Family Record Organizer

This Family Record Organizer contains the following information:

- **Personal information, important locations, codes & passwords (page 2)**
- **A listing of professional advisors (pages 3-4)**
- **A summary of the family's financial information (pages 5-8)**
- **Location information for important financial documents (pages 9-10)**
- **A listing of personal contacts and emergency numbers (pages 11-15)**
- **A summary of the family's health information (pages 16-17)**
- **A summary of children's information for care givers (page 18)**

Copies given to: _____ **Updated on:** _____

_____

How to Use This Family Record Organizer

This Organizer is designed to help you keep track of all the important information in your life. In the event of a catastrophe or serious illness, disability or death, this Family Record Organizer will provide valuable information to both family and professional advisors. Please keep this document in a secure place such as a locked file.

The Organizer is divided into two "sections". The first ten pages are primarily confidential or personal information that should be shared only with to your financial advisor, attorney, trusted friend and/or relative. The last eight pages are designed to be copied.

Ideas!

- **σ Copy pages you use often--personal contacts, financial advisor #s--leave near the phone.**
- **σ Copy pages 11 and 12. Give to adult children or adult care providers.**
- **σ Copy pages 14 and 15 (top) for a house sitter.**
- **σ Copy the bottom of page 15 for a pet sitter.**
- **σ Copy page 18 and give to all child-care providers.**

PERSONAL INFORMATION

Name	Date of Birth	SS #	Pertinent Health Information (i.e. blood type, allergies)

CODES, PASSWORDS AND PIN NUMBERS

ATM card	_____	On-line trading	_____
ATM card	_____	Garage door	_____
Credit card	_____	Alarm system	_____
Credit card	_____	Other	_____
Debit card	_____	Other	_____
Computer sign on	_____	Other	_____
Email	_____	Other	_____
Internet access	_____	Other	_____

LIST OF ADVISORS

Accountant/ Bookkeeper	Name	(Area Code) Phone Number
	Address	

Attorney	Name	(Area Code) Phone Number
	Address	

Banker/ Trust Officer	Name	(Area Code) Phone Number
	Address	

Employee Benefits Representative	Name	(Area Code) Phone Number
	Address	

Financial Advisor **Financial Security Planning Services, Inc.**	Name **Paul Bonapart**	(Area Code) Phone Number **(415 927-2555** **Fax (415) 927-0655**
	Address **520 Tamalpais Dr., #103 & 104 Corte Madera,CA 94925**	

Insurance Agent/Auto Home/Marine/Umbrella	Name	(Area Code) Phone Number
	Address	

Insurance Agent/Auto Home/Marine/Umbrella	Name	(Area Code) Phone Number
	Address	

Other	Name	(Area Code) Phone Number
	Address	

LIST OF ADVISORS (CON'T)

Mortgage Broker	Name	(Area Code) Phone Number
	Address	

Realtor	Name	(Area Code) Phone Number
	Address	

Other	Name	(Area Code) Phone Number
	Address	

Financial Institutions

Bank	Name	Account Number
	Address	

Brokerage Firm	Name	Account Number
	Address	

Money Market		
	Address	

Savings & Loan/ Credit Union	Name	Account Number
	Address	

Other	Name	Account Number
	Address	

CREDIT CARDS

In Whose Name	Credit Card Issuer	Phone	Account Number

INSURANCE POLICIES

Insured For:	Company	Policy #	Contact Phone	Location of Policy
Auto				
Dental				
Disability				

INSURANCE POLICIES (CON'T.)

Insured For:	Company	Policy #	Contact Phone	Location of Policy
Home				
Life Insurance				
Long-Term Care				
Medical				
Med. Supplement				
Medicare				
Umbrella/Prof. Liability				

