

# Personal Information and Records Inventory



Legal Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_  
Other Names (Maiden): \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

## PERSONAL AND FAMILY INFORMATION

Location of Citizenship Papers: \_\_\_\_\_ Passport Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Location of Birth Certificate: \_\_\_\_\_  
Date and Place of Marriage: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Location of Divorce Papers: \_\_\_\_\_ State of Jurisdiction: \_\_\_\_\_  
Military Service Dates: \_\_\_\_\_ Serial (service) No. \_\_\_\_\_  
Branch: \_\_\_\_\_ Country Served: \_\_\_\_\_  
Location of Discharge Papers: \_\_\_\_\_ Last Military Rank: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_  
Other Names (Maiden): \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Location of Birth Certificate: \_\_\_\_\_  
Military Service Dates: \_\_\_\_\_ Serial (Service) No. \_\_\_\_\_  
Branch: \_\_\_\_\_ Country Served: \_\_\_\_\_  
Location of Discharge Papers: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

## Personal Information and Records Inventory

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Mother's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Children's Names and Addresses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sibling's Names and Addresses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### LEGAL RESIDENCE

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

If owned, title held in the Name(s) of: \_\_\_\_\_

Purchase Price: \_\_\_\_\_

Date Acquired: \_\_\_\_\_

Location of Related Documents: \_\_\_\_\_

Deed: \_\_\_\_\_

Mortgage Copy: \_\_\_\_\_

Title Insurance Policy: \_\_\_\_\_

Title Abstract: \_\_\_\_\_

Surveys: \_\_\_\_\_

Closing Statement: \_\_\_\_\_

Insurance Policies: \_\_\_\_\_

Tax Receipts: \_\_\_\_\_

Leases: \_\_\_\_\_

Cost Figures: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### ATTORNEY

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

## Personal Information and Records Inventory

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### ACCOUNTANT

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Location of Recent Tax Filings: \_\_\_\_\_

### OTHER REAL ESTATE OWNED

Locations: \_\_\_\_\_

Location of Related Documents: \_\_\_\_\_

### TANGIBLE PROPERTY OWNED

Automobiles: \_\_\_\_\_ Registration State: \_\_\_\_\_

Location of Deeds or Titles: \_\_\_\_\_

*Attach an inventory of any valuable tangible property such as jewelry, art, collectibles, furs, antiques, precious metals, cameras, furniture, etc.*

## Personal Information and Records Inventory

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### BANK ACCOUNTS

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Other Signature: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Other Signature: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Other Signature: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Other Signature: \_\_\_\_\_  
Location of Bank Statements: \_\_\_\_\_

### SAFE DEPOSIT BOX

Location: \_\_\_\_\_ Box Number: \_\_\_\_\_  
Other Persons Having Access: \_\_\_\_\_ Location of Keys: \_\_\_\_\_  
Contents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMPLOYMENT HISTORY

Name of Last Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Pension or Benefits Office Phone Number: \_\_\_\_\_ Location of Retirement Papers: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_ Date of Termination: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Salary at Termination: \_\_\_\_\_

Name of Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Pension or Benefits Office Phone Number: \_\_\_\_\_ Location of Retirement Papers: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_ Date of Termination: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Salary at Termination: \_\_\_\_\_

## Personal Information and Records Inventory

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Name of Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Pension or Benefits Office Phone Number: \_\_\_\_\_ Location of Retirement Papers: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_ Date of Termination: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Salary at Termination: \_\_\_\_\_

### INVESTMENTS

Broker Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Broker Address: \_\_\_\_\_ Financial Advisor Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Name of Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Maturity Date: \_\_\_\_\_  
Original Deposit Amount: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Name of Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Maturity Date: \_\_\_\_\_  
Original Deposit Amount: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Name of Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Maturity Date: \_\_\_\_\_  
Original Deposit Amount: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Name of Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Maturity Date: \_\_\_\_\_  
Original Deposit Amount: \_\_\_\_\_

## Personal Information and Records Inventory

Location of Stock Certificates and Bonds: \_\_\_\_\_

Location of Financial Statements, Purchases and Sales: \_\_\_\_\_

### U.S. SAVINGS BONDS

Location of Bonds: \_\_\_\_\_

I am beneficiary at death of: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Beneficiary at my death: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### STOCKS OWNED

Company Name	Shares Purchased	Date of Purchase	Purchase Price

### CREDIT CARDS

Issuing Financial Institution: \_\_\_\_\_ Telephone: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Issuing Financial Institution: \_\_\_\_\_ Telephone: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Issuing Financial Institution: \_\_\_\_\_ Telephone: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Issuing Financial Institution: \_\_\_\_\_ Telephone: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Issuing Financial Institution: \_\_\_\_\_ Telephone: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## Personal Information and Records Inventory

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### PERSONAL LOANS

Loan in the Name of: \_\_\_\_\_ Loan Type: \_\_\_\_\_  
Loan Account Number: \_\_\_\_\_ Original Amount of Loan: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Due Date: \_\_\_\_\_  
Term: \_\_\_\_\_ Lender: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Loan in the Name of: \_\_\_\_\_ Loan Type: \_\_\_\_\_  
Loan Account Number: \_\_\_\_\_ Original Amount of Loan: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Due Date: \_\_\_\_\_  
Term: \_\_\_\_\_ Lender: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Loan in the Name of: \_\_\_\_\_ Loan Type: \_\_\_\_\_  
Loan Account Number: \_\_\_\_\_ Original Amount of Loan: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Due Date: \_\_\_\_\_  
Term: \_\_\_\_\_ Lender: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Loan in the Name of: \_\_\_\_\_ Loan Type: \_\_\_\_\_  
Loan Account Number: \_\_\_\_\_ Original Amount of Loan: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Due Date: \_\_\_\_\_  
Term: \_\_\_\_\_ Lender: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

