

Family Record

Contact Information:

Name_____

Address_____

City, State Zip_____

Home Phone_____ Work Phone_____

Cell Phone_____ Cell Phone_____

Do you have a written will? Yes or No (circle answer)

Where is your copy located_____

When was it last updated_____

Do you have Health Care Directives and a Living Will?

Yes or No (circle answer)

Do you have a Powers of Attorney (POA) for financial decisions?

Yes or No (circle answer)

Place where user names and passwords are stored_____

This family record will give you a central source to collect your family and financial data. This is a good exercise for everyone, including young families and senior adults.

Young Families: This is a great place to begin understanding your overall financial picture.

Senior Adults: This record will be an essential guide to your family or spouse in the event of a sickness or death.

Family Member Name_____

Relationship_____ Birthdate_____

Social Security Number_____

Contact Information_____

Family Member Name_____

Relationship_____ Birthdate_____

Social Security Number_____

Contact Information_____

Family Member Name_____

Relationship_____ Birthdate_____

Social Security Number_____

Contact Information_____

Family Member Name_____

Relationship_____ Birthdate_____

Social Security Number_____

Contact Information_____

Family Member Name_____

Relationship_____ Birthdate_____

Social Security Number_____

Contact Information_____

Key People to Contact in case of Sickness or Emergency

Name of Person _____

Relationship _____ Phone _____

Address _____

Name of Person _____

Relationship _____ Phone _____

Address _____

Name of Person _____

Relationship _____ Phone _____

Address _____

Name of Person _____

Relationship _____ Phone _____

Address _____

Name of Person _____

Relationship _____ Phone _____

Address _____

Name of Organization _____

Address _____

Phone _____

Name of Member _____

Membership Number _____

Name of Organization _____

Address _____

Phone _____

Name of Member _____

Membership Number _____

Name of Organization _____

Address _____

Phone _____

Name of Member _____

Membership Number _____

Name of Organization _____

Address _____

Phone _____

Name of Member _____

Membership Number _____

Name of Organization _____

Address _____

Phone _____

Name of Member _____

Membership Number _____

Income Sources (Social Security, Pension)

Type _____
Company _____
Payment Date _____ Amount _____
Location of Contracts/Records _____
Additional Information _____

Type _____
Company _____
Payment Date _____ Amount _____
Location of Contracts/Records _____
Additional Information _____

Type _____
Company _____
Payment Date _____ Amount _____
Location of Contracts/Records _____
Additional Information _____

Type _____
Company _____
Payment Date _____ Amount _____
Location of Contracts/Records _____
Additional Information _____

Type _____
Company _____
Payment Date _____ Amount _____
Location of Contracts/Records _____
Additional Information _____

Schedule of Debt

Type _____
Company _____
Amount Owed _____ Payment Schedule _____
Location of Contracts/Records _____
Additional Information _____

Type _____
Company _____
Payment Date _____ Amount _____
Location of Contracts/Records _____
Additional Information _____

Type _____
Company _____
Payment Date _____ Amount _____
Location of Contracts/Records _____
Additional Information _____

Type _____
Company _____
Payment Date _____ Amount _____
Location of Contracts/Records _____
Additional Information _____

Type _____
Company _____
Payment Date _____ Amount _____
Location of Contracts/Records _____
Additional Information _____

Cash Flow Worksheet

Get a better picture of your current spending by using the space below. Some item like mortgage/rent are a fixed expense. Identify expenses you could reduce today and apply toward your debt or building your cash reserves.

