
Ezra Huber & Associates, P.C.

100 QUENTIN ROOSEVELT BLVD.
SUITE 102
GARDEN CITY, NY 11530

TELEPHONE (516) 739-0300

FAX (516) 739-7309

Personal Information

This booklet provides space for you to record important personal and family information as well as to provide your family with an inventory of your property.

It might seem like a lot of work—and it probably is—but our experience shows that your family will find this information to be indispensable in the event of your incapacity or death. Besides . . . nobody says that you have to do it all in one night. But please do your family a favor and complete this booklet as best you can. (Add additional pages as needed, of course.)

Don't forget to update the information periodically. We recommend that you do so at least once each year. For your convenience, we have provided you with a place to record your last review date.

This personal information record was last reviewed by me on:

____ / ____ / ____
Month Day Year

____ / ____ / ____
Month Day Year

____ / ____ / ____
Month Day Year

____ / ____ / ____
Month Day Year

____ / ____ / ____
Month Day Year

____ / ____ / ____
Month Day Year

____ / ____ / ____
Month Day Year

____ / ____ / ____
Month Day Year

____ / ____ / ____
Month Day Year

____ / ____ / ____
Month Day Year

____ / ____ / ____
Month Day Year

____ / ____ / ____
Month Day Year

____ / ____ / ____
Month Day Year

____ / ____ / ____
Month Day Year

____ / ____ / ____
Month Day Year

Table of Contents

| | |
|--------------------------------------------------------------------------------------------------|----|
| General Information | 3 |
| Key Advisors and Professionals | 5 |
| Your Children | 7 |
| Your Grandchildren | 9 |
| Your Family Tree | 10 |
| Your Spouse’s Family Tree | 12 |
| Medical History | 14 |
| “Circle of Friends” | 20 |
| Military Service Information & Benefits | 21 |
| Union Benefits and Information | 22 |
| Company Benefits and Information | 23 |
| Funeral Arrangements | 24 |
| Life Insurance | 26 |
| Medical Insurance | 27 |
| Other Insurance | 28 |
| Bank Accounts | 30 |
| Other Accounts | 31 |
| Securities | 33 |
| Savings Bonds | 33 |
| Real Estate | 34 |
| Debts and Obligations Owed to Me | 35 |
| Personal Property of Value | 35 |
| Debts and Obligations Owed by Me | 36 |
| Credit Cards | 36 |
| Safe Deposit Box | 37 |
| Frequent Flyer Account Numbers | 37 |
| Important Papers and Records | 38 |
| “Secret Codes”: Screen Names, Passwords, PIN Numbers, Alarm Codes and Safe Combinations | 39 |
| Other Notes | 42 |

GENERAL INFORMATION

The information requested below is often crucial for a variety of reasons, including—and forgive us for being direct—completing death certificates, as well as for inheritance purposes. We suggest that you fill in this page as completely as possible.

Your Name _____

Other names you are known by _____

Date of Birth _____ Place of Birth _____

Social Security # _____ Your Occupation _____

Father's Name _____ Mother's Maiden Name _____

Are you a United States citizen? Yes No Yes, but naturalized.

If you are a naturalized U.S. citizen, list date and place of naturalization.

Your Marital Status: Single Married Legally Separated
 Divorced Widowed

If widowed, please list the name, date of death, place of death and social security number of your late spouse.

If married, where and when were you wed?

If divorced or legally separated, list the date of the divorce or separation decree and the Court which granted it.

If you were previously married, please note the name of your former spouse, his/her current address, if known, the date and place of marriage.

GENERAL INFORMATION

continued

Spouse's Name _____ Maiden Name _____

Other names you are known by _____

Date of Birth _____ Place of Birth _____

Social Security # _____ Your Occupation _____

Father's Name _____ Mother's Maiden Name _____

Are you a United States citizen? Yes No Yes, but naturalized.

If you are a naturalized U.S. citizen, list date and place of naturalization.

