

# The Big Book of Everything

**Version IIIa**



**Compiled by Erik A. Dewey**

# The Big Book of Everything - Information Organizer Mk IV

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7/8/2015 - added Military and Adoption pages, updated credit bureau addr

10/8/15 - added links, date updated, added date due and how pay, reordered pages



## ***The Big Book of Everything***

Welcome and get ready to document your life.

The idea behind this book is to have a single place where you or a loved one can find any piece of information about you. The majority of the information tracked in this book is financial in nature and the ultimate use is for when you pass on. Contained in this book is hopefully everything your loved ones need to know about you during a trying time.

Wills and trusts are very important, and realize this book does not replace them, but what about things that aren't covered by them. What is the password to the deceased's email account? What is the account number and contact information for the cable company? Where is last year's tax return stored? These kinds of questions can be answered by this book.

However, it is not just to be used when dealing with the loss of a loved one. It also contains information that is called upon occasionally but hard to remember. Things like the addresses of all of your residences, the VIN number on your car, the address of that place you worked at one summer.

Now there are a lot of things to fill out here and a lot of information to gather. Don't panic and don't feel overwhelmed. Nobody says you have to get this done in a day, or a week even. Just take your time and fill out the forms as you have time. You should be able to fill out about one form a day and have the entire book finished in a month. If you need more than one page to track something, simply print out another sheet.

Each year, go through the book and make any changes that you need to. Print off additional sheets if the current ones are full or the changes are that significant. It is important to keep the book as up to date as possible as you never know when you will need some of that information.

Finally, it should be obvious, but make certain others know about this book and where you keep it. Also since it contains a lot of confidential information, be sure to safeguard its location in some manner.

If you come across any problems or think of things that should be included, please let me know and I'll update the file.

Thanks.

Erik A. Dewey  
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www.erikdewey.com

**Personal Information (you, spouse, children, parents)**[Table of Contents](#)

Name		Current address			
Home phone	Work phone	Cell phone	All email addresses		
Office address			Office contact name and phone		
Birthdate	Birthplace	Anniversary	SSN	DL #	DL State
Name		Current address			
Home phone	Work phone	Cell phone	All email addresses		
Office address			Office contact name and phone		
Birthdate	Birthplace	Anniversary	SSN	DL #	DL State
Name		Current address			
Home phone	Work phone	Cell phone	All email addresses		
Office address			Office contact name and phone		
Birthdate	Birthplace	Anniversary	SSN	DL #	DL State
Name		Current address			
Home phone	Work phone	Cell phone	All email addresses		
Office address			Office contact name and phone		
Birthdate	Birthplace	Anniversary	SSN	DL #	DL State
Notes					

**Adoption Information**[Table of Contents](#)

Child's name before adoption		Child's name after adoption	
Birth mother name	Birth mother DOB	Birth father name	Birth father DOB
Birth institution name	Birth institution address		
Location of original birth certificate	Completed reunion registry		
Adoption agency name	Adoption agency contact info		
Child's name before adoption		Child's name after adoption	
Birth mother name	Birth mother DOB	Birth father name	Birth father DOB
Birth institution name	Birth institution address		
Location of original birth certificate	Completed reunion registry		
Adoption agency name	Adoption agency contact info		
Child's name before adoption		Child's name after adoption	
Birth mother name	Birth mother DOB	Birth father name	Birth father DOB
Birth institution name	Birth institution address		
Location of original birth certificate	Completed reunion registry		
Adoption agency name	Adoption agency contact info		
Notes			

**Pet information**[Table of Contents](#)

Name		Animal Type	Breed	Color	Sex
Adopt/Birth Date	License Number	AKC Number	Other ID numbers or unique features		
Vet Name	Vet Phone	Vet Address			Spay/Neuter?
Pet Insurance Name	Pet Insurance Phone	Pet Insurance ID Num	Pet Insurance Address		
Special needs					
Food info					
Medication Name		Frequency	Medication Name		Frequency
Medication Name		Frequency	Medication Name		Frequency
Name		Animal Type	Breed	Color	Sex
Adopt/Birth Date	License Number	AKC Number	Other ID numbers or unique features		
Vet Name	Vet Phone	Vet Address			Spay/Neuter?
Pet Insurance Name	Pet Insurance Phone	Pet Insurance ID Num	Pet Insurance Address		
Special needs					
Food info					
Medication Name		Frequency	Medication Name		Frequency
Medication Name		Frequency	Medication Name		Frequency
Notes					

**Previous Addresses**

[Table of Contents](#)

Street			City
State	Zip	Dates lived there	Who
Street			City
State	Zip	Dates lived there	Who
Street			City
State	Zip	Dates lived there	Who
Street			City
State	Zip	Dates lived there	Who
Street			City
State	Zip	Dates lived there	Who
Street			City
State	Zip	Dates lived there	Who
Street			City
State	Zip	Dates lived there	Who
Street			City
State	Zip	Dates lived there	Who
Notes			



***Current Resume***

[Table of Contents](#)

Keep a copy of your current resume in a pouch or page protector on this page.

