Texas Agricultural Extension Service



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Financial & Family Financial Records Inventory

Texas Agricultural Extension Service • Zerle L. Carpenter, Director • The Texas A&M University System • College Station, Texas

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Financial Records of:_

Date:		Date Revised:	
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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.



Prepared by Family Economics Specialists, Texas Agricultural Extension Service, Texas A&M University System. June 1997.

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Financial Advisors

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

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

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	rei and indiana an
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			h in the second of the	
Business location			- specker, crabby by	i ser testi
Employer identification no.			desite that the backs	
Sole proprietorship	Partnership_		Corporation	
If you own your own business:				
Business partners/owners/telep	hone numbers			
			17. (mjržd	н. -
			010000	
Partnership agreement? Yes	No	Filed	우스 공연 여행 가격 여행 방법이	5 K. 6 7
Partnership insurance? Yes	No	Filed	76.95007	hagen - e
Copies of contracts and policies	are located _		1997 A.	
Accountant's name				
Address				
Attorney's name				
Address		1.000	ta in Norman Calence	
Instructions for supervision or s	ale of busines	s are in	Sectore (1977)	ala si
If a corporation, Articles of Inco	rporation and	Bylaws are in	n	Ne. ganda

Where Important Papers Are Kept

Record	Where Kept
Abstract of title to real estate	
Automobile title & bill of sale	a state of the second second
Automobile registration	ter Allen and the states in the
Other vehicle titles	
Birth certificates, adoption papers	
Business records	
Canceled checks	
Church (baptismal or confirmation papers)	Part and the part of the second
Citizenship papers	
Contract papers	- and a second second second second
Death certificates	
Deed to cemetery lot	
Deeds to property	
Directive to Physicians (Living Will)	
Durable Power of Attorney for Health Care	in a second s
Financial statement (net worth, etc.)	a supportable of this of the operated
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	in the second
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)	
	1

Safe Deposit Box

Location of safe deposit box:	
Box number:	
Persons having access:	Marina and a state of the second state of the
Location of keys:	
Contents of box: (date)	and a second
	teritmeter dinne yaars an allek

Credit & Debit Cards

Account in Name of	Address & Phone Number to Notify in Case of Loss	Account Number	Number of Cards/ Names of Cardholders	Expiration Date
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0000				
	Account in Name of	Account in Name of Address & Phone Number to Notify in Case of Loss	Account in Name of Address & Phone Number to Notify in Case of Loss Account Number Image:	Account in Address & Phone Number Account Names of

Loans & Mortgages Outstanding

Person or Company Owed	Address	Amount	Payment	Due Date of Final Payment
			EL CALCOLO	198064 States
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	and the second second			

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Person Owing Family	Address	Amount	Date Due	How & When Payable
	ABA DA			
	18 Mary Carriege	Second Construction		
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Bre Whome Manada)	V TONES & TANK	and the second second		anan dan kara bara
	CULL NUTE SUIG LA	ment when we	The second states and the	

Checking and Money Market Accounts

In Whose Name(s)	Name & Address of Financial Institution	Account Number
and the second sec		

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
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			NUDA TADA	A MAR DISC.
			and the second	
		Workers Charles the Earlies		

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Investments

STOCKS

Company	Serial Number	Date Purchased	Number of Shares	Cost per Share	In Whose Name(s)
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southe adaptable souther and	North State		20 12	an marks	200 0 C
				and a second	

BONDS

Name of Issuing Company/Entity	Serial Number	Date Purchased	Purchase Price	Maturity Date	Face Value	In Whose Name(s)
	a construction of the second sec	Co.¥1.3736664	C NO MICHAEL R	0003		

GOVERNMENT/MUNICIPAL BONDS

Name of Issuing Entity	Serial Number	Purchase Price	Maturity Date	In Whose Name(s) & Beneficiary
		<u>28334122</u>	e general og det	
		arte and	ana kaonan	