Your Marital Status: Single Married Legally Separated
 Divorced Widowed

If widowed, please list the name, date of death, place of death and social security number of your late spouse.

If married, where and when were you wed?

If divorced or legally separated, list the date of the divorce or separation decree and the Court which granted it.

If you were previously married, please note the name of your former spouse, his/her current address, if known, the date and place of marriage.

KEY ADVISORS AND PROFESSIONALS

It is important for your family to know who to turn to in the event of your disability or death. Often these people can provide additional information about your personal, health or business affairs.

Please complete the following as best you can:

**Estate/Living Trust
Elder Law Attorney:**

Ezra Huber & Associates, P.C.
!00 Quentin Roosevelt Blvd. Suite 102
Garden City, NY 11530
(516) 739-0300

Other Attorney:

Name _____
Street Address _____
City, State, Zip _____
Phone Number _____

Accountant/

Name _____

Tax Preparer:

Street Address _____
City, State, Zip _____
Phone Number _____

Stockbroker:

Name _____
Street Address _____
City, State, Zip _____
Phone Number _____
(see page 31 for brokerage account numbers)

Financial Planner:

Name _____
Street Address _____
City, State, Zip _____
Phone Number _____

KEY ADVISORS AND PROFESSIONALS

continued

Clergy: Name _____
 Street Address _____
 City, State, Zip _____
 Phone Number _____

Physician: Name _____
 Street Address _____
 City, State, Zip _____
 Phone Number _____

Physician: Name _____
 Street Address _____
 City, State, Zip _____
 Phone Number _____

Dentist: Name _____
 Street Address _____
 City, State, Zip _____
 Phone Number _____

Dentist: Name _____
 Street Address _____
 City, State, Zip _____
 Phone Number _____

YOUR CHILDREN

Name _____ Natural Child
Address _____ Adopted Child
City _____ State _____ Zip _____ Child of husband only
Home telephone # _____ Date of birth _____ Child of wife only
Office telephone # _____ Date of death _____ (if deceased) Child of both spouses
If married, what is spouse's name? _____

Name _____ Natural Child
Address _____ Adopted Child
City _____ State _____ Zip _____ Child of husband only
Home telephone # _____ Date of birth _____ Child of wife only
Office telephone # _____ Date of death _____ (if deceased) Child of both spouses
If married, what is spouse's name? _____

Name _____ Natural Child
Address _____ Adopted Child
City _____ State _____ Zip _____ Child of husband only
Home telephone # _____ Date of birth _____ Child of wife only
Office telephone # _____ Date of death _____ (if deceased) Child of both spouses
If married, what is spouse's name? _____

YOUR CHILDREN

continued

Name _____

Natural Child

Address _____

Adopted Child

City _____ State _____ Zip _____

Child of husband only

Child of wife only

Child of both spouses

Home telephone # _____ Date of birth _____

Office telephone # _____ Date of death _____ (if deceased)

If married, what is spouse's name? _____

Name _____

Natural Child

Address _____

Adopted Child

City _____ State _____ Zip _____

Child of husband only

Child of wife only

Child of both spouses

Home telephone # _____ Date of birth _____

Office telephone # _____ Date of death _____ (if deceased)

If married, what is spouse's name? _____

Name _____

Natural Child

Address _____

Adopted Child

City _____ State _____ Zip _____

Child of husband only

Child of wife only

Child of both spouses

Home telephone # _____ Date of birth _____

Office telephone # _____ Date of death _____ (if deceased)

If married, what is spouse's name? _____

YOUR GRANDCHILDREN

Their Parent

List names of your grandchildren and date of birth as well as any other important information such as whether they are from your child's current or previous marriage.

(list which of your children
is the parent)

(list which of your children
is the parent)

(list which of your children
is the parent)

(list which of your children
is the parent)

(list which of your children
is the parent)

(list which of your children
is the parent)

YOUR FAMILY TREE

Please try to complete this as thoroughly as possible. While it may never be needed, it will be helpful in the event that your lineage needs to be traced.