### INSURANCE

#### Life Insurance Policies

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name(s) of Insured: \_\_\_\_\_  
Address: \_\_\_\_\_

## Personal Information and Records Inventory

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Other Insurance Held: \_\_\_\_\_ Location of Policy: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Loans on Policy:  YES  NO Assigned:  YES  NO

Life Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name(s) of Insured: \_\_\_\_\_  
Beneficiary(ies): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other Insurance Held: \_\_\_\_\_  
Location of Policy: \_\_\_\_\_ Insurance Agent: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Loans on Policy:  YES  NO Assigned:  YES  NO

### NATIONAL SERVICE LIFE INSURANCE (GI)

Name of Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Type of Policy: \_\_\_\_\_ Beneficiary(ies): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Location of Policy: \_\_\_\_\_ Office Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### HOME INSURANCE

Policy Type: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Insurance Agent: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Location of Policy: \_\_\_\_\_



## Personal Information and Records Inventory

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### AUTO INSURANCE

Policy Type: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Insurance Agent: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Location of Policy: \_\_\_\_\_ Make and Year of Auto: \_\_\_\_\_

### LONG TERM CARE INSURANCE

Policy Type: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Insurance Agent: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Location of Policy: \_\_\_\_\_

I am the beneficiary of the following policies: \_\_\_\_\_

### HEALTH, ACCIDENT, CRITICAL CARE, OR DISABILITY INSURANCE

Insurance Type: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Insurance Agent: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Beneficiary(ies): \_\_\_\_\_  
Location of Policy and Identification Card: \_\_\_\_\_

Insurance Type: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Insurance Agent: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Beneficiary(ies): \_\_\_\_\_  
Location of Policy and Identification Card: \_\_\_\_\_

Insurance Type: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Insurance Agent: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Beneficiary(ies): \_\_\_\_\_  
Location of Policy and Identification Card: \_\_\_\_\_

## Personal Information and Records Inventory

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### SOCIAL SECURITY BENEFITS

Program Type: \_\_\_\_\_ Income Amount: \_\_\_\_\_

Social Security Claim Number: \_\_\_\_\_ Monthly Pension Income: \_\_\_\_\_

### MEDICAL INFORMATION

Medicare #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Uses tobacco?  YES  NO

Religious Beliefs: \_\_\_\_\_ Drinks alcohol?  YES  NO

Primary Physician Name: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Additional Physician Name: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Specialty: \_\_\_\_\_

Additional Physician Name: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Specialty: \_\_\_\_\_

Additional Physician Name: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Specialty: \_\_\_\_\_

Additional Physician Name: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Specialty: \_\_\_\_\_

Additional Physician Name: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Specialty: \_\_\_\_\_

Current Diagnoses: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies and Drug Sensitivities: \_\_\_\_\_

Prior Surgeries and Hospitalizations: \_\_\_\_\_

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## Personal Information and Records Inventory

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### LEGAL AND ESTATE INFORMATION

#### Will

Location of Will: \_\_\_\_\_ Execution Date: \_\_\_\_\_

Location of 2nd and 3rd copies: \_\_\_\_\_

Location of Codicil: \_\_\_\_\_ Execution Date: \_\_\_\_\_

Name of Executor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Estate Trustee: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Children's Guardians: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Will was Drawn by: \_\_\_\_\_

#### Living Will

Location of Will: \_\_\_\_\_ Execution Date: \_\_\_\_\_

Name of Individual with a Copy: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Individual with a Copy: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Have Made Arrangements to Donate These Organs: \_\_\_\_\_

#### Trust Funds

Location of Trust Agreement: \_\_\_\_\_ Trust Name: \_\_\_\_\_

Date Established: \_\_\_\_\_ Trustee Name: \_\_\_\_\_

Trustee Address: \_\_\_\_\_ Trustee Phone: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Beneficiary Phone: \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Attorney Phone: \_\_\_\_\_

Attorney Address: \_\_\_\_\_

Location of Trust Agreement: \_\_\_\_\_ Trust Name: \_\_\_\_\_

Date Established: \_\_\_\_\_ Trustee Name: \_\_\_\_\_

Trustee Address: \_\_\_\_\_ Trustee Phone: \_\_\_\_\_

## Personal Information and Records Inventory

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Beneficiary Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Attorney Address: \_\_\_\_\_

### **Power of Attorney for Finances**

POA Name: \_\_\_\_\_ Phone: \_\_\_\_\_

POA Address: \_\_\_\_\_

### **Power of Attorney for Health Care**

POA Name: \_\_\_\_\_ Phone: \_\_\_\_\_

POA Address: \_\_\_\_\_

### **BURIAL INSTRUCTIONS**

Name of Cemetery: \_\_\_\_\_ Address: \_\_\_\_\_

Cemetery Plot Number: \_\_\_\_\_ Location of Deed: \_\_\_\_\_

Location of Funeral and Burial instructions: \_\_\_\_\_

Funeral Director's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Organizations to Notify in the Event of my Death: \_\_\_\_\_

Church or Synagogue: \_\_\_\_\_ Clergy Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Information: \_\_\_\_\_

### Items to attach to this document:

- Recent Photograph of Individual
- Copy of Medicare Card
- Copy of Health Insurance Identification Card
- Copy of Social Security Card
- Valuable Tangible Property Inventory
- Copy of Living Will