**Employment (Current and Previous)**[Table of Contents](#)

Who employed?	Company name		Street		
City	State	Zip	Phone	Supervisor	
Position held	Dates employed		Starting pay	Ending pay	Reason for leaving
Who employed?	Company name		Street		
City	State	Zip	Phone	Supervisor	
Position held	Dates employed		Starting pay	Ending pay	Reason for leaving
Who employed?	Company name		Street		
City	State	Zip	Phone	Supervisor	
Position held	Dates employed		Starting pay	Ending pay	Reason for leaving
Who employed?	Company name		Street		
City	State	Zip	Phone	Supervisor	
Position held	Dates employed		Starting pay	Ending pay	Reason for leaving
Who employed?	Company name		Street		
City	State	Zip	Phone	Supervisor	
Position held	Dates employed		Starting pay	Ending pay	Reason for leaving
Notes					

**Schooling History**[Table of Contents](#)

Grades Attended	School Name	Street			
City		State	Zip	Phone	Who
Dates attended		Degree earned	GPA	Major	Minor
Grades Attended	School Name	Street			
City		State	Zip	Phone	Who
Dates attended		Degree earned	GPA	Major	Minor
Grades Attended	School Name	Street			
City		State	Zip	Phone	Who
Dates attended		Degree earned	GPA	Major	Minor
Grades Attended	School Name	Street			
City		State	Zip	Phone	Who
Dates attended		Degree earned	GPA	Major	Minor
Notes					

## ***Transcripts***

[Table of Contents](#)

Keep a copy of all your college transcripts in a pouch or page protector on this page.

**Military History**[Table of Contents](#)

Payroll Name		Branch	SSAN	DOB	Place of Birth
Date Entered	Date Released	Officer/Enlisted	Final Rank		
Medical Issues					
Payroll Name		Branch	SSAN	DOB	Place of Birth
Date Entered	Date Released	Officer/Enlisted	Final Rank		
Medical Issues					
Payroll Name		Branch	SSAN	DOB	Place of Birth
Date Entered	Date Released	Officer/Enlisted	Final Rank		
Medical Issues					
Payroll Name		Branch	SSAN	DOB	Place of Birth
Date Entered	Date Released	Officer/Enlisted	Final Rank		
Medical Issues					
Notes					

**Groups and Organizations (clubs, professional organizations, civic groups, etc.)**[Table of Contents](#)

Group name		Contact name		Contact phone/email
Membership level	Who	Awards received	Member since	Membership number
Group name		Contact name		Contact phone/email
Membership level	Who	Awards received	Member since	Membership number
Group name		Contact name		Contact phone/email
Membership level	Who	Awards received	Member since	Membership number
Group name		Contact name		Contact phone/email
Membership level	Who	Awards received	Member since	Membership number
Group name		Contact name		Contact phone/email
Membership level	Who	Awards received	Member since	Membership number
Group name		Contact name		Contact phone/email
Membership level	Who	Awards received	Member since	Membership number
Group name		Contact name		Contact phone/email
Membership level	Who	Awards received	Member since	Membership number
Notes				

## ***Credit Report***

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Keep a current copy of your credit report(s) in a pouch or page protector on this page. You can go to [annualcreditreport.com](http://annualcreditreport.com).

**Location of Important Documents and Contacts**

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Who	Birth Certificate Location	Who	Birth Certificate Location
Who	Birth Certificate Location	Who	Birth Certificate Location
Who	Marriage License Location	Who	Marriage License Location
Who	Divorce Decree Location	Who	Divorce Decree Location
Who	Other Document Type    Location	Who	Other Document Type    Location
Who	Other Document Type    Location	Who	Other Document Type    Location
Who	Other Document Type    Location	Who	Other Document Type    Location
Who	Other Document Type    Location	Who	Other Document Type    Location
Who	Attorney Name	Phone	
Attorney Address		Attorney Specialty	
Who	Attorney Name	Phone	
Attorney Address		Attorney Specialty	
Who	Attorney Name	Phone	
Attorney Address		Attorney Specialty	
Who	Accountant Name	Phone	
Accountant Address		Accountant Specialty	
Notes			



**Emergency Plan**[Table of Contents](#)

Meeting location 1			
Meeting location 2			
Emergency grab list			
Water shutdown location		Gas shutdown location	Fire extinguisher
Smoke detectors		Burglar alarm Code	Alarm company contact
Emergency water location		Emergency food location	Emergency cash location
Emergency contact name	Relationship	Phone number(s)	Address
Emergency contact name	Relationship	Phone number(s)	Address
Emergency contact name	Relationship	Phone number(s)	Address
Other emergency notes			

**Travel Information (Passports, loyalty programs, etc.)**

[Table of Contents](#)