Your Name (Maiden Name)

Father Mother Mother's maiden name

Paternal Grandfather Paternal Grandmother Maiden Name

Maternal Grandfather Maternal Grandmother Maiden Name

**Your Children and Grandchildren should be listed
in the previous section of this Personal Record.**

Your Brothers and Sisters

Their Children
(Your Nieces and Nephews)

| | | |
|-------------------------------------------|-------------------------------------------|-------------------------------------------|
| <hr/> <hr/> <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> <hr/> <hr/> |
|-------------------------------------------|-------------------------------------------|-------------------------------------------|

Paternal Aunts and Uncles
(Your father's siblings)

Their Children
(Cousins on your father's side)

Maternal Aunts and Uncles
(Your mother's siblings)

Their Children
(Cousins on your mother's side)

YOUR SPOUSE'S FAMILY TREE

Please try to complete this as thoroughly as possible. While it may never be needed, it will be helpful in the event that your lineage needs to be traced.

Your Name

(Maiden Name)

Father

Mother

Mother's maiden name

Paternal Grandfather

Paternal Grandmother

Maiden Name

Maternal Grandfather

Maternal Grandmother

Maiden Name

**Your Children and Grandchildren should be listed
in the previous section of this Personal Record.**

Brothers and Sisters

Their Children
(Your Nieces and Nephews)

Paternal Aunts and Uncles
(Your father's siblings)

Their Children
(Cousins on your father's side)

Maternal Aunts and Uncles
(Your mother's siblings)

Their Children
(Cousins on your mother's side)

MEDICAL HISTORY

Please don't underestimate the value of recording your medical history. Not only will it be important to you, but it may be crucial to your children later in life. As you undoubtedly know, certain illnesses and health conditions are hereditary. In addition, should your family ever be called upon in a medical emergency, it is vital for them to provide your doctor with correct and complete information about your medical history.

Do yourself and your family a favor and complete this section thoroughly.

Your name _____

Have you ever had or been treated for any of the following? (Check all that apply.)

| Condition | Condition | Condition | Condition |
|--------------------------------------------------|---------------------------------------------------|----------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> AIDS | <input type="checkbox"/> Eczema | <input type="checkbox"/> Hives or rashes | <input type="checkbox"/> Pancreatitis |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney or bladder problem | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Arthritis or rheumatism | <input type="checkbox"/> Eye problem or infection | <input type="checkbox"/> Liver disease | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> German measles | <input type="checkbox"/> Malaria | <input type="checkbox"/> Scarlet fever |
| <input type="checkbox"/> Bleeding tendencies | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Measles | <input type="checkbox"/> Stomach problem |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Gout | <input type="checkbox"/> Mono-nucleosis | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Cancer or tumor | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Mumps | <input type="checkbox"/> Ulcer |
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Heart attack | <input type="checkbox"/> Nervous breakdown | <input type="checkbox"/> Venereal disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Neuralgia or neuritis | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Diverticulosis | <input type="checkbox"/> Hepatitis | | |
| <input type="checkbox"/> Drug addiction | <input type="checkbox"/> Hernia | | |
| | <input type="checkbox"/> High blood pressure | | |

For any of the above which you checked, give the specifics (use more pages if necessary):

| Condition | Date(s) | Who treated you? | Who has these medical records? |
|-----------|---------|------------------|--------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

MEDICAL HISTORY

continued

If anyone in your family suffered from or died as a result of any of the illnesses on the previous page, please list specifics:

Mother suffered from/died of _____ at age _____

Father suffered from/died of _____ at age _____

_____ suffered from/died of _____ at age _____

_____ suffered from/died of _____ at age _____

_____ suffered from/died of _____ at age _____

List your past hospitalizations here:

| Date | Hospital | Operation or Illness |
|-------|----------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

List here the prescription medications which you are now taking:

| Medication | Reason: | Prescribing physician |
|------------|---------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

