
Group Number		Policy Number	
Co-Pay Amount		Monthly Premium	
How is Premium Paid?		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other Details of Coverage & Policy			

HEALTH INSURANCE POLICY #5			
Who is Covered?			
Type of Insurance			
Insurance Provider		Policy Type <small>(PPO, HDHP)</small>	
Group Number		Policy Number	
Co-Pay Amount		Monthly Premium	
How is Premium Paid?		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other Details of Coverage & Policy			

INSURANCE

DISABILITY INSURANCE

Outline the policy information for all your **DISABILITY INSURANCE** including:

- Short-Term Disability
- Long-Term Disability

DISABILITY INSURANCE POLICY #1

Type of Insurance	
Who is Covered?	
Insurance Provider	
Policy Number	
Premium	
Amount of Coverage	
Other Policy Details	

DISABILITY INSURANCE POLICY #2

Type of Insurance	
Who is Covered?	
Insurance Provider	
Policy Number	
Premium	
Amount of Coverage	
Other Policy Details	

DISABILITY INSURANCE POLICY #3

Type of Insurance	
Who is Covered?	
Insurance Provider	
Policy Number	
Premium	
Amount of Coverage	
Other Policy Details	

INSURANCE

LIFE INSURANCE

Outline the policy information for all your **LIFE INSURANCE** including:

- Term/Whole Life Insurance
- AD&D Insurance

LIFE INSURANCE POLICY #1	
Type of Insurance	
Who is Covered?	
Insurance Provider	
Policy Number	
Premium	
Amount of Coverage	
Other Policy Details	

LIFE INSURANCE POLICY #2	
Type of Insurance	
Who is Covered?	
Insurance Provider	
Policy Number	
Premium	
Amount of Coverage	
Other Policy Details	

LIFE INSURANCE POLICY #3	
Type of Insurance	
Who is Covered?	
Insurance Provider	
Policy Number	
Premium	
Amount of Coverage	
Other Policy Details	

INSURANCE

LIFE INSURANCE

Below, outline your wishes for any Life Insurance pay-outs that will occur as a result of your death.

Who is the **BENEFICIARY** of your LIFE INSURANCE POLICIES?

LIFE INSURANCE POLICY BENEFICIARIES	
Policy #1 Beneficiary	
Policy #2 Beneficiary	
Policy #3 Beneficiary	
Policy #4 Beneficiary	

Do you want the above beneficiaries to distribute/share the **LIFE INSURANCE FUNDS** in any way to other people (i.e. other family members, friends, charities, etc)?

LIFE INSURANCE POLICY BENEFICIARIES	
Policy #1 Instructions	
Policy #2 Instructions	
Policy #3 Instructions	
Policy #4 Instructions	

What do you want your **LIFE INSURANCE** money to be used for? For instance, paying off debts, saving for a college fund, paying off your home, a trip for your family, etc.

LIFE INSURANCE POLICY BENEFICIARIES	
Policy #1 Instructions	
Policy #2 Instructions	
Policy #3 Instructions	
Policy #4 Instructions	

INSURANCE

PET INSURANCE

If you have insurance policies that cover your pets, enter the policy information below for each pet. If you have more than 3 pets that are covered, reprint this page so the policy information for each pet is covered.

PET INSURANCE POLICY #1	
Pet Covered	
Insurance Provider	
Policy Number	
Monthly Premium	
Services Covered	
Other Policy Details	

PET INSURANCE POLICY #2	
Pet Covered	
Insurance Provider	
Policy Number	
Monthly Premium	
Services Covered	
Other Policy Details	

PET INSURANCE POLICY #3	
Pet Covered	
Insurance Provider	
Policy Number	
Monthly Premium	
Services Covered	
Other Policy Details	

INSURANCE

VALUABLES INSURANCE

Outline the policy information for any **VALUABLES INSURANCE** that cover items such as:

- Jewelry
- Antiques
- Fine Art
- Collectibles

VALUABLES INSURANCE POLICY #1

Item Covered	
Insurance Provider	
Policy Number	
Monthly Premium	
Deductible	
Other Policy Details	

VALUABLES INSURANCE POLICY #2

Item Covered	
Insurance Provider	
Policy Number	
Monthly Premium	
Deductible	
Other Policy Details	

VALUABLES INSURANCE POLICY #3

Item Covered	
Insurance Provider	
Policy Number	
Monthly Premium	
Deductible	
Other Policy Details	

INSURANCE

VALUABLES INSURANCE

VALUABLES INSURANCE POLICY #4	
Item Covered	
Insurance Provider	
Policy Number	
Monthly Premium	Deductible
Other Policy Details	

VALUABLES INSURANCE POLICY #5	
Item Covered	
Insurance Provider	
Policy Number	
Monthly Premium	Deductible
Other Policy Details	

VALUABLES INSURANCE POLICY #6	
Item Covered	
Insurance Provider	
Policy Number	
Monthly Premium	Deductible
Other Policy Details	

VALUABLES INSURANCE POLICY #7	
Item Covered	
Insurance Provider	
Policy Number	
Monthly Premium	Deductible
Other Policy Details	

INSURANCE

OTHER INSURANCE

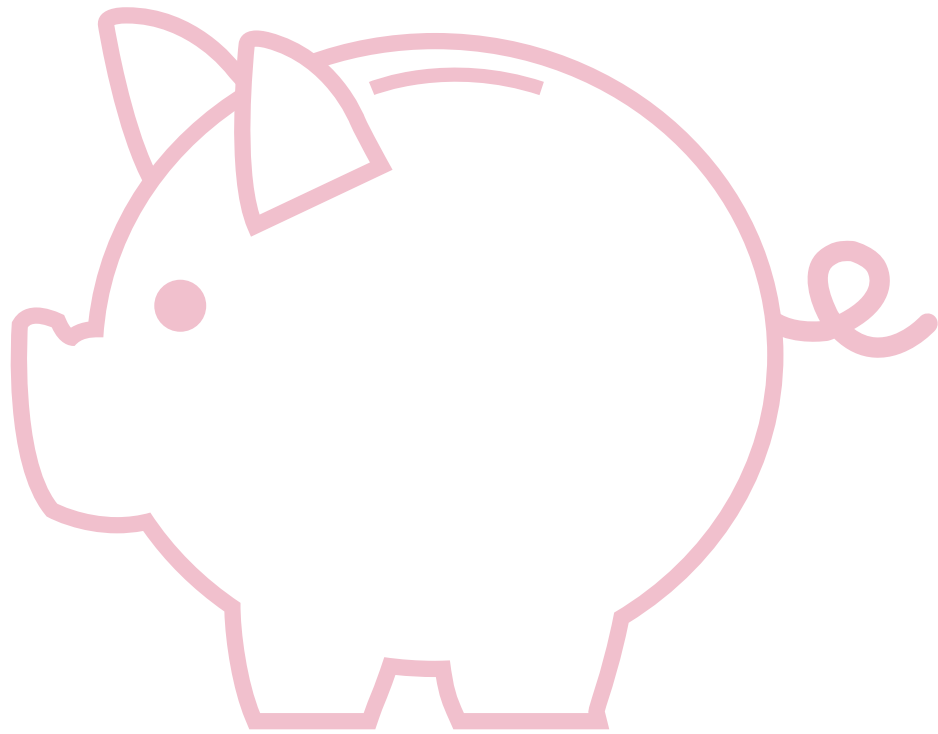
Outline the policy information for any type of **OTHER INSURANCE** you have. Some examples include:

- Workers Compensation
- Unemployment Insurance
- Mortgage Protection Insurance
- Business Insurance

OTHER INSURANCE POLICY #1	
Type of Insurance	
Who/What Covered?	
Insurance Provider	
Policy Number	
Monthly Premium	Deductible
Other Policy Details	

OTHER INSURANCE POLICY #2	
Type of Insurance	
Who/What Covered?	
Insurance Provider	
Policy Number	
Monthly Premium	Deductible
Other Policy Details	

OTHER INSURANCE POLICY #3	
Type of Insurance	
Who/What Covered?	
Insurance Provider	
Policy Number	
Monthly Premium	Deductible
Other Policy Details	



monthly
budget

MONTHLY BUDGET

This section is to outline your **MONTHLY BUDGET** including your income and expenses.

BUDGET SOFTWARE

If you use a budgeting software like Mint, YNAB, or Every Dollar document your account and login information below.

BUDGET SOFTWARE INFORMATION			
Name of Software			
Paid or Free?		Cost	
Monthly/Annual Due Date		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Account Payment is Made From:			
Login URL:			
Username		Password	

INCOME SOURCES

Below, outline your sources and frequency of income.

INCOME SOURCE #1	
Name of Income Source	
Income Frequency	
Average Amount Per Pay Period	
How is Income Received?	CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DIRECT DEPOSIT <input type="checkbox"/> OTHER <input type="checkbox"/>
If OTHER, specify:	
If DD, list Bank Account Deposited To:	

INCOME SOURCE #2	
Name of Income Source	
Income Frequency	
Average Amount Per Pay Period	
How is Income Received?	CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DIRECT DEPOSIT <input type="checkbox"/> OTHER <input type="checkbox"/>
If OTHER, specify:	
If DD, list Bank Account Deposited To:	

MONTHLY BUDGET

INCOME SOURCES

INCOME SOURCE #3	
Name of Income Source	
Income Frequency	
Average Amount Per Pay Period	
How is Income Received?	CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DIRECT DEPOSIT <input type="checkbox"/> OTHER <input type="checkbox"/>
If OTHER, specify:	
If DD, list Bank Account Deposited To:	

INCOME SOURCE #4	
Name of Income Source	
Income Frequency	
Average Amount Per Pay Period	
How is Income Received?	CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DIRECT DEPOSIT <input type="checkbox"/> OTHER <input type="checkbox"/>
If OTHER, specify:	

INCOME SOURCE #5	
Name of Income Source	
Income Frequency	
Average Amount Per Pay Period	
How is Income Received?	CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DIRECT DEPOSIT <input type="checkbox"/> OTHER <input type="checkbox"/>
If OTHER, specify:	
If DD, list Bank Account Deposited To:	

INCOME SOURCE #6	
Name of Income Source	
Income Frequency	
Average Amount Per Pay Period	
How is Income Received?	CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DIRECT DEPOSIT <input type="checkbox"/> OTHER <input type="checkbox"/>
If OTHER, specify:	
If DD, list Bank Account Deposited To:	

MONTHLY BUDGET

MONTHLY BUDGET OVERVIEW

Below, provide an overview of your monthly budget or feel free to include your own version and copy of your monthly budget. **Note:** The cells below are mostly left blank so it can be most customizable to your unique budget. Only a few examples are given. Fill in the rest of the cells with your own unique bills, expenses, and monthly contributions towards financial goals.

