



# PERSONAL & FINANCIAL ORGANIZER

*\*Complete this form and store it in a safe place. Tell a trusted person where they can find it in an emergency.*

PERSONAL INFORMATION			
Name:		Name:	
Date of Birth:	Place of Birth:	Date of Birth:	Place of Birth:
Social Security #:	Occupation:	Social Security #:	Occupation:
Phone #:	Email Address:	Phone #:	Email Address:
Driver's License #:	State of Issue:	Driver's License #:	State of Issue:
Physical Address:		Mailing Address:	
Auto Insurance:		Policy #:	Phone #:
Health Insurance:		Policy #:	Phone #:
Long Term Care Insurance:		Policy #:	Phone #:

NOTES			

TRUSTED ADVISORS			
Physician:	Phone #:	Email:	
Physician:	Phone #:	Email:	
Attorney:	Phone #:	Email:	
Accountant:	Phone #:	Email:	
Financial Planner:	Phone #:	Email:	
Trustee/Executor:	Phone #:	Email:	
Guardian:	Phone #:	Email:	
Healthcare Representative:	Phone #:	Email:	
Other:	Phone #:	Email:	
ASSET INFORMATION			
BANK ACCOUNTS			
Bank:	Account #:	Online ID:	Password:
Bank:	Account #:	Online ID:	Password:
Bank:	Account #:	Online ID:	Password:
Safe Deposit Box Location	Box #:	Location of Key:	

<b>LIFE INSURANCE &amp; ANNUITIES</b>	
<b>Agent's Name:</b>	<b>Phone #:</b>
<b>Company:</b>	<b>Policy #:</b>
<b>On Life Of:</b>	<b>Beneficiary:</b>
<b>Company:</b>	<b>Policy #:</b>
<b>On Life Of:</b>	<b>Beneficiary:</b>
<b>INVESTMENTS</b>	
<b>Investment Accounts:</b>	
1.	
2.	
<b>Individual Retirement Accounts:</b>	
1.	<b>Beneficiary:</b>
2.	<b>Beneficiary:</b>
<b>Pension 401(k) &amp; Retirement Plans:</b>	
<b>MISCELLANEOUS</b>	
<b>Vehicles:</b>	
1.	
2.	
<b>Collections &amp; Unique Assets</b>	

CREDIT CARDS AND MEMBERSHIPS			
Card Name:	Account #:	Phone #:	
Card Name:	Account #:	Phone #:	
Card Name:	Account #:	Phone #:	
Card Name:	Account #:	Phone #:	
Membership:	Account #:	Phone #:	
Membership:	Account #:	Phone #:	
FRIENDS AND FAMILY CONTACTS			
Name:	Address:	Email:	Phone #:
Name:	Address:	Email:	Phone #:
Name:	Address:	Email:	Phone #:
Name:	Address:	Email:	Phone #:
Name:	Address:	Email:	Phone #:
Name:	Address:	Email:	Phone #:
Name:	Address:	Email:	Phone #:

LOCATION OF DOCUMENTS	
<b>ESTATE PLANNING RECORDS</b>	
Living Trust/Will:	
Durable Power of Attorney:	
Oregon Advance Directive:	
POLST:	
Health Care Power of Attorney:	
Medical Records:	
Organ Donor Instructions:	
Funeral Instructions:	
Cremation/Burial Instructions:	
Cemetery Deed:	
<b>FINANCIAL RECORDS</b>	
Checkbook:	
Account Statements:	
Tax Records:	
Stock Transaction Records:	
Life Insurance Policies:	
Annuity Contracts:	
Savings Bonds:	
Appraisals for Jewelry/Collections, etc.:	
<b>PROPERTY RECORDS</b>	
Deed to Residence:	
Mortgage Documents:	
Home Equity Loan Documents:	
Property Insurance:	
Property Tax Records:	
Home Improvement Records:	
<b>IMPORTANT DOCUMENTS</b>	
Birth Certificates:	
Death Certificates:	
Marriage Certificates:	
Divorce/Separation Decrees:	
Military Records:	
Social Security Cards:	
Passports:	
Vehicle Titles:	
<b>MISC</b>	
Other:	