Investment Inventory

Particular Investment	Tax Qualified? (401k, IRA)	Approx. Annual Return	Current Yield	Jointly Held	Yourself	Spouse	Child	Trust
Cash Equivalent (checking, savings, money market)								
				$	$	$	$	$
				$	$	$	$	$
				$	$	$	$	$
				$	$	$	$	$
				$	$	$	$	$
				$	$	$	$	$
subtotal				**$**	**$**	**$**	**$**	**$**
Fixed Assets (CDs, bonds, bond funds, life insurance contract cash values and/or accumulated dividends)								
				$	$	$	$	$
				$	$	$	$	$
				$	$	$	$	$
				$	$	$	$	$
				$	$	$	$	$
				$	$	$	$	$
				$	$	$	$	$
subtotal				**$**	**$**	**$**	**$**	**$**
Equity Assets (stocks, stock funds, REITs)								
				$	$	$	$	$
				$	$	$	$	$
				$	$	$	$	$
				$	$	$	$	$
				$	$	$	$	$
				$	$	$	$	$
				$	$	$	$	$
				$	$	$	$	$
				$	$	$	$	$
				$	$	$	$	$
subtotal				**$**	**$**	**$**	**$**	**$**
Other (real estate, deeds of trust, debts owed, partnership interests)								
				$	$	$	$	$
				$	$	$	$	$
				$	$	$	$	$
				$	$	$	$	$
subtotals				**$**	**$**	**$**	**$**	**$**
Portfolio Totals				**$**	**$**	**$**	**$**	**$**
Annual Additions (employment contributions, regular saving)								
				$	$	$	$	$
				$	$	$	$	$

Total Annual Additions	$	$	$	$	$

LOANS PAYABLE TO US

From Whom	Phone	Location of Records

OUTSTANDING LOANS PAYABLE

To Whom	Phone	Location of Records

PROPERTY AND REAL ESTATE

Home Mortgage

Holder	Phone	Date of Mortgage	Location of Records

Other Property Owner on Deed	Phone	Date of Mortgage	Location of Records

Investment Property

Address	Tenants' Name/Phone	Property Manager/Phone

VEHICLES

Make/Model/Year	Vehicle ID Number	Location of Title	Location of Registration	Location of Maintenance

PERSONAL DOCUMENTS

Adoption Papers

For:	Date of Adoption	Place of Adoption	Certificate #	Location of Certificate

Birth Certificate

For:	Date of Birth	Place of Birth	Certificate #	Location of Certificate:

Death Certificate

For:	Date of Death	Place of Death	Certificate #	Location of Certificate:

Divorce/Separation/Annulment Papers

For:	Date of Divorce	Place of Divorce	Certificate #	Location of Records:

Guardianship

For:	Date of Guardianship	Attorney	Named Guardian	Location of Records:

Living Will/Burial Instructions

For:	Attorney	Dated	Who Can Make Decisions for Me	Location of Living Will:

Marriage Certificate

For:	Date of Marriage	Place of Marriage	Certificate #	Location of Certificate:

Powers of Attorney (POA)

For:	Date of POA	Attorney	Person Named POA	Location of Records:

Will/Trust

For:	Document Date	Attorney	Executor/Trustee	Location of Document

SAFETY DEPOSIT BOX(ES)

Registered in the Name of	Name of Institution	Box Number	Location of Keys	Authorized Signers

CONTENTS OF SAFE DEPOSIT BOX

Date:

Item:	Date Added (A) Date Removed (R)		Item:	Date Added (A) Date Removed (R)

IMPORTANT PAPERS – A GUIDE TO WHERE AND HOW LONG TO KEEP THEM

	Safe Deposit Box		Current Records/ Fireproof Box at Home
Item	**How Long to Keep**	**Item**	**How Long to Keep**
☐ Abstracts	Until property is sold	☐ Awards	
☐ Appraisals, receipts (personal property)	Until property is sold	☐ Cancelled Checks & Bank Statements	6 years-current files 2 years-dead storage
☐ Birth Certificates	Forever	☐ Credit Card Numbers	Keep Current
☐ Bonds	Until maturity	☐ Emergency cash/ Travelers checks	Replenish as needed
☐ Death Certificates		☐ Financial Records	
☐ Deeds	Until property is sold	☐ Income Tax Returns & Records	3 years-current files 6 years-dead storage
☐ Degrees	Forever	☐ Insurance Policies	Until expiration/cancellation
☐ Divorce decrees	Forever	☐ Living Will	As long as in effect
☐ Individual Retirement Account	Forever	☐ Legal Agreements, Contracts	Until expiration
☐ Legal Agreements, Contracts	Until expiration	☐ Loans, Promissory notes	Until 6 years after paid off
☐ Marriage Certificate	Forever	☐ Mortgage & Home Improv. Records, Settlement Sheets	Until 6 after selling home
☐ Military Discharge Papers	Forever	☐ Passports	Until expiration
☐ Mortgage & Home Improv. Records, Settlement Sheets	Until 6 after selling home	☐ Power of Attorney	As long as in effect
☐ Naturalization Papers	Forever	☐ Property Tax Receipts	6 years
☐ Personal Prop. Inventory	Update yearly	☐ Social Security Number	Forever
☐ Personal Prop. Pictures/Video	Update yearly	☐ Warranties	Until Expired
☐ Stock Certificates, Securities	Until sold	☐ Wills and Codicils	As long as in effect
☐ Title Policies	Until property sold	☐ **Family Record Organizer**	Update yearly
☐ Trusts	As long as in effect		
☐ Vehicle Title	Until vehicle sold		

