

WHAT MY FAMILY NEEDS TO KNOW

Name

QUICK GUIDE TO LOCATION OF IMPORTANT DOCUMENTS

Item	Location
Bank Account Info. – Checkbook	
Bank Account Info. – Statements	
Business Records	
Certificate – Birth / Adoption	
Certificate – Marriage	
Certificate – Divorce	
Credit Cards – Cards	
Credit Cards – Statements	
Debts I Owe	
Debts Owed to Me	
Employment Records	
Estate Planning Documents Will & Power of Attorney	
Household Effects Inventory	
Income Tax Records	
Insurance Policy – Health	
Insurance Policy – Life	
Insurance Policy – Home	
Insurance Policy – Professional	
Insurance Policy – Umbrella	
Insurance Policy – Vehicles	
Investment Records IRAs, Pension, 401K, Stocks, etc.	
Key – Safe Deposit Box / Storage Unit	
Key – Home, Office	
Key – Vehicle	
Military Service Records	
Passports	
Passwords	
Real Estate Deed, Mortgage, Tax Bill	
Social Security Card	
Vehicle Records Loan, Title, Registration	

HUSBAND'S MEDICAL INFORMATION

Name: _____

Notify in Case of Emergency (Name, Telephone, Relationship):

(1) _____

(2) _____

(3) _____

Medication (what, what for): _____

Allergies: _____

Primary Doctor's Name and Telephone Number: _____

Other Doctor (Name, Type of Dr., Telephone): _____

Other Doctor (Name, Type of Dr., Telephone): _____

Dentist's Name and Telephone Number: _____

Blood Type: _____ Glasses? _____ Contacts? _____

WIFE'S MEDICAL INFORMATION

Name: _____

Notify in Case of Emergency (Name, Telephone, Relationship):

(1) _____

(2) _____

(3) _____

Medication (what, what for): _____

Allergies: _____

Primary Doctor's Name and Telephone Number: _____

Other Doctor (Name, Type of Dr., Telephone): _____

Other Doctor (Name, Type of Dr., Telephone): _____

Dentist's Name and Telephone Number: _____

Blood Type: _____ Glasses? _____ Contacts? _____

Put a copy of this page in an envelope marked "Medical Information" and put in a place where EMTs can find it.

Updated: _____

REAL ESTATE

(INCLUDE REAL ESTATE, LIFE ESTATES, MINERAL DEEDS, OIL RIGHTS, TIMESHARES, ETC.)

Address of Property	
Owner(s) of Record	
Value of Property	
Mortgage Name & Address: Account No: Balance of Loan: Monthly Payment: Maturity Date:	

Address of Property	
Owner(s) of Record	
Value of Property	
Mortgage Name and Address: Account No.: Balance of Loan: Monthly Payment: Maturity Date:	

Address of Property	
Owner(s) of Record	
Value of Property	
Mortgage Name and Address: Account No: Balance of Loan: Monthly Payment: Maturity Date:	

Address of Property	
Owner(s) of Record	
Value of Property	
Mortgage Name and Address: Account No: Balance of Loan: Monthly Payment: Maturity Date:	

TITLED PROPERTY

(INCLUDE CARS, TRUCKS, MOTORCYCLES, CAMPERS, BOATS, MOBILE HOMES, ETC.)

Year, Make, Model	
Owner(s) of Record	
VIN Number	
Lien Name & Address: Account No: Balance of Loan: Monthly Payment: Maturity Date:	

Year, Make, Model	
Owner(s) of Record	
VIN Number	
Lien Name: & Address: Account No: Balance of Loan: Monthly Payment: Maturity Date:	

Year, Make, Model	
Owner(s) of Record	
VIN Number	
Lien Name & Address: Account No: Balance of Loan: Monthly Payment: Maturity Date:	

INSURANCE

HOMEOWNERS INSURANCE:

Company	
Address	
Member Number / Group Policy Number	/
Persons Covered	
Premium	
Location of Policy	

AUTOMOBILE INSURANCE:

