



Family records worksheet

Asset inventory and personal information

This document is designed to help you organize the information necessary for someone to step in and handle your financial affairs and wishes in the case of your incapacitation or death. Complete this form as thoroughly as you can. If you encounter a term or a section you don't quite understand, jot it down and work with a trusted advisor or family member to address it and track down the information applicable to you.

1. You have the option to:
 - Print out this form, handwrite the information, and then secure it in a safe place or
 - Type your information directly into the form and save it in a secure physical or electronic location.
2. Make sure you keep this form up to date and review it annually.
3. Tell your family about this valuable record of information, and make sure they know where it is and how to access it when the time comes.
4. Keep the completed form in a secure yet accessible location. This will make it more convenient for you to update and easier for your family to find. As always, we recommend you avoid sending personal data via email, especially when unsecured or unencrypted.



This record was last reviewed or revised by me, _____, on _____.
(name) (date)

Personal information

Full name at present: _____
(first) (middle) (maiden) (last)

Address (primary residence): _____

Home phone: _____ Cellphone: _____

Email: _____

Address (secondary residence): _____
_____ Phone: _____

Birth date: _____ Social Security number: _____

Place of birth (city, county, state, country): _____

I am a citizen of: _____ by birth ☐ (or) by naturalization ☐

I was naturalized on: _____ (date) at _____ (place)

Naturalization number: _____

Father's name: _____

Mother's maiden name: _____

Passport number: _____ Country of issue: _____

Driver's license or other state ID number: _____ State of issue: _____

Family information

Spouse/former spouse(s)

Spouse's name: _____
(first) (middle) (maiden) (last)

Address (if different from yours): _____

Home phone: _____ Cellphone: _____

Birth date: _____ Social Security number: _____

Place of birth (city, county, state, country): _____

Is a citizen of: _____ by birth ☐ (or) by naturalization ☐

Was naturalized on: _____ (date) at _____ (place)

Naturalization number: _____

Former spouse's name: _____
(first) (middle) (maiden) (last)

Address: _____

Home phone: _____ Cellphone: _____

Birth date: _____ Social Security number: _____

Date of death (if applicable): _____ Location: _____

Date of marriage to you: _____ Location: _____

Date of divorce from you: _____ Court where divorce is recorded: _____

Former spouse's name: _____
(first) (middle) (maiden) (last)

Address: _____

Home phone: _____ Cellphone: _____

Birth date: _____ Social Security number: _____

Date of death (if applicable): _____ Location: _____

Date of marriage to you: _____ Location: _____

Date of divorce from you: _____ Court where divorce is recorded: _____

Children

Child's name: _____
(first) (middle) (maiden) (last)

Birth date: _____ Parents' names: _____

Social Security number: _____ Marital status: _____

Address: _____

Home phone: _____ Cellphone: _____

Child's name: _____
(first) (middle) (maiden) (last)

Birth date: _____ Parents' names: _____

Social Security number: _____ Marital status: _____

Address: _____

Home phone: _____ Cellphone: _____

Child's name: _____
(first) (middle) (maiden) (last)

Birth date: _____ Parents' names: _____

Social Security number: _____ Marital status: _____

Address: _____

Home phone: _____ Cellphone: _____

Child's name: _____
(first) (middle) (maiden) (last)
Birth date: _____ Parents' names: _____
Social Security number: _____ Marital status: _____
Address: _____
Home phone: _____ Cellphone: _____

Grandchildren

Grandchild's name: _____
(first) (middle) (maiden) (last)
Birth date: _____ Parents' names: _____
Social Security number: _____ Marital status: _____
Address: _____
Home phone: _____ Cellphone: _____

Grandchild's name: _____
(first) (middle) (maiden) (last)
Birth date: _____ Parents' names: _____
Social Security number: _____ Marital status: _____
Address: _____
Home phone: _____ Cellphone: _____

Grandchild's name: _____
(first) (middle) (maiden) (last)
Birth date: _____ Parents' names: _____
Social Security number: _____ Marital status: _____
Address: _____
Home phone: _____ Cellphone: _____

Grandchild's name: _____
(first) (middle) (maiden) (last)
Birth date: _____ Parents' names: _____
Social Security number: _____ Marital status: _____
Address: _____
Home phone: _____ Cellphone: _____

Siblings

Sibling's name: _____
Birth date: _____ Home phone: _____ Cellphone: _____
Address: _____

Sibling's name: _____
Birth date: _____ Home phone: _____ Cellphone: _____
Address: _____

Special friend(s)

Name of friend with whom I am in constant contact: _____
Address: _____ Phone: _____

Name of friend with whom I am in constant contact: _____
Address: _____ Phone: _____

Name of friend with whom I am in constant contact: _____
Address: _____ Phone: _____