MEDICAL HISTORY

continued

List here all medication to which you are **ALLERGIC**:

Penicillin Aspirin Other: _____

List here other relevant medical information
including recent tests, X-rays and immunizations:

If you know your blood type, list it here: _____

If you know your eyeglass prescription particulars,
list them here:

MEDICAL HISTORY

Please don't underestimate the value of recording your medical history. Not only will it be important to you, but it may be crucial to your children later in life. As you undoubtedly know, certain illnesses and health conditions are hereditary. In addition, should your family ever be called upon in a medical emergency, it is vital for them to provide your doctor with correct and complete information about your medical history.

Do yourself and your family a favor and complete this section thoroughly.

Your name _____

Have you ever had or been treated for any of the following? (Check all that apply.)

| Condition | Condition | Condition | Condition |
|--------------------------------------------------|---------------------------------------------------|----------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> AIDS | <input type="checkbox"/> Eczema | <input type="checkbox"/> Hives or rashes | <input type="checkbox"/> Pancreatitis |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney or bladder problem | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Arthritis or rheumatism | <input type="checkbox"/> Eye problem or infection | <input type="checkbox"/> Liver disease | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> German measles | <input type="checkbox"/> Malaria | <input type="checkbox"/> Scarlet fever |
| <input type="checkbox"/> Bleeding tendencies | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Measles | <input type="checkbox"/> Stomach problem |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Gout | <input type="checkbox"/> Mono-nucleosis | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Cancer or tumor | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Mumps | <input type="checkbox"/> Ulcer |
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Heart attack | <input type="checkbox"/> Nervous breakdown | <input type="checkbox"/> Venereal disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Neuralgia or neuritis | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Diverticulosis | <input type="checkbox"/> Hepatitis | | |
| <input type="checkbox"/> Drug addiction | <input type="checkbox"/> Hernia | | |
| | <input type="checkbox"/> High blood pressure | | |

For any of the above which you checked, give the specifics (use more pages if necessary):

| Condition | Date(s) | Who treated you? | Who has these medical records? |
|-----------|---------|------------------|--------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

MEDICAL HISTORY

continued

If anyone in your family suffered from or died as a result of any of the illnesses on the previous page, please list specifics:

Mother suffered from/died of _____ at age _____

Father suffered from/died of _____ at age _____

_____ suffered from/died of _____ at age _____

_____ suffered from/died of _____ at age _____

_____ suffered from/died of _____ at age _____

List your past hospitalizations here:

| Date | Hospital | Operation or Illness |
|------|----------|----------------------|
| | | |
| | | |
| | | |

List here the prescription medications which you are now taking:

| Medication | Reason: | Prescribing physician |
|------------|---------|-----------------------|
| | | |
| | | |
| | | |
| | | |

MEDICAL HISTORY

continued

List here all medication to which you are **ALLERGIC**:

Penicillin Aspirin Other: _____

List here other relevant medical information
including recent tests, X-rays and immunizations:

If you know your blood type, list it here: _____

If you know your eyeglass prescription particulars,
list them here:

“CIRCLE OF FRIENDS”

It has been our experience that your children (or other family members) may not necessarily know who your close friends are—friends who might like to pay their respects upon your passing, or who might just be able to furnish additional information to your family should you become ill or incapacitated.

It has also been our experience that most people have a few friends who can get word out quickly to others in the same social circle—in a “hub and spoke” fashion—thereby making it more likely that more people will be timely notified when necessary.

Consequently, you should list here those people who you consider to be your close friends and whom you wish for your family to contact in the event of your illness or death.