In addition, you should give a copy of the following to your: **Financial Advisor, Attorney, a Relative and/or a trusted Friend:**

- ☐ Burial Instructions
- ☐ Burial Instructions
- ☐ Living Will
- ☐ Power of Attorney
- ☐ Trusts
- ☐ Wills and Codicils
- ☐ **Family Record Organizer**

Plus the Names and Addresses for persons named in
a) Powers of Attorney,
b) Trusts &
c) Will (incl. witnesses)

PERSONAL CONTACTS

Emergency Numbers:

Ambulance:	Name	(Area Code) Phone Number
	Address	

Clergy:	Name	(Area Code) Phone Number
	Address	

Fire Department	Name	(Area Code) Phone Number
	Address	

Police:	Name	(Area Code) Phone Number
	Address	

Friend/Relative to Contact in an emergency:	Name	(Area Code) Phone Number
	Address	

Friend/Relative to Contact in an emergency:	Name	(Area Code) Phone Number
	Address	

Friend/Relative to Contact in an emergency:	Name	(Area Code) Phone Number
	Address	

PERSONAL CONTACTS (CON'T)

Medical Professionals: (if information is different for each family member, duplicate this form)

Dentist:	Name	(Area Code) Phone Number
	Address	

Opthamologist:	Name	(Area Code) Phone Number
	Address	

Optometrist:	Name	(Area Code) Phone Number
	Address	

Ob/Gyn:	Name	(Area Code) Phone Number
	Address	

Pharmacist:	Name	(Area Code) Phone Number
	Address	

Physician:	Name	(Area Code) Phone Number
	Address	

Physician:	Name	(Area Code) Phone Number
	Address	

Other:	Name	(Area Code) Phone Number
	Address	

PERSONAL CONTACTS (CON'T)

Children's Information, including Medical

Baby Sitter:	Name	(Area Code) Phone Number
	Address	

Daycare Provider:	Name	(Area Code) Phone Number
	Address	

Orthodontist:	Name	(Area Code) Phone Number
	Address	

Pediatrician:	Name	(Area Code) Phone Number
	Address	

Pediatric Dentist:	Name	(Area Code) Phone Number
	Address	

School:	Name	(Area Code) Phone Number
	Address	

School:	Name	(Area Code) Phone Number
	Address	

Personal Contacts (con't)

Home Maintenance

Appliance Repair:	Name	(Area Code) Phone Number
	Address	

Electrician:	Name	(Area Code) Phone Number
	Address	

Gardener:	Name	(Area Code) Phone Number
	Address	

Handyman:	Name	(Area Code) Phone Number
	Address	

Housekeeper:	Name	(Area Code) Phone Number
	Address	

Pest Control Company:	Name	(Area Code) Phone Number
	Address	

Plumber:	Name	(Area Code) Phone Number
	Address	

Pool Maintenance:	Name	(Area Code) Phone Number
	Address	

PERSONAL CONTACTS (CON'T)

IMPORTANT LOCATIONS

Alarm System Shut Off	
Electrical Breaker Box	
Extra House Keys	
Gas Shut Off	
Thermostat	
Water Main	
Other	
Other	

Pet Information

Pet's Name: _____ Date of Birth: _____ Breed: _____

Color(s): _____ Registered? _____ License # _____

Groomer:	Name	(Area Code) Phone Number
	Address	

Pet Sitter/Boarder:	Name	(Area Code) Phone Number:
	Address	

Veterinarian:	Name	(Area Code) Phone Number
	Address	

FAMILY MEDICAL HISTORY AS OF _____

Knowledge of family history may help other family members with the diagnosis, early treatment, and in some cases, prevention of hereditary medical conditions. When completing this, include parents, grandparents, sisters, brothers, uncles, aunts, and children.

