

Family Record Book

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Introduction

This book is designed to help you and your family organize your personal and financial information to provide an up to date reference for your family or friends upon death or loss of communicative skills. Keep this booklet in a secure place and let those close to you know of its location. You may also want to share this book with one or more of your professional advisors.

Please seriously consider completing this book to the greatest extent possible. Detailed guidance and information can be the most significant gift that you leave for your loved ones after you are gone.

Include information even if you think your family should know it, as the tragedy of sudden death or illness can impair one's memory.

Consider these items as you complete your personal record book:

1. Location of Personal Documents
2. Assets and Liabilities
3. Valuables
4. Wills and Trusts
5. Survivor Benefits
6. Tax Documents
7. Funeral Instructions
8. People to Notify

Even though it is important to share this information with your friends and family, please be aware of the fact that when this information changes, it will be important to update each copy in existence.

Personal Information

Husband

Name: _____

Address: _____

E-Mail: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation and Employer: _____

Title or Position: _____

Date of Birth: _____

U. S. Citizen? _____

SSN: _____

Parents' Names and Address (if living):

Date of Marriage: _____

Place of Marriage: _____

Wife

Name: _____

Address (if different): _____

E-Mail: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation and Employer: _____

Title or Position: _____

Date of Birth: _____

U. S. Citizen? _____

SSN: _____

Parents' Names and Address (if living):

Children or Other Family Members

Please list your children (if any). If you have no children please list other close relatives such as parents or siblings.

Name: _____	Relationship: _____
Address: _____	Date of birth: _____
_____	Phone: _____
_____	E-mail: _____

Name: _____	Relationship: _____
Address: _____	Date of birth: _____
_____	Phone: _____
_____	E-mail: _____

Name: _____	Relationship: _____
Address: _____	Date of birth: _____
_____	Phone: _____
_____	E-mail: _____

Name: _____	Relationship: _____
Address: _____	Date of birth: _____
_____	Phone: _____
_____	E-mail: _____

Name: _____	Relationship: _____
Address: _____	Date of birth: _____
_____	Phone: _____
_____	E-mail: _____

Deceased Children: _____

My Assets

Personal Property Collections: _____

Vehicle (year, make, model): _____

Own or Lease: _____ Location of Documentation: _____

Vehicle (year, make, model): _____

Own or Lease: _____ Location of Documentation: _____

Other (i.e. recreational vehicles, boats): _____

Bank Accounts/CDs

Bank: _____ Contact: _____

Account Type: _____ Phone: _____

Account Number: _____ Documents are located: _____

Bank: _____ Contact: _____

Account Type: _____ Phone: _____

Account Number: _____ Documents are located: _____

Bank: _____ Contact: _____

Account Type: _____ Phone: _____

Account Number: _____ Documents are located: _____

Safe Deposit Box

Location of Box: _____ Box Number: _____

Address: _____

Person(s) with access to box: _____

Location of key: _____

Investment Accounts

Investment Type: _____

Custodian: _____ Phone: _____

Contact: _____ Fax: _____

Location: _____ E-mail: _____

Comments: _____

Investment Type: _____

Custodian: _____ Phone: _____

Contact: _____ Fax: _____

Location: _____ E-mail: _____

Comments: _____

Investment Type: _____

Custodian: _____ Phone: _____

Contact: _____ Fax: _____

Location: _____ E-mail: _____

Comments: _____

Investment Type: _____

Custodian: _____ Phone: _____

Contact: _____ Fax: _____

Location: _____ E-mail: _____

Comments: _____

Debts Owed to Me

Name of Debt Holder: _____ Phone: _____

Address: _____

Amount Owed: _____ Location of Documentation: _____

Name of Debt Holder: _____ Phone: _____

Address: _____

Amount Owed: _____ Location of Documentation: _____

Name of Debt Holder: _____ Phone: _____

Address: _____

Amount Owed: _____ Location of Documentation: _____

Closely Held Business Interests

Name of Business: _____

Address: _____

Type of Business: _____

Business advisors, accounts, etc.: _____

Key Employees: _____

Does a buy-sell agreement exist? _____

If so, what type: _____

Please attach copies of business documents such as Bylaws, Operating Agreement, Articles of Organization, and a copy of the buy-sell agreement if there is one.

