

# 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:*

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*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: \_\_\_\_\_

*Miscellaneous*

*Security Codes*

Alarm/Lock Location: \_\_\_\_\_ Code: \_\_\_\_\_

Comments: \_\_\_\_\_

Alarm/Lock Location: \_\_\_\_\_ Code: \_\_\_\_\_

Comments: \_\_\_\_\_

Alarm/Lock Location: \_\_\_\_\_ Code: \_\_\_\_\_

Comments: \_\_\_\_\_

Alarm/Lock Location: \_\_\_\_\_ Code: \_\_\_\_\_

Comments: \_\_\_\_\_

*Other Important Information*

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## 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.”