

## Family Records Almanac

Using the Family Records Almanac can be a major step toward gaining control over the vast amount of information that is important to you and your family. The documents you can download and print can serve as the basis for organizing and storing important information and documents.

After printing the pages of the Almanac, you may want to store them in a binder for convenience. You may also wish to consider using plastic storage sleeves to hold the documents that correspond to the information you record.

After reviewing the Almanac pages, start gathering the information you want to enter and the documents you want to keep. You may also wish to get other members of your family involved in this process.

As you gather your information, you may also find that you wish to include more items such as a family tree or information on your pets.

It seems that our lives continue to get more complicated and that we are overloaded with information. Knowing what to keep and having an organized way of keeping the things that are important is not always easy.

The Family Records Almanac can make the task easier. Having your important information in a central location can help provide the peace of mind knowing that you can easily find what you need when you need it.

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# Family Information and History

## Family Birth and Social Security Information

| Family Member | Birth Date | Birth Place | Social Security Number |
|---------------|------------|-------------|------------------------|
|               |            |             |                        |
|               |            |             |                        |
|               |            |             |                        |
|               |            |             |                        |
|               |            |             |                        |
|               |            |             |                        |
|               |            |             |                        |
|               |            |             |                        |
|               |            |             |                        |
|               |            |             |                        |
|               |            |             |                        |
|               |            |             |                        |
|               |            |             |                        |
|               |            |             |                        |

# Family Information and History

## Passports, Driver Licenses & Other Travel Documents

| Family Member | Passport Number | Driver License Number | Other |
|---------------|-----------------|-----------------------|-------|
|               |                 |                       |       |
|               |                 |                       |       |
|               |                 |                       |       |
|               |                 |                       |       |
|               |                 |                       |       |
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|               |                 |                       |       |
|               |                 |                       |       |
|               |                 |                       |       |



# Family Information and History

## Family Weddings and Other Important Ceremonies

| Family Member | Ceremony | Date | Place |
|---------------|----------|------|-------|
|               |          |      |       |
|               |          |      |       |
|               |          |      |       |
|               |          |      |       |
|               |          |      |       |
|               |          |      |       |
|               |          |      |       |
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|               |          |      |       |
|               |          |      |       |
|               |          |      |       |
|               |          |      |       |
|               |          |      |       |

# Family Information and History

## Education

| Family Member | Degree | School | Date |
|---------------|--------|--------|------|
|               |        |        |      |
|               |        |        |      |
|               |        |        |      |
|               |        |        |      |
|               |        |        |      |
|               |        |        |      |

## Technical and Professional Certificates

| Family Member | Certificate | Institution | Date |
|---------------|-------------|-------------|------|
|               |             |             |      |
|               |             |             |      |
|               |             |             |      |
|               |             |             |      |
|               |             |             |      |
|               |             |             |      |

# Family Information and History

## Military Service

| Family Member | Branch | Rank | Serial Number | Date |
|---------------|--------|------|---------------|------|
|               |        |      |               |      |
|               |        |      |               |      |
|               |        |      |               |      |
|               |        |      |               |      |
|               |        |      |               |      |
|               |        |      |               |      |

## Separation / Divorce

| Family Member | Document Title | Date |
|---------------|----------------|------|
|               |                |      |
|               |                |      |
|               |                |      |
|               |                |      |
|               |                |      |
|               |                |      |

**Permanent Calendar for January**

|    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  |
| 8  | 9  | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 |    |    |    |    |

**Permanent Calendar for February**

|    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  |
| 8  | 9  | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 |    |    |    |    |    |    |

**Permanent Calendar for March**

|    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  |
| 8  | 9  | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 |    |    |    |    |

**Permanent Calendar for April**

|    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  |
| 8  | 9  | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 |    |    |    |    |    |

**Permanent Calendar for May**

|    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  |
| 8  | 9  | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 |    |    |    |    |

**Permanent Calendar for June**

|    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  |
| 8  | 9  | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 |    |    |    |    |    |