Company	
Address	
Member Number / Group Policy Number	/
Persons Covered	
Premium	
Location of Policy	

HEALTH INSURANCE:

Company	
Address	
Member Number / Group Policy Number	/
Persons Covered	
Premium	
Location of Policy	

DISABILITY INSURANCE:

Company	
Address	
Member Number / Group Policy Number	/
Persons Covered	
Premium	
Location of Policy	

LONG TERM CARE INSURANCE:

Company	
Address	
Member Number / Group Policy Number	/
Persons Covered	
Premium	
Location of Policy	

UMBRELLA INSURANCE:

Company	
Address	
Member Number / Group Policy Number	/
Persons Covered	
Premium	
Location of Policy	

PROFESSIONAL INSURANCE:

Company	
Address	
Member Number / Group Policy Number	/
Persons Covered	
Premium	
Location of Policy	

LIFE INSURANCE:

Insured	Beneficiary	Insurance Company	Policy Date Policy No.	Type of Policy Paid Up Policy	Annual Premium	Amount / Dth Bnfit

Location of Policies: _____

FINANCIAL INFORMATION

BANK ACCOUNTS (CHECKING, SAVINGS):

Bank Name	Address Phone	Account Number	Type	Name(s) on Acct

AUTOMATIC WITHDRAWALS FROM BANK ACCOUNT:

Bank Account	To	For	Amount	When

DEBTS I OWE TO OTHERS

(OTHER THAN REAL ESTATE AND AUTO PREVIOUSLY LISTED)

Promissory Note?	
Property Involved	
Lienholder	
Amount	

Promissory Note?	
Property Involved	
Lienholder	
Amount	

Promissory Note?	
Property Involved	
Lienholder	
Amount	

DEBTS OWED TO ME

From	
Amount	
Date Loaned	
What For?	
Note? Location?	
Any Security?	

From	
Amount	
Date Loaned	
What For?	
Note? Location?	
Any Security?	

HUSBAND'S CURRENT EMPLOYMENT

Current Employer:	
Address	
Date of My Employment	
Current Title	
Supervisor (Name, Telephone, Email)	
Annual Salary / Frequency of Payment	
Location of Earnings & Leave Statements	
Do I have Benefits: <ul style="list-style-type: none"> - Health Insurance – self or family? - Life Insurance - Leave Balances/Programs - Investment Plans 	
Do I have Benefits: <ul style="list-style-type: none"> - Account - Amount 	
Is Spouse eligible for survivor benefits?	
I am eligible for retirement as of:	

FORMER EMPLOYMENT

Name of Company	
Dates Worked	
Title	
Is there a Pension or Retirement Account?: <ul style="list-style-type: none"> - If yes, phone number of HR - Who is the Plan Administrator - What is phone # for Plan Administrator 	

Name of Company	
Dates Worked	
Title	
Is there a Pension or Retirement Account?: <ul style="list-style-type: none"> - If yes, phone number of HR - Who is the Plan Administrator - What is phone # for Plan Administrator 	

WIFE'S CURRENT EMPLOYMENT

Current Employer:	
Address	
Date of My Employment	
Current Title	
Supervisor (Name, Telephone, Email)	
Annual Salary / Frequency of Payment	
Location of Earnings & Leave Statements	
Do I have Benefits: <ul style="list-style-type: none"> - Health Insurance – self or family? - Life Insurance - Leave Balances/Programs - Investment Plans 	
Do I have Benefits: <ul style="list-style-type: none"> - Account - Amount 	
Is Spouse eligible for survivor benefits?	
I am eligible for retirement as of:	

FORMER EMPLOYMENT

Name of Company	
Dates Worked	
Title	
Is there a Pension or Retirement Account?: <ul style="list-style-type: none"> - If yes, phone number of HR - Who is the Plan Administrator - What is phone # for Plan Administrator 	

Name of Company	
Dates Worked	
Title	
Is there a Pension or Retirement Account?: <ul style="list-style-type: none"> - If yes, phone number of HR - Who is the Plan Administrator - What is phone # for Plan Administrator 	