INCOME	
Estimated Total Monthly Income	

MONTHLY BILLS			
Bill Name	Amount	Bill Name	Amount
Mortgage/Rent		Car Insurance	

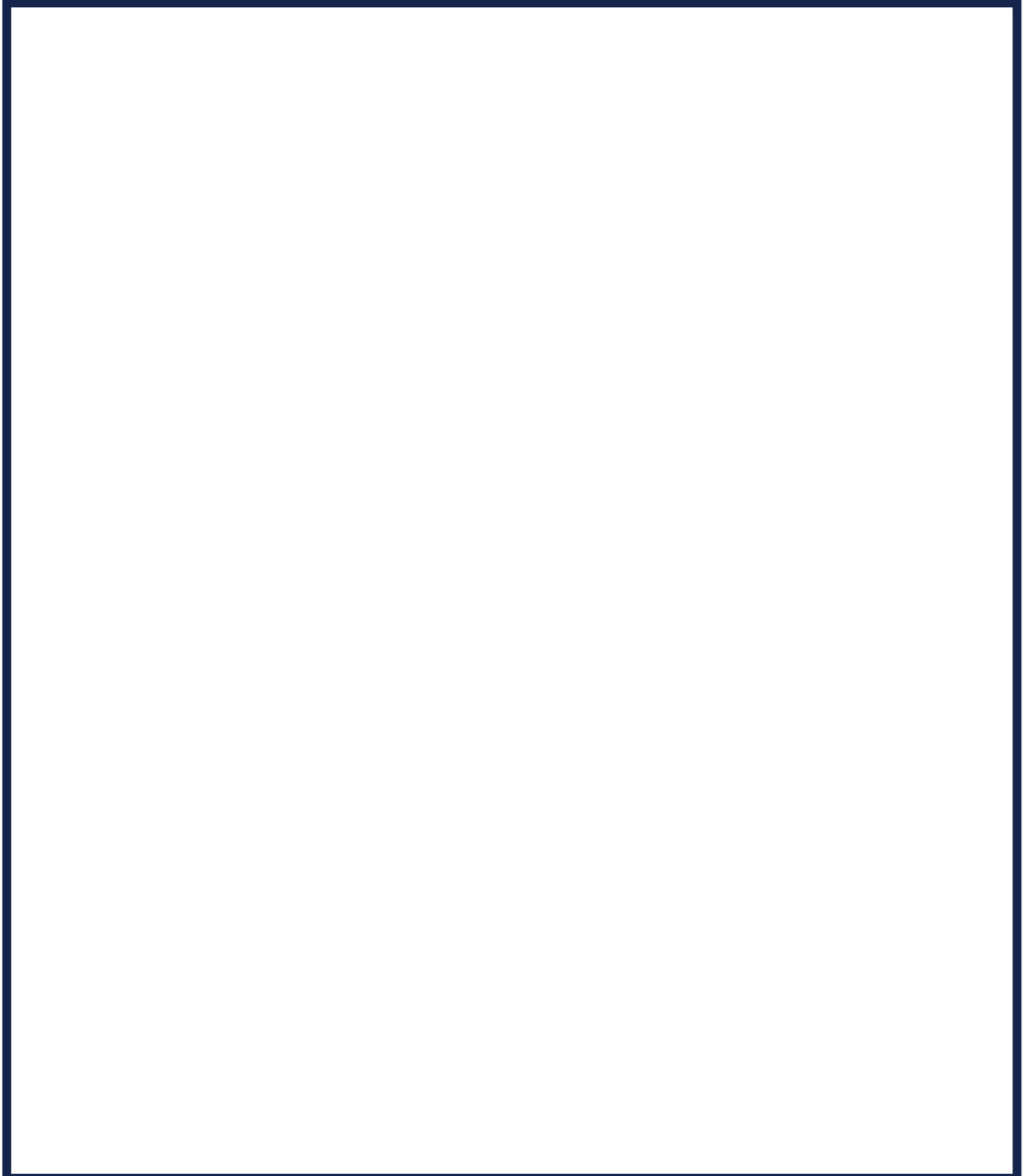
OTHER MONTHLY EXPENSES			
Expense Name	Amount	Expense Name	Amount
Food		Clothing	

FINANCIAL GOALS	
Financial Goal	Monthly Amount
Monthly Savings Goal	
Extra Monthly Amount Paid Towards Debt	

MONTHLY BUDGET

MONTHLY BUDGET DETAILS & INSTRUCTIONS

Below, document any detailed instructions or nuances regarding your budget that should be noted such as irregular expenses, sinking funds, cash envelopes, etc.





household
items

HOUSEHOLD ITEMS

This section is to outline important information about your **HOUSEHOLD** like:

- Household Taxes
- Household Schedule
- Household Service Providers
- Household Favorites
- Household Passwords
- Household Final Wishes

Note: If you have more than one residence, you can print this section off again and fill out for all your additional residences.

HOUSEHOLD TAXES

HOUSEHOLD TAX DETAILS	
Total Household Annual Tax	
Winter Tax Amount	
Summer Tax Amount	
Are Taxes Paid From Escrow?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, list Escrow Account Info	
If no, how are taxes Paid?	
Where to Find Tax Documents	

HOUSEHOLD SCHEDULE

HOUSEHOLD SCHEDULE DETAILS	
Thermostat Temperature	
Day of Trash Pick-Up	
Day of Recycling Pick-Up	
How Often to Mow Lawn?	
How Often to Water Lawn?	
Other Lawn Care Details	
Household Cleaning Day	
Household Laundry Day	
How Often to Clean Carpets/Floors?	
How Often to Clean Windows?	
How Often to Change Air Filters?	
Other Seasonal Up-Keep Items	

HOUSEHOLD ITEMS

HOUSEHOLD SERVICE PROVIDERS

HOUSEHOLD REALTOR	
Name of Realtor	
Address	
Phone/Email	
Realtor Schedule	
What did this Realtor help you with?	

HOUSEHOLD CLEANING SERVICE	
Cleaning Service Name	
Address	
Phone/Email	
Cost	
Cleaning Service Schedule	
Any Special Instructions for Cleaning Service	

HOUSEHOLD CARPET/FLOOR/RUG CLEANING SERVICE	
Cleaning Service Name	
Address	
Phone/Email	
Cost	
Cleaning Service Schedule	
Any Special Instructions for Cleaning Service	

HOUSEHOLD ITEMS

HOUSEHOLD SERVICE PROVIDERS

HOUSEHOLD LANDSCAPING SERVICE	
Landscaper Name	
Address	
Phone/Email	
Cost	
Landscaper Schedule	
Any Special Instructions for Landscaper	

HOUSEHOLD SNOW REMOVAL SERVICE	
Name of Company	
Address	
Phone/Email	
Cost	
Snow Removal Schedule	
Any Special Instructions for Snow Removal	

HOUSEHOLD SECURITY SYSTEM PROVIDER	
Security Company Name	
Address	
Phone/Email	
Cost	
Any Special Instructions for Security System	

HOUSEHOLD ITEMS

HOUSEHOLD SERVICE PROVIDERS

HOUSEHOLD HANDYMAN	
Handyman Name	
Address	
Phone/Email	
Cost	
Handyman Schedule	
Any Special Instructions for Handyman	

HOUSEHOLD ELECTRICIAN	
Electrician Name	
Address	
Phone/Email	
Cost	
Electrician Schedule	
Any Special Instructions for Electrician	

HOUSEHOLD PLUMBER	
Name of Plumber	
Address	
Phone/Email	
Cost	
Plumber Schedule	
Any Special Instructions for Plumber	

HOUSEHOLD ITEMS

HOUSEHOLD SERVICE PROVIDERS

OTHER HOUSEHOLD SERVICE PROVIDER #1	
Service Provider Name	
Address	
Phone/Email	
Cost	
Service Provider Schedule	
Any Special Instructions for Service Provider	

OTHER HOUSEHOLD SERVICE PROVIDER #2	
Service Provider Name	
Address	
Phone/Email	
Cost	
Service Provider Schedule	
Any Special Instructions for Service Provider	

OTHER HOUSEHOLD SERVICE PROVIDER #3	
Service Provider Name	
Address	
Phone/Email	
Cost	
Service Provider Schedule	
Any Special Instructions for Service Provider	