Name on Passport		Passport number	Storage Location	Issuing Country	Expiration Date
Name on Passport		Passport number	Storage Location	Issuing Country	Expiration Date
Name on Passport		Passport number	Storage Location	Issuing Country	Expiration Date
Name on Passport		Passport number	Storage Location	Issuing Country	Expiration Date
Loyalty Program	ID Number	Level	Website	Notes	
Loyalty Program	ID Number	Level	Website	Notes	
Loyalty Program	ID Number	Level	Website	Notes	
Loyalty Program	ID Number	Level	Website	Notes	
Loyalty Program	ID Number	Level	Website	Notes	
Loyalty Program	ID Number	Level	Website	Notes	
Loyalty Program	ID Number	Level	Website	Notes	
Loyalty Program	ID Number	Level	Website	Notes	
Loyalty Program	ID Number	Level	Website	Notes	
Loyalty Program	ID Number	Level	Website	Notes	
Parking Permit Type	ID Number	Vehicle Associated	Contact Name		Contact Phone
Parking Permit Type	ID Number	Vehicle Associated	Contact Name		Contact Phone
Parking Permit Type	ID Number	Vehicle Associated	Contact Name		Contact Phone
Global Entry ID /Who Number		Global Entry ID /Who Number			

**Safes, Storage Units, PO Boxes, Safety Deposit Boxes, etc.**

[Table of Contents](#)

Type	Location	Combination	Key location		
What is stored within?			Date Closed		
Type	Location	Combination	Key location		
What is stored within?			Date Closed		
Type	Location	Combination	Key location		
What is stored within?			Date Closed		
Type	Location	Combination	Key location		
What is stored within?			Date Closed		
Type	Location	Combination	Key location		
What is stored within?			Date Closed		
Type	Location	Combination	Key location		
What is stored within?			Date Closed		
Type	Location	Combination	Key location		
What is stored within?			Date Closed		
Other Key	What lock	Where kept	Other Key	What lock	Where kept
Other Key	What lock	Where kept	Other Key	What lock	Where kept
Notes					

**Tax Issues and Records**[Table of Contents](#)

Tax Year	Location of forms		Name of CPA	CPA contact information	
Federal tax owed	State tax owed	City tax owed	Federal tax paid/ref	State tax paid/ref	City tax paid/ref
Tax Year	Location of forms		Name of CPA	CPA contact information	
Federal tax owed	State tax owed	City tax owed	Federal tax paid/ref	State tax paid/ref	City tax paid/ref
Tax Year	Location of forms		Name of CPA	CPA contact information	
Federal tax owed	State tax owed	City tax owed	Federal tax paid/ref	State tax paid/ref	City tax paid/ref
Tax Year	Location of forms		Name of CPA	CPA contact information	
Federal tax owed	State tax owed	City tax owed	Federal tax paid/ref	State tax paid/ref	City tax paid/ref
Tax Year	Location of forms		Name of CPA	CPA contact information	
Federal tax owed	State tax owed	City tax owed	Federal tax paid/ref	State tax paid/ref	City tax paid/ref
Tax Year	Location of forms		Name of CPA	CPA contact information	
Federal tax owed	State tax owed	City tax owed	Federal tax paid/ref	State tax paid/ref	City tax paid/ref
Tax Year	Location of forms		Name of CPA	CPA contact information	
Federal tax owed	State tax owed	City tax owed	Federal tax paid/ref	State tax paid/ref	City tax paid/ref
Tax Year	Location of forms		Name of CPA	CPA contact information	
Federal tax owed	State tax owed	City tax owed	Federal tax paid/ref	State tax paid/ref	City tax paid/ref
Notes					

**Property Tax Records**

[Table of Contents](#)

Tax Year	Location of forms	Name of CPA	CPA contact information	
Address		Taxable Value	Tax Owed	Homestead Exempt?
Tax Year	Location of forms	Name of CPA	CPA contact information	
Address		Taxable Value	Tax Owed	Homestead Exempt?
Tax Year	Location of forms	Name of CPA	CPA contact information	
Address		Taxable Value	Tax Owed	Homestead Exempt?
Tax Year	Location of forms	Name of CPA	CPA contact information	
Address		Taxable Value	Tax Owed	Homestead Exempt?
Tax Year	Location of forms	Name of CPA	CPA contact information	
Address		Taxable Value	Tax Owed	Homestead Exempt?
Tax Year	Location of forms	Name of CPA	CPA contact information	
Address		Taxable Value	Tax Owed	Homestead Exempt?
Tax Year	Location of forms	Name of CPA	CPA contact information	
Address		Taxable Value	Tax Owed	Homestead Exempt?
Tax Year	Location of forms	Name of CPA	CPA contact information	
Address		Taxable Value	Tax Owed	Homestead Exempt?
Notes				