If you would prefer, you may simply note on this page where your family may locate your personal telephone book. You can then record your own instructions as to whom you wish contacted (or not contacted). Whatever you do, however, please don’t underestimate the importance of this section.

| Name | Address | Telephone # |
|-------|---------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

My personal telephone book may be found here:

If there is anyone you don't want your family to contact, list them here:

MILITARY SERVICE INFORMATION & BENEFITS

Name of Serviceman/woman _____

Branch of Service _____ Rank _____

Dates of Service From _____ to _____

Serial Number _____ V.A. Claim Number _____

Possible benefits to be explored:

Veterans often have health or life insurance benefits courtesy of Uncle Sam. Your family should explore the possibility by contacting the local Veteran's Affairs office. In addition, if you know of any specific benefits to which you might be entitled, please list them here.

Name of Serviceman/woman _____

Branch of Service _____ Rank _____

Dates of Service From _____ to _____

Serial Number _____ V.A. Claim Number _____

Possible benefits to be explored:

UNION BENEFITS & INFORMATION

Name of Spouse who was a member _____
Name of Union _____
Local No. _____ Card No. _____
Office to Contact: _____
Address _____
Telephone _____

Possible benefits to be explored:

Many unions also offer members or retired members (or their spouses) pensions, as well as health and life insurance benefits. Your family should explore the possibility by contacting union listed above. In addition, if you know of any specific benefits to which you might be entitled, please list them here.

If you keep a separate file on your union benefits, where will your family find this file?

Name of Spouse who was a member _____
Name of Union _____
Local No. _____ Card No. _____
Office to Contact: _____
Address _____
Telephone _____

Possible benefits to be explored:

If you keep a separate file on your union benefits, where will your family find this file?

COMPANY BENEFITS & INFORMATION

Name of Company _____

Address _____

Telephone _____ Person to Contact: _____

Which spouse was employed there? _____

Possible benefits to be explored:

Many companies offer employees or retired employees (or their spouses) pensions, as well as health and life insurance benefits. Your family should explore the possibility by contacting companies listed above. In addition, if you know of any specific benefits to which you might be entitled, please list them here.

If you keep a separate file on your company benefits, where will your family find this file?

Name of Company _____

Address _____

Telephone _____ Person to Contact: _____

Which spouse was employed there? _____

Possible benefits to be explored:

If you keep a separate file on your company benefits, where will your family find this file?

FUNERAL ARRANGEMENTS

The last thing a family needs in its time of grief is to attempt to locate information on funeral arrangements you have made. Consequently, you should list your arrangements below.

Your family is also advised to see your final instructions in Section Nine of this binder.

Your Name _____

The following person will know about my final arrangements. Please contact him/her:

Name _____

Address _____

Telephone _____

Church or Synagogue

Name _____

Address _____

Contact _____ Telephone _____

Funeral Home

Name _____

Address _____

Contact _____ Telephone _____

Check the box if you have a prepaid funeral arrangement with this Funeral Home.

Yes.

If so, where will the relevant documents be found?

Cemetery

Name _____

Address _____

Contact _____ Telephone _____

Grave Section _____ Plot _____

My cemetery deed can be found here: _____

FUNERAL ARRANGEMENTS

continued

Your Name _____

The following person will know about my final arrangements. Please contact him/her:

Name _____

Address _____

Telephone _____

Church or Synagogue

Name _____

Address _____

Contact _____ Telephone _____

Funeral Home

Name _____

Address _____

Contact _____ Telephone _____

Check the box if you have a prepaid funeral arrangement with this Funeral Home.

Yes.

If so, where will the relevant documents be found?

Cemetery

Name _____

Address _____

Contact _____ Telephone _____

Grave Section _____ Plot _____

My cemetery deed can be found here: _____

LIFE INSURANCE

Insurance Company _____

Agent _____

Address _____

Amount of Policy \$ _____

Beneficiary _____ Insured Life _____

Owner of Policy _____

Insurance Company _____

Agent _____

Address _____

Amount of Policy \$ _____

Beneficiary _____ Insured Life _____

Owner of Policy _____

Insurance Company _____

Agent _____

Address _____

Amount of Policy \$ _____

Beneficiary _____ Insured Life _____

Owner of Policy _____

Insurance Company _____

Agent _____

Address _____

Amount of Policy \$ _____

Beneficiary _____ Insured Life _____

Owner of Policy _____

MEDICAL INSURANCE

Medical Insurance

Company / Agent _____

Address _____

Phone Number _____ Location of policy: _____

Policy # _____ Amount of policy: _____

- | | |
|-----------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Obtained through job | <input type="checkbox"/> Medicare supplement policy |
| <input type="checkbox"/> Obtained privately | <input type="checkbox"/> Long-term care policy |

