



The purpose of the Family Information List is to provide your family with detailed information regarding personal and business matters affecting them. Having this information readily available will allow them to function with fewer problems, both during any temporary absence during your lifetime or upon your death. It will also assist them in fulfilling your wishes as to how these matters should be handled.

Feel free to revise this form to fit your situation. If the space provided is not sufficient, attach as many supplementary sheets as needed. Additional Family Information Lists are available at no charge upon request. The forms can be used for an individual or for a husband and wife. If you decide to use the forms for a husband and wife, for the topics requiring separate information, simply use the letter "H" for the husband and the letter "W" for the wife in the space following it.

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YOUR NAME(S)

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DATE PREPARED

**Do not record any personal identification numbers (PIN), account passwords, or usernames in the Family Information List. All PINs, passwords and usernames should be kept in a secure location to prevent theft and possible identity theft. We recommend that you place a list of passwords, user names and PIN's in your safe deposit box so that your personal representative can find the list.**

**I. Advisors to Contact**

**1. Attorney**

---

(Name)

---

(Address)

---

(City, State, Zip Code)

---

(Telephone Number)

---

(Fax Number)

---

(Email address)

---

(Remarks)

**2. Accountant**

---

(Name)

---

(Address)

---

(City, State, Zip Code)

---

(Telephone Number)

---

(Fax Number)

---

(Email address)

---

(Remarks)

**3. Power of Attorney Holder**

---

(Name)

---

(Address)

---

(City, State, Zip Code)

---

(Telephone Number)

---

(Fax Number)

---

(Email address)

---

(Remarks)

**4. Alternate Power of Attorney holder**

---

(Name)

---

(Address)

---

(City, State, Zip Code)

---

(Telephone Number)

---

(Fax Number)

---

(Email address)

---

(Remarks)

**5. Health-Care Power of Attorney holder**

---

(Name)

---

(Address)

---

(City, State, Zip Code)

---

(Telephone Number)

---

(Fax Number)

---

(Email address)

---

(Remarks)

**6. Insurance Advisors**

Health  Life  Auto  Homeowner's  Supplemental  Disability  Long Term Care  
 Other: \_\_\_\_\_ (Check all that apply)

---

(Name)

---

(Address)

---

(City, State, Zip Code)

---

(Telephone Number)

---

(Fax Number)

---

(Email address)

---

(Remarks)

Health  Life  Auto  Homeowner's  Supplemental  Disability  Long Term Care  
 Other: \_\_\_\_\_ (Check all that apply)

---

(Name)

---

(Address)

---

(City, State, Zip Code)

---

(Telephone Number)

---

(Fax Number)

---

(Email address)

---

(Remarks)

**7. Insurance Advisors (continued)**

Health  Life  Auto  Homeowner's  Supplemental  Disability  Long Term Care  
 Other: \_\_\_\_\_ (Check all that apply)

---

(Name)

---

(Address)

---

(City, State, Zip Code)

---

(Telephone Number)

---

(Fax Number)

---

(Email address)

---

(Remarks)

**8. Pastor, Rabbi, Priest or Spiritual Counselor**

---

(Name)

---

(Address)

---

(City, State, Zip Code)

---

(Telephone Number)

---

(Fax Number)

---

(Email address)

---

(Remarks)

**9. Investment Advisors**

---

(Name)

---

(Address)

---

(City, State, Zip Code)

---

(Telephone Number)

---

(Fax Number)

---

(Email address)

---

(Remarks)

**10. Business Associates**

---

(Name)

---

(Address)

---

(City, State, Zip Code)

---

(Telephone Number)

---

(Fax Number)

---

(Email address)

---

(Remarks)

**11. Friends for Personal Advice**

---

(Name)

---

(Address)

---

(City, State, Zip Code)

---

(Telephone Number)

---

(Fax Number)

---

(Email address)

---

(Remarks)

---

(Name)

---

(Address)

---

(City, State, Zip Code)

---

(Telephone Number)

---

(Fax Number)

---

(Email address)

---

(Remarks)

**12. Banker**

---

(Name)

---

(Address)

---

(City, State, Zip Code)

---

(Telephone Number)

---

(Fax Number)

---

(Email address)

---

(Remarks)

**13. Miscellaneous**

---

(Name)

---

(Address)

---

(City, State, Zip Code)

---

(Telephone Number)

---

(Fax Number)

---

(Email address)

---

(Remarks)