**Permanent Calendar for July**

|    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  |
| 8  | 9  | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 |    |    |    |    |

**Permanent Calendar for August**

|    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  |
| 8  | 9  | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 |    |    |    |    |

**Permanent Calendar for September**

|    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  |
| 8  | 9  | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 |    |    |    |    |    |

**Permanent Calendar for October**

|    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  |
| 8  | 9  | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 |    |    |    |    |

**Permanent Calendar for November**

|    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  |
| 8  | 9  | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 |    |    |    |    |    |

**Permanent Calendar for December**

|    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  |
| 8  | 9  | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 |    |    |    |    |

# Financial Security

## Banks / Savings & Loan / Credit Unions

|                   | Account 1 | Account 2 |
|-------------------|-----------|-----------|
| Account Holder(s) |           |           |
| Institution       |           |           |
| Account Type      |           |           |
| Account Number    |           |           |
| Contact           |           |           |
| Phone Number      |           |           |

|                   | Account 3 | Account 4 |
|-------------------|-----------|-----------|
| Account Holder(s) |           |           |
| Institution       |           |           |
| Account Type      |           |           |
| Account Number    |           |           |
| Contact           |           |           |
| Phone Number      |           |           |

|                   | Account 5 | Account 6 |
|-------------------|-----------|-----------|
| Account Holder(s) |           |           |
| Institution       |           |           |
| Account Type      |           |           |
| Account Number    |           |           |
| Contact           |           |           |
| Phone Number      |           |           |

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# Financial Security

## Investment Relationships – Brokerage Accounts

|                            | Account 1 | Account 2 |
|----------------------------|-----------|-----------|
| Account Holder(s)          |           |           |
| Brokerage Firm             |           |           |
| Account Number             |           |           |
| Account Representative     |           |           |
| Phone Number               |           |           |
| Description of Investments |           |           |

|                            | Account 3 | Account 4 |
|----------------------------|-----------|-----------|
| Account Holder(s)          |           |           |
| Brokerage Firm             |           |           |
| Account Number             |           |           |
| Account Representative     |           |           |
| Phone Number               |           |           |
| Description of Investments |           |           |

## Financial Security

### Investment Relationships – Mutual Fund Accounts (not at brokerage firm)

|                     | Account 1 | Account 2 |
|---------------------|-----------|-----------|
| Account Holder(s)   |           |           |
| Mutual Fund Company |           |           |
| Mutual Fund Name    |           |           |
| Account Number      |           |           |
| Phone Number        |           |           |

|                     | Account 3 | Account 4 |
|---------------------|-----------|-----------|
| Account Holder(s)   |           |           |
| Mutual Fund Company |           |           |
| Mutual Fund Name    |           |           |
| Account Number      |           |           |
| Phone Number        |           |           |

|                     | Account 5 | Account 6 |
|---------------------|-----------|-----------|
| Account Holder(s)   |           |           |
| Mutual Fund Company |           |           |
| Mutual Fund Name    |           |           |
| Account Number      |           |           |
| Phone Number        |           |           |

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## Financial Security

### Investments – Stocks & Bonds (not held at brokerage firm)

|                                  | Certificate 1 | Certificate 2 |
|----------------------------------|---------------|---------------|
| <b>Securities Holder(s)</b>      |               |               |
| <b>Company or Issuer</b>         |               |               |
| <b>Number of Shares or Bonds</b> |               |               |
| <b>Location of Certificates</b>  |               |               |

|                                  | Certificate 3 | Certificate 4 |
|----------------------------------|---------------|---------------|
| <b>Securities Holder(s)</b>      |               |               |
| <b>Company or Issuer</b>         |               |               |
| <b>Number of Shares or Bonds</b> |               |               |
| <b>Location of Certificates</b>  |               |               |

|                                  | Certificate 5 | Certificate 6 |
|----------------------------------|---------------|---------------|
| <b>Securities Holder(s)</b>      |               |               |
| <b>Company or Issuer</b>         |               |               |
| <b>Number of Shares or Bonds</b> |               |               |
| <b>Location of Certificates</b>  |               |               |

|                                  | Certificate 7 | Certificate 8 |
|----------------------------------|---------------|---------------|
| <b>Securities Holder(s)</b>      |               |               |
| <b>Company or Issuer</b>         |               |               |
| <b>Number of Shares or Bonds</b> |               |               |
| <b>Location of Certificates</b>  |               |               |