**Data Backup Plans (services, thumb drives, external hard drives, DVDs, etc.)**[Table of Contents](#)

Type	Description	ID/Login (if needed)	Password	Location

How to restore

Type	Description	ID/Login (if needed)	Password	Location

How to restore

Type	Description	ID/Login (if needed)	Password	Location

How to restore

Type	Description	ID/Login (if needed)	Password	Location

How to restore

Type	Description	ID/Login (if needed)	Password	Location

How to restore

Type	Description	ID/Login (if needed)	Password	Location

How to restore

Type	Description	ID/Login (if needed)	Password	Location

How to restore

Type	Description	ID/Login (if needed)	Password	Location

How to restore

Type	Description	ID/Login (if needed)	Password	Location

How to restore

<b>Passwords and Logins</b>	<a href="#">Table of Contents</a>
-----------------------------	-----------------------------------

Website/Company	ID	Password/PIN	Website/Company	ID	Password/PIN
Website/Company	ID	Password/PIN	Website/Company	ID	Password/PIN
Website/Company	ID	Password/PIN	Website/Company	ID	Password/PIN
Website/Company	ID	Password/PIN	Website/Company	ID	Password/PIN
Website/Company	ID	Password/PIN	Website/Company	ID	Password/PIN
Website/Company	ID	Password/PIN	Website/Company	ID	Password/PIN
Website/Company	ID	Password/PIN	Website/Company	ID	Password/PIN
Website/Company	ID	Password/PIN	Website/Company	ID	Password/PIN
Website/Company	ID	Password/PIN	Website/Company	ID	Password/PIN
Website/Company	ID	Password/PIN	Website/Company	ID	Password/PIN
Website/Company	ID	Password/PIN	Website/Company	ID	Password/PIN
Website/Company	ID	Password/PIN	Website/Company	ID	Password/PIN
Website/Company	ID	Password/PIN	Website/Company	ID	Password/PIN
Website/Company	ID	Password/PIN	Website/Company	ID	Password/PIN
Website/Company	ID	Password/PIN	Website/Company	ID	Password/PIN
Website/Company	ID	Password/PIN	Website/Company	ID	Password/PIN
Website/Company	ID	Password/PIN	Website/Company	ID	Password/PIN
Website/Company	ID	Password/PIN	Website/Company	ID	Password/PIN
Website/Company	ID	Password/PIN	Website/Company	ID	Password/PIN
Website/Company	ID	Password/PIN	Website/Company	ID	Password/PIN

**Account Numbers (Utilities, Mortgage, Cable, Lawn, Cell Phone, Cleaning, etc.)**

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Account type	Account number	Date Due/How Pay	Company	Phone	Website
Account type	Account number	Date Due/How Pay	Company	Phone	Website
Account type	Account number	Date Due/How Pay	Company	Phone	Website
Account type	Account number	Date Due/How Pay	Company	Phone	Website
Account type	Account number	Date Due/How Pay	Company	Phone	Website
Account type	Account number	Date Due/How Pay	Company	Phone	Website
Account type	Account number	Date Due/How Pay	Company	Phone	Website
Account type	Account number	Date Due/How Pay	Company	Phone	Website
Account type	Account number	Date Due/How Pay	Company	Phone	Website
Account type	Account number	Date Due/How Pay	Company	Phone	Website
Account type	Account number	Date Due/How Pay	Company	Phone	Website
Account type	Account number	Date Due/How Pay	Company	Phone	Website
Account type	Account number	Date Due/How Pay	Company	Phone	Website
Account type	Account number	Date Due/How Pay	Company	Phone	Website
Account type	Account number	Date Due/How Pay	Company	Phone	Website
Account type	Account number	Date Due/How Pay	Company	Phone	Website
Account type	Account number	Date Due/How Pay	Company	Phone	Website
Account type	Account number	Date Due/How Pay	Company	Phone	Website
Account type	Account number	Date Due/How Pay	Company	Phone	Website
Account type	Account number	Date Due/How Pay	Company	Phone	Website
Account type	Account number	Date Due/How Pay	Company	Phone	Website



**Bank Accounts**[Table of Contents](#)

Type	Institution	Account number	
Owners of account		Institution contact info	
Statements sent to (physical address or email address)		Automated payments from	
Location of checks and used checkbooks	ATM and debit cards for account		ATM PIN
Type	Institution	Account number	
Owners of account		Institution contact info	
Statements sent to (physical address or email address)		Automated payments from	
Location of checks and used checkbooks	ATM and debit cards for account		ATM PIN
Type	Institution	Account number	
Owners of account		Institution contact info	
Statements sent to (physical address or email address)		Automated payments from	
Location of checks and used checkbooks	ATM and debit cards for account		ATM PIN
Type	Institution	Account number	
Owners of account		Institution contact info	
Statements sent to (physical address or email address)		Automated payments from	
Location of checks and used checkbooks	ATM and debit cards for account		ATM PIN
Notes			

**Investments (including mutual funds, annuities, and stocks)**[Table of Contents](#)

Type	Name	Account number		
Contact info	Location of information		Value	Date
Type	Name	Account number		
Contact info	Location of information		Value	Date
Type	Name	Account number		
Contact info	Location of information		Value	Date
Type	Name	Account number		
Contact info	Location of information		Value	Date
Type	Name	Account number		
Contact info	Location of information		Value	Date
Type	Name	Account number		
Contact info	Location of information		Value	Date
Type	Name	Account number		
Contact info	Location of information		Value	Date
Type	Name	Account number		
Contact info	Location of information		Value	Date
Type	Name	Account number		
Contact info	Location of information		Value	Date
Notes				

