

## Family records worksheet: Asset inventory and personal information

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This document will help you to organize information that will be helpful if there is an emergency or you become incapacitated and you need someone to step in suddenly to manage your financial affairs.

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1. You have two options:
  - Printing out this form and writing your information in
  - Typing your information directly into the form
2. Make sure you keep this form up to date and review it annually.
3. Tell your family about this valuable record of information.
4. Keep the completed form in a secure location that is easily accessible. This will make it more convenient to update and easier for your family to locate. We recommend you do not send personal data via email.





**CHILDREN**

Child's name: \_\_\_\_\_  
*(first) (middle) (maiden) (last)*

Birth date: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Marital status: \_\_\_\_\_ Parent's names: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Child's name: \_\_\_\_\_  
*(first) (middle) (maiden) (last)*

Birth date: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Marital status: \_\_\_\_\_ Parent's names: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Child's name: \_\_\_\_\_  
*(first) (middle) (maiden) (last)*

Birth date: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Marital status: \_\_\_\_\_ Parent's names: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Child's name: \_\_\_\_\_  
*(first) (middle) (maiden) (last)*

Birth date: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Marital status: \_\_\_\_\_ Parent's names: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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**GRANDCHILDREN**

Grandchild's name: \_\_\_\_\_  
*(first) (middle) (maiden) (last)*

Birth date: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Marital status: \_\_\_\_\_ Parent's names: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Grandchild's name: \_\_\_\_\_  
*(first) (middle) (maiden) (last)*

Birth date: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Marital status: \_\_\_\_\_ Parent's names: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Grandchild's name: \_\_\_\_\_  
*(first) (middle) (maiden) (last)*

Birth date: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Marital status: \_\_\_\_\_ Parent's names: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Grandchild's name: \_\_\_\_\_  
*(first) (middle) (maiden) (last)*

Birth date: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Marital status: \_\_\_\_\_ Parent's names: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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**WORK INFORMATION**

Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

\_\_\_\_\_ Date of employment: \_\_\_\_\_

Title: \_\_\_\_\_ Work phone: \_\_\_\_\_

Personal assistant name (if any): \_\_\_\_\_ Phone: \_\_\_\_\_

HR/benefits contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse's employer: \_\_\_\_\_

Spouse's employer address: \_\_\_\_\_

\_\_\_\_\_ Date of employment: \_\_\_\_\_

Title: \_\_\_\_\_ Work phone: \_\_\_\_\_

Personal assistant name (if any): \_\_\_\_\_ Phone: \_\_\_\_\_

HR/benefits contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**PROFESSIONAL CONTACTS**

Attorney's name: \_\_\_\_\_ Law firm: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Accountant's name: \_\_\_\_\_ Firm name: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Financial planner's name: \_\_\_\_\_ Firm name: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Other financial professional name: \_\_\_\_\_ Firm name: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Other financial professional name: \_\_\_\_\_ Firm name: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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## HEALTHCARE

Personal physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Personal physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Specialist physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Area of specialization: \_\_\_\_\_

Dentist's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Other healthcare professional's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Prescriptions and pharmacies: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Note any allergies, conditions or illnesses:

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## INSURANCE POLICIES

### LIFE INSURANCE

Include policies that you own, policies where you are listed as the insured, and policies through your employer.

Insurance company: \_\_\_\_\_ Type of policy: \_\_\_\_\_ Policy number: \_\_\_\_\_

Face amount of policy: \_\_\_\_\_ Loan outstanding?      Yes      No

Owner of policy: \_\_\_\_\_

Insured: \_\_\_\_\_

Primary beneficiary: \_\_\_\_\_

Secondary beneficiary: \_\_\_\_\_

Insurance agent's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of agency: \_\_\_\_\_ Website: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Type of policy: \_\_\_\_\_ Policy number: \_\_\_\_\_

Face amount of policy: \_\_\_\_\_ Loan outstanding?      Yes      No

Owner of policy: \_\_\_\_\_

Insured: \_\_\_\_\_

Primary beneficiary: \_\_\_\_\_

Secondary beneficiary: \_\_\_\_\_

Insurance agent's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of agency: \_\_\_\_\_ Website: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Type of policy: \_\_\_\_\_ Policy number: \_\_\_\_\_