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# Financial Security

## Other Investments or Trusts (not held at brokerage firm)

|                          | Investment 1 | Investment 2 |
|--------------------------|--------------|--------------|
| Investment Holder(s)     |              |              |
| Type of Investment       |              |              |
| Company, Issuer, Trustee |              |              |
| Location of Certificates |              |              |

|                          | Investment 3 | Investment 4 |
|--------------------------|--------------|--------------|
| Investment Holder(s)     |              |              |
| Type of Investment       |              |              |
| Company, Issuer, Trustee |              |              |
| Location of Certificates |              |              |

|                          | Investment 5 | Investment 6 |
|--------------------------|--------------|--------------|
| Investment Holder(s)     |              |              |
| Type of Investment       |              |              |
| Company, Issuer, Trustee |              |              |
| Location of Certificates |              |              |

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# Financial Security

## Retirement Plan Accounts (not otherwise included)

### If a Company Plan

|                                   | Account 1 | Account 2 |
|-----------------------------------|-----------|-----------|
| Plan Holder(s)                    |           |           |
| Type of Plan (401k, Keogh, Other) |           |           |
| Company / Business                |           |           |
| Description of Investments        |           |           |
| Account Number                    |           |           |
| Contact Information               |           |           |

### If an Individual

|                              | Account 1 | Account 2 |
|------------------------------|-----------|-----------|
| Plan Holder(s)               |           |           |
| Type of Plan (IRA, Roth IRA) |           |           |
| Location of Account          |           |           |
| Description of Investments   |           |           |
| Account Number               |           |           |
| Contact Information          |           |           |

|                              | Account 3 | Account 4 |
|------------------------------|-----------|-----------|
| Plan Holder(s)               |           |           |
| Type of Plan (IRA, Roth IRA) |           |           |
| Location of Account          |           |           |
| Description of Investments   |           |           |
| Account Number               |           |           |
| Contact Information          |           |           |

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# Financial Security

## Safe Deposit Box

|                                       | Box 1 | Box 2 |
|---------------------------------------|-------|-------|
| Bank, Savings & Loan,<br>Credit Union |       |       |
| Address                               |       |       |
| Box Number                            |       |       |
| Persons Authorized                    |       |       |
| Box Contents                          |       |       |

## Family / Personal Safe

|          |  |
|----------|--|
| Location |  |
| Contents |  |

# Insurance

## Life Insurance

|                                     | Policy 1 |
|-------------------------------------|----------|
| Insured Person                      |          |
| Type of Policy (Term, Whole, Other) |          |
| Life Insurance Company              |          |
| Policy Number                       |          |
| Insurance Representative            |          |
| Firm                                |          |
| Phone Number                        |          |
| Descriptions of Policy Riders       |          |

|                                     | Policy 2 |
|-------------------------------------|----------|
| Insured Person                      |          |
| Type of Policy (Term, Whole, Other) |          |
| Life Insurance Company              |          |
| Policy Number                       |          |
| Insurance Representative            |          |
| Firm                                |          |
| Phone Number                        |          |
| Descriptions of Policy Riders       |          |

|                                     | Policy 3 |
|-------------------------------------|----------|
| Insured Person                      |          |
| Type of Policy (Term, Whole, Other) |          |
| Life Insurance Company              |          |
| Policy Number                       |          |
| Insurance Representative            |          |
| Firm                                |          |
| Phone Number                        |          |
| Descriptions of Policy Riders       |          |