Other information:

Medical Insurance

Company / Agent _____

Address _____

Phone Number _____ Location of policy: _____

Policy # _____ Amount of policy: _____

- | | |
|-----------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Obtained through job | <input type="checkbox"/> Medicare supplement policy |
| <input type="checkbox"/> Obtained privately | <input type="checkbox"/> Long-term care policy |

Other information:

OTHER INSURANCE

Automobile Insurance

Company / Agent _____
Address _____
Phone Number _____ Location of policy: _____
Policy # _____ Amount of policy: _____

Automobile Insurance

Company / Agent _____
Address _____
Phone Number _____ Location of policy: _____
Policy # _____ Amount of policy: _____

Homeowner's Insurance

Company / Agent _____
Address _____
Phone Number _____ Location of policy: _____
Policy # _____ Amount of policy: _____

Homeowner's Insurance

Company / Agent _____
Address _____
Phone Number _____ Location of policy: _____
Policy # _____ Amount of policy: _____

OTHER INSURANCE

continued

Umbrella Liability Insurance

Company / Agent _____
Address _____
Phone Number _____ Location of policy: _____
Policy # _____ Amount of policy: _____

Disability Insurance

Company / Agent _____
Address _____
Phone Number _____ Location of policy: _____
Policy # _____ Amount of policy: _____

Other Insurance

Company / Agent _____
Address _____
Phone Number _____ Location of policy: _____
Policy # _____ Amount of policy: _____

Other Insurance

Company / Agent _____
Address _____
Phone Number _____ Location of policy: _____
Policy # _____ Amount of policy: _____

BANK ACCOUNTS

Bank _____

Address _____

Account No. _____ Type of Account _____

Owner: My Living Trust Other: _____

Joint With: _____ In Trust For: _____

Bank _____

Address _____

Account No. _____ Type of Account _____

Owner: My Living Trust Other: _____

Joint With: _____ In Trust For: _____

Bank _____

Address _____

Account No. _____ Type of Account _____

Owner: My Living Trust Other: _____

Joint With: _____ In Trust For: _____

Bank _____

Address _____

Account No. _____ Type of Account _____

Owner: My Living Trust Other: _____

Joint With: _____ In Trust For: _____

Bank _____

Address _____

Account No. _____ Type of Account _____

Owner: My Living Trust Other: _____

Joint With: _____ In Trust For: _____

OTHER ACCOUNTS

List here information which will help your family identify financial holdings such as brokerage accounts, mutual funds and U.S. Treasury accounts.

Name of Company _____

Address _____

Account No. _____ Type of Account* _____

Owner: My Living Trust Other: _____

Joint With: _____ In Trust For: _____

Name of Company _____

Address _____

Account No. _____ Type of Account* _____

Owner: My Living Trust Other: _____

Joint With: _____ In Trust For: _____

Name of Company _____

Address _____

Account No. _____ Type of Account* _____

Owner: My Living Trust Other: _____

Joint With: _____ In Trust For: _____

Name of Company _____

Address _____

Account No. _____ Type of Account* _____

Owner: My Living Trust Other: _____

Joint With: _____ In Trust For: _____

*List here whether the account is a stock brokerage account, mutual fund, Treasury Direct account, IRA/Keogh, or annuity