HOUSEHOLD ITEMS

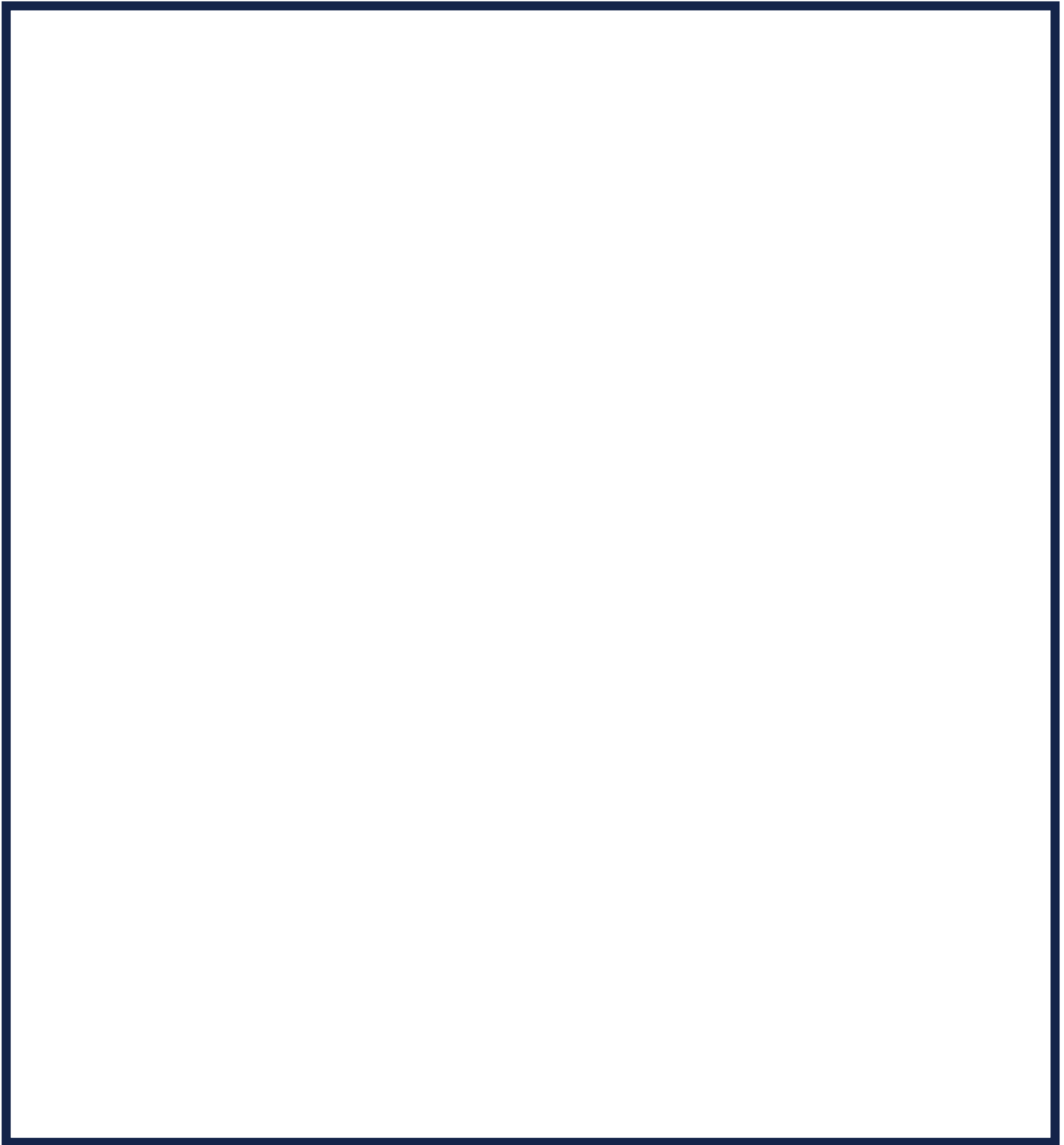
HOUSEHOLD FAVORITES

LIST OF HOUSEHOLD FAVORITES	
Favorite Brands of Foods	
Favorite Brands of Cleaning Supplies	
Favorite Brands of Laundry Supplies	
Favorite Brands of Dish Washing Supplies	
Favorite Brand of Appliances	
Favorite Brand of Toilet Paper	
Favorite Brand of Paper Towels	
Favorite Brand of Shampoo/Conditioner/Soap	
Favorite Brand of Towels	
Favorite Brand of Bed Sheets	

HOUSEHOLD ITEMS

HOUSEHOLD FAVORITES: RECIPES

Below, write out your favorite recipes, or leave copies of your favorite recipes in this section that your loved ones can continue making after your gone.



HOUSEHOLD ITEMS

HOUSEHOLD PASSWORDS

Below, outline password instructions specific to your home. Passwords for electronics, storage units, safes, etc. will be outlined in the “Logins & Passwords” Section.

HOUSEHOLD PASSWORDS	
Household Item	Password Instructions
Gate Password	
Garage Door Password	
Front Door Lock Password	
Security Alarm Code	

Below, write out any detailed instructions needed to access secured or locked areas of your home or property that are not covered above.

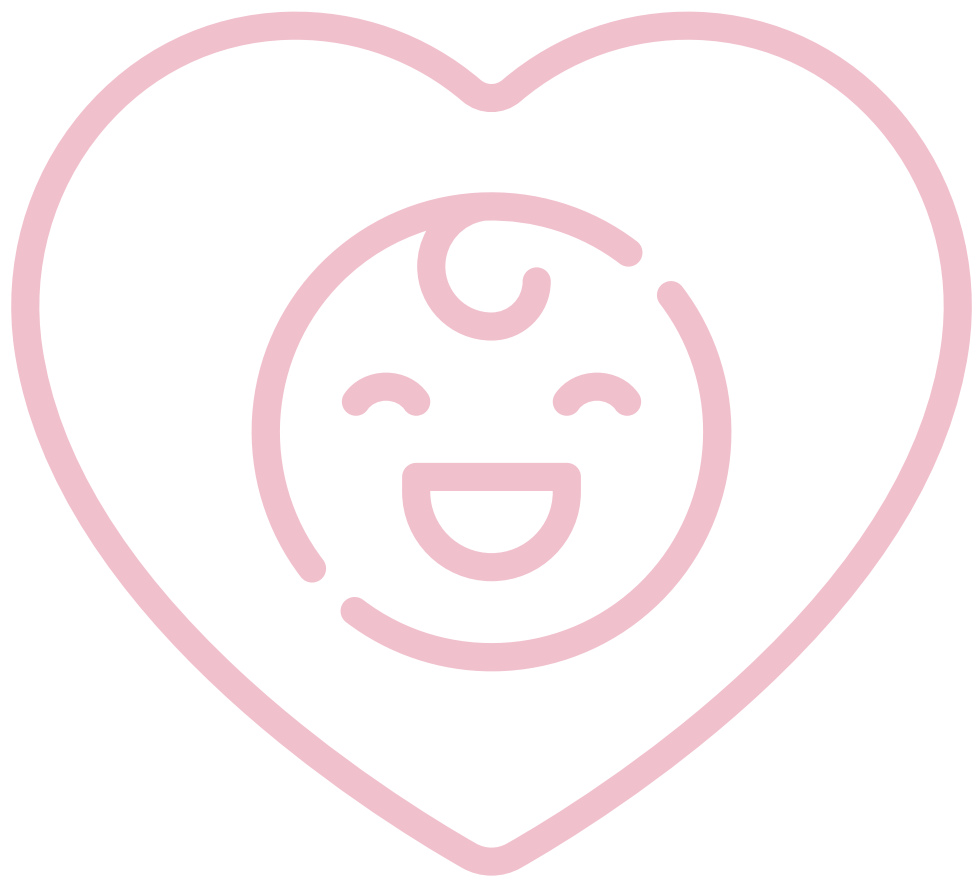
HOUSEHOLD ITEMS

HOUSEHOLD FINAL WISHES

Below, outline instructions for what you want to happen to your home in the event of your death or you and your spouse's death. The contents inside your home should be outlined in the "Estate Planning" section, so more so focus on who you want the house to go to, sell vs not sell, etc.

DISCLAIMER: This is simply a summary of your wishes and in no way is the information in this section legally binding. You are advised to have the details below stated in your will & estate plan documents.





children

CHILDREN

This section is to outline important information about your **CHILDREN** like:

- Personal Information
- Medical Information
- Schedule Information
- Child Service Providers
- School Information
- Child Favorites

PERSONAL INFORMATION

CHILD #1			
Child Name			
Gender		DOB	
Birth City, State		Birth Hospital	
Birth Weight/Height		SSN	

CHILD #2			
Child Name			
Gender		DOB	
Birth City, State		Birth Hospital	
Birth Weight/Height		SSN	

CHILD #3			
Child Name			
Gender		DOB	
Birth City, State		Birth Hospital	
Birth Weight/Height		SSN	

CHILD #4			
Child Name			
Gender		DOB	
Birth City, State		Birth Hospital	
Birth Weight/Height		SSN	

CHILDREN

MEDICAL INFORMATION

CHILD #1	
Child Name	
Primary Care Physician	
Physician Contact Info	
Child Allergies	
Child Medication Name(s)	
Medication Frequency	
How to Administer	
Medication Cost	
Rx Pick Up Information	
Latest Immunization Record Location	
Other Medical Issues to Be Aware Of	

CHILD #2	
Child Name	
Primary Care Physician	
Physician Contact Info	
Child Allergies	
Child Medication Name(s)	
Medication Frequency	
How to Administer	
Medication Cost	
Rx Pick Up Information	
Latest Immunization Record Location	
Other Medical Issues to Be Aware Of	

CHILDREN

MEDICAL INFORMATION

CHILD #3	
Child Name	
Primary Care Physician	
Physician Contact Info	
Child Allergies	
Child Medication Name(s)	
Medication Frequency	
How to Administer	
Medication Cost	
Rx Pick Up Information	
Latest Immunization Record Location	
Other Medical Issues to Be Aware Of	

CHILD #4	
Child Name	
Primary Care Physician	
Physician Contact Info	
Child Allergies	
Child Medication Name(s)	
Medication Frequency	
How to Administer	
Medication Cost	
Rx Pick Up Information	
Latest Immunization Record Location	
Other Medical Issues to Be Aware Of	

CHILDREN

SCHEDULE INFORMATION

CHILD #1			
Child Name			
Meal Schedule/Times			
Wake Up Time		Bed Time	
Nap Times		Curfew	
Activity #1			
Name of Activity/Club			
Primary Contact Name & Phone Number			
Activity Commitment Schedule Details			
Activity #2			
Name of Activity/Club			
Primary Contact Name & Phone Number			
Activity Commitment Schedule Details			
Activity #3			
Name of Activity/Club			
Primary Contact Name & Phone Number			
Activity Commitment Schedule Details			
Activity #4			
Name of Activity/Club			
Primary Contact Name & Phone Number			
Activity Commitment Schedule Details			

CHILDREN

SCHEDULE INFORMATION

CHILD #2			
Child Name			
Meal Schedule/Times			
Wake Up Time		Bed Time	
Nap Times		Curfew	
Activity #1			
Name of Activity/Club			
Primary Contact Name & Phone Number			
Activity Commitment Schedule Details			
Activity #2			
Name of Activity/Club			
Primary Contact Name & Phone Number			
Activity Commitment Schedule Details			
Activity #3			
Name of Activity/Club			
Primary Contact Name & Phone Number			
Activity Commitment Schedule Details			
Activity #4			
Name of Activity/Club			
Primary Contact Name & Phone Number			
Activity Commitment Schedule Details			

CHILDREN

SCHEDULE INFORMATION

CHILD #3			
Child Name			
Meal Schedule/Times			
Wake Up Time		Bed Time	
Nap Times		Curfew	
Activity #1			
Name of Activity/Club			
Primary Contact Name & Phone Number			
Activity Commitment Schedule Details			
Activity #2			
Name of Activity/Club			
Primary Contact Name & Phone Number			
Activity Commitment Schedule Details			
Activity #3			
Name of Activity/Club			
Primary Contact Name & Phone Number			
Activity Commitment Schedule Details			
Activity #4			
Name of Activity/Club			
Primary Contact Name & Phone Number			
Activity Commitment Schedule Details			

CHILDREN

SCHEDULE INFORMATION

CHILD #4			
Child Name			
Meal Schedule/Times			
Wake Up Time		Bed Time	
Nap Times		Curfew	
Activity #1			
Name of Activity/Club			
Primary Contact Name & Phone Number			
Activity Commitment Schedule Details			
Activity #2			
Name of Activity/Club			
Primary Contact Name & Phone Number			
Activity Commitment Schedule Details			
Activity #3			
Name of Activity/Club			
Primary Contact Name & Phone Number			
Activity Commitment Schedule Details			
Activity #4			
Name of Activity/Club			
Primary Contact Name & Phone Number			
Activity Commitment Schedule Details			

CHILDREN

CHILD SERVICE PROVIDERS

CHILD DAY-CARE	
Name of Day-Care	
Address	
Phone/Email	
Cost	
Day-Care Schedule	
Any Special Instructions for Day-Care	

