RECORD OF IMPORTANT INFORMATION

A guide for getting your personal affairs in order

| 1. PERSONAL
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|  | Client 1 | Client 2 |
| Full Legal Name |  |  |
| Other Names Known By (including any maiden and religious name) |  |  |
| Date of Birth |  |  |
| Place of Birth and Hospital |  |  |
| Social Security Number and Location of Card |  |  |
| Citizenship and Location of Immigration Records |  |  |
| Location of Passport and Number |  |  |
| Driver’s License Number, State of Issuance, and Location of License |  |  |
| Organ Donor Indicated on Driver’s License?  |  |  |
| Current County and State of Residency |  |  |
| Year Residency Established |  |  |
| Date of Current Marriage |  |  |
| Information for Previous Spouse(s): Full Name, Marriage Date, and Date of Death or Divorce |  |  |
| Father’s Full Name (and religious name, if any) |  |  |
| Mother’s Full Name (and religious name, if any) |  |  |
| Children’s Full Names |  |  |
| Employer Name and Contact Information |  |  |
| Sources of Income (employment, pension, trust fund, spousal support, royalties, etc.) |  |  |
| Current Occupation (or prior occupation, if not currently working)  |  |  |
| Education (graduation date(s), degree(s), school name(s)) |  |  |
| Branch and Rank of Military Service, if any |  |  |
| Memberships (professional, social, health club, etc.) |  |  |
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| 1. AUTOMOBILES, BOATS, AND OTHER VEHICLES
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| Make, Model, and Year | VIN and License Plate Number | I-PASS Transponder Information | Location of Title and Warranty Information |
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| 1. BANK ACCOUNTS
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| --- |
| Type of Account (safe deposit box, checking account, savings/money market account, CD account, online account) | Bank Name and Contact Information (if online access, include website, username and password) | Account Title and Account Number | Other Information (i.e., location of safe deposit box keys, contents of box, CD maturity dates, location of bank register(s), etc.) |
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| 1. ELECTRONIC DEVICES(Consider reviewing files stored on devices and deleting or adding password protection to files you wish to keep private.)
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| --- |
| Type of Device (tablet, laptop, desktop, cellphone, etc.) and Location  | User Name and Password | Warranty Information | Automatic Renewal of Software Licenses |
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| 1. CREDIT CARDS
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| Type of Credit Card (American Express, MasterCard, Visa, store specific, etc.) | Contact Information (if online access, include website, username and password) | Account Holder Name(s) and Credit Card Number | Payment Information |
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| 1. E-MAIL, SOCIAL MEDIA, DIGITAL STORAGE, AND SIMILAR ACCOUNTS
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| --- |
| Type of Account(E-Mail, Facebook, Twitter, LinkedIn, iCloud, Dropbox, Shutterfly, Blogs, Domain Names, PayPal, eBay, Craig’s List, etc.) | Client 1 or 2? | Website/E-mail Address/Host | User Name, Password, and Purpose of Account  | Other Information (terms of use, confidentiality, direction on what to do with the account, etc.) |
|  | ❒ Client 1❒ Client 2 |  |  |  |
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| 1. FREQUENT FLYER AND OTHER AWARD PROGRAMS
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| Type of Program (airline, hotel, car, credit card, Upromise, etc.) | Client 1 or 2? | Vendor Name and Contact Information | Account Number andOnline Information (website, user name, password, etc.) | Other Information |
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| 1. FUNERAL INFORMATION
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| Funeral HomeContact Information | Client 1 or 2? | Burial/Cremation Contact Information | Terms of Arrangements and Location of Documentation | Notes |
|  | ❒ Client 1❒ Client 2 |  |  |  |
|  | ❒ Client 1❒ Client 2 |  |  |  |
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| 1. INSURANCE POLICIES
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| Type of Insurance (auto, accident/travel, business/professional, disability, homeowner’s/umbrella/flood, health/dental/vision, Medicare, life, long-term care, etc.) | Insurance Carrier and Contact Person | Insured Name(s), Policy Number, Amount of Coverage, and Premium Payment Information | Special Notes on Policy Terms; Insurance Owner, if not the Insured; Location of Policies |
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| 1. INVESTMENTS