Miscellaneous

Limited Partnership/LLC: _____

Annuities (other than qualified retirement plans, IRAs, 401(k)s): _____

Other: _____

Employee Benefits

Name: _____

Employer: _____ Phone: _____

Address: _____

Fax: _____ E-mail: _____

Contact: _____

Retirement Plans or IRAs:

Other Benefits:

Stock Option Plans: _____ Contact: _____

Pension Plan: _____ Contact: _____

Disability Income: _____ Contact: _____

Health Insurance: _____ Contact: _____

Life Insurance: _____ Contact: _____

Name: _____

Employer: _____ Phone: _____

Address: _____

Fax: _____ E-mail: _____

Contact: _____

Retirement Plans or IRAs:

Other Benefits:

Stock Option Plans: _____ Contact: _____

Pension Plan: _____ Contact: _____

Disability Income: _____ Contact: _____

Health Insurance: _____ Contact: _____

Life Insurance: _____ Contact: _____

Real Estate

Primary Residence

Address: _____

Value: _____ As of this date: _____

Date of Last Appraisal: _____ Location of Deed and Mortgage: _____

Comments: _____

Other Property

Address: _____

Value: _____ As of this date: _____

Date of Last Appraisal: _____ Location of Deed and Mortgage: _____

Comments: _____

Other Property

Address: _____

Value: _____ As of this date: _____

Date of Last Appraisal: _____ Location of Deed and Mortgage: _____

Comments: _____

Insurance Policies

Life Insurance

Policy 1

Agent: _____ Phone: _____

Company: _____ Policy Number: _____

Face Value: _____ Cash Value: _____

Insured: _____ Owner: _____

Beneficiaries: _____

Location of policy and related documents: _____

Policy 2

Agent: _____ Phone: _____

Company: _____ Policy Number: _____

Face Value: _____ Cash Value: _____

Insured: _____ Owner: _____

Beneficiaries: _____

Location of policy and related documents: _____

Policy 3

Agent: _____ Phone: _____

Company: _____ Policy Number: _____

Face Value: _____ Cash Value: _____

Insured: _____ Owner: _____

Beneficiaries: _____

Location of policy and related documents: _____

Policy 4

Agent: _____ Phone: _____

Company: _____ Policy Number: _____

Face Value: _____ Cash Value: _____

Insured: _____ Owner: _____

Beneficiaries: _____

Location of policy and related documents: _____

Other Insurance Policies

Health Insurance

Company: _____ Phone: _____

Sponsor: _____ Policy Number: _____

Location of Documentation: _____

Auto Insurance

Company: _____ Phone: _____

Agent: _____ Policy Number: _____

Location of Documentation: _____

Homeowners Insurance

Company: _____ Phone: _____

Agent: _____ Policy Number: _____

Location of Documentation: _____

Disability Insurance

Insured: _____ Policy Number: _____

Company: _____ Phone: _____

Sponsor: _____ Contact: _____

Location of Documentation: _____

Insured: _____ Policy Number: _____

Company: _____ Phone: _____

Sponsor: _____ Contact: _____

Location of Documentation: _____

Insured: _____ Policy Number: _____

Company: _____ Phone: _____

Sponsor: _____ Contact: _____

Location of Documentation: _____

Long Term Care Insurance

Company: _____ Phone: _____

Insured: _____ Policy Number: _____

Location of Documentation: _____

Other

Company: _____ Phone: _____

Insured: _____ Policy Number: _____

Location of Documentation: _____

Debts/Liabilities

Mortgages and Liens

Mortgage Holder/Lien Holder: _____ Account Number: _____

Contact Person: _____ Phone: _____

Address: _____

Location of Documentation: _____

Other: _____

Mortgage Holder/Lien Holder: _____ Account Number: _____

Contact Person: _____ Phone: _____

Address: _____

Location of Documentation: _____

Other: _____

Credit Cards

Creditor: _____

Account Number: _____ Phone: _____

Address: _____

Other: _____

Creditor: _____

Account Number: _____ Phone: _____

Address: _____

Other: _____

Creditor: _____

