

Husband's Full Name (Soc. Sec. # ???-??-????)
Wife's Full Name (Soc. Sec. # ???-??-????)
Street Address, City, State, Zip Code
Phone: ???-???-????, E-Mail Address ????@???.???

ESSENTIAL INFORMATION

INDEX

D. AUTOMOBILES	page 3
M. BENEFICIARY DESIGNATIONS	page 7
A. CHILDREN	page 2
C. CURRENT ASSETS	page 3
J. EMPLOYMENT	page 6
L. FINAL THINGS	page 7
E. HOME	page 3
H. INSURANCE	page 4
F. INVESTMENTS	page 3
I. LIABILITIES	page 5
N. LOCATION CODES	page 7
K. MISCELLANEOUS	page 6
B. PARENTS	page 2
G. PENSIONS	page 4

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A. CHILDREN

Name of Your First Child:

Date of Birth:
Birthplace:
Soc. Sec. #
Street Address:
City, State, Zip Code:
Phone:
E-mail Address:

Employer:
Street Address:
City, State, Zip Code:
Phone:
Job Title:

Date Married:
Name of Spouse:
Date of Birth:
Spouse's Employer:
Street Address:
City, State, Zip Code:
Phone:
Job Title:

Name of Their First Child:
Date of Birth:
Name of Their Second Child:
Date of Birth:
Etc.

Name of Your Second Child:

Etc.

B. PARENTS

1. Husband's parents

Father:
Father's Date of Birth:
Mother:
Mother's Date of Birth:
Street Address:
City, State, Zip Code:
Phone:
E-mail Address:

2. Wife's parents

Etc.

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C. CURRENT ASSETS

1. Cash (Location Code)

2. Checking Account
Account #
Name of Bank:
Street Address:
City, State, Zip Code:
Phone:

D. AUTOMOBILES

Year, Make, Model:
Titled to:
Location Code:
VIN:
License:

E. HOME

Warranty deed (deeded to ???) (Location Code)
Discharge of mortgage (Location Code)
Title insurance (Location Code)
Property Address:

Home and improvements information (Location Code)

F. INVESTMENTS

1. Husband

Type:
Location Code:
Account #
Company:
Street Address:
City, State, Zip Code:
Phone:
Fax:
E-mail Address:
Broker:
Beneficiary Pattern #

2. Wife
Etc.

G. PENSIONS

1. Husband

Husband's Full Name (Soc. Sec. # ???-??-????)
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Street Address, City, State, Zip Code
Phone: ???-???-????, E-Mail Address ????@???.???

Type:
Location Code:
Amount:
Employer:
Street Address:
City, State, Zip Code:
Phone:

2. Wife
Etc.

H. INSURANCE

1. Life Insurance
 a. Husband

Type:
Location Code:
Policy #
Amount:
Beneficiary:
Company:
Street Address:
City, State, Zip Code:
Phone:
Website:
Log-in ID:
Password:
Agent:
Agency:
Street Address:
City, State, Zip Code:
Phone:
Fax:

 b. Wife
Etc.

2. Health Insurance

Location Code:
Group #:
Participant:
Identification #:
Company:
Street Address:
City, State, Zip Code:
Phone:

3. Prescription Drug Insurance

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4. Dental Insurance

5. Vision Insurance

6. Homeowners Insurance

7. Automobile Insurance

Automobile:
Policy #

Company:
Street Address:
City, State, Zip Code:
Phone:
Agent:
Agency:
Street Address:
City, State, Zip Code:
Phone:
Fax:

8. Personal Items Insurance

9. Long-term Care Insurance

I. LIABILITIES

1. Credit Cards

Card Type:
Location Code:
Card #
Company:
Street Address:
City, State, Zip Code:
Phone:

2. Other Liabilities

J. EMPLOYMENT

1. Husband

Position:
Salary:
Savings Deduction:
Employer:

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City, State, Zip Code:
Phone:

2. Wife
Etc.

K. MISCELLANEOUS

1. Husband

Birth certificate (Location Code)
Date of birth:
Birthplace:
Driver's license:
Passport (Location Code)
Military records (Location Code)

Physician:
Office:
Street Address:
City, State, Zip Code:
Phone:
Fax:

2. Wife
Etc.

3. Joint

Marriage license (Location Code)
Date of marriage:
Place of marriage:

Social security cards (Location Code)

Computerized financial records (Location Code)
Tax returns (Location Code)
Receipts for significant purchases (Location Code)

Instructions and Guarantees - Home fixtures (Location Code)
Instructions and Guarantees - Appliances and Electronics (Location Code)

Keys to Safety Deposit Box (Location Code)

L. FINAL THINGS

1. Husband

Living Trust (Location Code)
Last Will and Testament (Location Code)

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Advance Health Care Directive (Location Code)
Power of Attorney (Location Code)
Declaration regarding final arrangements (Location Code)
Attorney:
Firm:
Street Address:
City, State, Zip Code:
Phone:

2. Wife
Etc.

M. BENEFICIARY DESIGNATIONS

Pattern 1

Primary Beneficiary: My beloved wife, etc.
Contingent (Secondary) Beneficiaries: My children, etc.

Pattern 2

Primary Beneficiary: My beloved husband, etc.
Contingent (Secondary) Beneficiaries: My children, etc.

N. LOCATION CODES

File box (FB)
Master bedroom closet

Safety deposit box #??? (SD)
Name of Bank
Street Address:
City, State, Zip Code:
Phone: