

PERSONAL INFORMATION ORGANIZER

Securely manage all your details
in one convenient place



GET YOUR LIVING TRUST BOOK AT
[MAKEMYLIVINGTRUST.COM](https://www.makemylivingtrust.com)

Your Personal Information

An organizer that can be used for planning or emergencies

Prepared/Updated _____

Personal profile

Name _____ Social Security Number _____ DOB _____ Location of Birth Certificates _____

Children _____

Other beneficiaries _____

Financial Advisor

Attorney

CPA/Accountant

Insurance Agent

	Current and dated	Location
Will	_____	_____
Power of Attorney	_____	_____
Health care dir.	_____	_____
Living Will	_____	_____
Revoc. Trust	_____	_____
Other trusts	_____	_____

Personal representative/executor _____

Successor/trustee _____

Location of tax returns _____

Location of safe deposit box _____

Names of authorized to open safe deposit box _____

Location of keys _____

Contents (stock certs, EE bonds, bearer bonds, etc.) _____

Location of real estate deeds _____

Location of divorce decree/prenuptial agreement/child's support documentation _____

Funeral and burial arrangements _____

Incapacity/disability

Name of guardian/trustee in the event of your incapacity _____

What disability policies do you own? _____

What long-term care policies do you own? _____

Investment/bank accounts

Bank/institution _____

How account is titled _____

Account number _____

Type of account _____

Bank/institution _____

How account is titled _____

Account number _____

Type of account _____

Trust accounts

Institution _____	Institution _____
Address _____	Tax ID _____
Type of trust _____	Successor trustee _____
Current trustee _____	
Beneficiaries _____	

Date Trust last reviewed _____

Gift information

Do you have a 529 college savings plan for your children?

Securities

Brokerage Firm _____	Brokerage Firm _____
How account is titled _____	How account is titled _____
Account number _____	Account number _____
Type of account _____	Type of account _____

IRAs/retirement plans

Type _____	How account is titled _____
Participant _____	Name of Company _____
Account number _____	Date _____
Approximate Value _____	Contingent beneficiaries _____
Primary beneficiaries _____	

Life insurance policies

Owned by	Type of policy*	Issuer	Insured*	Beneficiary	Death benefit	Premium	Cash value	Loans
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

Date last reviewed _____

Location of policies _____

Annuities

Owned by	Type of contract*	Issuer	Beneficiary	Death Benefit	Cash value
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

*F = Fixed rate; V = Variable rate

Real Estate Owned

Address _____	Lender _____
Amount owed _____	Online login information: _____
Account number _____	Monthly Payment _____

Address _____	Lender _____
Amount owed _____	Online login information: _____
Account number _____	Monthly Payment _____

Address _____	Lender _____
Amount owed _____	Online login information: _____
Account number _____	Monthly Payment _____

Address _____	Lender _____
Amount owed _____	Online login information: _____
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