CHILD BABYSITTER	
Babysitter Name	
Address	
Phone/Email	
Cost	
Babysitter Schedule	
Any Special Instructions for Babysitter	

CHILD DENTIST	
Dentist Name	
Address	
Phone/Email	
Last Cleaning Date	
Dentist Schedule	
Any Special Instructions for Dentist	

CHILDREN

CHILD SERVICE PROVIDERS

CHILD DOCTOR #1	
Name of Doctor	
Address	
Phone/Email	
Type of Doctor	
Visit/Care Schedule	
Any Special Instructions for Doctor	

CHILD DOCTOR #2	
Name of Doctor	
Address	
Phone/Email	
Type of Doctor	
Visit/Care Schedule	
Any Special Instructions for Doctor	

CHILD HAIRCUTS	
Stylist Name	
Address	
Phone/Email	
Last Hair Cut	
Stylist Schedule	
Any Special Instructions for Stylist	

CHILDREN

CHILD SERVICE PROVIDERS

OTHER CHILD SERVICE PROVIDER #1	
Name of Provider	
Address	
Phone/Email	
Service Provided	
Visit/Care Schedule	
Any Special Instructions for Provider	

OTHER CHILD SERVICE PROVIDER #2	
Name of Provider	
Address	
Phone/Email	
Service Provided	
Visit/Care Schedule	
Any Special Instructions for Provider	

OTHER CHILD SERVICE PROVIDER #3	
Name of Provider	
Address	
Phone/Email	
Service Provided	
Visit/Care Schedule	
Any Special Instructions for Provider	

CHILDREN

SCHOOL INFORMATION

CHILD #1			
Child Name			
School Name			
School Address			
School Start Time		School End Time	
Child Current Grade		Child Teacher Name	
Child Teacher Contact Information			
Bring Lunch/ Buy Lunch?			
Transportation Details To/From School			
List of School Activities/Involvement			

CHILD #2			
Child Name			
School Name			
School Address			
School Start Time		School End Time	
Child Current Grade		Child Teacher Name	
Child Teacher Contact Information			
Bring Lunch/ Buy Lunch?			
Transportation Details To/From School			
List of School Activities/Involvement			

CHILDREN

SCHOOL INFORMATION

CHILD #3		
Child Name		
School Name		
School Address		
School Start Time	School End Time	
Child Current Grade	Child Teacher Name	
Child Teacher Contact Information		
Bring Lunch/ Buy Lunch?		
Transportation Details To/From School		
List of School Activities/Involvement		

CHILD #4		
Child Name		
School Name		
School Address		
School Start Time	School End Time	
Child Current Grade	Child Teacher Name	
Child Teacher Contact Information		
Bring Lunch/ Buy Lunch?		
Transportation Details To/From School		
List of School Activities/Involvement		

CHILDREN

CHILD FAVORITES

Below, list your child's favorite things!

CHILD #1	
Child Name	
Favorite Snack(s)	
Favorite Meal(s)	
Favorite Treat(s)	
Favorite Drink(s)	
Favorite Toy(s)	
Favorite Stuffed Animal(s)	
Favorite Book(s)	
Favorite Song(s)	
Favorite Movies(s)	
Favorite Character(s)	
Favorite Place(s)	
Favorite Game(s)	
Favorite Sports(s)	
Favorite Sports Team(s)	
Favorite Animal(s)	
Favorite Friend(s)	
Favorite Family Member(s)	
Favorite Color(s)	
Favorite Outfit(s)	

Document any other special details about your child that you feel would provide peace and comfort in your passing.

CHILDREN

CHILD FAVORITES

Below, list your child's favorite things!

CHILD #2	
Child Name	
Favorite Snack(s)	
Favorite Meal(s)	
Favorite Treat(s)	
Favorite Drink(s)	
Favorite Toy(s)	
Favorite Stuffed Animal(s)	
Favorite Book(s)	
Favorite Song(s)	
Favorite Movies(s)	
Favorite Character(s)	
Favorite Place(s)	
Favorite Game(s)	
Favorite Sports(s)	
Favorite Sports Team(s)	
Favorite Animal(s)	
Favorite Friend(s)	
Favorite Family Member(s)	
Favorite Color(s)	
Favorite Outfit(s)	

Document any other special details about your child that you feel would provide peace and comfort in your passing.

CHILDREN

CHILD FAVORITES

Below, list your child's favorite things!

CHILD #3	
Child Name	
Favorite Snack(s)	
Favorite Meal(s)	
Favorite Treat(s)	
Favorite Drink(s)	
Favorite Toy(s)	
Favorite Stuffed Animal(s)	
Favorite Book(s)	
Favorite Song(s)	
Favorite Movies(s)	
Favorite Character(s)	
Favorite Place(s)	
Favorite Game(s)	
Favorite Sports(s)	
Favorite Sports Team(s)	
Favorite Animal(s)	
Favorite Friend(s)	
Favorite Family Member(s)	
Favorite Color(s)	
Favorite Outfit(s)	

Document any other special details about your child that you feel would provide peace and comfort in your passing.

CHILDREN

CHILD FAVORITES

Below, list your child's favorite things!

CHILD #4	
Child Name	
Favorite Snack(s)	
Favorite Meal(s)	
Favorite Treat(s)	
Favorite Drink(s)	
Favorite Toy(s)	
Favorite Stuffed Animal(s)	
Favorite Book(s)	
Favorite Song(s)	
Favorite Movies(s)	
Favorite Character(s)	
Favorite Place(s)	
Favorite Game(s)	
Favorite Sports(s)	
Favorite Sports Team(s)	
Favorite Animal(s)	
Favorite Friend(s)	
Favorite Family Member(s)	
Favorite Color(s)	
Favorite Outfit(s)	

Document any other special details about your child that you feel would provide peace and comfort in your passing.



pets

PETS

This section is to outline important information about your **PETS** such as:

- Personal Information
- Medical Information
- Care & Schedule Information
- Pet Service Providers
- Pet Favorites
- After Death Instructions

PERSONAL INFORMATION

PET #1			
Pet Name			
Gender		Breed	
Registration Tag #		Spayed/Neutered?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Chipped?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Chip Number	

PET #2			
Pet Name			
Gender		Breed	
Registration Tag #		Spayed/Neutered?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Chipped?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Chip Number	

PET #3			
Pet Name			
Gender		Breed	
Registration Tag #		Spayed/Neutered?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Chipped?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Chip Number	

PET #4			
Pet Name			
Gender		Breed	
Registration Tag #		Spayed/Neutered?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Chipped?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Chip Number	

PETS

MEDICAL INFORMATION

PET #1	
Pet Name	
Vet Name & Address	
Vet Phone Number	Email
Pet Allergies	
Pet Medication Name(s)	
Medication Frequency	
How to Administer	
Medication Cost	
Rx Pick Up Information	
Latest Immunization Record Location	
Other Medical Issues to Be Aware Of	

PET #2	
Pet Name	
Vet Name & Address	
Vet Phone Number	Email
Pet Allergies	
Pet Medication Name(s)	
Medication Frequency	
How to Administer	
Medication Cost	
Rx Pick Up Information	
Latest Immunization Record Location	
Other Medical Issues to Be Aware Of	

PETS

MEDICAL INFORMATION

PET #3	
Pet Name	
Vet Name & Address	
Vet Phone Number	Email
Pet Allergies	
Pet Medication Name(s)	
Medication Frequency	
How to Administer	
Medication Cost	
Rx Pick Up Information	
Latest Immunization Record Location	
Other Medical Issues to Be Aware Of	

PET #4	
Pet Name	
Vet Name & Address	
Vet Phone Number	Email
Pet Allergies	
Pet Medication Name(s)	
Medication Frequency	
How to Administer	
Medication Cost	
Rx Pick Up Information	
Latest Immunization Record Location	
Other Medical Issues to Be Aware Of	

PETS

CARE & SCHEDULE INFORMATION

PET #1	
Pet Name	
Food Brand	
Meal Schedule	
Meal Portions	
Pet Walking Schedule	
Grooming/Bath Schedule	
Sleep Schedule/Location	
Location of Leashes/Toys/ Crates/Grooming Tools	
Pet Anxieties (Storms, Separation, etc.)	

PET #2	
Pet Name	
Food Brand	
Meal Schedule	
Meal Portions	
Pet Walking Schedule	
Grooming/Bath Schedule	
Sleep Schedule/Location	
Location of Leashes/Toys/ Crates/Grooming Tools	
Pet Anxieties (Storms, Separation, etc.)	

PETS

CARE & SCHEDULE INFORMATION

PET #3	
Pet Name	
Food Brand	
Meal Schedule	
Meal Portions	
Pet Walking Schedule	
Grooming/Bath Schedule	
Sleep Schedule/Location	
Location of Leashes/Toys/ Crates/Grooming Tools	
Pet Anxieties (Storms, Separation, etc.)	

PET #4	
Pet Name	
Food Brand	
Meal Schedule	
Meal Portions	
Pet Walking Schedule	
Grooming/Bath Schedule	
Sleep Schedule/Location	
Location of Leashes/Toys/ Crates/Grooming Tools	
Pet Anxieties (Storms, Separation, etc.)	

