



FAMILY NAVIGATOR



— THE —
MISSION
CANCER
FOUNDATION

No one likes to dwell on the end of their own life, but planning for it in advance is essential. Being prepared and having important information in a single place can give you peace of mind, help ensure your wishes are honored, and ease the burden on your loved ones.

This is a single resource for you to record and store all your important family information. It will take time to fully populate this document. The size of this document may feel daunting but keep in mind that you only need to fill out what applies to you and your family. Use these tips to help you begin adding information:

- ▶ Start with sections that feel easier to you (even out of order), and complete them as you have time. Keep in mind it may be a work-in-progress for a while.
- ▶ Take regular breaks to rest and recharge, which can help maintain focus.
- ▶ There are ideal times to update this document — after major purchases, home moves, job changes, family milestones, etc. When updating a section, be sure to record the date in the “Last updated” field.
- ▶ You can save this document to a desktop folder or removable drive. Accompanying information and documents may be helpful, such as including copies of birth certificates or property abstracts. These items can be saved as separate files inside the same folder as this document.

Because this document contains critical and highly sensitive information for your family, we recommend saving this document with password security, so only those with the password can open it – see the following page for instructions.

INSTRUCTIONS FOR SAVING THIS DOCUMENT AND CREATING PASSWORD PROTECTION

- 1 Create a folder on your computer desktop or removable drive called “Family Navigator.” The Family Navigator and any accompanying documents should be saved in this folder.
- 2 We recommend opening the document with [Adobe Acrobat Reader](#) or a newer version of [Adobe Acrobat](#) which is included with most PC software packages or available online to download.
- 3 Any time you enter new information or make changes, you should re-save this document. We recommend using “Save as” each time you make changes, and you should test this feature by filling in a few lines and saving to verify the information is stored properly before you get too far in filling out your document.
- 4 When re-saving, you can (if desired) use different file names with date, version number, etc., and have multiple files; however, most users choose to replace the earlier version of the PDF in the same folder to alleviate confusion.
- 5 To create password protection for this document, open the PDF using Adobe Acrobat.
 - A. Choose **Tools > Protect**.
 - B. Select that you’d like to encrypt the document with a password.
 - C. Set password as desired.
 - D. Click **OK** and re-save the document.
 - E. At this point, the Family Navigator is protected with your specified password. If you’d like to protect other files in the same folder, they will require their own protection using a similar method.

Adobe has helpful tips and videos that demonstrate how to use Acrobat and apply security to documents. For more information, you can [visit their website](#) and click on “Tutorials.”

- 6 Once you’ve added password protection, share the document password(s) with family members/friends who may need to access the Family Navigator and any other documents, and make sure they know the location of the folder. It is only useful if it can be easily found and accessed by the right people.

The Family Navigator is an important document for you and your family, and having all this information in one place will be extremely valuable. If you have additional questions about the Family Navigator PDF, please contact foundation@missioncancer.com.

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KEY FAMILY INFORMATION

Emergency contacts

Last updated: ___/___/___

Emergency contact name: _____

Relationship: _____

Phone: _____ Email: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Emergency contact name: _____

Relationship: _____

Phone: _____ Email: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Emergency contact name: _____

Relationship: _____

Phone: _____ Email: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Emergency contact name: _____

Relationship: _____

Phone: _____ Email: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Family and friends

Contact name: _____ **Relationship:** _____
Phone: _____ **Email:** _____
Street address: _____
City: _____ **State:** _____ **Zip code:** _____

Contact name: _____ **Relationship:** _____
Phone: _____ **Email:** _____
Street address: _____
City: _____ **State:** _____ **Zip code:** _____

Contact name: _____ **Relationship:** _____
Phone: _____ **Email:** _____
Street address: _____
City: _____ **State:** _____ **Zip code:** _____

Contact name: _____ **Relationship:** _____
Phone: _____ **Email:** _____
Street address: _____
City: _____ **State:** _____ **Zip code:** _____