**II. Miscellaneous Benefits**

**A. Husband's Employer** \_\_\_\_\_

1. Life Insurance (through employer) \_\_\_\_\_

2. Employee Benefit Plans \_\_\_\_\_

3. Health and Accident Insurance \_\_\_\_\_

4. Supplemental Insurance \_\_\_\_\_

5. Other Benefits \_\_\_\_\_

**B. Wife's Employer** \_\_\_\_\_

1. Life Insurance (through employer) \_\_\_\_\_

2. Employee Benefit Plans \_\_\_\_\_

3. Health and Accident Insurance \_\_\_\_\_

4. Supplemental Insurance \_\_\_\_\_

5. Other Benefits \_\_\_\_\_

**C. Husband's Social Security**

1. Lump Sum \_\_\_\_\_

2. Monthly Benefits \_\_\_\_\_

**D. Wife's Social Security**

1. Lump Sum \_\_\_\_\_  
\_\_\_\_\_

2. Monthly Benefits \_\_\_\_\_  
\_\_\_\_\_

**E. Veterans Administration ( \_\_\_ Husband \_\_\_ Wife)** \_\_\_\_\_  
\_\_\_\_\_

**F. Other Sources** \_\_\_\_\_  
\_\_\_\_\_

**III. Funeral Arrangements**

**A. Preplanned funeral:** Yes: \_\_\_\_\_ No: \_\_\_\_\_ (If No, go to III B.)

**a. Which funeral home and where located?** Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**b. Where are the documents?** \_\_\_\_\_

**c. Has the service been preplanned?** \_\_\_\_\_

**B. Choice of funeral home** \_\_\_\_\_

**C. Type and expense of funeral preferred** \_\_\_\_\_

**D. Obituary** \_\_\_\_\_

**E. Burial location** \_\_\_\_\_

**F. Is a cemetery lot owned?** \_\_\_\_\_

**G. Memorials** \_\_\_\_\_

**H. Donation of organs** \_\_\_\_\_

**I. Other wishes** \_\_\_\_\_

**IV. Location of Personal Papers**

**A. Wills and Trusts** \_\_\_\_\_

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**B. Birth and Baptismal Certificates**

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**C. Diplomas** \_\_\_\_\_

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**D. Marriage Certificate** \_\_\_\_\_

**E. Military Records** \_\_\_\_\_

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**F. Other Personal Papers** \_\_\_\_\_

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**V. Location of Business Papers**

**A. Deeds** \_\_\_\_\_

**B. Mortgages** \_\_\_\_\_

**C. Contracts** \_\_\_\_\_

**D. Miscellaneous** \_\_\_\_\_

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**VI. Investments**

You may wish to make a list of all stocks and bonds and necessary information for each (name of company, name of certificate, number of shares, certificate number, location of certificate) to attach to this list or describe where this information is kept.

**A. Stocks**

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**B. Bonds**

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**C. Mutual Funds**

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**D. IRA Accounts**

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**E. Roth IRA Accounts**

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**F. Brokerage Accounts**

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**G. Annuities**

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**H. REITS (Real Estate Investment Trusts)**

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**I. CD's**

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**J. Other Accounts (SEP, SIMPLE, etc.)**

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**VII. Bank Accounts**

**A. Savings Account(s)**

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Name(s) on Account	Bank Name, City and State
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---

Account Number	Location of Passbook or Account Card
Pay on Death?    Y    N	_____
	Comments

---

Name(s) on Account	Bank Name, City and State
-----------------------	---------------------------

---

Account Number	Location of Passbook or Account Card
Pay on Death?    Y    N	_____
	Comments

**B. Checking Account(s)**

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Name(s) on Account	Bank Name, City and State
-----------------------	---------------------------

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Account Number	Location of checkbook, statements, cancelled checks
Pay on Death?    Y    N	_____
	Comments

---

Name(s) on Account	Bank Name, City and State
-----------------------	---------------------------

---

Account Number	Location of checkbook, statements, cancelled checks
Pay on Death?    Y    N	_____
	Comments

**VIII. Motor Vehicles**

Description:

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Owner(s)	Make and Model	
Insurance Carrier	Vehicle Identification Number (VIN)	Location of Title
Liability Limit		
Repairs (Name of company, location, person to contact)		

Description:

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Owner(s)	Make and Model	
Insurance Carrier	Vehicle Identification Number (VIN)	Location of Title
Liability Limit		
Repairs (Name of company, location, person to contact)		

**IX. Real Estate**

**A. Home**

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1. Address or Legal Description

---

2. Location of Deed

---

3. Mortgage Lender

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4. Location of Mortgage or Deed of Trust

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5. Mortgage Insurance (if any) Amount, company, agent if any

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6. Taxes (how paid)

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7. Home Owner's Insurance Company

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Policy Face Amount	Agent	
	How Paid? ___Direct ___Escrow	
Last Revalued	Premium Amount	_____