PETS

PET SERVICE PROVIDERS

PET DAY CARE	
Name	
Address	
Phone/Email	
Cost	
Pet Day Care Schedule	
Any Special Instructions for Pet Day Care	

PET BOARDING	
Name	
Address	
Phone/Email	
Cost	
Pet Boarding Schedule	
Any Special Instructions for Pet Boarding	

PET GROOMING	
Name	
Address	
Phone/Email	
Cost	
Pet Grooming Schedule	
Any Special Instructions for Pet Grooming	

PETS

PET SERVICE PROVIDERS

PET SITTER	
Name	
Address	
Phone/Email	
Cost	
Pet Sitter Schedule	
Any Special Instructions for Pet Sitter	

PET WALKER	
Name	
Address	
Phone/Email	
Cost	
Pet Walker Schedule	
Any Special Instructions for Pet Walker	

PET TRAINER	
Name	
Address	
Phone/Email	
Cost	
Pet Trainer Schedule	
Any Special Instructions for Pet Trainer	

PETS

PET FAVORITES

PET #1	
Pet Name	
Favorite Treats	
Favorite Toys	
Favorite Games	
Favorite Tricks	
Favorite People	
Favorite Other Animals	
Favorite Places & Parks	

PET #2	
Pet Name	
Favorite Treats	
Favorite Toys	
Favorite Games	
Favorite Tricks	
Favorite People	
Favorite Other Animals	
Favorite Places & Parks	

PET #3	
Pet Name	
Favorite Treats	
Favorite Toys	
Favorite Games	
Favorite Tricks	
Favorite People	
Favorite Other Animals	
Favorite Places & Parks	

PETS

PET FAVORITES

PET #4	
Pet Name	
Favorite Treats	
Favorite Toys	
Favorite Games	
Favorite Tricks	
Favorite People	
Favorite Other Animals	
Favorite Places & Parks	

AFTER DEATH INSTRUCTIONS

Below, please outline specific instructions for your pet's care & guardianship in the event of your death. Most importantly, who will be caring for them in your absence.



medical
information

MEDICAL INFORMATION

This section is to outline your relevant **MEDICAL INFORMATION** including:

- General Medical Information
- Doctors
- Prescriptions
- Illnesses/Disorders
- Family Medical History
- Allergies
- Previous Surgeries
- FSA & HSA Accounts

GENERAL MEDICAL INFORMATION (Person 1)

GENERAL MEDICAL INFORMATION			
Full Name			
Age		Ethnicity	
Weight		Height	
Blood Type		Organ Donor?	YES <input type="checkbox"/> NO <input type="checkbox"/>

DOCTORS (Person 1)

PRIMARY PHYSICIAN			
Doctor Name			
Office Location			
Doctor Contact Information			
Seen Since		Insurance Accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

DENTIST			
Doctor Name			
Office Location			
Doctor Contact Information			
Seen Since		Insurance Accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

OPHTHALMOLOGISTS			
Doctor Name			
Office Location			
Doctor Contact Information			
Seen Since		Insurance Accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

MEDICAL INFORMATION

DOCTORS (Person 1)

DERMATOLOGIST			
Doctor Name			
Office Location			
Doctor Contact Information			
Seen Since		Insurance Accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

CARDIOLOGIST			
Doctor Name			
Office Location			
Doctor Contact Information			
Seen Since		Insurance Accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

OBGYN			
Doctor Name			
Office Location			
Doctor Contact Information			
Seen Since		Insurance Accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

CHIROPRACTOR			
Doctor Name			
Office Location			
Doctor Contact Information			
Seen Since		Insurance Accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

PSYCHIATRIST			
Doctor Name			
Office Location			
Doctor Contact Information			
Seen Since		Insurance Accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

MEDICAL INFORMATION

DOCTORS (Person 1)

OTHER DOCTOR #1			
Doctor Type			
Doctor Name			
Office Location			
Doctor Contact Information			
Seen Since		Insurance Accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

OTHER DOCTOR #2			
Doctor Type			
Doctor Name			
Office Location			
Doctor Contact Information			
Seen Since		Insurance Accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

OTHER DOCTOR #3			
Doctor Type			
Doctor Name			
Office Location			
Doctor Contact Information			
Seen Since		Insurance Accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

OTHER DOCTOR #4			
Doctor Type			
Doctor Name			
Office Location			
Doctor Contact Information			
Seen Since		Insurance Accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

MEDICAL INFORMATION

PERSCRPTIONS (Person 1)

PHARMACY INFORMATION	
Pharmacy Name	
Pharmacy Location	
Pharmacy Phone Number	

PERSCRIPTION #1			
Prescription Name			
Rx Schedule/Rules			
Prescribing Doctor			
Rx Number		Dosage	
Pills Per Refill		Refill Cost?	
Auto Fill?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Covered by Insurance?	YES <input type="checkbox"/> NO <input type="checkbox"/>

PERSCRIPTION #2			
Prescription Name			
Rx Schedule/Rules			
Prescribing Doctor			
Rx Number		Dosage	
Pills Per Refill		Refill Cost?	
Auto Fill?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Covered by Insurance?	YES <input type="checkbox"/> NO <input type="checkbox"/>

PERSCRIPTION #3			
Prescription Name			
Rx Schedule/Rules			
Prescribing Doctor			
Rx Number		Dosage	
Pills Per Refill		Refill Cost?	
Auto Fill?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Covered by Insurance?	YES <input type="checkbox"/> NO <input type="checkbox"/>

*If you have more than 3 prescriptions, print off this page again and fill out the above information for each of your prescriptions.

MEDICAL INFORMATION

ILLNESSES & DISORDERS (Person 1)

ILLNESS OR DISORDER #1	
Illness/Disorder Name	
Diagnosis Date	
Doctor for Illness/Disorder	
Treatment Facility Location	
Rx for Illness/Disorder	

ILLNESS OR DISORDER #2	
Illness/Disorder Name	
Diagnosis Date	
Doctor for Illness/Disorder	
Treatment Facility Location	
Rx for Illness/Disorder	

ILLNESS OR DISORDER #3	
Illness/Disorder Name	
Diagnosis Date	
Doctor for Illness/Disorder	
Treatment Facility Location	
Rx for Illness/Disorder	

ILLNESS OR DISORDER #4	
Illness/Disorder Name	
Diagnosis Date	
Doctor for Illness/Disorder	
Treatment Facility Location	
Rx for Illness/Disorder	

MEDICAL INFORMATION

FAMILY MEDICAL HISTORY (Person 1)

FAMILY HISTORY #1	
Who	
Relationship	
Illness/Disorder	
Details	

FAMILY HISTORY #2	
Who	
Relationship	
Illness/Disorder	
Details	

FAMILY HISTORY #3	
Who	
Relationship	
Illness/Disorder	
Details	

FAMILY HISTORY #4	
Who	
Relationship	
Illness/Disorder	
Details	

MEDICAL INFORMATION

ALLERGIES (Person 1)

Below, please write all your allergies.

ALLERGIES	

PREVIOUS SURGERIES (Person 1)

PREVIOUS SURGERIES #1	
Surgery Description	
Hospital of Surgery	
Name of Surgeon	
Date of Surgery	
Other Surgery Details	

PREVIOUS SURGERIES #2	
Surgery Description	
Hospital of Surgery	
Name of Surgeon	
Date of Surgery	
Other Surgery Details	

PREVIOUS SURGERIES #3	
Surgery Description	
Hospital of Surgery	
Name of Surgeon	
Date of Surgery	
Other Surgery Details	

MEDICAL INFORMATION

FSA & HSA ACCOUNTS (Person 1)

FLEXIBLE SPENDING ACCOUNT (FSA) #1		
FSA Provider		
FSA Account Number		
FSA Balance	As Of	
FSA Debit Card Number		
Card Expiration Date	Card CSV Number	
Card Location		

FLEXIBLE SPENDING ACCOUNT (FSA) #2		
FSA Provider		
FSA Account Number		
FSA Balance	As Of	
FSA Debit Card Number		
Card Expiration Date	Card CSV Number	
Card Location		

HEALTH SPENDING ACCOUNT (HSA) #2		
FSA Provider		
FSA Account Number		
FSA Balance	As Of	
FSA Debit Card Number		
Card Expiration Date	Card CSV Number	
Card Location		

HEALTH SPENDING ACCOUNT (HSA) #2		
FSA Provider		
FSA Account Number		
FSA Balance	As Of	
FSA Debit Card Number		
Card Expiration Date	Card CSV Number	
Card Location		

MEDICAL INFORMATION

This section is the same **MEDICAL INFORMATION** from above, but for your spouse. If you are single, then you can move onto the next section.

GENERAL MEDICAL INFORMATION (Person 2)

GENERAL MEDICAL INFORMATION			
Full Name			
Age		Ethnicity	
Weight		Height	
Blood Type		Organ Donor?	YES <input type="checkbox"/> NO <input type="checkbox"/>

DOCTORS (Person 2)

PRIMARY PHYSICIAN			
Doctor Name			
Office Location			
Doctor Contact Information			
Seen Since		Insurance Accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

DENTIST			
Doctor Name			
Office Location			
Doctor Contact Information			
Seen Since		Insurance Accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

OPHTHALMOLOGISTS			
Doctor Name			
Office Location			
Doctor Contact Information			
Seen Since		Insurance Accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

MEDICAL INFORMATION

DOCTORS (Person 2)

DERMATOLOGIST			
Doctor Name			
Office Location			
Doctor Contact Information			
Seen Since		Insurance Accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

CARDIOLOGIST			
Doctor Name			
Office Location			
Doctor Contact Information			
Seen Since		Insurance Accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

OBGYN			
Doctor Name			
Office Location			
Doctor Contact Information			
Seen Since		Insurance Accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

CHIROPRACTOR			
Doctor Name			
Office Location			
Doctor Contact Information			
Seen Since		Insurance Accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

PSYCHIATRIST			
Doctor Name			
Office Location			
Doctor Contact Information			
Seen Since		Insurance Accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

MEDICAL INFORMATION

DOCTORS (Person 2)

OTHER DOCTOR #1			
Doctor Type			
Doctor Name			
Office Location			
Doctor Contact Information			
Seen Since		Insurance Accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

OTHER DOCTOR #2			
Doctor Type			
Doctor Name			
Office Location			
Doctor Contact Information			
Seen Since		Insurance Accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

OTHER DOCTOR #3			
Doctor Type			
Doctor Name			
Office Location			
Doctor Contact Information			
Seen Since		Insurance Accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

OTHER DOCTOR #4			
Doctor Type			
Doctor Name			
Office Location			
Doctor Contact Information			
Seen Since		Insurance Accepted?	YES <input type="checkbox"/> NO <input type="checkbox"/>

MEDICAL INFORMATION

PERSCRIPTIONS (Person 2)

PHARMACY INFORMATION	
Pharmacy Name	
Pharmacy Location	
Pharmacy Phone Number	

PERSCRIPTION #1			
Prescription Name			
Rx Schedule/Rules			
Prescribing Doctor			
Rx Number		Dosage	
Pills Per Refill		Refill Cost?	
Auto Fill?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Covered by Insurance?	YES <input type="checkbox"/> NO <input type="checkbox"/>

PERSCRIPTION #2			
Prescription Name			
Rx Schedule/Rules			
Prescribing Doctor			
Rx Number		Dosage	
Pills Per Refill		Refill Cost?	
Auto Fill?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Covered by Insurance?	YES <input type="checkbox"/> NO <input type="checkbox"/>

PERSCRIPTION #3			
Prescription Name			
Rx Schedule/Rules			
Prescribing Doctor			
Rx Number		Dosage	
Pills Per Refill		Refill Cost?	
Auto Fill?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Covered by Insurance?	YES <input type="checkbox"/> NO <input type="checkbox"/>

*If you have more than 3 prescriptions, print off this page again and fill out the above information for each of your prescriptions.