**Retirement Plans (401k, pensions, IRAs, etc.)**

[Table of Contents](#)

Type	Name	Account number		
Contact info	Location of information		Value	Date
Type	Name	Account number		
Contact info	Location of information		Value	Date
Type	Name	Account number		
Contact info	Location of information		Value	Date
Type	Name	Account number		
Contact info	Location of information		Value	Date
Type	Name	Account number		
Contact info	Location of information		Value	Date
Type	Name	Account number		
Contact info	Location of information		Value	Date
Type	Name	Account number		
Contact info	Location of information		Value	Date
Type	Name	Account number		
Contact info	Location of information		Value	Date
Type	Name	Account number		
Contact info	Location of information		Value	Date
Notes				

**Private Business**[Table of Contents](#)

Type	Name of company	Position in company	SSN/FEIN		
Partner name	Partner contact info				
Partner name	Partner contact info				
Location of business/tax forms		Location of inventory			
Name of bank	Bank account number	Credit card number (s)			
PIN	Bank url	Bank website ID	Bank website password		
Domain name reg	Account ID	Password	Webhost	Account ID	Password
Email url	Email address	PW	Other website	ID	Password
Other website	ID	PW	Other website	ID	Password
Other website	ID	PW	Other website	ID	Password

Notes

**Real Estate**[Table of Contents](#)

Location		Type	Date	Est Value
Mortgage holder	Mortgage acct num	Lender contact info		
Property taxes	Location of paperwork			
Notes				
Location		Type	Date	Est Value
Mortgage holder	Mortgage acct num	Lender contact info		
Property taxes	Location of paperwork			
Notes				
Location		Type	Date	Est Value
Mortgage holder	Mortgage acct num	Lender contact info		
Property taxes	Location of paperwork			
Notes				
Notes				

**Automobiles, Motorcycles, Boats, RVs, and other vehicles**[Table of Contents](#)

Type	Year	Make	Model	Color	VIN
License plate #	Location of spare key	Insurer		Policy number	Odometer/hours
Notes					Date
Type	Year	Make	Model	Color	VIN
License plate #	Location of spare key	Insurer		Policy number	Odometer/hours
Notes					Date
Type	Year	Make	Model	Color	VIN
License plate #	Location of spare key	Insurer		Policy number	Odometer/hours
Notes					Date
Type	Year	Make	Model	Color	VIN
License plate #	Location of spare key	Insurer		Policy number	Odometer/hours
Notes					Date
Notes					

**Valuables Inventory (go room by room and look for things of value)**

[Table of Contents](#)

Item	Type	Model number	Color	Serial Number
Description		Location	Date	Est Value
Item	Type	Model number	Color	Serial Number
Description		Location	Date	Est Value
Item	Type	Model number	Color	Serial Number
Description		Location	Date	Est Value
Item	Type	Model number	Color	Serial Number
Description		Location	Date	Est Value
Item	Type	Model number	Color	Serial Number
Description		Location	Date	Est Value
Item	Type	Model number	Color	Serial Number
Description		Location	Date	Est Value
Item	Type	Model number	Color	Serial Number
Description		Location	Date	Est Value
Item	Type	Model number	Color	Serial Number
Description		Location	Date	Est Value
Notes				

**Debts and Obligations Owed to You**[Table of Contents](#)

Type	Debtor		Debtor contact info		
Originating date	Final payment date	Original debt amt	Current balance	Date	Paid off (and date)?

Notes

Type	Debtor		Debtor contact info		
Originating date	Final payment date	Original debt amt	Current balance	Date	Paid off (and date)?

Notes

Type	Debtor		Debtor contact info		
Originating date	Final payment date	Original debt amt	Current balance	Date	Paid off (and date)?

Notes

Type	Debtor		Debtor contact info		
Originating date	Final payment date	Original debt amt	Current balance	Date	Paid off (and date)?

Notes

Notes



**Other Assets (Savings bonds, stock options, etc.)**

[Table of Contents](#)

Type	Name	Account number		
Contact info		Location	Value	Date
Type	Name	Account number		
Contact info		Location	Value	Date
Type	Name	Account number		
Contact info		Location	Value	Date
Type	Name	Account number		
Contact info		Location	Value	Date
Type	Name	Account number		
Contact info		Location	Value	Date
Type	Name	Account number		
Contact info		Location	Value	Date
Type	Name	Account number		
Contact info		Location	Value	Date
Type	Name	Account number		
Contact info		Location	Value	Date
Notes				