Account Number: _____ Phone: _____

Address: _____

Other: _____

Creditor: _____

Account Number: _____ Phone: _____

Address: _____

Other: _____

Creditor: _____

Account Number: _____ Phone: _____

Address: _____

Other: _____

Creditor: _____

Account Number: _____ Phone: _____

Address: _____

Other: _____

Other Liabilities, Including Debts of Which I am Guarantor

Creditor: _____

Account Number: _____ Phone: _____

Address: _____

Other: _____

Creditor: _____

Account Number: _____ Phone: _____

Address: _____

Other: _____

Creditor: _____

Account Number: _____ Phone: _____

Address: _____

Other: _____

Charitable Pledge to: _____

Contact: _____ Phone: _____

Address: _____

Charitable Pledge to: _____

Contact: _____ Phone: _____

Address: _____

Estate Planning Documents

Created by Me and My Spouse

For Me

Date of Will: _____

Personal Representative: _____

Successor Representative: _____

Guardian: _____

Date of Power of Attorney: _____

Agent: _____

Date of Advance Health Care Directive: _____

Health Care Proxy: _____

Location of Documentation: _____

For My Spouse

Date of Will: _____

Personal Representative: _____

Successor Representative: _____

Guardian: _____

Date of Power of Attorney: _____

Agent: _____

Date of Advance Health Care Directive: _____

Health Care Proxy: _____

Location of Documentation: _____

Trustee: _____ Date of Trust: _____

Name of Trust: _____ Tax I. D. Number: _____

Beneficiaries: _____

Trust Assets: _____

Location of Documentation: _____

People to Notify Upon My Death

Employer: _____ Phone: _____

Contact: _____

Address: _____

Attorney: _____ Phone: _____

Address: _____

Accountant/Tax Preparer: _____ Phone: _____

Address: _____

Minister/Priest/Rabbi: _____ Phone: _____

Address: _____

Insurance Agent: _____ Phone: _____

Address: _____

Financial Advisor: _____ Phone: _____

Address: _____

Pension Benefits: _____ Phone: _____

Address: _____

Mortgage Holder: _____ Phone: _____

Address: _____

Banker: _____ Phone: _____

Address: _____

Personal Representative/Executor: _____ Phone: _____

Address: _____

Trustee: _____ Phone: _____

Address: _____

Additional Individuals

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Comments: _____

Technology

E-mail

Service (e.g., Hotmail , Yahoo): _____

User Name: _____

Password: _____

E-mail

Service (e.g., Hotmail , Yahoo): _____

User Name: _____

Password: _____

Cell Phone

Service: _____

Password: _____

Important Websites

Website Address: _____

User Name: _____ Password: _____

Comments: _____

Website Address: _____

User Name: _____ Password: _____

Comments: _____

Website Address: _____

User Name: _____ Password: _____

Comments: _____

Website Address: _____

User Name: _____ Password: _____

Comments: _____

Website Address: _____

User Name: _____ Password: _____

Comments: _____

Website Address: _____

User Name: _____ Password: _____

Comments: _____

Website Address: _____

User Name: _____ Password: _____

Comments: _____

Funeral Arrangements/Instructions

I would like the following person to deliver the eulogy at my funeral: _____

Phone: _____

I wish to be buried at or have my ashes placed: _____

I have a burial policy with: _____

Location of policy: _____

I have made burial/cremation arrangements at the following: _____

I am a member of or attend the following church or temple: _____

My minister/priest/rabbi: _____

Additional Instructions (open casket, clothing preference, charitable donations instead of flowers, etc...): _____

Special Notes for Obituary (place of birth, honors, degrees, special memories, etc...):

“No representation is made that the quality of legal services to be performed is greater than the quality of legal services performed by other lawyers.”