Expense	Budgeted	Notes
Mortgage/Rent		
Electricity		
Gas/Heating/Oil		
Water/Sewer/Trash		
Property Tax		
Phone/Cell Phone		
Cable/TV		
Internet		
Furnishings/Appliances		
Lawn/Garden		
Home Supplies		
Maintenance		
Groceries		
Misc. Supplies		
Clothing		
Cleaning Services		
Dining/Eating Out		
Dry Cleaning		
Salon/Barber		
Vehicle Payments		
Gas/Fuel		
Bus/Taxi/Train Fare		
Repairs		
Sub-Total		

Expense	Budgeted	Notes
School Tuition		
School Lunch		
Childcare		
Doctor/Dentist		
Medicine/Drugs		
Health Club Dues		
Auto Insurance		
Health Insurance		
Home/Rental Insurance		
Life Insurance		
Gifts for Family/Friends		
Church Donations		
Ministry Donations		
Emergency Fund		
Transfer to Savings		
Retirement (401k, IRA)		
Investments		
College Savings		
Student Loan		
Credit Card #1		
Credit Card #2		
Credit Card #3		
Other		
Other		
Other		
Sub-Total		
Monthly Grand Total		

Professional Advisors

Attorney _____

Contact Information _____

Personal Representative (Self) _____

Contact Information _____

Personal Representative (Spouse) _____

Contact Information _____

Guardian of Children _____

Contact Information _____

Pastor _____

Contact Information _____

Primary Care Doctor _____

Contact Information _____

Other Doctor/Specialist _____

Contact Information _____

Other Doctor/Specialist _____

Contact Information _____

Other Doctor/Specialist _____

Contact Information _____

Other Doctor/Specialist _____

Contact Information _____

Dentist _____

Contact Information _____

Accountant or Tax Advisor _____

Contact Information _____

Investment Advisor _____

Contact Information _____

Banker or Trust Officer _____

Contact Information _____

Employer _____

Contact Information _____

Employer _____

Contact Information _____

Business Partner _____

Contact Information _____

Life Insurance Agent _____

Contact Information _____

Home Insurance Agent _____

Contact Information _____

Auto Insurance Agent _____

Contact Information _____

Child/Adult Care Provider _____

Contact Information _____

Neighbor or Close Friend _____

Contact Information _____

Neighbor or Close Friend _____

Contact Information _____

Neighbor or Close Friend _____

Contact Information _____

Parents _____

Contact Information _____

Parents _____

Contact Information _____

Parents _____

Contact Information _____

Children's School Contacts _____

Contact Information _____

Other _____

Contact Information _____

Other _____

Contact Information _____

Other _____

Contact Information _____

Other _____

Contact Information _____

Other _____

Types of Property Ownership

1. Sole Ownership occurs when a single person owns a complete interest in a property or asset.
2. Joint Tenancy is when two or more persons share equal interests in the property. Joint tenancy is not limited to spouses. Anyone can share joint interests with others.
3. Joint Tenancy with Rights of Survivorship (JTWROS) is another form of co-ownership with rights of survivorship.
4. Tenancy in Common own an undivided interest in property between two or more people. However, unlike other forms of joint ownership, these interests can be owned in different percentages.

Community Property States: Currently, 10 states have some variation of community property laws: Alaska, Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, and Wisconsin. In a community property state, any assets or income obtained during a marriage are not owned solely by either spouse. It is considered part of the "community" of the marriage, and thus each spouse owns an equal share.

Note: Each state may have slightly different options available. Please consult with a professional in your area.

Property Ownership Schedule

Home Owner(s) _____
Type of Ownership _____
Location/Description _____
Date Acquired _____ Location of Title _____
Additional Information _____

Rentals Owner(s) _____
Type of Ownership _____
Location/Description _____
Date Acquired _____ Location of Title _____
Additional Information _____

Business Owner(s) _____
Type of Ownership _____
Location/Description _____
Date Acquired _____ Location of Title _____
Additional Information _____

Timeshare Owner(s) _____
Type of Ownership _____
Location/Description _____
Date Acquired _____ Location of Title _____
Additional Information _____

Cemetery Owner(s) _____
Type of Ownership _____
Location/Description _____
Date Acquired _____ Location of Title _____
Additional Information _____

Other _____ Owner(s) _____
Type of Ownership _____
Location/Description _____
Date Acquired _____ Location of Title _____
Additional Information _____

Vehicle Ownership Schedule

Type _____ Owner(s) _____
Type of Ownership _____
Location/Description _____
Date Acquired _____ Location of Title _____
Additional Information _____

Type _____ Owner(s) _____
Type of Ownership _____
Location/Description _____
Date Acquired _____ Location of Title _____
Additional Information _____