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|  |                 |
|--|-----------------|
|  | <b>Policy 4</b> |
| <b>Insured Person</b>                      |                 |
| <b>Type of Policy (Term, Whole, Other)</b> |                 |
| <b>Life Insurance Company</b>              |                 |
| <b>Policy Number</b>                       |                 |
| <b>Insurance Representative</b>            |                 |
| <b>Firm</b>                                |                 |
| <b>Phone Number</b>                        |                 |
| <b>Descriptions of Policy Riders</b>       |                 |

|  |                 |
|--|-----------------|
|  | <b>Policy 5</b> |
| <b>Insured Person</b>                      |                 |
| <b>Type of Policy (Term, Whole, Other)</b> |                 |
| <b>Life Insurance Company</b>              |                 |
| <b>Policy Number</b>                       |                 |
| <b>Insurance Representative</b>            |                 |
| <b>Firm</b>                                |                 |
| <b>Phone Number</b>                        |                 |
| <b>Descriptions of Policy Riders</b>       |                 |

|  |                 |
|--|-----------------|
|  | <b>Policy 6</b> |
| <b>Insured Person</b>                      |                 |
| <b>Type of Policy (Term, Whole, Other)</b> |                 |
| <b>Life Insurance Company</b>              |                 |
| <b>Policy Number</b>                       |                 |
| <b>Insurance Representative</b>            |                 |
| <b>Firm</b>                                |                 |
| <b>Phone Number</b>                        |                 |
| <b>Descriptions of Policy Riders</b>       |                 |

# Insurance

## Property / Casualty Insurance – Homeowner’s / Renter’s

|                               | Policy 1 |
|-------------------------------|----------|
| Address Covered               |          |
| Insurance Company             |          |
| Policy Number                 |          |
| Insurance Representative      |          |
| Firm                          |          |
| Phone Number                  |          |
| Descriptions of Policy Riders |          |

|                               | Policy 2 |
|-------------------------------|----------|
| Address Covered               |          |
| Insurance Company             |          |
| Policy Number                 |          |
| Insurance Representative      |          |
| Firm                          |          |
| Phone Number                  |          |
| Descriptions of Policy Riders |          |

## Umbrella Liability Insurance

|                               |  |
|-------------------------------|--|
| Insurance Company             |  |
| Policy Number                 |  |
| Insurance Representative      |  |
| Firm                          |  |
| Phone Number                  |  |
| Descriptions of Policy Riders |  |

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# Insurance

## General Health Insurance

|                                      |  |
|--------------------------------------|--|
| <b>Family Member</b>                 |  |
| <b>Insurance Company</b>             |  |
| <b>Policy Number</b>                 |  |
| <b>Phone Number</b>                  |  |
| <b>Organization or Company Plan</b>  |  |
| <b>Coverage ID Number</b>            |  |
| <b>Contact Phone Number</b>          |  |
| <b>Descriptions of Policy Riders</b> |  |

|                                      |  |
|--------------------------------------|--|
| <b>Family Member</b>                 |  |
| <b>Insurance Company</b>             |  |
| <b>Policy Number</b>                 |  |
| <b>Phone Number</b>                  |  |
| <b>Organization or Company Plan</b>  |  |
| <b>Coverage ID Number</b>            |  |
| <b>Contact Phone Number</b>          |  |
| <b>Descriptions of Policy Riders</b> |  |

|                                      |  |
|--------------------------------------|--|
| <b>Family Member</b>                 |  |
| <b>Insurance Company</b>             |  |
| <b>Policy Number</b>                 |  |
| <b>Phone Number</b>                  |  |
| <b>Organization or Company Plan</b>  |  |
| <b>Coverage ID Number</b>            |  |
| <b>Contact Phone Number</b>          |  |
| <b>Descriptions of Policy Riders</b> |  |