PENSION & RETIREMENT ACCOUNTS

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

Company/Representative	Address	Phone Number	Beneficiary	Type of Account
		and Chrossepping	Animat Manager	tra D.
				ACCOUNT OF A
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MUTUAL FUNDS

(Remember to save annual transaction summaries from the company)

Company/Fund Name/ Address	Phone Number	Account Number	Date Purchased	Number of Shares	Cost per share	In Whose Name(s) & Beneficiary
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Computer a Additional						
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Life Insurance

				Type of Policy		mium	
Company & Address of Agent	Name of Insured		Beneficiary	& Amount of Coverage	Date Payable	Amount	Maturit Date
		. California and			and the second	1	
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	energy and the processors						
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Health, Accident, Disability, Hospitalization, & Long Term Care Insurance

					Pror	nium	Benefits & Other Information
Company, Address, & Phone of Agent	Name of Insured	Policy Number	Policy Beneficiary Number	Type of Coverage	Date Payable	Amount	(e.g., primary care physician)
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					-		
		เสมอาจ สามาร์ลด	12.04.00.2	0.7%3310000			
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na ne banatana kasile san	L G T L	and comme	a pointe and	State And	1.1.1		

Real Estate & Personal Property Insurance

	Property Insured		Amount of	Prei	nium
Company & Address of Agent	(home, auto, furnishings)	Type of Insurance	Coverage & Deductible	Date Payable	Amount
			· · · · · · · · · · · · · · · · · · ·		
					-
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naith, Accideal, Disability, Flospilahzaban, & Long Ferri Care Insurance

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Real Estate

Personal property (description):

Business property (description):

		Pur	chase	Amount of		Monthly Payment	_	_	
Owner(s) & Type of Ownership	Location	Date	Price	Original Mortgage	Mortgage Holder Address	(principal & interest)	Escrow Amount		
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and the processing of the second			4					23	
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Description of major improvements:

Date Cost

Proof of purchase price and receipted bills for improvement are located ______

Copy of plat plan is located _____

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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.

	Date or Year		Curr	rent Ma Value	rket
Item	Purchased	Cost	Year	Year	Year
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(Additional sheets may be added as needed.)

	Date or Year Purchased	Cost	Current Market Value		
Item			Year	Year	Year
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			anti indi Ena	Heren Du	
		and add	d has so	an nabiks	
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Household Inventory (continued)

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	anna an	in an arefland	distant and			
	first	middle/maider	r	last		
When I die, pleas	e contact	A subsection of the subsection		112031		
		name		relationship		
	address			phone		
My important pap	pers are located at		1.245	1.0		
INFORMATION	FOR DEATH CE	RTIFICATE & FILI	NG FOR BE	NEFITS:		
My address						
		street address				
city	7	county	state	zip code		
Citizen of	Race	Birthplace		Date of Birth		
If veteran			1			
	rank	branch of service		serial number		
date & place entered service				date discharged		
I have 🗆 never n	narried \Box married	\Box been widowed \Box	separated \Box	divorced \Box remarried		
Spouse's full (mai	den) name					
Name(s) of next o	f kin (other than s	pouse), relationship a	nd address			
Father's full name	e and birthplace					
wother's maiden	name and birthpla	ce				

PLEASE NOTE: AFTER DEATH, I PREFER:

To donate these organs autopsy, if doctor or family request	;						
□ Simple arrangements: □ no embalming □ no p cremation container □ immediate disposition	public viewing \Box the least expensive burial or						
That my body be:							
\Box donated; arrangements made on	with						
date	medical school						
\Box cremated and the ashes \Box scattered or \Box buried in							
	location of cemetery plot						
or disposed of as follows							
buried							
location	a						
The following services: \Box memorial (after dispose \Box graveside to be held at \Box my church \Box me							
Memorial gifts to							
	;						
omit flowers							
I have made pre-arrangements with							
	name of mortuary						
Religious preferences							
Signature							



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For Sale: \$ 2.50

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