Work information

Employer: _____
Address of employer: _____
_____ Date of employment: _____

Title: _____

Work phone: _____

Name of personal assistant (if any): _____

Phone: _____

Name of supervisor: _____

Phone: _____

HR/benefits contact: _____

Phone: _____

Spouse's employer: _____

Address of spouse's employer: _____

_____ Date of employment: _____

Title: _____

Work phone: _____

Name of personal assistant (if any): _____

Name of supervisor: _____

Phone: _____

HR/benefits contact: _____

Phone: _____

Professional service providers

Attorney's name: _____ Law firm: _____

Website: _____ Email: _____ Phone: _____

Accountant's name: _____ Firm name: _____

Website: _____ Email: _____ Phone: _____

Financial planner's name: _____ Firm name: _____

Website: _____ Email: _____ Phone: _____

Other advisor's name: _____ Firm name: _____

Profession: _____

Website: _____ Email: _____ Phone: _____

Other advisor's name: _____ Firm name: _____

Profession: _____

Website: _____ Email: _____ Phone: _____

Health care

Personal physician's name: _____ Phone: _____

Website: _____ Email: _____

Personal physician's name: _____ Phone: _____

Website: _____ Email: _____

Specialist physician's name: _____ Phone: _____

Website: _____ Email: _____

Area of specialization: _____

Specialist physician's name: _____ Phone: _____

Website: _____ Email: _____

Area of specialization: _____

Dentist's name: _____ Phone: _____

Website: _____ Email: _____

Other health care professional's name: _____ Phone: _____

Profession: _____

Website: _____ Email: _____

Prescriptions and pharmacies: _____ Phone: _____

Website: _____ Email: _____

Note any allergies or illnesses:

Insurance policies

Life insurance

Include policies that you own, policies where you are listed as the insured, and policies through your employer.

Insurance company: _____ Type of policy: _____ Policy number: _____

Face amount of policy: _____ Loans outstanding? yes ☐ no ☐

Owner of policy: _____

Insured: _____

Primary beneficiary: _____

Secondary beneficiary: _____

Insurance agent's name: _____ Phone: _____

Name of agency: _____

Website: _____ Email: _____

Insurance company: _____ Type of policy: _____ Policy number: _____

Face amount of policy: _____ Loans outstanding? yes ☐ no ☐

Owner of policy: _____

Insured: _____

Primary beneficiary: _____

Secondary beneficiary: _____

Insurance agent's name: _____ Phone: _____

Name of agency: _____

Website: _____ Email: _____

Insurance company: _____ Type of policy: _____ Policy number: _____

Face amount of policy: _____ Loans outstanding? yes ☐ no ☐

Owner of policy: _____

Insured: _____

Primary beneficiary: _____

Secondary beneficiary: _____

Insurance agent's name: _____ Phone: _____

Name of agency: _____

Website: _____ Email: _____

Insurance company: _____ Type of policy: _____ Policy number: _____

Face amount of policy: _____ Loans outstanding? yes ☐ no ☐

Owner of policy: _____

Insured: _____

Primary beneficiary: _____

Secondary beneficiary: _____

Insurance agent's name: _____ Phone: _____

Name of agency: _____

Website: _____ Email: _____

Homeowner's or Renter's insurance

Primary residence policy number: _____

Insurance company: _____

Insurance agent: _____ Name of agency: _____

Website: _____ Phone: _____

Email: _____

Second home policy number: _____

Insurance company: _____

Insurance agent: _____ Name of agency: _____

Website: _____ Phone: _____

Email: _____

Excess liability insurance (i.e., umbrella policy) policy number: _____

Insurance company: _____

Insurance agent: _____ Name of agency: _____

Website: _____ Phone: _____

Email: _____

Health insurance

Description of coverage: _____

Insurance company: _____

Group number: _____ Service code: _____

Agent: _____ Phone: _____

Website: _____ Email: _____

Who pays the premiums? _____

Description of coverage: _____
Insurance company: _____
Group number: _____ Service code: _____
Agent: _____ Phone: _____
Website: _____ Email: _____
Who pays the premiums? _____

Disability insurance

Description of coverage: _____
Insurance company: _____
Agent: _____ Phone: _____
Website: _____ Email: _____
Premiums paid with: pretax dollars ☐ after-tax dollars ☐

Long-term care insurance

Description of coverage: _____
Insurance company: _____
Agent: _____ Phone: _____
Website: _____ Email: _____

Automobile insurance

Insured automobile: _____
Insurance company: _____
Insurance agent: _____ Name of agency: _____
Website: _____ Phone: _____
Email: _____

Insured automobile: _____
Insurance company: _____
Insurance agent: _____ Name of agency: _____
Website: _____ Phone: _____
Email: _____