MEDICAL INFORMATION

ILLNESSES & DISORDERS (Person 2)

ILLNESS OR DISORDER #1	
Illness/Disorder Name	
Diagnosis Date	
Doctor for Illness/Disorder	
Treatment Facility Location	
Rx for Illness/Disorder	

ILLNESS OR DISORDER #2	
Illness/Disorder Name	
Diagnosis Date	
Doctor for Illness/Disorder	
Treatment Facility Location	
Rx for Illness/Disorder	

ILLNESS OR DISORDER #3	
Illness/Disorder Name	
Diagnosis Date	
Doctor for Illness/Disorder	
Treatment Facility Location	
Rx for Illness/Disorder	

ILLNESS OR DISORDER #4	
Illness/Disorder Name	
Diagnosis Date	
Doctor for Illness/Disorder	
Treatment Facility Location	
Rx for Illness/Disorder	

MEDICAL INFORMATION

FAMILY MEDICAL HISTORY (Person 2)

FAMILY HISTORY #1	
Who	
Relationship	
Illness/Disorder	
Details	

FAMILY HISTORY #2	
Who	
Relationship	
Illness/Disorder	
Details	

FAMILY HISTORY #3	
Who	
Relationship	
Illness/Disorder	
Details	

FAMILY HISTORY #4	
Who	
Relationship	
Illness/Disorder	
Details	

MEDICAL INFORMATION

ALLERGIES (Person 2)

Below, please write all your allergies.

ALLERGIES	

PREVIOUS SURGERIES (Person 2)

PREVIOUS SURGERIES #1	
Surgery Description	
Hospital of Surgery	
Name of Surgeon	
Date of Surgery	
Other Surgery Details	

PREVIOUS SURGERIES #2	
Surgery Description	
Hospital of Surgery	
Name of Surgeon	
Date of Surgery	
Other Surgery Details	

PREVIOUS SURGERIES #3	
Surgery Description	
Hospital of Surgery	
Name of Surgeon	
Date of Surgery	
Other Surgery Details	

MEDICAL INFORMATION

FSA & HSA ACCOUNTS (Person 2)

FLEXIBLE SPENDING ACCOUNT (FSA) #1			
FSA Provider			
FSA Account Number			
FSA Balance		As Of	
FSA Debit Card Number			
Card Expiration Date		Card CSV Number	
Card Location			

FLEXIBLE SPENDING ACCOUNT (FSA) #2			
FSA Provider			
FSA Account Number			
FSA Balance		As Of	
FSA Debit Card Number			
Card Expiration Date		Card CSV Number	
Card Location			

HEALTH SPENDING ACCOUNT (HSA) #2			
FSA Provider			
FSA Account Number			
FSA Balance		As Of	
FSA Debit Card Number			
Card Expiration Date		Card CSV Number	
Card Location			

HEALTH SPENDING ACCOUNT (HSA) #2			
FSA Provider			
FSA Account Number			
FSA Balance		As Of	
FSA Debit Card Number			
Card Expiration Date		Card CSV Number	
Card Location			



*business
information*

BUSINESS INFORMATION

This section is to outline information about your **PRIVATE BUSINESS** including:

- General Business Information
- Employees
- Business Financial Information
- Business Service Providers
- Business Logins & Passwords
- Business After-Death Wishes

GENERAL BUSINESS INFORMATION

GENERAL BUSINESS INFORMATION			
Name of Business			
Address of Business			
Business Phone Number		Business Email	
Date Founded		EIN	
Your Position in Company		Fiscal Year End	
Business Structure <small>(LLC, Sole Proprietorship, etc.)</small>			
Partner Name		Partner Stake	
Partner Contact Information			

EMPLOYEES

Employee #1			
Employee Name			
Employee Title/Position			
Employee Phone Number		Employee Email	
Employed Since		Current Pay	

Employee #2			
Employee Name			
Employee Title/Position			
Employee Phone Number		Employee Email	
Employed Since		Current Pay	

BUSINESS INFORMATION

EMPLOYEES

Employee #3			
Employee Name			
Employee Title/Position			
Employee Phone Number		Employee Email	
Employed Since		Current Pay	

Employee #4			
Employee Name			
Employee Title/Position			
Employee Phone Number		Employee Email	
Employed Since		Current Pay	

Employee #5			
Employee Name			
Employee Title/Position			
Employee Phone Number		Employee Email	
Employed Since		Current Pay	

Employee #6			
Employee Name			
Employee Title/Position			
Employee Phone Number		Employee Email	
Employed Since		Current Pay	

Employee #7			
Employee Name			
Employee Title/Position			
Employee Phone Number		Employee Email	
Employed Since		Current Pay	

*If you have more than 7 employees for your business, re-print this page and fill out the above until you have all your employees listed.

BUSINESS INFORMATION

BUSINESS BANK ACCOUNTS

BUSINESS BANK ACCOUNT #1			
Name(s) on Accounts			
Type of Account		Bank Name	
Bank Contact Information			
Account Number		Routing Number	
Debit Card Number			
Card Expiration Date		Card CVV	
Debit Card PIN Number		Location of Checkbook	

BUSINESS BANK ACCOUNT #2			
Name(s) on Accounts			
Type of Account		Bank Name	
Bank Contact Information			
Account Number		Routing Number	
Debit Card Number			
Card Expiration Date		Card CVV	
Debit Card PIN Number		Location of Checkbook	

BUSINESS BANK ACCOUNT #3			
Name(s) on Accounts			
Type of Account		Bank Name	
Bank Contact Information			
Account Number		Routing Number	
Debit Card Number			
Card Expiration Date		Card CVV	
Debit Card PIN Number		Location of Checkbook	

BUSINESS INFORMATION

BUSINESS CREDIT CARDS

BUSINESS CREDIT CARD #1			
Name(s) on Card Account			
Type (Visa, AMEX, etc)		Issuing Bank	
Card Number			
Card Expiration Date		Card CVV	
Balance		As Of	
Monthly Due Date		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Account Payment is Made From:			
Other Card Details/Information:			

BUSINESS CREDIT CARD #2			
Name(s) on Card Account			
Type (Visa, AMEX, etc)		Issuing Bank	
Card Number			
Card Expiration Date		Card CVV	
Balance		As Of	
Monthly Due Date		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Account Payment is Made From:			
Other Card Details/Information:			

BUSINESS CREDIT CARD #3			
Name(s) on Card Account			
Type (Visa, AMEX, etc)		Issuing Bank	
Card Number			
Card Expiration Date		Card CVV	
Balance		As Of	
Monthly Due Date		Auto Pay On?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Account Payment is Made From:			
Other Card Details/Information:			

BUSINESS INFORMATION

BUSINESS TAXES

BUSINESS TAX INFORMATION	
Business Tax Accountant Name	
Business Tax Accountant Address	
Business Tax Accountant Contact Info	
List the Different Types of Taxes you Pay For Your Business and Approx. Rates (i.e. State Income Tax, Payroll Tax, Property Tax, etc)	
Where to Find Copies of Past Tax Returns	

Below, detail any specific tax instructions that are unique to your business that are important to note.

BUSINESS INFORMATION

BUSINESS SERVICE PROVIDERS

Below, outline information for companies, partners or services that you work with that help you run and support your business like accounting software, advisors, lawyers, website hosting & design, etc.

BUSINESS SERVICE PROVIDER #1	
Service Provider Name	
Address	
Phone/Email	
Describe How this Provider Helps your Business	
Cost	
Service Provider Schedule	
Any Special Instructions for Service Provider	

BUSINESS SERVICE PROVIDER #2	
Service Provider Name	
Address	
Phone/Email	
Describe How this Provider Helps your Business	
Cost	
Service Provider Schedule	
Any Special Instructions for Service Provider	

BUSINESS SERVICE PROVIDER #3	
Service Provider Name	
Address	
Phone/Email	
Describe How this Provider Helps your Business	
Cost	
Service Provider Schedule	
Any Special Instructions for Service Provider	

BUSINESS INFORMATION

BUSINESS SERVICE PROVIDERS

BUSINESS SERVICE PROVIDER #4	
Service Provider Name	
Address	
Phone/Email	
Describe How this Provider Helps your Business	
Cost	
Service Provider Schedule	
Any Special Instructions for Service Provider	

BUSINESS SERVICE PROVIDER #5	
Service Provider Name	
Address	
Phone/Email	
Describe How this Provider Helps your Business	
Cost	
Service Provider Schedule	
Any Special Instructions for Service Provider	

BUSINESS SERVICE PROVIDER #6	
Service Provider Name	
Address	
Phone/Email	
Describe How this Provider Helps your Business	
Cost	
Service Provider Schedule	
Any Special Instructions for Service Provider	

BUSINESS INFORMATION

BUSINESS SERVICE PROVIDERS

BUSINESS SERVICE PROVIDER #7	
Service Provider Name	
Address	
Phone/Email	
Describe How this Provider Helps your Business	
Cost	
Service Provider Schedule	
Any Special Instructions for Service Provider	

BUSINESS SERVICE PROVIDER #8	
Service Provider Name	
Address	
Phone/Email	
Describe How this Provider Helps your Business	
Cost	
Service Provider Schedule	
Any Special Instructions for Service Provider	

BUSINESS SERVICE PROVIDER #9	
Service Provider Name	
Address	
Phone/Email	
Describe How this Provider Helps your Business	
Cost	
Service Provider Schedule	
Any Special Instructions for Service Provider	

BUSINESS INFORMATION

BUSINESS SERVICE PROVIDERS

BUSINESS SERVICE PROVIDER #10	
Service Provider Name	
Address	
Phone/Email	
Describe How this Provider Helps your Business	
Cost	
Service Provider Schedule	
Any Special Instructions for Service Provider	

BUSINESS SERVICE PROVIDER #11	
Service Provider Name	
Address	
Phone/Email	
Describe How this Provider Helps your Business	
Cost	
Service Provider Schedule	
Any Special Instructions for Service Provider	

BUSINESS SERVICE PROVIDER #12	
Service Provider Name	
Address	
Phone/Email	
Describe How this Provider Helps your Business	
Cost	
Service Provider Schedule	
Any Special Instructions for Service Provider	

BUSINESS INFORMATION

BUSINESS SERVICE PROVIDERS

BUSINESS SERVICE PROVIDER #13

Service Provider Name	
Address	
Phone/Email	
Describe How this Provider Helps your Business	
Cost	
Service Provider Schedule	
Any Special Instructions for Service Provider	

BUSINESS SERVICE PROVIDER #14

Service Provider Name	
Address	
Phone/Email	
Describe How this Provider Helps your Business	
Cost	
Service Provider Schedule	
Any Special Instructions for Service Provider	

BUSINESS SERVICE PROVIDER #15

Service Provider Name	
Address	
Phone/Email	
Describe How this Provider Helps your Business	
Cost	
Service Provider Schedule	
Any Special Instructions for Service Provider	

BUSINESS INFORMATION

BUSINESS ELECTRONICS PASSWORDS

Below, write the passwords for all your **BUSINESS** electronic devices. Make sure to fill in both the electronic item and the password. Some examples include:

- Cell Phones
- Voicemail Passwords
- Computers
- Tablets

ELECTRONICS PASSWORDS	
Device Name/Description	Password

BUSINESS SOCIAL MEDIA ACCOUNTS

Below, write the login information for all your **BUSINESS** social media accounts. Examples include Facebook, Instagram, YouTube, Twitter, LinkedIn, etc.

