FCS 7103

Family Records[1]

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This publication should be kept in a safe place known to adult members of your family and/or trusted friend(s). An additional copy should be kept in a safe deposit box. Revise it annually or after any life-changing circumstance to keep vital information current.

Writing down the information on these pages can make looking for vital records much faster and easier. It can also be used as a starting place for estate planning.

The following checklists provide suggestions on where to keep your important papers and what information to keep.

Credit: BananaStock

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List of Important Papers. Date last revised or reviewed:

Keep in a safe deposit box		Keep at home in a waterproof and fireproof locked box	
Property			
	Property records (deeds, titles, leases)		Rental property records
	Household inventory		Guarantees and warrantees
	Home improvement records		Life insurance policies
	Automobile title and bill of sale		
	Copyrights and patents		
	Certificates for stocks, bonds, etc.		
Financial			
	Contracts (including promissory notes)		Loan payment books
	Important receipts and bills of sale		Employee benefits
	Supporting documentation for large transactions, unusual losses, or deductions		Bank account, loan, credit card, investment account numbers
Identification			
	Social Security cards		Copy of Social Security cards
	Citizenship papers		Copy of driver's licenses
	Passports		Copy of citizenship papers
	Birth certificates		Copy of birth certificates
	Marriage certificates		Copy of marriage certificates
	Death certificates		Education records (transcripts)
Other/Health Records			
	Divorce decree		Safe deposit keys
	Adoption/custody papers		Inventory of safe deposit box contents
	Military service records		List of emergency contacts
	Retirement papers		Copy of this publication
	Religious records		Copies of immunization records
	Copy of your and your partner's wills		Copies of prescriptions for medications and eyeglasses
	Trust agreements		Copies of veterinary/vaccination records
	Power of attorney (granting you power)		Copies of health, dental, and prescription insurance cards
	Healthcare power of attorney		

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Table 1. Persons to be Notified in an Emergency

Name	Relationship	Address, phone number, and e-mail

Table 2. Professional Advisors and Contacts

	Name	Mailing address, e-mail	Phone number
Religious advisor			
Attorney			
Financial planner			
Bank or trust officer (trustee)			
Personal representative(s)			
Guardian(s)			
Power of attorney (Attorney-in-fact)			
Power of attorney for health care			
Health care surrogate designation			
Accountant or tax advisor			
Stockbroker/investment advisor			
Current employer or personal manager			
Business manager or business partner			
Life insurance agent*			
Home insurance agent*			
Auto insurance agent*			
Primary care doctor			
Other doctor			
Other doctor			
Other doctor			
Dentist			
Child/adult care provider			
Neighbor or close friend(s)			
Relative(s)			
Children's school contacts			
*See Tables 10 and 11 for company contact and policy numbers.			

Table 3. Account Passwords and PIN Numbers

Company	Web address	User name	Password/PIN
NOTE: Keep this page in a very safe place.			

Table 4. Family Members' Names and Relationship to You

Full name (First, middle initial, last)	Relationship	Date of birth	Address, phone number, and e-mail	Social Security number
NOTE: Keep this page in a very safe place.				

Table 5. Important Papers

Document	Where kept	Where recorded	Date
Birth or adoption certificates			
Marriage certificate(s)			
Divorce decree(s)			
Death certificate(s)			
Military service record(s)			
Citizenship papers			
Passport(s)			
Name	Number	Expiration date	Where kept
Driver's License(s)			
Name	Number/state	Expiration date	Where kept

Table 6. Education Records

Family member	School attended/ contact information	Date attended	Degree, diploma, certificate

Table 7. Employment Records

Family member	Employer/contact information	Dates of employment	Location and other details
NOTE: Duplicate this page as needed for additional family members			

Table 8. Health Records (suggest one page per family member)

Name	Illness, disease, accident, or immunization	Date	Doctor's name and address	Other information

Table 9. Medical Care and Disability Insurance (including Medicare)

Insured person	Type of insurance	Company and contact information	Policy number

Table 10. Homeowners', Auto, Boat Insurance and Special Policies, including Personal Liability

Property insured	Company name and agent name	Policy number	Amount of coverage/ deductibles

Table 11. Life Insurance and Annuities

Insured person	Type of policy	Company and address	Policy number	Policy owner	Face value	Beneficiary
NOTE: Additional information would include cash value and any outstanding loan amount, if known.						

Table 12. Checking Accounts, Savings Accounts, Certificates of Deposit

Account number	Exact names on account	Name and address of financial institution	Location of certificates, checkbooks, savings passbooks	PIN numbers
Checking				
Savings				
Certificates of deposit				
NOTE: Indicate if any are POD (payable on death)				
Safe-deposit box information				
Bank name		Location	Box number	Key location

Table 13. Credit and Debit Card Accounts

Name of card	Exact name on card	Account number	Expiration date	Lost card phone number	Credit limit amount	Regular payment due date

Table 14. Stocks, Bonds, Mutual Funds

Title or name of asset	Exact name of owner and account number	Location of records	Dates: Purchase (acquired) and maturity	Number of shares	Purchase price

Table 15. Retirement Accounts (includes 401(k), 403(b), 457, individual retirement accounts (IRA), pensions, etc.)

Type of account and number	Employer or investment company	Contact information/ address	Exact name of owner	Beneficiary	How it will be distributed (annuity, lump sum)

Table 16. Trusts

Name of trust and type	Location	Trustee and contact information

Table 17. Real Estate and Business Interests

Type and address	Date acquired	Purchase price	Location of deeds/ mortgages	Name(s) of owner(s)	Type of ownership*
*How property is titled; i.e., Joint Tenants with Rights of Survivorship, Tenants in Common, etc.					

Table 18. Accounts Receivable (information about money owed to you by others)

Name of person	Contact information	Type of receivable	Amount	Terms

Table 19. Financial Obligations (First/second mortgages, home equity loans, other real estate loans, rental agreements, auto loans, educational loans, debt consolidation loans, personal property loans, loans from retirement funds or life insurance, child support, alimony, loans from family/friends, other)

Creditor/contact information	Monthly payment/ due date	Anticipated payoff date	Automatic withdrawal? (√)	Account source (checking/ savings, etc.)

Table 20. Rental Real Estate (Owned by you and leased to others)

Property address or location	Renter's name	Contact information	Duration (date-date)	Amount owed and due date

Table 21. Service Providers (Utilities, etc.)

Company	Contact information	Service provided	Terms of contract	Deposit amount

Table 22. Guarantees and Warranties

Item	Coverage and expiration date	Location of records

Table 23. Tax Records

Item	Where kept

Table 24. Household Inventory

Household Inventory*	**A digital copy, video copy, or photograph is suggested to accompany this written record.**		
	Room:		
Article	Place and date purchased	Model and serial number	Cost
NOTE: Duplicate this page as necessary to list all household items – including tools and seasonal items.			