Financial information

Current sources of income

Employer: _____
Monthly income: _____ Direct deposit: yes ☐ no ☐
Employer: _____
Monthly income: _____ Direct deposit: yes ☐ no ☐

Other: _____

Monthly income: _____ Direct deposit: yes ☐ no ☐

Social Security monthly income: _____

Social Security monthly income: _____

Pension monthly income: _____ Includes COLA? _____

Name of institution/payor: _____

Website: _____

Phone number: _____

Primary beneficiary: _____ Terms and conditions: _____

Pension monthly income: _____ Includes COLA? _____

Name of institution/payor: _____

Website: _____

Phone number: _____

Primary beneficiary: _____ Terms and conditions: _____

Veterans benefits monthly income: _____ Includes COLA? _____ Service branch: _____

Dates of service: _____

Service/serial number: _____ Final rank: _____

Employer retirement plans (401(k)s) and individual retirement accounts (IRAs)

Type of plan/account: _____ Taking required distributions? yes ☐ no ☐

Name of institution: _____

Website: _____ Phone: _____

Primary beneficiary: _____

Secondary beneficiary: _____

Type of plan/account: _____ Taking required distributions?: yes ☐ no ☐

Name of institution: _____

Website: _____ Phone: _____

Primary beneficiary: _____

Secondary beneficiary: _____

Type of plan/account: _____ Taking required distributions? yes ☐ no ☐

Name of institution: _____

Website: _____ Phone: _____

Primary beneficiary: _____

Secondary beneficiary: _____

Checking, savings, annuity, and investment accounts

Type of account: _____

Owner(s): _____

Joint owners or power of attorney (if applicable): _____

Name of institution: _____

Account number(s): _____ Password(s): _____

Contact person or website: _____ Phone: _____

Type of account: _____

Owner(s): _____

Joint owners or power of attorney (if applicable): _____

Name of institution: _____

Account number(s): _____ Password(s): _____

Contact person or website: _____ Phone: _____

Type of account: _____

Owner(s): _____

Joint owners or power of attorney (if applicable): _____

Name of institution: _____

Account number(s): _____ Password(s): _____

Contact person or website: _____ Phone: _____

Type of account: _____

Owner(s): _____

Joint owners or power of attorney (if applicable): _____

Name of institution: _____

Account number(s): _____ Password(s): _____

Contact person or website: _____ Phone: _____

Type of account: _____

Owner(s): _____

Joint owners or power of attorney (if applicable): _____

Name of institution: _____

Account number(s): _____ Password(s): _____

Contact person or website: _____ Phone: _____

Type of account: _____

Owner(s): _____

Joint owners or power of attorney (if applicable): _____

Name of institution: _____

Account number(s): _____ Password(s): _____

Contact person or website: _____ Phone: _____

Type of account: _____
Owner(s): _____
Joint owners or power of attorney (if applicable): _____
Name of institution: _____
Account number(s): _____ Password(s): _____
Contact person or website: _____ Phone: _____

Type of account: _____
Owner(s): _____
Joint owners or power of attorney (if applicable): _____
Name of institution: _____
Account number(s): _____ Password(s): _____
Contact person or website: _____ Phone: _____

Type of account: _____
Owner(s): _____
Joint owners or power of attorney (if applicable): _____
Name of institution: _____
Account number(s): _____ Password(s): _____
Contact person or website: _____ Phone: _____

Other assets and liabilities

Primary residence address: _____
Owner(s): _____ Rent ☐ Own ☐
Mortgage lending institution: _____ Phone: _____
Account number(s): _____ Website: _____
First mortgage balance: _____ Second mortgage balance: _____
Line of credit balance: _____

Second home address: _____
Owner(s): _____ Rent ☐ Own ☐
Mortgage lending institution: _____ Phone: _____
Account number(s): _____ Website: _____
First mortgage balance: _____ Second mortgage balance: _____
Line of credit balance: _____

Other real estate address: _____
Renter(s)/occupant(s): _____
Other information: _____

Home repair contacts

Name: _____ Trade: _____

Phone/email: _____ Website: _____

Name: _____ Trade: _____

Phone/email: _____ Website: _____

Automobiles and other vehicles

Vehicle: _____ Tag number: _____

Owner(s): _____

Where housed: _____

Lending or leasing institution: _____

Website: _____ Phone: _____

Vehicle: _____ Tag number: _____

Owner(s): _____

Where housed: _____

Lending or leasing institution: _____

Website: _____ Phone: _____

Vehicle: _____ Tag number: _____

Owner(s): _____

Where housed: _____

Lending or leasing institution: _____

Website: _____ Phone: _____

Vehicle: _____ Tag number: _____

Owner(s): _____

Where housed: _____

Lending or leasing institution: _____

Website: _____ Phone: _____

Credit cards

Name of company	Account number	Joint owner(s)	Website/phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Documentation and important information

Will

☐ I do not have a will. ☐ My spouse does not have a will.