OTHER ACCOUNTS

continued

Name of Company _____

Address _____

Account No. _____ Type of Account* _____

Owner: My Living Trust Other: _____

Joint With: _____ In Trust For: _____

Name of Company _____

Address _____

Account No. _____ Type of Account* _____

Owner: My Living Trust Other: _____

Joint With: _____ In Trust For: _____

Name of Company _____

Address _____

Account No. _____ Type of Account* _____

Owner: My Living Trust Other: _____

Joint With: _____ In Trust For: _____

Name of Company _____

Address _____

Account No. _____ Type of Account* _____

Owner: My Living Trust Other: _____

Joint With: _____ In Trust For: _____

Name of Company _____

Address _____

Account No. _____ Type of Account* _____

Owner: My Living Trust Other: _____

Joint With: _____ In Trust For: _____

REAL ESTATE

List here all real estate that you or your trust owns. If you haven't paid off your mortgage, check the appropriate box. List on page 38 where your "Satisfaction of Mortgage" can be found.

Description _____

Address _____

Purchase Price: \$ _____ Present Value \$ _____

Mortgage Holder: _____ Paid off: Yes*

Account # _____ Amount Outstanding: \$ _____

Ownership: My name alone My Living Trust Other _____

Description _____

Address _____

Purchase Price: \$ _____ Present Value \$ _____

Mortgage Holder: _____ Paid off:
Yes*

Account # _____ Amount Outstanding: \$ _____

Ownership: My name alone My Living Trust Other _____

Description _____

Address _____

Purchase Price: \$ _____ Present Value \$ _____

Mortgage Holder: _____ Paid off:
Yes*

Account # _____ Amount Outstanding: \$ _____

Ownership: My name alone My Living Trust Other _____

*If you checked the box, please be sure that your "Satisfaction of Mortgage" has been recorded in the County Clerk's office. Otherwise, you may run into problems when you try to sell your property.

DEBTS AND OBLIGATIONS OWED TO ME

List here money that people owe you. If you don't have this debt evidenced in writing, now may be a good time to get it.

Debtor _____

Address _____

Telephone _____ Amount Owed: \$ _____

What loan was for: _____

Location of any papers proving the loan: _____

Debtor _____

Address _____

Telephone _____ Amount Owed: \$ _____

What loan was for: _____

Location of any papers proving the loan: _____

PERSONAL PROPERTY OF VALUE (Furs, Jewelry, Antiques, Collectibles, etc.)

List here the personal property you own which may be considered to be of great value. Check the "insured" box if the property is covered against casualty, loss or theft. If not, it may be a good time to explore the benefits of insurance.

_____ Insured

_____ Insured

_____ Insured

_____ Insured

_____ Insured

_____ Insured

DEBTS AND OBLIGATIONS OWED BY ME

List here any money you owe to others. Do not include credit cards or mortgage payments. Those are listed below.

| Creditor | Address | Reason for Debt | Amount |
|----------|---------|-----------------|--------|
|----------|---------|-----------------|--------|

CREDIT CARDS

List here information about your credit cards. It will help you or your family cancel them in the event that this become necessary.

| Card Name | Account Number | Phone # to cancel card |
|-----------|----------------|------------------------|
|-----------|----------------|------------------------|

SAFE DEPOSIT BOX

List here information about your safe deposit boxes.

Bank Name and Address _____

Box number _____ Key located at _____

Joint Holder / Deputy on Box _____

Bank Name and Address _____

Box number _____ Key located at _____

Joint Holder / Deputy on Box _____

FREQUENT FLIER ACCOUNTS

List here information about your frequent flier accounts. Believe it or not, the miles are often transferable to your heirs!

Airline _____ Frequent Flier Account # _____

Airline _____ Frequent Flier Account # _____

Airline _____ Frequent Flier Account # _____

Airline _____ Frequent Flier Account # _____

IMPORTANT PAPERS AND RECORDS

Please list here the location of your important papers. We cannot emphasize enough how important this is.

