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# **P**ersonal & Family Financial Records Inventory



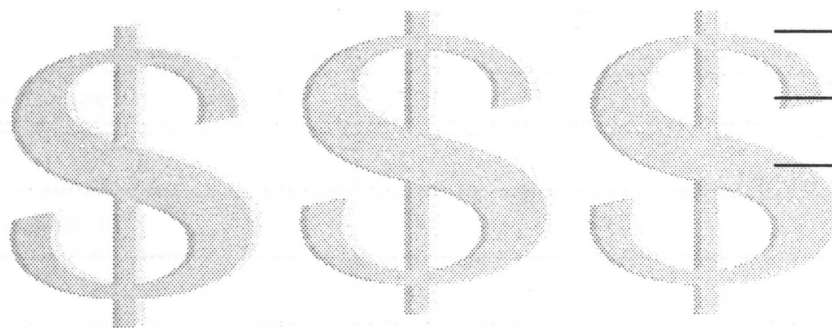


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Financial Records of: \_\_\_\_\_

Date: \_\_\_\_\_

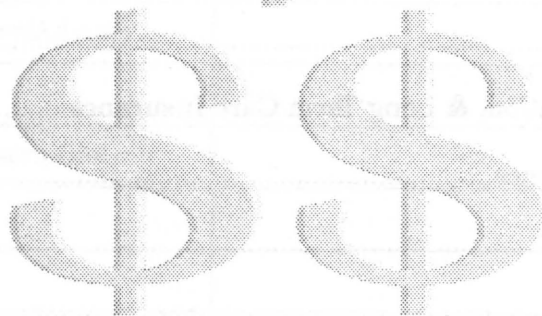
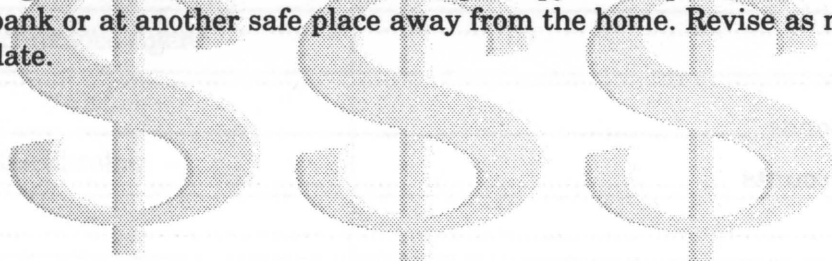
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Taking time to organize your financial papers and records may be the best investment you ever make. It is important for all members of the family to know where records or papers are kept and who to turn to for advice in case of an emergency. Planning ahead by completing these forms can save much time and money if emergencies or deaths occur.

Use these forms to make a family record book. Insert the forms in a loose-leaf notebook; extra pages can be added as needed. Keep a copy of completed forms in your safe deposit box at the bank or at another safe place away from the home. Revise as needed to keep information up-to-date.



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# Financial Advisors

Name	Address	Phone Number
Accountant		
Attorney		
Banker(s)		
Benefits Officer		
Executor of Wills		
Financial Planner		
Insurance Agent		
Stockbroker		
Tax Preparer/Advisor		
Other Advisors (list)		

# Family Record

Name	Date of Birth	Place of Birth (where recorded)	Social Security Number

## Employment Information

Name of employee \_\_\_\_\_

Employer's name \_\_\_\_\_

Employer's address \_\_\_\_\_

Date employment began with this employer \_\_\_\_\_

Name of immediate supervisor \_\_\_\_\_

Type of benefits & insurance \_\_\_\_\_

Benefits office contact & phone number \_\_\_\_\_

Name of employee \_\_\_\_\_

Employer's name \_\_\_\_\_

Employer's address \_\_\_\_\_

Date employment began with this employer \_\_\_\_\_

Name of immediate supervisor \_\_\_\_\_

Type of benefits & insurance \_\_\_\_\_

Benefits office contact & phone number \_\_\_\_\_



# Business Information

Name of business \_\_\_\_\_

Business location \_\_\_\_\_

Employer identification no. \_\_\_\_\_

Sole proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

If you own your own business:

Business partners/owners/telephone numbers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Partnership agreement? Yes \_\_\_\_\_ No \_\_\_\_\_ Filed \_\_\_\_\_

Partnership insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Filed \_\_\_\_\_

Copies of contracts and policies are located \_\_\_\_\_

Accountant's name \_\_\_\_\_

Address \_\_\_\_\_

Attorney's name \_\_\_\_\_

Address \_\_\_\_\_

Instructions for supervision or sale of business are in \_\_\_\_\_

If a corporation, Articles of Incorporation and Bylaws are in \_\_\_\_\_

# Where Important Papers Are Kept

Record	Where Kept
Abstract of title to real estate	
Automobile title & bill of sale	
Automobile registration	
Other vehicle titles	
Birth certificates, adoption papers	
Business records	
Canceled checks	
Church (baptismal or confirmation papers)	
Citizenship papers	
Contract papers	
Death certificates	
Deed to cemetery lot	
Deeds to property	
Directive to Physicians (Living Will)	
Durable Power of Attorney for Health Care	
Financial statement (net worth, etc.)	
Guarantees and warranties	
Health records	
Home improvement records	
Income records	
Insurance policies	
Investment records	
Keys	
Safe deposit keys	
Other important keys	
Letter of last instruction	



# Where Important Papers Are Kept (continued)

Record	Where Kept
Loan contracts	
Marriage records, divorce decrees	
Military service records	
Mortgage papers	
Passports	
Pension plan records	
Power of Attorney for business/personal affairs	
Property records	
Savings account records	
Social Security, employment records	
Stock and bond certificates	
Tax records (income, property, inheritances, estate)	
Wills (of each family member)	