BUSINESS OWNERSHIP

(CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP, SOLE PROPRIETORSHIP, DBA)

Name of Business	
Address of Business	
Type of Business	
Date Business Organized	
Location of Business Documents	
Percentage of Ownership	
Names of other owners and their percentage of ownership	
Attorney for Business Address and Phone Number	
Accountant for Business Address and Phone Number	

Name of Business	
Address of Business	
Type of Business	
Date Business Organized	
Location of Business Documents	
Percentage of Ownership	
Names of other owners and their percentage of ownership	
Attorney for Business Address and Phone Number	
Accountant for Business Address and Phone Number	

NOTES:

For information regarding corporations and limited liability companies in Illinois, search the Secretary of State's Office at www.cyberdriveillinois.com/departments/business_services/corp.html

You should have a copy of the following documents for your type of business:

Corporations – Stock Certificate and Corporate Book. The corporate book should contain: Articles of Incorporation, By-Laws, Minutes, Stock Certificate Record.

LLC – Articles of Organization, Operating Agreement, any Amendments to Operating Agreement, Transfer of Ownership

Partnerships – Partnership Agreements and any Amendments

INVESTMENTS

(IRAS, CDS, STOCKS, BONDS, ANNUITIES, PENSIONS, 401K, PROFIT SHARING, KEOGHS, ETC.)

Name on Account:	
Type:	
Company:	
Account Number:	
Advisor's Name and Phone Number	
Beneficiary	

Name on Account:	
Type:	
Company:	
Account Number:	
Advisor's Name and Phone Number	
Beneficiary	

Name on Account:	
Type:	
Company:	
Account Number:	
Advisor's Name and Phone Number	
Beneficiary	

Name on Account:	
Type:	
Company:	
Account Number:	
Advisor's Name and Phone Number	
Beneficiary	

Name on Account:	
Type:	
Company:	
Account Number:	
Advisor's Name and Phone Number	
Beneficiary	

MISCELLANEOUS INFORMATION

SAFE DEPOSIT BOX:

Bank	
Address	
Box Number	
Accessible By	
Location of Key	
Contents	

STORAGE UNIT:

Name of Company	
Address	
Unit Number	
Accessible By	
Location of Key	
Contents	

MISCELLANEOUS PHONE NUMBERS:

Accountant Address Phone	
Estate Planning Attorney Address Phone	
Veterinarian Address Phone	

PROPERTY IN OUR POSSESSION THAT BELONGS TO OTHER – AND - PROPERTY IN OTHER’S POSSESSION THAT BELONDS TO US

Item	Location	Belongs To

CREDIT CARDS

Issued By	Phone Number	Account Number	Name(s) on Account

PERSONAL PROPERTY

Item	Location	Goes To	Is There Something Special About this Item?

PASSWORDS

List Important Passwords Here

Less important passwords can be kept elsewhere (i.e., shopping, restaurants, etc.)

Username and Passwords May Be Case Sensitive

ELECTRONICS (Computers, Phones, TVs)

ITEM/WEBSITE	EMAIL/USERNAME	PASSWORD
Computer Login		
Wi-Fi		
Email #1		
Email #2		
Husband Phone Password		
Wife Phone Password		
iCloud		
iWatch		
Google Account		
www.doc.google.com		
Netflix		

FINANCIAL

(Insurance, Bank Accounts, Investments, Credit Cards, Money Transfer Apps [Venmo, Paypal, Cash App, Zelle, Google Pay], etc.)

ITEM/WEBSITE	EMAIL/USERNAME	PASSWORD

MISCELLANEOUS (Health, Work, Kids School, etc)

ITEM/WEBSITE	EMAIL/USERNAME	PASSWORD

AUTOMATIC SUBSCRIPTION RENEWALS CHARGED TO CREDIT CARD

(Streaming Services, Newspapers, Data Storage, Amazon Prime, etc.)

