

Personal Records Planner

Introduction:

This Personal Records Planner is to help you put together the information you, your family and your representatives will need to plan for and to manage your affairs in the event that you die or are incapacitated. It has been put together by Village Presbyterian Church for its members and anyone else who would like to use it. It draws on a number of open sources including the members themselves. It is our hope that it will help you prepare for the inevitable transition which comes to us all. Gathering the information that you and your loved ones need is not easy. This planner gives you a framework to tackle that task. It can help prepare you for the conversations that must take place. It can help you to gather the information needed for estate planning, and it can be a primary source of information for what needs to be done when the time comes.

No one document can ever address all the needs of your particular situation. We want you to change it as necessary, ignore the parts which do not apply and add to it until it meets your needs. We urge you to seek advice from qualified professionals, particularly in the matter of estate planning.

The planner consists of a main document and some attachments. It is divided into small sections so you can focus on one topic at a time. The main document should cover many situations, and the attachments will help with more complex situations requiring additional information. In the main document there is an Emergency Instructions Page. This is intended to be copied and kept separate so it is readily to hand when needed.

If you already have information needed for the planner, there is no need to duplicate it in the planner. Simply note in the appropriate section the information can be found. Also, the planner will contain a lot of sensitive and confidential information, so it should be kept in a safe place. If you are not comfortable keeping certain kinds of information in this planner, then keep them separate and just note where they can be found.

The planner is meant just for one person. For couples, we suggest that each person complete their own planner because there will be some differences in the information for each.

Lastly, the planner was put together from open material and is intentionally not copyrighted. You are free to use it and modify it as you see fit and to pass it on to anyone you wish. It is our hope that it will help as many people as possible to understand and work through a very difficult and challenging issue.

Village Presbyterian Church

Personal Records Planner

Emergency instructions (contd.)

Durable Financial Power of Attorney (if any)

1	Name of Attorney-in-fact:	
2	Address and telephone number of attorney-in-fact:	
3	Location of original power of attorney and copies:	Original: Copies:

Durable Health Care Power of Attorney (if any)

1	Name of Attorney-in-fact:	
2	Address and telephone number of attorney-in-fact:	
3	Location of original power of attorney and copies:	Original: Copies:

Living Will (if any)

1	Location of living will:	Original: Copies:
---	--------------------------	--

Personal Records Planner

If widowed or divorced:

1	Your former spouse's full legal name (including maiden name)	
2	Your former spouse's address:	
3	Date and place (city, county, state) of marriage:	
4	If divorced, date divorce decree became final:	
5	If widowed, date and place of death	

About your family:

1	Your children's full legal names (including maiden and married names):	
2	Your children's addresses and telephone numbers:	
3	Your children's dates of birth:	
4	Your children's spouses, if any	
4	Your father's full legal name:	
5	Your mother's full legal name (including maiden name):	
6	Your grandchildren's full legal names (including maiden and married names):	

Military Service

1	Your branch of service:	
2	Your dates of service:	
3	Your rank:	
4	Your service number:	
5	Date of discharge:	
6	Type of discharge:	
7	Your service-connected disabilities (_____%):	
8	Location of your pension and retirement information:	

If currently employed:

1	Your present employer:	
---	------------------------	--

Personal Records Planner

2	Your current profession or occupation:		
3	Your present work address:		
4	Your present work telephone number:		
5	Your date of employment:		
6	Your employment benefits if not listed elsewhere: (life/ disability/ health insurance plans, stock options, pension plans, profit-sharing plans etc.)	Benefit:	Contact:

If currently retired:

1	Your previous employer:		
2	Your previous profession or occupation:		
3	Employer's address:		
4	Employer's telephone number:		
5	Your date of employment:		
6	Your date of retirement:		
7	Your benefits still available, if not listed elsewhere: (life/ disability/ health insurance plans, stock options, pension plans, profit-sharing plans etc.)		

Real Estate (if additional property, use Attachment B)

1	Address of real estate currently owned:		
2	How the real estate is owned (sole owner, jointly)?		
3	If property is owned jointly, names and addresses of other owners:		
4	Real estate purchase price, plus any improvements:		
5	Date real estate purchased:		
6	Current tax assessment value:	Assessment date:	Amount:
7	Mortgage or deed of trust held by:		

Real Estate (contd).

