

Planning for Life's Changes

Master List

This document has been created as a starting point or guide to help you consider, locate and organize the important information in your life. This document is for personal use and is not intended to serve as a recommendation for estate planning or financial advice. We strongly suggest that you consult with a professional—such as an attorney, an accountant, an estate planner, or a

financial advisor—to ensure that your assets and documents have been structured properly. Your family will need to have access to this document in case of an emergency or death. You should let your family know where this document will be located. You may also wish to provide a copy of this information to a friend or family member.

Name

Address

City

State

ZIP

Date of Birth

Place of Birth

Home Phone

Mobile Phone

E-mail Address

Notes

MASTER LIST

Location of Personal, Property, and Final Documents

LOCATION | NOTES:

- Birth Certificate
- Marriage Certificate
- Divorce Papers
- Death Certificate
- Adoption Papers
- Military Records
- Passport
- Medical Records
- Prescriptions
- Bank | Credit Union
- Income Tax Records
- Property Tax Records
- Home Deed
- Vehicle Title
- Vehicle Title
- Life Insurance
- Home Insurance
- Auto Insurance
- Other Insurance
- IRA
- 401(k)
- Other Retirement
- Will
- Living Will
- Power of Attorney
- Trust Documents
- Funeral Arrangements
- Cemetery Plot
- Other
- Other
- Other
- Other
- Other

Advisors and Contacts

INSURANCE:

Name
Company
Address
Phone E-mail

INSURANCE:

Name
Company
Address
Phone E-mail

ATTORNEY:

Name
Company
Address
Phone E-mail

PHYSICIAN:

Name
Company
Address
Phone E-mail

FINANCIAL ADVISOR:

Name
Company
Address
Phone E-mail

PHARMACY:

Name
Company
Address
Phone E-mail

CLERGY | CHURCH:

Name
Organization
Address
Phone E-mail

OTHER:

Name
Company
Address
Phone E-mail

OTHER:

Name
Company
Address
Phone E-mail

Friend | Family Contacts

Name		
Relationship		
Address		
City	State	ZIP
Phone	E-mail	

Name		
Relationship		
Address		
City	State	ZIP
Phone	E-mail	

Name		
Relationship		
Address		
City	State	ZIP
Phone	E-mail	

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Name		
Relationship		
Address		
City	State	ZIP
Phone	E-mail	

Name		
Relationship		
Address		
City	State	ZIP
Phone	E-mail	

Monthly Expenses | Utilities

Use the calendar below to track a month of expenses.

DUE DATE:
<input type="checkbox"/> Mortgage/Rent
<input type="checkbox"/> Phone
<input type="checkbox"/> Utilities
<input type="checkbox"/> Electricity
<input type="checkbox"/> Cable/Dish
<input type="checkbox"/> Internet
<input type="checkbox"/> Membership Dues

DUE DATE:
<input type="checkbox"/> Mortgage/Rent
<input type="checkbox"/> Phone
<input type="checkbox"/> Utilities
<input type="checkbox"/> Electricity
<input type="checkbox"/> Cable/Dish
<input type="checkbox"/> Internet
<input type="checkbox"/> Membership Dues

Notes

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Planning for Life's Changes

Vital Documents

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- Trust Documents
- Funeral Arrangements
- Cemetery Plot
- Other
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PHARMACY:

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 Address
 Phone E-mail

CLERGY | CHURCH:

Name
 Organization
 Address
 Phone E-mail

OTHER:

Name
 Company
 Address
 Phone E-mail

OTHER:

Name
 Company
 Address
 Phone E-mail

Personal Information

Social Security Number

Driver's License Number

Cell Phone Number

PIN

E-mail Address

Password

Computer Username

Password

INCOME SOURCES:

Notes

Employment YES NO

Social Security YES NO

Pension YES NO

Alimony YES NO

Child Support YES NO

Mutual Funds YES NO

Other YES NO

Other YES NO

Other YES NO

Other YES NO

Other YES NO

UTILITIES:

Paid By

Account Number | Username | Password

Mortgage/Rent CHECK ONLINE

Phone CHECK ONLINE

Water/Sewer CHECK ONLINE

Garbage CHECK ONLINE

Electricity CHECK ONLINE

Natural Gas CHECK ONLINE

Cable/Dish CHECK ONLINE

Internet CHECK ONLINE

Membership CHECK ONLINE

Membership CHECK ONLINE

Other CHECK ONLINE

Other CHECK ONLINE

Other CHECK ONLINE

Other CHECK ONLINE

Other CHECK ONLINE

Financial Information

BANK | CREDIT UNION:

Company Name

Contact Name

Address

City

State

ZIP

Phone

E-mail

Online Banking Username

Password

Safe Deposit Box YES NO Box Number

Key Location

Account Type

Account Number

Account Type

Account Number

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Account Type

Account Number

LOANS:

Company Name

For

Number

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Username

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Company Name

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Company Name

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Financial Information

CREDIT | DEBIT CARDS:

Card Type

Number

Phone

Username

Password

Online Banking Username

Password

Card Type

Number

Phone

Username

Password

Online Banking Username

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Card Type

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Username

Password

Online Banking Username

Password

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