Type _____ Owner(s) _____
Type of Ownership _____
Location/Description _____
Date Acquired _____ Location of Title _____
Additional Information _____

Type _____ Owner(s) _____
Type of Ownership _____
Location/Description _____
Date Acquired _____ Location of Title _____
Additional Information _____

Type _____ Owner(s) _____
Type of Ownership _____
Location/Description _____
Date Acquired _____ Location of Title _____
Additional Information _____

Banking & Savings Accounts

Checking Financial Institution/Company _____
Phone _____ Name/Owner _____
Location of Records _____ Account # _____
Beneficiary _____ Value _____
Dates (Purchase, Maturity, etc.) _____

Savings Financial Institution/Company _____
Phone _____ Name/Owner _____
Location of Records _____ Account # _____
Beneficiary _____ Value _____
Dates (Purchase, Maturity, etc.) _____

Type _____ Financial Institution/Company _____
Phone _____ Name/Owner _____
Location of Records _____ Account # _____
Beneficiary _____ Value _____
Dates (Purchase, Maturity, etc.) _____

Type _____ Financial Institution/Company _____
Phone _____ Name/Owner _____
Location of Records _____ Account # _____
Beneficiary _____ Value _____
Dates (Purchase, Maturity, etc.) _____

Type _____ Financial Institution/Company _____
Phone _____ Name/Owner _____
Location of Records _____ Account # _____
Beneficiary _____ Value _____
Dates (Purchase, Maturity, etc.) _____

Stocks & Bonds IRAs Retirement Accounts

Individual Retirement Accounts, 401-k

Financial Institution/Company _____
Phone _____ Name/Owner _____
Location of Records _____ Account # _____
Beneficiary _____ Value _____
Dates (Purchase, Matures) _____

Individual Retirement Accounts, 401-k

Financial Institution/Company _____
Phone _____ Name/Owner _____
Location of Records _____ Account # _____
Beneficiary _____ Value _____
Dates (Purchase, Matures) _____

Retirement Plans, Pensions, etc.

Financial Institution/Company _____
Phone _____ Name/Owner _____
Location of Records _____ Account # _____
Beneficiary _____ Value _____
Dates (Purchase, Matures) _____

Retirement Plans, Pensions, etc.

Financial Institution/Company _____
Phone _____ Name/Owner _____
Location of Records _____ Account # _____
Beneficiary _____ Value _____
Dates (Purchase, Matures) _____

Annuities, Savings, Bonds

Financial Institution/Company _____
Phone _____ Name/Owner _____
Location of Records _____ Account # _____
Beneficiary _____ Value _____
Dates (Purchase, Matures) _____

Annuities, Savings, Bonds

Financial Institution/Company _____
Phone _____ Name/Owner _____
Location of Records _____ Account # _____
Beneficiary _____ Value _____
Dates (Purchase, Matures) _____

Stocks, Mutual Funds

Financial Institution/Company _____
Phone _____ Name/Owner _____
Location of Records _____ Account # _____
Beneficiary _____ Value _____
Dates (Purchase, Matures) _____

Stocks, Mutual Funds

Financial Institution/Company _____
Phone _____ Name/Owner _____
Location of Records _____ Account # _____
Beneficiary _____ Value _____
Dates (Purchase, Matures) _____

This material has been prepared for informational purposes only, and is not intended to provide, and should not be relied on for, tax, legal, or accounting advice. You should consult your own tax, legal, and accounting advisors before engaging in any transaction.

A Word about Beneficiaries

The importance of a beneficiary designation on insurance policies and retirement accounts cannot be overstated. In most cases anything with a named beneficiary bypasses your will or trust—it is not controlled by a will or trust.

Your beneficiary is the person who is entitled to receive the proceeds from the life insurance policy, retirement accounts (IRAs), or transfer on death accounts (POD). A beneficiary can be one or more individuals and even organizations such as your church or favorite ministry.

You should review your beneficiary information at least once a year to make sure everything is current. Certain life events such a marriage, the birth of a child, or divorce should also trigger a review of your beneficiary information. This will save your family members unnecessary grief later on.