BUSINESS SOCIAL MEDIA ACCOUNT LOGIN INFORMATION		
Social Media Site	Login Email or ID	Password

BUSINESS INFORMATION

BUSINESS EMAIL ACCOUNTS

Below, write the login information for all your **BUSINESS** email accounts.

EMAIL ADDRESS #1	
Email Address	
Email Belongs To	
Email Login	
Email Password	

EMAIL ADDRESS #2	
Email Address	
Email Belongs To	
Email Login	
Email Password	

EMAIL ADDRESS #3	
Email Address	
Email Belongs To	
Email Login	
Email Password	

EMAIL ADDRESS #4	
Email Address	
Email Belongs To	
Email Login	
Email Password	

EMAIL ADDRESS #5	
Email Address	
Email Belongs To	
Email Login	
Email Password	

BUSINESS INFORMATION

ONLINE BUSINESS ACCOUNT LOGINS & PASSWORDS

Below, write the login information for all your **BUSINESS** online accounts. Examples include:

- Financial Accounts (Bank Accounts, Investment Accounts, etc)
- Liability Accounts (Credit Card Accounts, Business Loans, etc)
- Online Accounts with your Business Service Providers
- Online Business Software

ONLINE ACCOUNT #1	
Account Name/Service	
Login URL	
Username	Password
What is this account for?	
ONLINE ACCOUNT #2	
Account Name/Service	
Login URL	
Username	Password
What is this account for?	
ONLINE ACCOUNT #3	
Account Name/Service	
Login URL	
Username	Password
What is this account for?	
ONLINE ACCOUNT #4	
Account Name/Service	
Login URL	
Username	Password
What is this account for?	
ONLINE ACCOUNT #5	
Account Name/Service	
Login URL	
Username	Password
What is this account for?	

BUSINESS INFORMATION

ONLINE BUSINESS ACCOUNT LOGINS & PASSWORDS

ONLINE ACCOUNT #6	
Account Name/Service	
Login URL	
Username	Password
What is this account for?	
ONLINE ACCOUNT #7	
Account Name/Service	
Login URL	
Username	Password
What is this account for?	
ONLINE ACCOUNT #8	
Account Name/Service	
Login URL	
Username	Password
What is this account for?	
ONLINE ACCOUNT #9	
Account Name/Service	
Login URL	
Username	Password
What is this account for?	
ONLINE ACCOUNT #10	
Account Name/Service	
Login URL	
Username	Password
What is this account for?	
ONLINE ACCOUNT #11	
Account Name/Service	
Login URL	
Username	Password
What is this account for?	

BUSINESS INFORMATION

ONLINE BUSINESS ACCOUNT LOGINS & PASSWORDS

ONLINE ACCOUNT #12	
Account Name/Service	
Login URL	
Username	Password
What is this account for?	
ONLINE ACCOUNT #13	
Account Name/Service	
Login URL	
Username	Password
What is this account for?	
ONLINE ACCOUNT #14	
Account Name/Service	
Login URL	
Username	Password
What is this account for?	
ONLINE ACCOUNT #15	
Account Name/Service	
Login URL	
Username	Password
What is this account for?	
ONLINE ACCOUNT #16	
Account Name/Service	
Login URL	
Username	Password
What is this account for?	
ONLINE ACCOUNT #17	
Account Name/Service	
Login URL	
Username	Password
What is this account for?	

BUSINESS INFORMATION

BUSINESS PHYSICAL STORAGE

This section outlines instructions on how to access physical storage you for your **BUSINESS** such as:

- Safes
- Safety Deposit Boxes
- PO Boxes
- Storage Units

SAFE #1	
Location of Safe	
Combination to Safe	
Location of Key	
Contents of Safe	

SAFE #2	
Location of Safe	
Combination to Safe	
Location of Key	
Contents of Safe	

SAFETY DEPOSIT BOX #1	
Location of Safety Deposit Box	
Box Number	
Location of Key to Open	
Contents of Box	

SAFETY DEPOSIT BOX #2	
Location of Safety Deposit Box	
Box Number	
Location of Key to Open	
Contents of Box	

BUSINESS INFORMATION

BUSINESS PHYSICAL STORAGE

PO BOX #1	
Location of PO Box	
PO Box Number & Address	
Location of Key to Open	
Other Information of Box	

PO BOX #2	
Location of PO Box	
PO Box Number & Address	
Location of Key to Open	
Other Information of Box	

STORAGE UNIT #1	
Location of Storage Unit	
Storage Unit #	
Code to Enter Facility	
Code or Key Location to Open Unit	
Contents of Unit	
What to do with Contents	

STORAGE UNIT #2	
Location of Storage Unit	
Storage Unit #	
Code to Enter Facility	
Code or Key Location to Open Unit	
Contents of Unit	
What to do with Contents	

BUSINESS INFORMATION

BUSINESS PHYSICAL STORAGE

PO BOX #1	
Location of PO Box	
PO Box Number & Address	
Location of Key to Open	
Other Information of Box	

PO BOX #2	
Location of PO Box	
PO Box Number & Address	
Location of Key to Open	
Other Information of Box	

STORAGE UNIT #1	
Location of Storage Unit	
Storage Unit #	
Code to Enter Facility	
Code or Key Location to Open Unit	
Contents of Unit	
What to do with Contents	

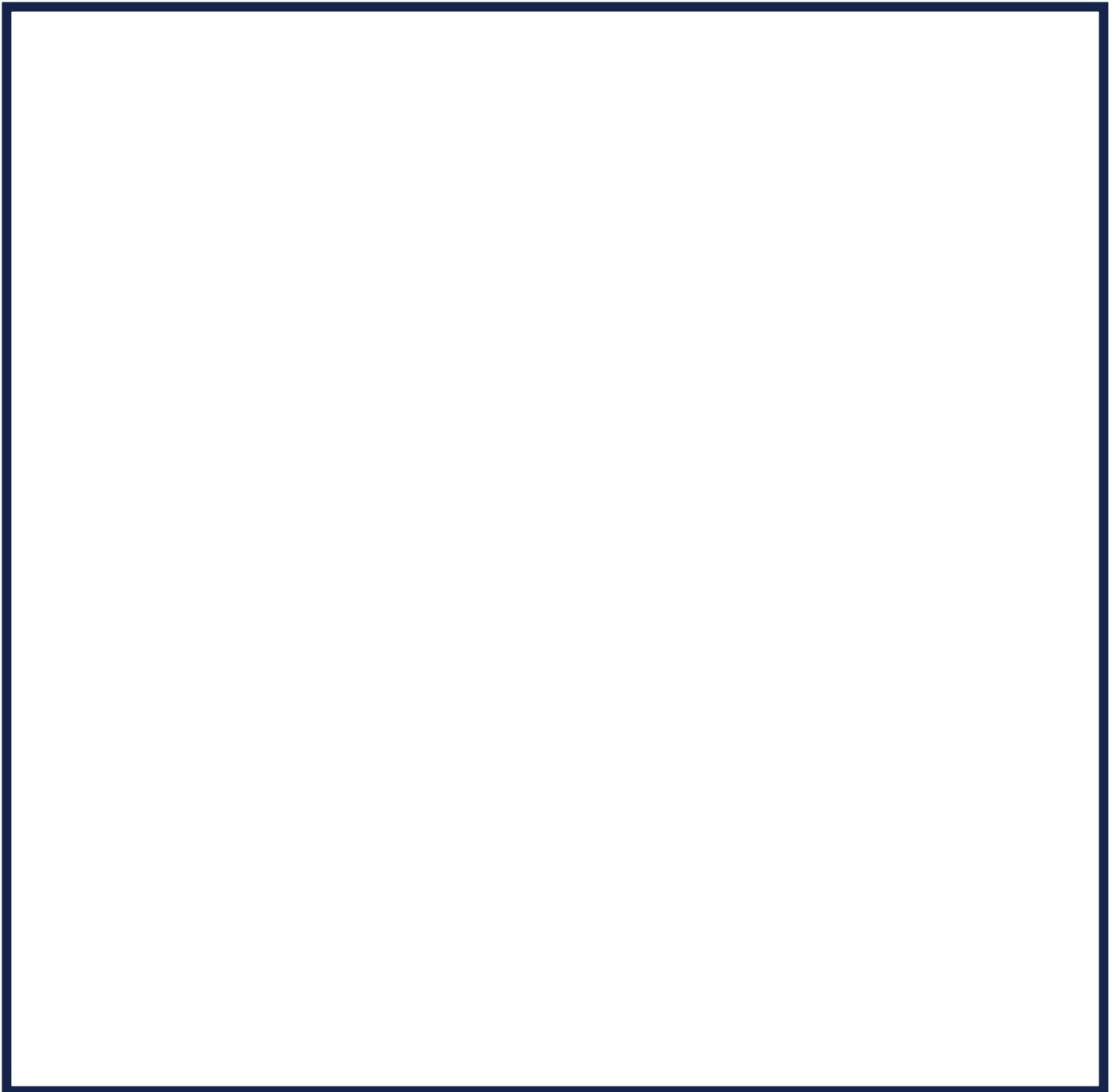
STORAGE UNIT #2	
Location of Storage Unit	
Storage Unit #	
Code to Enter Facility	
Code or Key Location to Open Unit	
Contents of Unit	
What to do with Contents	

BUSINESS INFORMATION

BUSINESS FINAL WISHES

Below, outline instructions for what you want to happen to your business in the event of your death or you and your spouse's death.

DISCLAIMER: This is simply a summary of your wishes and in no way is the information in this section legally binding. You are advised to have the details below stated in your will & estate plan documents.





logins &
passwords

LOGINS & PASSWORDS

EMAIL ACCOUNTS

Below, write the login information for all your email accounts for both yourself, your spouse, and anyone else in your family.

EMAIL ADDRESS #1	
Email Address	
Email Belongs To	
Email Host (Gmail, Yahoo, etc.)	Personal/Work?
Email Login	
Email Password	

EMAIL ADDRESS #2	
Email Address	
Email Belongs To	
Email Host (Gmail, Yahoo, etc.)	Personal/Work?
Email Login	
Email Password	

EMAIL ADDRESS #3	
Email Address	
Email Belongs To	
Email Host (Gmail, Yahoo, etc.)	Personal/Work?
Email Login	
Email Password	

EMAIL ADDRESS #4	
Email Address	
Email Belongs To	
Email Host (Gmail, Yahoo, etc.)	Personal/Work?
Email Login	
Email Password	

LOGINS & PASSWORDS

EMAIL ACCOUNTS

Below, write the login information for all your email accounts for both yourself, your spouse, and anyone else in your family.