8	Current loan amount:		
---	----------------------	--	--

Personal Records Planner

9	Location of deeds, deeds of trust, title insurance, title abstracts, plats, appraisals:	
10	If real estate is leased, provide name, address, and telephone number of lessee and location of lease:	

Financial Accounts (if more than three, use Attachment C for additional institutions):

1	Name of bank or financial institution:	A.	B.	C.
2	Account number(s):			
3	Type of account (checking, savings, CD, money market, IRA):			
4	Current balance:			
5	Name of owner of account (Provide all joint owners' names and addresses if different from yours):			

Securities (stocks, bonds, ETF's, options etc) – attach brokerage statement or other schedule if available, otherwise complete Attachment D):

Credit Bureaux (Equifax, Experian, Transunion)

1	Do you have a fraud alert in force? A fraud alert issued to one bureau is automatically passed on to the other two	Yes/No
2	Do you have a credit report freeze in place? If so, circle the bureaux which have been frozen. Freezes must be placed individually with each bureau.	Equifax Experian Transunion

Personal Property (if additional property, use Attachment E):

1	Type (vehicle, boat, trailer etc):	A.	B.	C.
---	------------------------------------	----	----	----

Personal Records Planner

2	For vehicles, boats etc.: make, model, and year			
3	Location of title, if any:			
4	Loan amount (if any):			
5	If you are not sole owner, provide all joint owner names and addresses			

Business Interests:

1	Type of business (sole proprietorship, partnership, limited liability company, corporation):	A.	B.	C.
2	Founding date:			
3	Type and amount of ownership (sole owner, share percentage, membership interest etc):			
4	Estimated value of business or share of ownership interest:			
5	Name, address, and telephone number of business contacts (CPA, attorney, manager, president):			

Safe Deposit Box

1	Name and address of institution where box is located:	
2	Location of keys:	A. B.
3	Names and addresses (if different from yours) of individuals with signature access to box:	

Life Insurance Policies:

1	Type of policy (Term, whole life, universal, variable universal etc.):	A.	B.	C.
2	Policy number:			
3	Name, address, and			

Personal Records Planner

	telephone number of insurer or insurance agent (if any):			
4	Amount of policy:			
5	Current surrender value:			
6	Location of insurance policy:			

Disability Insurance Policies:

1	Type of policy (short-term, long-term etc.):	A.	B.	C.
2	Policy number:			
3	Name, address, and telephone number of insurer or insurance agent (if any):			
4	Amount of coverage:			
5	Location of policy:			

Homeowners/auto/umbrella:

1	Type of policy (Homeowners, auto, boat, renters, umbrella etc). Specify address, vehicle, boat etc. as applicable	A.	B.	C.
2	Policy number:			
3	Name, address, and telephone number of insurer or insurance agent (if any):			
4	Amount of coverage:			
5	Location of policy:			

Health Insurance Policy(ies):

1	Type of policy - Private, Medicare Part A, B, B Medigap, C (Advantage) or D:	A.	B.	C.
2	Medicare or policy number:			
3	Name, address, and telephone number of insurer or insurance agent (if any):			

Personal Records Planner

4	Amount or type of coverage:			
5	Location of policy:			

Instructions for Funeral/Memorial/Disposal of Remains:

1	If you have previously provided instructions, please give location of the instructions and skip the rest of this section			
2	Cemetery, columbarium or other destination for remains - name, address and place, if any:			
3	Location of documents for 2 above, if any:			
4	Name and address of recipient for memorial gifts, if desired:			
5	Type of ceremony (Funeral or Memorial) and special wishes:			
6	Is there a prepaid policy for funeral? If so, where is it located?			

Financial Planner:

1	Name, address, and telephone number of financial planner, if any			
---	--	--	--	--

Tax Returns:

1	Name, address, and telephone number of individual or company who prepares tax returns, if any:			
2	Location of filed tax returns:			

Will

1	Location of original will and any codicils (including pourover will for trusts):			
2	Date of will and any codicils:			
3	Name, address, and telephone number of attorney who prepared will:			
4	Name, address, and telephone number of executor/executrix:			

Personal Records Planner

Revocable Trust, if any:

1	Location of trust document:	Original:
		Copies:
2	Date of trust:	
3	Name, address, and telephone number of trustees:	

Trusts

1	Type of Trust:	A.	B.	C.
2	Date of Trust:			
3	Name, address, and telephone number of trustees:			
4	Location of trust document:	Original:	Original:	Original:
		Copies:	Copies:	Copies:

Additional Contacts

1	Attorney name, address, and telephone number:	
2	Accountant name, address, and telephone number:	
3	Doctor name, address, and telephone number:	

Personal Records Planner

Important Personal Friends

1	The following individuals should be notified of my incapacity or death if not already on the emergency notification list:	
---	---	--

Other information you may wish to record:

1	<i>Example:</i> Keys to primary residence	There are x copies, held as follows:
2		
3		

Passwords: Passwords are a particular issue for next-of kin or attorneys-in-fact. If you use a computer, you almost certainly have a number of login identities and passwords. Keeping track of them is a problem. Updating them is a chore. Keeping them confidential is a challenge. Passing on an accurate set of identities and passwords which will be needed after your death to manage your affairs is difficult. We suggest you consider password management software to keep track of all that for you, and to leave somewhere safe the master password required to access that software. If you search for “password management software” in Google, you will see several choices, some of which are open source.