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---

8. Location of Insurance Policy

---

9. Location of file describing improvements

---

10. Location of Inventory of Contents (for fire insurance purposes – see X-4.

11. Valuation History

Value	Date	Value	Date
Value	Date	Value	Date

---

12. Purchase Price \_\_\_\_\_

13. Names and Addresses of Service Persons

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Plumber

---

Address Phone

---

Furnace/Air Conditioner Maintenance

---

Address Phone

---

Lawn service

---

Address Phone

---

Snow Removal

---

Address Phone

---

Underground sprinkler maintenance

---

Address Phone

---

Other:

---

Address Phone

**B. Investment Real Estate**

---

1. Address or Legal Description

---

2. Location of Deed

---

3. Mortgage Lender

---

4. Location of Mortgage or Deed of Trust

---

5. Mortgage Insurance

---

6. Taxes (how paid)

---

7. Insurance Company

---

Policy Face Amount

Agent

How Paid? \_\_\_Direct \_\_\_Escrow

---

Last Revalued

Premium Amount \_\_\_\_\_

---

8. Location of Insurance Policy

---

9. Location of file describing improvements

---

10. Location of Inventory of Contents (for fire insurance purposes – see X-4.

11. Valuation History

Value	Date	Value	Date
Value	Date	Value	Date



**B. Investment Real Estate (continued)**

---

12. Purchase Price \_\_\_\_\_

13. Names and Addresses of Service Persons

---

Plumber

---

Address

Phone

---

Furnace/Air Conditioner Maintenance

---

Address

Phone

---

Lawn service

---

Address

Phone

---

Snow Removal

---

Address

Phone

---

Underground sprinkler maintenance

---

Address

Phone

---

Other:

---

Address

Phone

**X. Insurance**

**A. Life Insurance**

---

Company

Policy Number

---

Face Amount

Cash Value

Owner

---

Loans

Beneficiary

---

Advisor

Location of policy

**A. Life Insurance (continued)**

Company	Policy Number	
Face Amount	Cash Value	Owner
Loans	Beneficiary	
Advisor	Location of policy	
Company	Policy Number	
Face Amount	Cash Value	Owner
Loans	Beneficiary	
Advisor	Location of policy	

**B. Medical and Health Insurance**

Company	Policy Number	
Advisor	Brief Description (include persons covered)	
Location of policy	Amount of Premium	How Paid
Company	Policy Number	
Advisor	Brief Description (include persons covered)	
Location of policy	Amount of Premium	How Paid
Company	Policy Number	
Advisor	Brief Description (include persons covered)	
Location of policy	Amount of Premium	How Paid

**C. Disability Insurance**

Company	Policy Number	
Advisor	Brief Description (include persons covered)	
Location of policy	Amount of Premium	How Paid

**D. Long Term Care Insurance**

Company	Policy Number	
Advisor	Brief Description (include amount of monthly benefits)	
Location of policy	Amount of Premium	How Paid

**E. Supplemental Insurance**

Company	Policy Number	
Advisor	Brief Description (include amount of monthly benefits)	
Location of policy	Amount of Premium	How Paid

**F. Mortgage Insurance (See Real Estate)**

**G. Fire and Extended Coverage on Home** – Inventory your personal property and attach a copy

Amount on Home	Amount on Personal Property	
Location of policy	Amount of Premium	How Paid

**XI. Collections (Art, Coins, Antiques, Etc.)**

Description	Location
Suggestions for appraisers	
Description	Location
Suggestions for appraisers	
Description	Location
Suggestions for appraisers	

**XII. Miscellaneous Assets**

Description	Location
Description	Location
Description	Location

**XIII. Debts**

**A. Home and Business Mortgages (see IX)**

**B. Bank Loans** \_\_\_\_\_

**C. Loans Against Insurance** \_\_\_\_\_

**D. Miscellaneous Loans and Debts** \_\_\_\_\_

**XIV. Credit Cards** – It is suggested that a list of all cards be made in case of loss or a photocopy could be made of the face of the cards and attached.

Card	Account Number
Card	Account Number
Card	Account Number
Card	Account Number
Card	Account Number

**XV. Income Tax Returns**

Location	Advisor
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**XVI. Safe Deposit Box**

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Location

Location of Key

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People who can sign for access to safe deposit box

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Contents (describe generally or attach a specific list as exhibit)

**XVII. Other Pertinent Document Locations**

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Description

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Location

---

Description

---

Location

---

Description

---

Location

**XVIII. Warranties, Guarantees, Purchase Receipts, etc.**

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Description

---

Location

---

Description

---

Location

---

Description

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Location