EMAIL ADDRESS #5	
Email Address	
Email Belongs To	
Email Host (Gmail, Yahoo, etc.)	Personal/Work?
Email Login	
Email Password	

EMAIL ADDRESS #6	
Email Address	
Email Belongs To	
Email Host (Gmail, Yahoo, etc.)	Personal/Work?
Email Login	
Email Password	

EMAIL ADDRESS #7	
Email Address	
Email Belongs To	
Email Host (Gmail, Yahoo, etc.)	Personal/Work?
Email Login	
Email Password	

EMAIL ADDRESS #8	
Email Address	
Email Belongs To	
Email Host (Gmail, Yahoo, etc.)	Personal/Work?
Email Login	
Email Password	

LOGINS & PASSWORDS

ONLINE ACCOUNT LOGINS

Below, write the login information for all your online accounts. Examples include:

- Financial Accounts (Bank Accounts, Investment Accounts, Retirement Accounts, etc)
- Liability Accounts (Mortgage Account, Car Loans, Credit Card Accounts, Student Loans, etc)
- Online Bill Accounts (Cable, Phone, Utilities, Insurance Policies, etc.)
- Subscriptions (Netflix, Spotify, Amazon Prime, etc.)
- Other MISC Accounts (iCloud, iTunes, PayPal, Travel Rewards Accounts, etc)

TIP: Go through your last 3 months of expenses and record account login information for services and companies you have used recently. The most important are accounts that are linked to your bank accounts and could potentially keep charging you if not closed out.

ONLINE ACCOUNT #1	
Account Name/Service	
Login URL	
Username	Password
What is this account for?	

ONLINE ACCOUNT #2	
Account Name/Service	
Login URL	
Username	Password
What is this account for?	

ONLINE ACCOUNT #3	
Account Name/Service	
Login URL	
Username	Password
What is this account for?	

ONLINE ACCOUNT #4	
Account Name/Service	
Login URL	
Username	Password
What is this account for?	

LOGINS & PASSWORDS

ONLINE ACCOUNT #5

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #6

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #7

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #8

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #9

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #10

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

LOGINS & PASSWORDS

ONLINE ACCOUNT #11

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #12

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #13

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #14

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #15

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #16

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

LOGINS & PASSWORDS

ONLINE ACCOUNT #17

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #18

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #19

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #20

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #21

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #22

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

LOGINS & PASSWORDS

ONLINE ACCOUNT #23

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #24

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #15

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #26

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #27

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #28

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

LOGINS & PASSWORDS

ONLINE ACCOUNT #29

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #30

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #31

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #32

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #33

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #34

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

LOGINS & PASSWORDS

ONLINE ACCOUNT #35

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #36

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #37

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #38

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #39

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

ONLINE ACCOUNT #40

Account Name/Service			
Login URL			
Username		Password	
What is this account for?			

LOGINS & PASSWORDS

PHYSICAL STORAGE

This section outlines instructions on how to access physical storage you have such as:

- Safes
- Safety Deposit Boxes
- PO Boxes
- Storage Units

SAFE #1	
Location of Safe	
Combination to Safe	
Location of Key	
Contents of Safe	

SAFE #2	
Location of Safe	
Combination to Safe	
Location of Key	
Contents of Safe	

SAFETY DEPOSIT BOX #1	
Location of Safety Deposit Box	
Box Number	
Location of Key to Open	
Contents of Box	

SAFETY DEPOSIT BOX #2	
Location of Safety Deposit Box	
Box Number	
Location of Key to Open	
Contents of Box	

LOGINS & PASSWORDS

PHYSICAL STORAGE

PO BOX #1	
Location of PO Box	
PO Box Number & Address	
Location of Key to Open	
Other Information of Box	

PO BOX #2	
Location of PO Box	
PO Box Number & Address	
Location of Key to Open	
Other Information of Box	

STORAGE UNIT #1	
Location of Storage Unit	
Storage Unit #	
Code to Enter Facility	
Code or Key Location to Open Unit	
Contents of Unit	
What to do with Contents	

STORAGE UNIT #2	
Location of Storage Unit	
Storage Unit #	
Code to Enter Facility	
Code or Key Location to Open Unit	
Contents of Unit	
What to do with Contents	



*important
documents*

IMPORTANT DOCUMENTS

Below, outline details surrounding where you have your important documents stored. In addition, make copies of any of the below documents and store them in this binder. You can also upload digital copies of your documents and place them on a USB drive stored in a secure location.

LOCATION OF IMPORTANT DOCUMENTS	
DOCUMENT NAME	DOCUMENT LOCATION
IDENTIFICATION & RELATIONSHIP DOCUMENTS	
BIRTH CERTIFICATES	
SOCIAL SECURITY CARDS	
PASSPORTS	
DRIVER'S LICENSE	
CITIZENSHIP PAPERS	
MILITARY DOCUMENTS	
MARRIAGE CERTIFICATE	
PRENUPTIAL AGREEMENT	
DIVORCE PAPERS	
ADOPTION PAPERS	
GUARDIANSHIP PAPERS	
ESTATE PLANNING DOCUMENTS	
LIVING WILL/WILL PAPERS	
POWER OF ATTORNEY (POA) PAPERS	
HEALTHCARE POA PAPERS	
BENEFICIARY DESIGNATION PAPERS	
LETTER OF LAST INSTRUCTION	
CEMETERY DEED	
DEATH CERTIFICATES	
HOUSEHOLD DOCUMENTS	
MORTGAGE STATEMENTS	
MORTGAGE CLOSING DOCUMENTS	
PROPERTY DEEDS	
HOME INSPECTION REPORT	
HOME APPRAISAL PAPERS	
PROPERTY TAX ASSESSMENT	
HOUSEHOLD INVENTORY & PHOTOS	
RECEIPTS FOR WARRANTIED ITEMS	

IMPORTANT DOCUMENTS

LOCATION OF IMPORTANT DOCUMENTS	
DOCUMENT NAME	DOCUMENT LOCATION
FINANCIAL DOCUMENTS	
BANK STATEMENTS	
STOCKS/BONDS CERTIFICATES	
TRUST PAPERS	
PREVIOUS PAY STUBS	
W2s	
FORMER TAX RETURNS	
RETIREMENT & INVESTMENT PAPERS	
INHERITENCE RECORDS	
CREDIT REPORTS	
VEHICLE DOCUMENTS	
VEHICLE TITLES	
VEHICLE REGISTRATIONS	
VEHICLE INSURANCE CARDS	
VEHICLE SERVICE RECORDS	
VEHICLE BILL OF SALE	
HEALTH DOCUMENTS	
HEALTH RECORDS	
IMMUNIZATION RECORDS	
MEDICAL DIRECTIVE	
DO NOT RECESITATE (DNR)	
EDUCATIONAL DOCUMENTS	
DIPLOMAS	
TRANSCRIPTS	
PET DOCUMENTS	
PROOF OF OWNERSHIP RECORDS	
IMMUNIZATION RECORDS	
OTHER DOCUMENTS	



*copies of
important
documents*



*important
contacts*

IMPORTANT CONTACTS

In this section, document information for **IMPORTANT CONTACTS** in your life that might not be documented in this binder up to this point such as:

- Extended Family Members
- Close Co-Workers
- Close Friends
- Children Godparents
- CPAs
- Lawyers
- Financial Advisors
- Hairstylist
- Other Personal Care Service Providers

IMPORTANT CONTACTS

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IMPORTANT CONTACTS

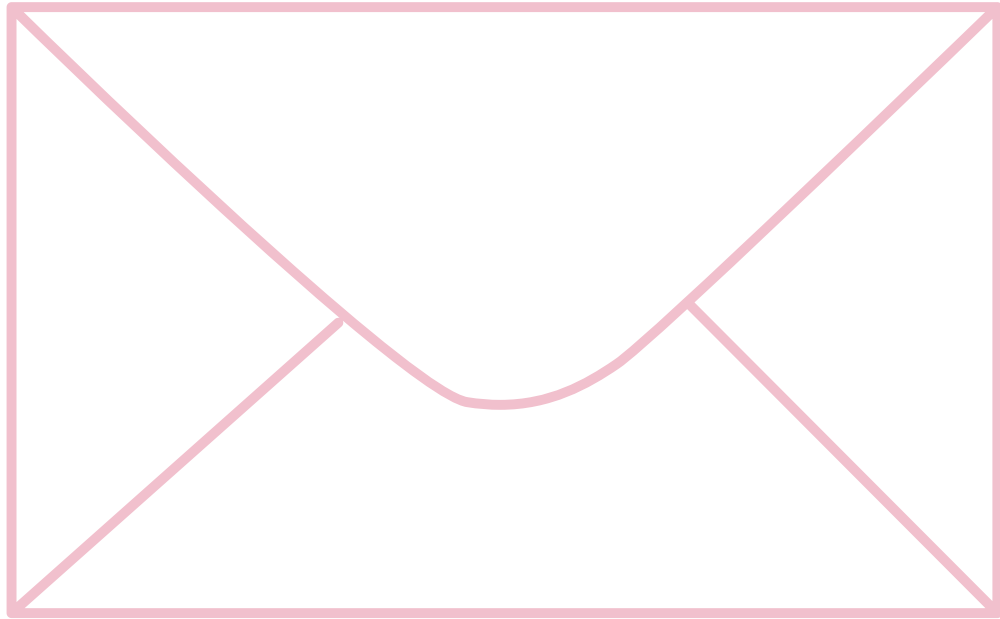
IMPORTANT CONTACTS

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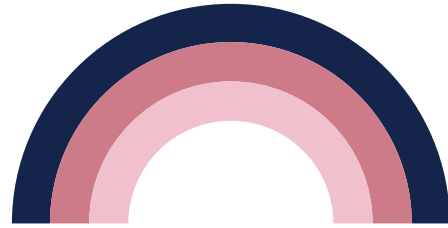
letters to
loved ones

LETTERS TO LOVED ONES

In this section of your binder, feel free to leave letters to your loved ones that can be received after your passing.

People come and go. Everyone that's been in your life has been there for a reason, to teach you, to love you, or to experience life with you.

- Anonymous



" IF YOU'RE GOING
TO LIVE, LEAVE A
legacy.
LEAVE A MARK ON
THE WORLD THAT
CAN'T BE ERASED."

MAYA ANGELOU