# Safe Deposit Box

Location of safe deposit box: \_\_\_\_\_

Box number: \_\_\_\_\_

Persons having access: \_\_\_\_\_

Location of keys: \_\_\_\_\_

Contents of box: (date \_\_\_\_\_) \_\_\_\_\_

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# Credit & Debit Cards



Company	Account in Name of	Address & Phone Number to Notify in Case of Loss	Account Number	Number of Cards/ Names of Cardholders	Expiration Date





**Money Owed to the Family**

Person Owing Family	Address	Amount	Date Due	How & When Payable



## Checking and Money Market Accounts

In Whose Name(s)	Name & Address of Financial Institution	Account Number

## Savings Accounts & Certificates of Deposit (CD)

(Banks—Savings & Loan—Credit Union)

In Whose Name(s)	Type of Account	Name & Address of Financial Institution	Account Number	If CD, Maturity Date



# Investments

## STOCKS

Company	Serial Number	Date Purchased	Number of Shares	Cost per Share	In Whose Name(s)

## BONDS

Name of Issuing Company/Entity	Serial Number	Date Purchased	Purchase Price	Maturity Date	Face Value	In Whose Name(s)

**GOVERNMENT/MUNICIPAL BONDS**

Name of Issuing Entity	Serial Number	Purchase Price	Maturity Date	In Whose Name(s) & Beneficiary

**PENSION & RETIREMENT ACCOUNTS**

(Pension plans, IRAs, 401K, 403b, tax deferred annuities, etc.)

Company/Representative	Address	Phone Number	Beneficiary	Type of Account

\$\$



**MUTUAL FUNDS**

(Remember to save annual transaction summaries from the company)

<b>Company/Fund Name/ Address</b>	<b>Phone Number</b>	<b>Account Number</b>	<b>Date Purchased</b>	<b>Number of Shares</b>	<b>Cost per share</b>	<b>In Whose Name(s) &amp; Beneficiary</b>

# Life Insurance

Company & Address of Agent	Name of Insured	Policy Number	Beneficiary	Type of Policy & Amount of Coverage	Premium		Maturity Date
					Date Payable	Amount	

\$\$

# Health, Accident, Disability, Hospitalization, & Long Term Care Insurance



Company, Address, & Phone of Agent	Name of Insured	Policy Number	Beneficiary	Type of Coverage	Premium		Benefits & Other Information (e.g., primary care physician)
					Date Payable	Amount	

# Real Estate & Personal Property Insurance

Company & Address of Agent	Property Insured (home, auto, furnishings)	Type of Insurance	Amount of Coverage & Deductible	Premium	
				Date Payable	Amount

\$\$



# Real Estate

Personal property (description): \_\_\_\_\_

Business property (description): \_\_\_\_\_

Owner(s) & Type of Ownership	Location	Purchase		Amount of Original Mortgage	Mortgage Holder Address	Monthly Payment (principal & interest)	Escrow Amount	Due Date	Length of Mortgage
		Date	Price						

Description of major improvements:	Date	Cost

Proof of purchase price and receipted bills for improvement are located \_\_\_\_\_

Copy of plat plan is located \_\_\_\_\_

# Household Inventory

A household inventory is helpful in determining how much insurance coverage is needed. It also furnishes a record on which to base claims if losses occur. List your household goods, room by room, including anything on the walls and in the closets, items in the garage, and personal jewelry. Record the date or year of purchase and cost of each item when purchased. Estimate if exact figures are unknown. Record current market value and the date. This value is the amount you could get if you sold the item now.

Item	Date or Year Purchased	Cost	Current Market Value		
			Year	Year	Year

(Additional sheets may be added as needed.)



**Household Inventory (continued)**

Item	Date or Year Purchased	Cost	Current Market Value		
			Year	Year	Year

**Note:** You may wish to add a photographic or video inventory to this section to further document your household possessions. Keep a copy of your inventory, negatives and/or video in a safe deposit box to prevent it from being destroyed in a fire or other disaster.



# Smoothing the Way: Guidelines for My Survivors

My name is \_\_\_\_\_  
first middle/maiden last

When I die, please contact \_\_\_\_\_  
name relationship  
\_\_\_\_\_ address phone

My important papers are located at \_\_\_\_\_

## INFORMATION FOR DEATH CERTIFICATE & FILING FOR BENEFITS:

My address \_\_\_\_\_  
street address

\_\_\_\_\_ city county state zip code

Citizen of \_\_\_\_\_ Race \_\_\_\_\_ Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_

If veteran \_\_\_\_\_  
rank branch of service serial number

\_\_\_\_\_ date & place entered service date discharged

I have  never married  married  been widowed  separated  divorced  remarried

Spouse's full (maiden) name \_\_\_\_\_

Name(s) of next of kin (other than spouse), relationship and address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father's full name and birthplace \_\_\_\_\_

Mother's maiden name and birthplace \_\_\_\_\_



**PLEASE NOTE: AFTER DEATH, I PREFER:**

To donate these organs \_\_\_\_\_;  
autopsy, if doctor or family request \_\_\_\_\_

Simple arrangements:  no embalming  no public viewing  the least expensive burial or  
cremation container  immediate disposition

That my body be:

donated; arrangements made on \_\_\_\_\_ with \_\_\_\_\_  
date medical school

cremated and the ashes  scattered or  buried in \_\_\_\_\_  
location of cemetery plot

or disposed of as follows \_\_\_\_\_

buried \_\_\_\_\_  
location

The following services:  memorial (after disposition)  funeral (before disposition)

graveside to be held at  my church  mortuary  other

Memorial gifts to \_\_\_\_\_  
\_\_\_\_\_;

omit flowers \_\_\_\_\_

I have made pre-arrangements with \_\_\_\_\_  
name of mortuary

Religious preferences \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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