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## Dental Insurance

|                                      |  |
|--------------------------------------|--|
| <b>Family Member</b>                 |  |
| <b>Insurance Company</b>             |  |
| <b>Policy Number</b>                 |  |
| <b>Phone Number</b>                  |  |
| <b>Organization or Company Plan</b>  |  |
| <b>Coverage ID Number</b>            |  |
| <b>Contact Phone Number</b>          |  |
| <b>Descriptions of Policy Riders</b> |  |

|                                      |  |
|--------------------------------------|--|
| <b>Family Member</b>                 |  |
| <b>Insurance Company</b>             |  |
| <b>Policy Number</b>                 |  |
| <b>Phone Number</b>                  |  |
| <b>Organization or Company Plan</b>  |  |
| <b>Coverage ID Number</b>            |  |
| <b>Contact Phone Number</b>          |  |
| <b>Descriptions of Policy Riders</b> |  |

|                                      |  |
|--------------------------------------|--|
| <b>Family Member</b>                 |  |
| <b>Insurance Company</b>             |  |
| <b>Policy Number</b>                 |  |
| <b>Phone Number</b>                  |  |
| <b>Organization or Company Plan</b>  |  |
| <b>Coverage ID Number</b>            |  |
| <b>Contact Phone Number</b>          |  |
| <b>Descriptions of Policy Riders</b> |  |

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## Medicare Insurance

|                          |  |
|--------------------------|--|
| <b>Family Member</b>     |  |
| <b>Carrier</b>           |  |
| <b>Policy Number</b>     |  |
| <b>Phone Number</b>      |  |
| <b>Plan B Purchased?</b> |  |

## Supplemental Insurance

|                            |  |
|----------------------------|--|
| <b>Family Member</b>       |  |
| <b>Carrier</b>             |  |
| <b>Policy Number</b>       |  |
| <b>Phone Number</b>        |  |
| <b>General Description</b> |  |

# Insurance

## Automobile / Other Vehicle Insurance

|                               | Vehicle 1 |
|-------------------------------|-----------|
| Vehicle Description           |           |
| Insurance Company             |           |
| Policy Number                 |           |
| Insurance Representative      |           |
| Firm                          |           |
| Phone Number                  |           |
| Descriptions of Policy Riders |           |

|                               | Policy 2 |
|-------------------------------|----------|
| Vehicle Description           |          |
| Insurance Company             |          |
| Policy Number                 |          |
| Insurance Representative      |          |
| Firm                          |          |
| Phone Number                  |          |
| Descriptions of Policy Riders |          |

|                               | Policy 3 |
|-------------------------------|----------|
| Vehicle Description           |          |
| Insurance Company             |          |
| Policy Number                 |          |
| Insurance Representative      |          |
| Firm                          |          |
| Phone Number                  |          |
| Descriptions of Policy Riders |          |

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## Home and Other Property

### Real Estate Owned

|                          | Home | Vacation / Rental |
|--------------------------|------|-------------------|
| <b>Address</b>           |      |                   |
| <b>Owner(s)</b>          |      |                   |
| <b>Mortgage Company</b>  |      |                   |
| <b>Phone Number</b>      |      |                   |
| <b>Mortgage Number</b>   |      |                   |
| <b>Property Tax ID #</b> |      |                   |

|                          | Other | Other |
|--------------------------|-------|-------|
| <b>Address</b>           |       |       |
| <b>Owner(s)</b>          |       |       |
| <b>Mortgage Company</b>  |       |       |
| <b>Phone Number</b>      |       |       |
| <b>Mortgage Number</b>   |       |       |
| <b>Property Tax ID #</b> |       |       |

### Major Improvements

| Improvement Description | Date | Cost |
|-------------------------|------|------|
|                         |      |      |
|                         |      |      |
|                         |      |      |
|                         |      |      |
|                         |      |      |
|                         |      |      |
|                         |      |      |
|                         |      |      |
|                         |      |      |
|                         |      |      |

## Home and Other Property

### Property You Rent

|                           |  |
|---------------------------|--|
| <b>Address</b>            |  |
| <b>Landlord</b>           |  |
| <b>Landlord's Address</b> |  |
| <b>Landlord's Phone #</b> |  |
| <b>Emergency Phone #</b>  |  |

|                           |  |
|---------------------------|--|
| <b>Address</b>            |  |
| <b>Landlord</b>           |  |
| <b>Landlord's Address</b> |  |
| <b>Landlord's Phone #</b> |  |
| <b>Emergency Phone #</b>  |  |

|                           |  |
|---------------------------|--|
| <b>Address</b>            |  |
| <b>Landlord</b>           |  |
| <b>Landlord's Address</b> |  |
| <b>Landlord's Phone #</b> |  |
| <b>Emergency Phone #</b>  |  |