ITEM/WEBSITE	START DATE	AMOUNT	BILL CYCLE (monthly/yearly)	EMAIL/ USERNAME	PASSWORD

HUSBAND'S PERSONAL INFORMATION

(Needed for Death Certificate and Obituary)

Full Name: _____

Maiden Name: _____

Date of Birth: _____

Place of Birth (hospital, city, county, state): _____

Military Service: From _____ To _____ Branch: _____

Where Served: _____

Marital Status: _____ Name of Spouse: _____

Social Security Number: _____

Highest Grade Completed: Elementary (0-12) -or- College (1-4 or 5+)

Occupation During Most of Working Life: _____

Employer: _____ Type of Business: _____

Residence Address: _____ County: _____

Father's Name: _____

Mother's Full Maiden Name: _____

ADDITIONAL PERSONAL INFORMATION:

Church: _____

Civic Membership: _____

Title and Honors: _____

Community Service: _____

Sports: _____

Special Interests: _____

Other Special Events or Memories: _____

FAMILY:

Parents: _____

Step-Parents: _____

Grandparents: _____

Siblings: _____

Children/Step-Children: _____

Grandchildren: _____

WIFE'S PERSONAL INFORMATION

(Needed for Death Certificate and Obituary)

Full Name: _____

Maiden Name: _____

Date of Birth: _____

Place of Birth (hospital, city, county, state): _____

Military Service: From _____ To _____ Branch: _____

Where Served: _____

Marital Status: _____ Name of Spouse: _____

Social Security Number: _____

Highest Grade Completed: Elementary (0-12) -or- College (1-4 or 5+)

Occupation During Most of Working Life: _____

Employer: _____ Type of Business: _____

Residence Address: _____ County: _____

Father's Name: _____

Mother's Full Maiden Name: _____

ADDITIONAL PERSONAL INFORMATION:

Church: _____

Civic Membership: _____

Title and Honors: _____

Community Service: _____

Sports: _____

Special Interests: _____

Other Special Events or Memories: _____

FAMILY:

Parents: _____

Step-Parents: _____

Grandparents: _____

Siblings: _____

Children/Step-Children: _____

Grandchildren: _____

HUSBAND'S FUNERAL SERVICE

FUNERAL SERVICES

Type (Funeral or Memorial): _____

Location _____

Who Should Conduct the Services _____

Special Requests for service (music, flowers, readings, etc.) _____

Who will give the eulogy? _____

Who will do the readings? _____

DISPOSITION OF REMAINS

Organ Donor? _____

Funeral Home: _____

Burial?

- Cemetery _____
- Prepaid Burial Plan? If yes, where is paperwork? _____
- Special Requests (clothing, jewelry, flowers, etc.) _____
- Pallbearers _____
- Design or Inscription on Grave Marker _____
- Is Plot pre-purchased? If yes, where is paperwork? _____

Cremation?

- What would I like done with my ashes? _____

Donation of Body?

- Organization to Receive my Remains? _____
- Arrangements made for this in Advance? _____
- Location of Documents _____

OBITUARY

What newspapers do I want to publish obituary _____

What I want included in obituary _____

Charities _____

WIFE'S FUNERAL SERVICE

FUNERAL SERVICES

Type (Funeral or Memorial): _____

Location _____

Who Should Conduct the Services _____

Special Requests for service (music, flowers, readings, etc.) _____

Who will give the eulogy? _____

Who will do the readings? _____

DISPOSITION OF REMAINS

Organ Donor? _____

Funeral Home: _____

Burial?

- Cemetery _____
- Prepaid Burial Plan? If yes, where is paperwork? _____
- Special Requests (clothing, jewelry, flowers, etc.) _____
- Pallbearers _____
- Design or Inscription on Grave Marker _____
- Is Plot pre-purchased? If yes, where is paperwork? _____

Cremation?

- What would I like done with my ashes? _____

Donation of Body?

- Organization to receive my remains? _____
- Arrangements made for this in advance? _____
- Location of documents _____

OBITUARY

What newspapers do I want to publish obituary _____

What I want included in obituary _____

Charities _____