Face amount of policy: \_\_\_\_\_ Loan outstanding?      Yes      No

Owner of policy: \_\_\_\_\_

Insured: \_\_\_\_\_

Primary beneficiary: \_\_\_\_\_

Secondary beneficiary: \_\_\_\_\_

Insurance agent's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of agency: \_\_\_\_\_ Website: \_\_\_\_\_

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Insurance company: \_\_\_\_\_ Type of policy: \_\_\_\_\_ Policy number: \_\_\_\_\_

Face amount of policy: \_\_\_\_\_ Loan outstanding?      Yes      No

Owner of policy: \_\_\_\_\_

Insured: \_\_\_\_\_

Primary beneficiary: \_\_\_\_\_

Secondary beneficiary: \_\_\_\_\_

Insurance agent's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of agency: \_\_\_\_\_ Website: \_\_\_\_\_

**HOMEOWNER'S OR RENTER'S INSURANCE**

Primary residence policy number: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Insurance agent: \_\_\_\_\_ Name of agency: \_\_\_\_\_

Website: \_\_\_\_\_ Phone: \_\_\_\_\_

Second home policy number: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Insurance agent: \_\_\_\_\_ Name of agency: \_\_\_\_\_

Website: \_\_\_\_\_ Phone: \_\_\_\_\_

Excess liability insurance (i.e., umbrella policy) policy number: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Insurance agent: \_\_\_\_\_ Name of agency: \_\_\_\_\_

Website: \_\_\_\_\_ Phone: \_\_\_\_\_

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**HEALTH INSURANCE**

Description of coverage: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Website: \_\_\_\_\_

Group number: \_\_\_\_\_ Service code: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Who pays premiums? \_\_\_\_\_

Description of coverage: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Website: \_\_\_\_\_

Group number: \_\_\_\_\_ Service code: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Who pays premiums? \_\_\_\_\_

**DISABILITY INSURANCE**

Description of coverage: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Premiums paid with:    pretax dollars    after-tax dollars

**LONG-TERM CARE INSURANCE**

Description of coverage: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

**AUTOMOBILE INSURANCE**

Insured automobile: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Website: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Name of agency: \_\_\_\_\_

Insured automobile: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Website: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Name of agency: \_\_\_\_\_

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**FINANCIAL INFORMATION**

**CURRENT SOURCES OF INCOME**

Employer: \_\_\_\_\_

Monthly income: \_\_\_\_\_ Direct deposit: Yes No

Employer: \_\_\_\_\_

Monthly income: \_\_\_\_\_ Direct deposit: Yes No

Other: \_\_\_\_\_

Monthly income: \_\_\_\_\_ Direct deposit: Yes No

Social Security monthly income: \_\_\_\_\_

Social Security monthly income: \_\_\_\_\_

Pension monthly income: \_\_\_\_\_ Includes COLA\*? \_\_\_\_\_

Name of institution/payer: \_\_\_\_\_

Website: \_\_\_\_\_ Phone number: \_\_\_\_\_

Primary beneficiary: \_\_\_\_\_ Terms and conditions: \_\_\_\_\_

Veterans benefits monthly income: \_\_\_\_\_ Includes COLA\*? \_\_\_\_\_ Service branch: \_\_\_\_\_

Dates of service: \_\_\_\_\_

Service/serial number: \_\_\_\_\_ Final rank: \_\_\_\_\_

**EMPLOYER RETIREMENT PLANS (401(k)S) AND INDIVIDUAL RETIREMENT ACCOUNTS (IRAS)**

Type of plan/account: \_\_\_\_\_ Taking required distributions: Yes No

Name of institution: \_\_\_\_\_

Website: \_\_\_\_\_ Phone number: \_\_\_\_\_

Primary beneficiary: \_\_\_\_\_

Secondary beneficiary: \_\_\_\_\_

Type of plan/account: \_\_\_\_\_ Taking required distributions: Yes No

Name of institution: \_\_\_\_\_

Website: \_\_\_\_\_ Phone number: \_\_\_\_\_

Primary beneficiary: \_\_\_\_\_

Secondary beneficiary: \_\_\_\_\_

\*Cost of living adjustment

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Type of plan/account: \_\_\_\_\_ Taking required distributions:      Yes      No  
 Name of institution: \_\_\_\_\_  
 Website: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Primary beneficiary: \_\_\_\_\_  
 Secondary beneficiary: \_\_\_\_\_