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# Home and Other Property

## Automobiles, Bicycles and Other Vehicles

|                                 | Vehicle 1 | Vehicle 2 |
|---------------------------------|-----------|-----------|
| Owner(s)                        |           |           |
| Description (Year, Make, Model) |           |           |
| Vehicle ID # (VIN)              |           |           |
| License Plate Number            |           |           |
| Lender                          |           |           |
| Loan Number                     |           |           |

|                                 | Vehicle 3 | Vehicle 4 |
|---------------------------------|-----------|-----------|
| Owner(s)                        |           |           |
| Description (Year, Make, Model) |           |           |
| Vehicle ID # (VIN)              |           |           |
| License Plate Number            |           |           |
| Lender                          |           |           |
| Loan Number                     |           |           |

|                                 | Vehicle 5 | Vehicle 6 |
|---------------------------------|-----------|-----------|
| Owner(s)                        |           |           |
| Description (Year, Make, Model) |           |           |
| Vehicle ID # (VIN)              |           |           |
| License Plate Number            |           |           |
| Lender                          |           |           |
| Loan Number                     |           |           |

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## Other Finances

### Credit / Debit / ATM Cards

|                              | Card 1 | Card 2 |
|------------------------------|--------|--------|
| Card Issuer                  |        |        |
| Type of Card (Visa, MC, etc) |        |        |
| Account Number               |        |        |
| Issuer Phone Number          |        |        |

|                              | Card 3 | Card 4 |
|------------------------------|--------|--------|
| Card Issuer                  |        |        |
| Type of Card (Visa, MC, etc) |        |        |
| Account Number               |        |        |
| Issuer Phone Number          |        |        |

|                              | Card 5 | Card 6 |
|------------------------------|--------|--------|
| Card Issuer                  |        |        |
| Type of Card (Visa, MC, etc) |        |        |
| Account Number               |        |        |
| Issuer Phone Number          |        |        |

|                              | Card 7 | Card 8 |
|------------------------------|--------|--------|
| Card Issuer                  |        |        |
| Type of Card (Visa, MC, etc) |        |        |
| Account Number               |        |        |
| Issuer Phone Number          |        |        |

|                              | Card 9 | Card 10 |
|------------------------------|--------|---------|
| Card Issuer                  |        |         |
| Type of Card (Visa, MC, etc) |        |         |
| Account Number               |        |         |
| Issuer Phone Number          |        |         |

|                              | Card 11 | Card 12 |
|------------------------------|---------|---------|
| Card Issuer                  |         |         |
| Type of Card (Visa, MC, etc) |         |         |
| Account Number               |         |         |
| Issuer Phone Number          |         |         |

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## Other Finances

### Lines of Credit / Personal Loans

|                            |  |
|----------------------------|--|
| <b>Description</b>         |  |
| <b>Lender</b>              |  |
| <b>Lender Phone Number</b> |  |
| <b>Loan Number</b>         |  |

|                            |  |
|----------------------------|--|
| <b>Description</b>         |  |
| <b>Lender</b>              |  |
| <b>Lender Phone Number</b> |  |
| <b>Loan Number</b>         |  |

|                            |  |
|----------------------------|--|
| <b>Description</b>         |  |
| <b>Lender</b>              |  |
| <b>Lender Phone Number</b> |  |
| <b>Loan Number</b>         |  |

### Personal Loans You Made to Others

|                    |  |
|--------------------|--|
| <b>Made To</b>     |  |
| <b>Description</b> |  |
| <b>Date</b>        |  |
| <b>Lender</b>      |  |

|                    |  |
|--------------------|--|
| <b>Made To</b>     |  |
| <b>Description</b> |  |
| <b>Date</b>        |  |
| <b>Lender</b>      |  |