Typically, you can designate two types of beneficiaries:

- 1) Primary beneficiaries are first in line to receive the designated asset upon your death.
- 2) Secondary (or contingent) beneficiaries receive the asset if there are no surviving primary beneficiaries upon your death.

NOTE: Please make sure the bank, insurance company, or IRA custodian has the same beneficiaries listed on each account.

Life Insurance Policies

Type _____ Company _____
Policy# _____ Location of Policy _____
Primary Beneficiary _____
Contingent Beneficiary _____
Policy Owner _____
Person/Property Insured _____ Value(s) _____

Type _____ Company _____
Policy# _____ Location of Policy _____
Primary Beneficiary _____
Contingent Beneficiary _____
Policy Owner _____
Person/Property Insured _____ Value(s) _____

Type _____ Company _____
Policy# _____ Location of Policy _____
Primary Beneficiary _____
Contingent Beneficiary _____
Policy Owner _____
Person/Property Insured _____ Value(s) _____

Type _____ Company _____
Policy# _____ Location of Policy _____
Primary Beneficiary _____
Contingent Beneficiary _____
Policy Owner _____
Person/Property Insured _____ Value(s) _____

Other Insurance Policies

Home Company _____
Policy# _____ Location of Policy _____
Policy Owner _____
Person/Property Insured _____ Value(s) _____

Auto Company _____
Policy# _____ Location of Policy _____
Policy Owner _____
Person/Property Insured _____ Value(s) _____

Disability Company _____
Policy# _____ Location of Policy _____
Policy Owner _____
Person/Property Insured _____ Value(s) _____

Health Company _____
Policy# _____ Location of Policy _____
Policy Owner _____
Person/Property Insured _____ Value(s) _____

Other _____ Company _____
Policy# _____ Location of Policy _____
Policy Owner _____
Person/Property Insured _____ Value(s) _____

Other _____ Company _____
Policy# _____ Location of Policy _____
Policy Owner _____
Person/Property Insured _____ Value(s) _____

Cards (Credit, Debit, ATM)

Type _____ Name on Account _____
Account # _____
If Lost or Stolen, Notify Company/Institution _____

Address _____
Phone _____

Type _____ Name on Account _____
Account # _____
If Lost or Stolen, Notify Company/Institution _____

Address _____
Phone _____

Type _____ Name on Account _____
Account # _____
If Lost or Stolen, Notify Company/Institution _____

Address _____
Phone _____

Type _____ Name on Account _____
Account # _____
If Lost or Stolen, Notify Company/Institution _____

Address _____
Phone _____

Other Important Records

Adoption Papers Location_____

Additional Information_____

Baptismal Records Location_____

Additional Information_____

Birth Certificates Location_____

Additional Information_____

Citizen/Naturalization Papers Location_____

Additional Information_____

Death Certificates Location_____

Additional Information_____

Diplomas Location_____

Additional Information_____

Divorce/Separation Papers Location_____

Additional Information_____

Health Records (with Blood Type) Location_____

Additional Information_____

Marriage Certificates Location_____

Additional Information_____

Military Records Location_____

Additional Information_____

Passport Location_____

Additional Information_____

Real Estate Deed/Easements/Rights of Way Location_____

Additional Information_____

Titles and Bills of Sale Location_____

Additional Information_____

Titles and Bills of Sale Location_____

Additional Information_____

Bank/Credit Union Statements Location_____

Additional Information_____

Cemetery Plot/Records Location_____

Additional Information_____

Education Records Location_____

Additional Information_____

Employment Records Location_____

Additional Information_____

Family Medical History Location_____

Additional Information_____

Income/Expense Records Location_____

Additional Information_____

Income Tax Returns Location_____

Additional Information_____

Funeral Plan Documents/Instructions Location_____

Additional Information_____

Letter of Last Instructions Location_____

Additional Information_____

Medical Records Location_____

Additional Information_____

Net Worth Statements Location_____

Additional Information_____

Safe-Deposit Box Inventory Location_____

Additional Information_____

Warranties/Appliance Manuals Location_____

Additional Information_____