**Subscriptions (Newspapers, magazines, monthly services, Netflix, etc.)**[Table of Contents](#)

Subscription Type	Account number	Company	Expiration date	Website
Subscription Type	Account number	Company	Expiration date	Website
Subscription Type	Account number	Company	Expiration date	Website
Subscription Type	Account number	Company	Expiration date	Website
Subscription Type	Account number	Company	Expiration date	Website
Subscription Type	Account number	Company	Expiration date	Website
Subscription Type	Account number	Company	Expiration date	Website
Subscription Type	Account number	Company	Expiration date	Website
Subscription Type	Account number	Company	Expiration date	Website
Subscription Type	Account number	Company	Expiration date	Website
Subscription Type	Account number	Company	Expiration date	Website
Subscription Type	Account number	Company	Expiration date	Website
Subscription Type	Account number	Company	Expiration date	Website
Subscription Type	Account number	Company	Expiration date	Website
Subscription Type	Account number	Company	Expiration date	Website
Subscription Type	Account number	Company	Expiration date	Website
Subscription Type	Account number	Company	Expiration date	Website
Subscription Type	Account number	Company	Expiration date	Website
Subscription Type	Account number	Company	Expiration date	Website
Subscription Type	Account number	Company	Expiration date	Website

**Loan Obligations**[Table of Contents](#)

Type	Lending institution		Contact info		Paid off and date?
Account number	Originating date	Final payment date	Loan amount	Loan balance	Date
Type	Lending institution		Contact info		Paid off and date?
Account number	Originating date	Final payment date	Loan amount	Loan balance	Date
Type	Lending institution		Contact info		Paid off and date?
Account number	Originating date	Final payment date	Loan amount	Loan balance	Date
Type	Lending institution		Contact info		Paid off and date?
Account number	Originating date	Final payment date	Loan amount	Loan balance	Date
Type	Lending institution		Contact info		Paid off and date?
Account number	Originating date	Final payment date	Loan amount	Loan balance	Date
Type	Lending institution		Contact info		Paid off and date?
Account number	Originating date	Final payment date	Loan amount	Loan balance	Date
Type	Lending institution		Contact info		Paid off and date?
Account number	Originating date	Final payment date	Loan amount	Loan balance	Date
Type	Lending institution		Contact info		Paid off and date?
Account number	Originating date	Final payment date	Loan amount	Loan balance	Date
Notes					

**Credit Cards**[Table of Contents](#)

Type (Visa, MC, etc.)	Brand	Issuing bank	Name on card		
Card number		Exp date	Security code	Cust service phone	
Card website	Website ID	Website password		Outside US customer service phone num	
Interest rate	Balance	Credit limit	Date	Closed?	Date closed
Type (Visa, MC, etc.)	Brand	Issuing bank	Name on card		
Card number		Exp date	Security code	Cust service phone	
Card website	Website ID	Website password		Outside US customer service phone num	
Interest rate	Balance	Credit limit	Date	Closed?	Date closed
Type (Visa, MC, etc.)	Brand	Issuing bank	Name on card		
Card number		Exp date	Security code	Cust service phone	
Card website	Website ID	Website password		Outside US customer service phone num	
Interest rate	Balance	Credit limit	Date	Closed?	Date closed
Type (Visa, MC, etc.)	Brand	Issuing bank	Name on card		
Card number		Exp date	Security code	Cust service phone	
Card website	Website ID	Website password		Outside US customer service phone num	
Interest rate	Balance	Credit limit	Date	Closed?	Date closed
Notes					

**Other Debts**[Table of Contents](#)

Type	Debt holder		Holder contact info		
Originating date	Final payment date	Original debt amt	Current balance	Date	Paid off (and date)?
Notes					
Type	Debt holder		Holder contact info		
Originating date	Final payment date	Original debt amt	Current balance	Date	Paid off (and date)?
Notes					
Type	Debt holder		Holder contact info		
Originating date	Final payment date	Original debt amt	Current balance	Date	Paid off (and date)?
Notes					
Type	Debt holder		Holder contact info		
Originating date	Final payment date	Original debt amt	Current balance	Date	Paid off (and date)?
Notes					
Notes					

**Life Insurance Policies (includes AD&D and LTD)**

[Table of Contents](#)

Who	Policy holder	Policy number	Policy amount
Policy holder contact information	Beneficiaries	Due Date	How to Pay
Who	Policy holder	Policy number	Policy amount
Policy holder contact information	Beneficiaries	Due Date	How to Pay
Who	Policy holder	Policy number	Policy amount
Policy holder contact information	Beneficiaries	Due Date	How to Pay
Who	Policy holder	Policy number	Policy amount
Policy holder contact information	Beneficiaries	Due Date	How to Pay
Who	Policy holder	Policy number	Policy amount
Policy holder contact information	Beneficiaries	Due Date	How to Pay
Who	Policy holder	Policy number	Policy amount
Policy holder contact information	Beneficiaries	Due Date	How to Pay
Who	Policy holder	Policy number	Policy amount
Policy holder contact information	Beneficiaries	Due Date	How to Pay
Who	Policy holder	Policy number	Policy amount
Policy holder contact information	Beneficiaries	Due Date	How to Pay
Who	Policy holder	Policy number	Policy amount
Policy holder contact information	Beneficiaries	Due Date	How to Pay
Who	Policy holder	Policy number	Policy amount
Policy holder contact information	Beneficiaries	Due Date	How to Pay
Notes			