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# Other Finances

## Tax Return Preparer / Accountant Information

|                     |  |
|---------------------|--|
| <b>Name</b>         |  |
| <b>Firm</b>         |  |
| <b>Address</b>      |  |
| <b>Phone Number</b> |  |

## Estate Planning Professional

|                     |  |
|---------------------|--|
| <b>Name</b>         |  |
| <b>Firm</b>         |  |
| <b>Address</b>      |  |
| <b>Phone Number</b> |  |

## Important Documents

| <b>Document</b>                            | <b>Location</b> |
|--|-----------------|
| <b>Will</b>                                |                 |
| <b>Living Will (Physician's Directive)</b> |                 |
| <b>Power of Attorney (Health Care)</b>     |                 |
| <b>Power of Attorney (Finances)</b>        |                 |
| <b>Living Trust</b>                        |                 |
| <b>Uniform Donor Card</b>                  |                 |
| <b>Partnership or Business Agreements</b>  |                 |
| <b>Employment Contracts</b>                |                 |
| <b>Other Employment Materials</b>          |                 |
|  |                 |
|  |                 |
|  |                 |
|  |                 |

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# Organizations and Affiliations

## Frequent Flier / Frequent User

|                       |  |
|-----------------------|--|
| <b>Family Member</b>  |  |
| <b>Organization</b>   |  |
| <b>Account Number</b> |  |
| <b>Phone Number</b>   |  |

|                       |  |
|-----------------------|--|
| <b>Family Member</b>  |  |
| <b>Organization</b>   |  |
| <b>Account Number</b> |  |
| <b>Phone Number</b>   |  |

|                       |  |
|-----------------------|--|
| <b>Family Member</b>  |  |
| <b>Organization</b>   |  |
| <b>Account Number</b> |  |
| <b>Phone Number</b>   |  |

|                       |  |
|-----------------------|--|
| <b>Family Member</b>  |  |
| <b>Organization</b>   |  |
| <b>Account Number</b> |  |
| <b>Phone Number</b>   |  |

|                       |  |
|-----------------------|--|
| <b>Family Member</b>  |  |
| <b>Organization</b>   |  |
| <b>Account Number</b> |  |
| <b>Phone Number</b>   |  |

|                       |  |
|-----------------------|--|
| <b>Family Member</b>  |  |
| <b>Organization</b>   |  |
| <b>Account Number</b> |  |
| <b>Phone Number</b>   |  |

|                       |  |
|-----------------------|--|
| <b>Family Member</b>  |  |
| <b>Organization</b>   |  |
| <b>Account Number</b> |  |
| <b>Phone Number</b>   |  |

|                       |  |
|-----------------------|--|
| <b>Family Member</b>  |  |
| <b>Organization</b>   |  |
| <b>Account Number</b> |  |
| <b>Phone Number</b>   |  |

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# Organizations and Affiliations

## Other Affiliations - Unions

|                   |  |
|-------------------|--|
| Family Member     |  |
| Union             |  |
| Membership Number |  |

## Other Affiliations – Professional / Trade / Other Organizations

|                       |  |
|-----------------------|--|
| Family Member         |  |
| Organization          |  |
| Account/Member Number |  |
| Phone Number          |  |

|                       |  |
|-----------------------|--|
| Family Member         |  |
| Organization          |  |
| Account/Member Number |  |
| Phone Number          |  |

|                       |  |
|-----------------------|--|
| Family Member         |  |
| Organization          |  |
| Account/Member Number |  |
| Phone Number          |  |

|                       |  |
|-----------------------|--|
| Family Member         |  |
| Organization          |  |
| Account/Member Number |  |
| Phone Number          |  |

|                       |  |
|-----------------------|--|
| Family Member         |  |
| Organization          |  |
| Account/Member Number |  |
| Phone Number          |  |

|                       |  |
|-----------------------|--|
| Family Member         |  |
| Organization          |  |
| Account/Member Number |  |
| Phone Number          |  |

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