**CHECKING, SAVINGS, ANNUITY AND INVESTMENT ACCOUNTS**

Type of account: \_\_\_\_\_  
 Owner(s): \_\_\_\_\_  
 Joint owners or power of attorney (if applicable): \_\_\_\_\_  
 Name of institution: \_\_\_\_\_  
 Account number(s): \_\_\_\_\_ Password(s): \_\_\_\_\_  
 Contact person or website: \_\_\_\_\_ Phone number: \_\_\_\_\_

Type of account: \_\_\_\_\_  
 Owner(s): \_\_\_\_\_  
 Joint owners or power of attorney (if applicable): \_\_\_\_\_  
 Name of institution: \_\_\_\_\_  
 Account number(s): \_\_\_\_\_ Password(s): \_\_\_\_\_  
 Contact person or website: \_\_\_\_\_ Phone number: \_\_\_\_\_

Type of account: \_\_\_\_\_  
 Owner(s): \_\_\_\_\_  
 Joint owners or power of attorney (if applicable): \_\_\_\_\_  
 Name of institution: \_\_\_\_\_  
 Account number(s): \_\_\_\_\_ Password(s): \_\_\_\_\_  
 Contact person or website: \_\_\_\_\_ Phone number: \_\_\_\_\_

Type of account: \_\_\_\_\_  
 Owner(s): \_\_\_\_\_  
 Joint owners or power of attorney (if applicable): \_\_\_\_\_  
 Name of institution: \_\_\_\_\_  
 Account number(s): \_\_\_\_\_ Password(s): \_\_\_\_\_  
 Contact person or website: \_\_\_\_\_ Phone number: \_\_\_\_\_

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Type of account: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Joint owners or power of attorney (if applicable): \_\_\_\_\_

Name of institution: \_\_\_\_\_

Account number(s): \_\_\_\_\_ Password(s): \_\_\_\_\_

Contact person or website: \_\_\_\_\_ Phone number: \_\_\_\_\_

**OTHER ASSETS AND LIABILITIES**

Primary residence address: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Rent Own

Mortgage lending institution: \_\_\_\_\_ Phone: \_\_\_\_\_

Account number(s): \_\_\_\_\_ Website: \_\_\_\_\_

First mortgage: \_\_\_\_\_ Second mortgage: \_\_\_\_\_ Line of credit: \_\_\_\_\_

Primary residence address: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Rent Own

Mortgage lending institution: \_\_\_\_\_ Phone: \_\_\_\_\_

Account number(s): \_\_\_\_\_ Website: \_\_\_\_\_

First mortgage: \_\_\_\_\_ Second mortgage: \_\_\_\_\_ Line of credit: \_\_\_\_\_

Other real estate address: \_\_\_\_\_

Renter(s)/occupant(s): \_\_\_\_\_

Other information: \_\_\_\_\_

**HOME REPAIR CONTACTS**

Name: \_\_\_\_\_ Trade: \_\_\_\_\_

Phone/email: \_\_\_\_\_ Website: \_\_\_\_\_

Name: \_\_\_\_\_ Trade: \_\_\_\_\_

Phone/email: \_\_\_\_\_ Website: \_\_\_\_\_

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**AUTOMOBILES AND OTHER VEHICLES**

Vehicle: \_\_\_\_\_ Tag number: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Location: \_\_\_\_\_

Lending or leasing institution: \_\_\_\_\_

Website: \_\_\_\_\_ Phone: \_\_\_\_\_

Vehicle: \_\_\_\_\_ Tag number: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Location: \_\_\_\_\_

Lending or leasing institution: \_\_\_\_\_

Website: \_\_\_\_\_ Phone: \_\_\_\_\_

Vehicle: \_\_\_\_\_ Tag number: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Location: \_\_\_\_\_

Lending or leasing institution: \_\_\_\_\_

Website: \_\_\_\_\_ Phone: \_\_\_\_\_

Vehicle: \_\_\_\_\_ Tag number: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Location: \_\_\_\_\_

Lending or leasing institution: \_\_\_\_\_

Website: \_\_\_\_\_ Phone: \_\_\_\_\_

**CREDIT CARDS**

Name of company	Account number	Joint owner(s)	Website/phone

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**DOCUMENTATION AND IMPORTANT INFORMATION**

**WILL**

I do not have a will.                      My spouse does not have a will.

Date of most recent will or codicil: \_\_\_\_\_

Location of will and codicils: \_\_\_\_\_

Estate planning attorney's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Law firm: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Executor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Trustee for trusts under will: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian's name: \_\_\_\_\_ Relationship to minor children: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**REVOCABLE LIVING TRUST**

I do not have a revocable living trust.                      My spouse does not have a revocable living trust.