**Health Insurance Policies (includes Dental and Prescription Drugs)**[Table of Contents](#)

Who covered	Insurer	Policy number	Policy contact information		Network
Co Pay amount	Website		Cost/month	Due Date	How Pay
Who covered	Insurer	Policy number	Policy contact information		Network
Co Pay amount	Website		Cost/month	Due Date	How Pay
Who covered	Insurer	Policy number	Policy contact information		Network
Co Pay amount	Website		Cost/month	Due Date	How Pay
Who covered	Insurer	Policy number	Policy contact information		Network
Co Pay amount	Website		Cost/month	Due Date	How Pay
Who covered	Insurer	Policy number	Policy contact information		Network
Co Pay amount	Website		Cost/month	Due Date	How Pay
Who covered	Insurer	Policy number	Policy contact information		Network
Co Pay amount	Website		Cost/month	Due Date	How Pay
Who covered	Insurer	Policy number	Policy contact information		Network
Co Pay amount	Website		Cost/month	Due Date	How Pay
Who covered	Insurer	Policy number	Policy contact information		Network
Co Pay amount	Website		Cost/month	Due Date	How Pay
Who covered	Insurer	Policy number	Policy contact information		Network
Co Pay amount	Website		Cost/month	Due Date	How Pay

Notes

**Car Insurance**[Table of Contents](#)

Insurer	Drivers covered	Car make/model	Policy number	Contact information	
Coverage			Deductibles	\$ deductions	Due Date/How Pay
Insurer	Drivers covered	Car make/model	Policy number	Contact information	
Coverage			Deductibles	\$ deductions	Due Date/How Pay
Insurer	Drivers covered	Car make/model	Policy number	Contact information	
Coverage			Deductibles	\$ deductions	Due Date/How Pay
Notes					



**Other Vehicle Insurance**[Table of Contents](#)

Insurer	Drivers covered	Car make/model	Policy number	Contact information	Vehicle Type
Coverage			Deductibles	\$ deductions	Due Date/How Pay
Insurer	Drivers covered	Car make/model	Policy number	Contact information	Vehicle Type
Coverage			Deductibles	\$ deductions	Due Date/How Pay
Insurer	Drivers covered	Car make/model	Policy number	Contact information	Vehicle Type
Coverage			Deductibles	\$ deductions	Due Date/How Pay
Notes					

## Homeowner/Renters Insurance

[Table of Contents](#)

Insurer	Location insured	Policy number		
Contact information		Deductible	Due Date	How Pay
Items explicitly covered				
Policy notes				
Insurer	Location insured	Policy number		
Contact information		Deductible	Due Date	How Pay
Items explicitly covered				
Policy notes				

**Medical History (Yourself and Immediate Family), Including Allergies**

[Table of Contents](#)

Who	Approx date	Condition/illness	Notes/results
Who	Approx date	Condition/illness	Notes/results
Who	Approx date	Condition/illness	Notes/results
Who	Approx date	Condition/illness	Notes/results
Who	Approx date	Condition/illness	Notes/results
Who	Approx date	Condition/illness	Notes/results
Who	Approx date	Condition/illness	Notes/results
Who	Approx date	Condition/illness	Notes/results
Who	Approx date	Condition/illness	Notes/results
Notes			

**Prescription Medication**

[Table of Contents](#)

Who	Medication	Dosage	Prescribing Doctor
Who	Medication	Dosage	Prescribing Doctor
Who	Medication	Dosage	Prescribing Doctor
Who	Medication	Dosage	Prescribing Doctor
Who	Medication	Dosage	Prescribing Doctor
Who	Medication	Dosage	Prescribing Doctor
Who	Medication	Dosage	Prescribing Doctor
Who	Medication	Dosage	Prescribing Doctor
Who	Medication	Dosage	Prescribing Doctor
Who	Medication	Dosage	Prescribing Doctor
Who	Medication	Dosage	Prescribing Doctor
Who	Medication	Dosage	Prescribing Doctor
Who	Medication	Dosage	Prescribing Doctor
Who	Medication	Dosage	Prescribing Doctor
Who	Medication	Dosage	Prescribing Doctor
Who	Medication	Dosage	Prescribing Doctor
Who	Medication	Dosage	Prescribing Doctor

# Extended Family Medical History

[Table of Contents](#)

Who	Relationship	Illness/disease	Details
Notes			

**Long Term Health Care Directions (Self and Immediate Family)**

[Table of Contents](#)

Who	Situation	Care desired
Who	Situation	Care desired
Who	Situation	Care desired
Who	Situation	Care desired
Who	Situation	Care desired
Who	Situation	Care desired
Who	Situation	Care desired
Who	Situation	Care desired
Who	Situation	Care desired