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| Type of Account or Investment (brokerage, mutual fund, stock or bond certificates, IRA/Roth, annuity, college savings/529, employer retirement, stock option, restricted stock, deferred compensation, pension, limited partnership or LLC, timeshare, UTMA/UGMA, etc.) | Advisor/General Partner Name and Contact Information | Account Title and Account Number  | Other Information |
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| 1. LEGAL DOCUMENTS
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| Document | Client 1 or 2? | Law Firm Contact Information | Where Original Documents (or copies) are Stored | Date of Last Update |
| Birth Certificate | ❒ Client 1❒ Client 2 | N/A |  | N/A |
| Birth Certificate | ❒ Client 1❒ Client 2 | N/A |  | N/A |
| Marriage Certificate | ❒ Client 1❒ Client 2 | N/A |  | N/A |
| Pre-Marital Agreement | ❒ Client 1❒ Client 2 |  |  |  |
| Divorce Documentation | ❒ Client 1❒ Client 2 |  |  |  |
| Divorce Documentation | ❒ Client 1❒ Client 2 |  |  |  |
| Health Care Power of Attorney | ❒ Client 1❒ Client 2 |  |  |  |
| Health Care Power of Attorney | ❒ Client 1❒ Client 2 |  |  |  |
| Property Power of Attorney | ❒ Client 1❒ Client 2 |  |  |  |
| Property Power of Attorney | ❒ Client 1❒ Client 2 |  |  |  |
| Will | ❒ Client 1❒ Client 2 |  |  |  |
| Will | ❒ Client 1❒ Client 2 |  |  |  |
| Revocable Trust (i.e., declaration of trust) | ❒ Client 1❒ Client 2 |  |  |  |
| Revocable Trust (i.e., declaration of trust) | ❒ Client 1❒ Client 2 |  |  |  |
| Other Trusts (ILIT, SLAT, Land, QPRT, GRAT, etc.) | ❒ Client 1❒ Client 2 |  |  |  |
| Other Trusts (ILIT, SLAT, Land, QPRT, GRAT, etc) | ❒ Client 1❒ Client 2 |  |  |  |
| Business Documents (LLC, Corporation, etc.) | ❒ Client 1❒ Client 2 |  |  |  |
| Business Documents (LLC, Corporation, etc.) | ❒ Client 1❒ Client 2 |  |  |  |
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| 1. LIABILITIES
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| Type of Debt (home, auto, education, credit card, etc.) | Lender Contact Information | Loan Number and Name(s) of Borrower(s) | Terms of Loan and Payment Information |
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| 1. MEDICAL INFORMATION
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| --- |
| Type of Practitioner (internist, specialist, dental, vision, etc.) | Client 1 or 2? | Contact Information | Hospital Affiliation | Medications Prescribed and Conditions Diagnosed |
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| 1. OTHER ADVISORS
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| --- |
| Type of Advisor (clergy, accountant, business attorney, real estate attorney, pension provider, etc.) | Client 1 or 2? | Firm Name and/or Contact Person | Contact Address, Phone, Website, and E-mail |
|  | ❒ Client 1❒ Client 2 |  |  |
|  | ❒ Client 1❒ Client 2 |  |  |
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| 1. PETS
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| Type of Pet and Name | Veterinarian Contact Information | Medications | Pet Insurance Information |
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| 1. IMPORTANT PERSONAL EFFECTS (INCLUDING ANY FIREARMS) AND DOCUMENTS NOT COVERED ABOVE
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| Item | Location | Notes (such as firearm registration) |
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| 1. STORAGE LOCATIONS
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| Type of Storage (home safe/file cabinet, external storage facility, etc.) | Location and Contact Information | Location of Keys and/or Authorization Codes | Contents and Other Information |
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| 1. REAL ESTATE - PERSONAL RESIDENCE(S)
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| Property Address and Key Holders | PIN and Location of Deed | Utility and Alarm Company Contact Information and Passwords | Service Companies (handyman, lawn, snow, cleaning, appliance, etc.) |
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| 1. REAL ESTATE - INVESTMENT PROPERTIES
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| --- |
| Type of Property (commercial, farm, residential, etc.) and Property Address | Ownership Information, PIN, and Location of Deed | Tenant Information and Location of Rental Agreement | Other Pertinent Information (loan documents, insurance policies, bank accounts, service companies, etc.) |
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| 1. RELATIVES AND FRIENDS TO CONTACT
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| Name and Relationship | Contact Information | Notes |
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| 1. OTHER INFORMATION NOT INCLUDED ABOVE
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| 1. ADDITIONAL NOTES
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Date last updated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_