Name: \_\_\_\_\_ Spouse name: \_\_\_\_\_

Date of revocable living trust agreement: \_\_\_\_\_ Dates of amendments: \_\_\_\_\_

Location of original trust document and amendments: \_\_\_\_\_

Have funded the trust:            Yes            No

Are some of my assets still outside the trust?:            Yes            No

Name of current trustee of revocable living trust: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of current trustee of revocable living trust: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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**POWERS OF ATTORNEY**

Power of attorney forms completed for specific investment accounts:      Yes      No

Institutions where the investment accounts are held: \_\_\_\_\_

Name of your attorney-in-fact or agent: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Attorney's name who prepared your document(s): \_\_\_\_\_

Law firm: \_\_\_\_\_ Website: \_\_\_\_\_

Email: \_\_\_\_\_

Power of attorney:    Yes      No      Durable:    Yes      No      Date signed: \_\_\_\_\_

Name of attorney-in-fact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Healthcare power of attorney:    Yes      No      Date signed: \_\_\_\_\_

Name of agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Living will:    Yes      No      Date signed: \_\_\_\_\_

Name of agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Organ donor papers:    Yes      No      Date signed: \_\_\_\_\_

**LOCATION OF RECORDS**

**DEPOSIT BOX**

**OTHER LOCATIONS**

Key to safe deposit box	_____
Original will and codicils	_____
Copy of will and codicils	_____
Original revocable living trust agreement and amendments	_____
Copy of revocable living trust agreement and amendments	_____
Power of attorney for financial matters	_____
Power of attorney for health care	_____
Living will	_____
Organ donor papers	_____
Certificates of title to automobiles	_____

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DEPOSIT BOX

OTHER LOCATIONS

Birth certificates	_____
Passports	_____
Marriage certificate	_____
Divorce decree	_____
Income tax records	_____
Veterinary papers for pets	_____
Keys to home(s) and car(s)	_____
Other	_____

SAFE DEPOSIT BOX

Access authorized to: \_\_\_\_\_

Name of institution: \_\_\_\_\_

Address: \_\_\_\_\_

Box or account number: \_\_\_\_\_ Location of key: \_\_\_\_\_

Co-owner of box (if any): \_\_\_\_\_

ASSETS AND PASSWORDS

Desktop computer: _____	Password: _____
Laptop computer 1: _____	Password: _____
Laptop computer 2: _____	Password: _____
iPad/tablet 1: _____	Password: _____
iPad/tablet 2: _____	Password: _____
Cell phone 1: _____	Password: _____
Cell phone 2: _____	Password: _____
Primary home alarm system: _____	Password: _____
Secondary home alarm system: _____	Password: _____
App 1: _____	Password: _____
App 2: _____	Password: _____
App 3: _____	Password: _____
Facebook: _____	Password: _____
LinkedIn: _____	Password: _____
Instagram: _____	Password: _____
Twitter: _____	Password: _____

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INFORMATION ABOUT SPECIAL FAMILY HEIRLOOMS, PAPERS, ETC.:

**PETS**

Name: \_\_\_\_\_ Approximate age: \_\_\_\_\_

Name: \_\_\_\_\_ Approximate age: \_\_\_\_\_

Name: \_\_\_\_\_ Approximate age: \_\_\_\_\_

Kennel, caregiver and/or walker: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian's name: \_\_\_\_\_ Name of practice: \_\_\_\_\_

Website: \_\_\_\_\_ Phone: \_\_\_\_\_

Groomer: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**PET INSURANCE**

Description of coverage: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Website: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional information (*special care, dietary needs, medicines, etc.*):

**RELIGIOUS AND FUNERAL INFORMATION**

Arrangements made with funeral home or cemetery:      Yes      No      Prepaid:      Yes      No

Name of funeral home: \_\_\_\_\_

Website: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact person: \_\_\_\_\_ Email: \_\_\_\_\_

Name of church: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Clergy: \_\_\_\_\_

Name of cemetery: \_\_\_\_\_

Address: \_\_\_\_\_

Plot location (if any): \_\_\_\_\_ Phone: \_\_\_\_\_

Contact person: \_\_\_\_\_ Email: \_\_\_\_\_

Other wishes:

**ADDITIONAL COMMENTS**



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