Notes

**Organs, Tissue, and Body Donation (Self and Immediate Family)**

[Table of Contents](#)

Who	Body part(s)	Donate/do not donate
Notes		

# Guardianship of Children

[Table of Contents](#)

Child Name	Guardian Name
Guardian Phone	Guardian Address
Notes for Guardian	
Child Name	Guardian Name
Guardian Phone	Guardian Address
Notes for Guardian	
Child Name	Guardian Name
Guardian Phone	Guardian Address
Notes for Guardian	
Notes	



**Final Arrangements**[Table of Contents](#)

Who	Date updated	Time on life support?	DNR?	Institution to handle arrangements	
Casket/container type		Open/closed?	Embalmed?	Burial/cremation?	Where interred?
Who performs ceremony?		Pallbearers?			
Grave/Memorial marker details		Ceremony speakers		Special music, notes, food, or drink?	
Where flowers/donations should be sent				Location of will	
Other notes about final arrangements					
Who	Date updated	Time on life support?	DNR?	Institution to handle arrangements	
Casket/container type		Open/closed?	Embalmed?	Burial/cremation?	Where interred?
Who performs ceremony?		Pallbearers?			
Grave/Memorial marker details		Ceremony speakers		Special music, notes, food, or drink?	
Where flowers/donations should be sent				Location of will	
Other notes about final arrangements					
Prepaid funeral information					



***Eulogy Notes (milestones of your life to help with any eulogy)***

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Who

Notes

Who

Notes

Notes

## **Personal Letters**

[Table of Contents](#)

Place any letters to loved ones in a pouch or page protector here. These letters are typically opened upon the death of the writer. Be sure to update these letters on a regular basis.

Author	Date of letter	Who is the letter for?
Author	Date of letter	Who is the letter for?
Author	Date of letter	Who is the letter for?
Author	Date of letter	Who is the letter for?
Author	Date of letter	Who is the letter for?
Author	Date of letter	Who is the letter for?
Author	Date of letter	Who is the letter for?
Author	Date of letter	Who is the letter for?
Author	Date of letter	Who is the letter for?
Author	Date of letter	Who is the letter for?
Author	Date of letter	Who is the letter for?
Author	Date of letter	Who is the letter for?
Author	Date of letter	Who is the letter for?
Author	Date of letter	Who is the letter for?
Author	Date of letter	Who is the letter for?
Author	Date of letter	Who is the letter for?
Author	Date of letter	Who is the letter for?
Author	Date of letter	Who is the letter for?
Author	Date of letter	Who is the letter for?
Author	Date of letter	Who is the letter for?
Author	Date of letter	Who is the letter for?
Author	Date of letter	Who is the letter for?

**Estate Plans and Gifts**

[Table of Contents](#)

Who	Will location	Executor of will	Trust location	Trustees	
Who	Will location	Executor of will	Trust location	Trustees	
Item				Who should receive this?	
What circumstances (death of self, spouse, or both)				Estimated Value	Date
Item				Who should receive this?	
What circumstances (death of self, spouse, or both)				Estimated Value	Date
Item				Who should receive this?	
What circumstances (death of self, spouse, or both)				Estimated Value	Date
Item				Who should receive this?	
What circumstances (death of self, spouse, or both)				Estimated Value	Date
Item				Who should receive this?	
What circumstances (death of self, spouse, or both)				Estimated Value	Date
Item				Who should receive this?	
What circumstances (death of self, spouse, or both)				Estimated Value	Date
Item				Who should receive this?	
What circumstances (death of self, spouse, or both)				Estimated Value	Date
Notes					

## Other Contacts in Case of Death

[Table of Contents](#)

Company benefits department				
Company	HR phone number	Employee number	Notes	
Insurance company				
Company	Contact number	Policy number	Agent name	Notes
Insurance company				
Company	Contact number	Policy number	Agent name	Notes
Insurance company				
Company	Contact number	Policy number	Agent name	Notes
Insurance company				
Company	Contact number	Policy number	Agent name	Notes
Social Security Administration				
SSN	Contact number	Notes		
	<a href="tel:800-772-1213">800-772-1213</a>			
Veterans Administration				
ID number	Contact number	Notes		
	<a href="tel:800-827-1000">800-827-1000</a>			
Pension Plan				
Company	Contact number	Account number	Notes	
Pension Plan				
Company	Contact number	Account number	Notes	
Pension Plan				
Company	Contact number	Account number	Notes	
Credit Bureaus (verify addresses) (send copies of death certificates)				
Equifax	Experian	TransUnion		
<a href="#">PO Box 105139</a>	<a href="#">P.O. Box 4500</a>	<a href="#">P.O. Box 2000</a>		
<a href="#">Atlanta, GA 30348</a>	<a href="#">Allen, TX 75013</a>	<a href="#">Chester, PA 19022</a>		
Notes				

***Funeral Related Expenses and Receipts***

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Keep all funeral related expenses and receipts in a pouch or page protector on this page.