The following items can be found in the following locations:

| | |
|-------------------------------|-------|
| Birth Certificates | _____ |
| Death Certificates | _____ |
| Marriage Certificate | _____ |
| Divorce Decree | _____ |
| Last Will & Testament | _____ |
| Living Trust | _____ |
| Power of Attorney | _____ |
| Health Care Proxy/Living Will | _____ |
| Medical Records | _____ |
| Military Records | _____ |
| Tax Records>Returns | _____ |
| Bankbooks/Checkbooks | _____ |
| Deeds to Real Estate | _____ |
| Satisfaction of Mortgage | _____ |
| Cemetery Deeds | _____ |
| Stock & Bond Certificates | _____ |
| Title Papers to Automobiles | _____ |
| Naturalization Papers | _____ |
| Passport | _____ |
| Other: | _____ |
| | _____ |
| | _____ |
| | _____ |

“SECRET CODES”

SCREEN NAMES, PASSWORDS, PIN NUMBERS, ALARM CODES and SAFE COMBINATIONS

We live in an age of technological convenience—there is so much that you can do these days with a computer and a modem or with a bank card. But, of course, if you’ve ever used an automatic teller machine (ATM) or have engaged in any financial transactions via your computer, you know that you can’t do anything without a screen name and/or password or a personal identification number (PIN).

It is important for your family to have access to your property and finances in the event of your death or disability. At the same time, it is not safe to simply list all of your “secret codes” in one location such as this one. So what’s the answer?

Beginning on the next page you will find space for some of the most common types of items for which you are likely to have a password or PIN number. We suggest that, rather than write down your actual number, you “scramble” it and then tell trusted family members what your “code” is.

For example, you might tell your family that the first three numbers of those you list should be ignored, so if you write down your PIN as 76521833, they know that the real number is 21833. Or you could “code” your PIN backwards, which means that in the previous case, your actual PIN number would be 33812567. Or, you could combine codes, for instance, by telling your family members that they should drop the last three numbers and then enter the remaining ones backwards. Our first example, therefore, would yield a true PIN number of 12567. Naturally, you should make up your own code. You can also use this method to record alarm codes and safe combinations.

Important note: Don’t write both your code and the “key” to your code in this book. Just write down the code. The key should be given to your trusted family members separately, with the request that they keep this key in their own safe place.

For screen names and passwords, you might simply record a hint. Many places ask for a mother’s maiden name. You could “prompt” your family remember to remember this by writing “Mom.” Or if your password is the name of your dog, “Rex,” you might write down “king” (the English translation of the Latin “Rex”). If you use the name of your favorite flower, your “clue” might be “flower” or, if you have hay fever, “ha-choo”). The possibilities are endless. *Just make sure that your family knows the code!* (Use additional sheets if necessary.)

Important note: Make sure that you have not forgotten to include the sign-on code for your computer if you use a program that will not allow access to it unless you know the password.

Bank or Credit Card PIN numbers

Record below the “code” numbers for any bank or credit card accounts you might have.

| Bank or card name: | PIN Code |
|--------------------|----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Computer Access Passwords

In order to gain access to the computer, you will need the following information:

| Location of computer | Screen name hint | Password hint |
|----------------------|------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Other Accounts: Screen Names and Passwords

| Name of bank, brokerage or other entity. | Screen name hint | Password hint |
|---------------------------------------------|------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

“SECRET CODES”

continued

Alarm Codes

Record below hints for remembering your alarm codes. Remember, too, that many alarm companies have a “secret word” that you must give correctly in case of a false alarm or risk having the police dispatched.

Alarmed Item:

Alarm Code Hint:

Password (Secret Word) Hint:

Safe Combinations

If you have a home safe, record below the “code” or whatever other hints are helpful for accessing it.

Important Note: Many institutions will advise you not to use the obvious passwords or numbers. Among those which you might wish to avoid are:

- Your name or those of your spouse or children
- Names of pets
- Your Social Security number
- Your street name or address number
- Your date of birth or that of your spouse
- Your telephone number
- Consecutive or identical numbers (123456, 55555)