Yes No

☐ ☐ Alcoholism
Name _____

☐ ☐ Alzheimer's disease
Name _____

☐ ☐ Arthritis
Name _____

☐ ☐ Birth defects
Name _____

☐ ☐ Blood disorder
Name _____
(describe, e.g., hemophilia, thalassemia)
_____

Cancer:

☐ ☐ *Breast cancer*
Name _____

☐ ☐ *Colon cancer*
Name _____

☐ ☐ *Melanoma*
Name _____

☐ ☐ *Other cancer*
Name _____

☐ ☐ Chromosomal disorder
Name _____
(describe, e.g., down's syndrome)

☐ ☐ Collagen vascular disease
Name _____
(describe, e.g., lupus erythematosus, Raynaud's disease, rheumatoid arthritis, scheroderma) _____

☐ ☐ Cystic fibrosis
Name _____

☐ ☐ Diabetes
Name _____

☐ ☐ Endometriosis
Name _____

☐ ☐ Eczema
Name _____

☐ ☐ Epilepsy (seizures)
Name _____

☐ ☐ Glaucoma
Name _____

☐ ☐ Hay fever
Name _____

Yes No

Heart disease:

☐ ☐ *High blood pressure*
Name _____

☐ ☐ H*igh cholesterol*
Name _____

☐ ☐ *Other heart disorder*
Name _____

☐ ☐ Inflammatory bowel disease
Name _____

☐ ☐ Kidney stones
Name _____

☐ ☐ Lung disease
Name _____

☐ ☐ Mental retardation
Name _____

☐ ☐ Muscular dystrophy
Name _____

☐ ☐ Neurological disorder
Name _____
(describe, e.g., chorea, tay-sachs disease)
_____

☐ ☐ Osteoporosis
Name _____

☐ ☐ Psoriasis
Name _____

☐ ☐ Psychiatric disorder
Name _____

☐ ☐ Scoliosis
Name _____

☐ ☐ Sickle cell disease or trait
Name _____

☐ ☐ Stroke
Name _____

☐ ☐ Thyroid disorder
Name _____
(describe) _____

☐ ☐ Ulcers
Name _____

☐ ☐ Other hereditary disorder (s)
Name _____
(describe) _____

☐ ☐ Gout
Name _____

Allergic conditions

Name _____ Allergen _____ Reaction _____

Name _____ Allergen _____ Reaction _____

Name _____ Allergen _____ Reaction _____

FAMILY MEDICAL HISTORY (CON'T)

Detailed Information on Family Medical History

Family Member Name	Diagnosis & Present Status	Dates of Treatment or Hospitalization	Physician, Clinic or Hospital (include address & phone)
Name	Diagnosis/Treatment Present Status	Began ___/___ Ended ___/___ Hospitalized? Yes No Dates ___/___	
Name	Diagnosis/Treatment Present Status	Began ___/___ Ended ___/___ Hospitalized? Yes No Dates ___/___	
Name	Diagnosis/Treatment Present Status	Began ___/___ Ended ___/___ Hospitalized? Yes No Dates ___/___	

Notes:

Recent Prescription Medications

Family Member Name	Medication and Condition for which prescribed	Dates From	Dates To	Physician/ Specialty	Physician's Phone #

Notes:

INFORMATION AND MEDICAL RELEASE FOR CHILD-CARE PROVIDER

Home Address: _____ **Home Phone:** _____

Mother's Name: _____ Work Phone _____

Cell Phone: Pager:

Father's Name: _____ Work Phone _____

Cell Phone: Pager:

Emergency Contacts: (Name, Phone #) _____

_____ _____

Child(ren) **(medical conditions, height/weight, blood type, etc.)**

Name: _____ DOB: _____ Notes_____

Name: _____ DOB: _____ Notes_____

Name: _____ DOB: _____ Notes_____

Children's Doctors

Pediatrician:_____ Phone_____ Address _____

After Hours #:_____

Dentist: _____ Phone _____ Address _____

After Hours #: _____

Orthodontist _____ Phone _____ Address _____

After Hours #: _____

Other: _____ Phone _____ Address _____

After Hours #: _____

Other: _____ Phone _____ Address _____

After Hours #: _____

Parents Info. & Referral Center 800-690-2282 7 am-11 pm: behavioral & medical questions-RN Staffed

School Information:

School Name _____Phone_____Address_____

School Name _____Phone_____Address_____

Medical Insurance Company:_____ Phone # _____

(attach copies of cards) Group # _____Member # _____

Authorization to consent to medical care

The undersigned, who are the parents for the above-named children, hereby authorize the bearer of this document, into whose care our children have been entrusted, to consent to any medical care, including hospitalization, to be rendered to him/her under the supervision and upon the advise of a licensed physician or dentist. This authorizes consent ONLY in an extreme emergency when his/her parents cannot be found.

Mother/Guardian:_____ Date: _____

Father/Guardian:_____ Date: _____