Date of most recent will or codicil: _____

Location of will and codicils: _____

Estate planning attorney's name: _____ Phone: _____

Law firm: _____ Email: _____

Website: _____

Executor's name: _____ Phone: _____

Website: _____ Email: _____

Trustee for trusts under will: _____ Phone: _____

Successor trustee for trusts under will: _____ Phone: _____

Guardian's name: _____ Relationship to minor children: _____

Email: _____ Phone: _____

Revocable living trust (if applicable)

☐ I do not have a revocable living trust. ☐ My spouse does not have a revocable living trust.

Name: _____

Spouse's name: _____

Date of revocable living trust agreement: _____ Dates of amendments: _____

Location of original trust document and amendments: _____

Have funded the trust: yes ☐ no ☐

Are some of my assets still outside the trust? yes ☐ no ☐

Name of current trustee of revocable living trust: _____ Phone: _____

Address: _____

Name of successor trustee of revocable living trust: _____ Phone: _____

Address: _____

Powers of attorney

Power of attorney forms completed for specific investment accounts: yes ☐ no ☐

Institutions where the investment accounts are held: _____

Name of your attorney-in-fact or agent: _____

Email: _____ Phone: _____

Attorney's name who prepared your document(s): _____

Law firm: _____ Website: _____

Email: _____

Power of attorney: yes ☐ no ☐ Durable: yes ☐ no ☐ Date signed: _____

Name of attorney-in-fact: _____ Phone: _____

Email: _____

Health care power of attorney

yes ☐ no ☐ Date signed: _____

Name of agent: _____ Phone: _____

Email: _____

Living will

yes ☐ no ☐ Date signed: _____

Name of agent: _____ Phone: _____

Email: _____

Organ donor papers: yes ☐ no ☐ Date signed: _____

Location of records

Deposit box

Other locations

Key to safe deposit box	N/A	_____
Original will and codicils	☐	_____
Copy of will and codicils	☐	_____
Original revocable living trust agreement and amendments	☐	_____
Copy of revocable living trust agreement and amendments	☐	_____
Power of attorney for financial matters	☐	_____
Power of attorney for health care	☐	_____
Living will	☐	_____
Organ donor papers	☐	_____
Certificates of title to automobiles	☐	_____
Birth certificates	☐	_____
Passports	☐	_____
Marriage certificate(s)	☐	_____
Divorce decree(s)	☐	_____
Income tax records	☐	_____
Veterinary papers for pet(s)	☐	_____
Keys to home(s) and car(s)	☐	_____
Other: _____	☐	_____

Safe deposit box

Access authorized to: _____

Name of institution: _____

Address: _____

Box (or account) number: _____ Location of key: _____

Co-owner of box (if any): _____

Technology assets, usernames, and passwords

Desktop computer: _____ Password: _____

Laptop computer 1: _____ Password: _____

Laptop computer 2: _____ Password: _____

iPad/tablet 1: _____ Password: _____

iPad/tablet 2: _____ Password: _____

Cellphone 1: _____ Password: _____

Cellphone 2: _____ Password: _____

Primary home alarm system: _____ Password: _____

Secondary home alarm system: _____ Password: _____

App 1: _____ Password: _____

App 2: _____ Password: _____

App 3: _____ Password: _____

Facebook: _____ Password: _____

LinkedIn: _____ Password: _____

Instagram: _____ Password: _____

X: _____ Password: _____

PayPal: _____ Password: _____

Venmo: _____ Password: _____

Information about special family heirlooms, papers, etc.

Pets

Name: _____ Approximate current age: _____

Name: _____ Approximate current age: _____

Name: _____ Approximate current age: _____

Kennel or caregiver and/or walker: _____ Phone: _____

Veterinarian's name: _____ Name of practice: _____

Website: _____ Phone: _____

Groomer: _____

Phone: _____ Email: _____

Pet insurance

Description of coverage: _____

Insurance company: _____

Policy number: _____

Website: _____

Phone: _____ Email: _____

Special information (special care, dietary needs, medicines, pet insurance details if applicable, etc.):

Religious and funeral information

Arrangements made with funeral home or cemetery: yes ☐ no ☐ Prepaid: yes ☐ no ☐

Name of funeral home: _____

Website: _____ Phone: _____

Contact person: _____ Email: _____

Name of church: _____

Address: _____

Phone: _____ Email: _____

Clergy: _____

Name of cemetery: _____

Address: _____

Plot location (if any): _____ Phone: _____

Contact person: _____ Email: _____

Special wishes/other wishes:

Additional comments