Contact name: _____ **Relationship:** _____
Phone: _____ **Email:** _____
Street address: _____
City: _____ **State:** _____ **Zip code:** _____

Contact name: _____ **Relationship:** _____
Phone: _____ **Email:** _____
Street address: _____
City: _____ **State:** _____ **Zip code:** _____

Contact name: _____ **Relationship:** _____
Phone: _____ **Email:** _____
Street address: _____
City: _____ **State:** _____ **Zip code:** _____

Contact name: _____ **Relationship:** _____
Phone: _____ **Email:** _____
Street address: _____
City: _____ **State:** _____ **Zip code:** _____

Contact name: _____ **Relationship:** _____
Phone: _____ **Email:** _____
Street address: _____
City: _____ **State:** _____ **Zip code:** _____

Contact name: _____ **Relationship:** _____
Phone: _____ **Email:** _____
Street address: _____
City: _____ **State:** _____ **Zip code:** _____

Contact name: _____ **Relationship:** _____
Phone: _____ **Email:** _____
Street address: _____
City: _____ **State:** _____ **Zip code:** _____

Contact name: _____ **Relationship:** _____
Phone: _____ **Email:** _____
Street address: _____
City: _____ **State:** _____ **Zip code:** _____

Notes/additional individuals:

Immediate family email/cell phone information

FAMILY MEMBER 1: _____ Last updated: ___ / ___ / ___

Email: _____

Dual authentication method (if applicable): _____

Username: _____ Password: _____

Email: _____

Dual authentication method (if applicable): _____

Username: _____ Password: _____

Email: _____

Dual authentication method (if applicable): _____

Username: _____ Password: _____

Phone: _____ Unlock password: _____

Service provider/carrier: _____

Service provider website: _____

Username: _____ Password: _____

Additional emails, websites, cell phones or devices (such as iPads/Google tablets) and any needed unlock passwords: _____

FAMILY MEMBER 2: _____ Last updated: ___ / ___ / ___

Email: _____

Dual authentication method (if applicable): _____

Username: _____ Password: _____

Email: _____

Dual authentication method (if applicable): _____

Username: _____ Password: _____

Email: _____

Dual authentication method (if applicable): _____

Username: _____ Password: _____

Phone: _____ **Unlock password:** _____

Service provider/carrier: _____

Service provider website: _____

Username: _____ Password: _____

Additional emails, websites, cell phones or devices (such as iPads/Google tablets) and any needed unlock passwords: _____

FAMILY MEMBER 3: _____ **Last updated:** ___ / ___ / ___

Email: _____

Dual authentication method (if applicable): _____

Username: _____ Password: _____

Email: _____

Dual authentication method (if applicable): _____

Username: _____ Password: _____

Email: _____

Dual authentication method (if applicable): _____

Username: _____ Password: _____

Phone: _____ **Unlock password:** _____

Service provider/carrier: _____

Service provider website: _____

Username: _____ Password: _____

Additional emails, websites, cell phones or devices (such as iPads/Google tablets) and any needed unlock passwords: _____

FAMILY MEMBER 4: _____ Last updated: ___ / ___ / ___

Email: _____

Dual authentication method (if applicable): _____

Username: _____ Password: _____

Email: _____

Dual authentication method (if applicable): _____

Username: _____ Password: _____

Email: _____

Dual authentication method (if applicable): _____

Username: _____ Password: _____

Phone: _____ Unlock password: _____

Service provider/carrier: _____

Service provider website: _____

Username: _____ Password: _____

Additional emails, websites, cell phones or devices (such as iPads/Google tablets) and any needed unlock passwords: _____

FAMILY MEMBER 5: _____ Last updated: ___ / ___ / ___

Email: _____

Dual authentication method (if applicable): _____

Username: _____ Password: _____

Email: _____

Dual authentication method (if applicable): _____

Username: _____ Password: _____

Email: _____

Dual authentication method (if applicable): _____

Username: _____ Password: _____

Phone: _____ **Unlock password:** _____

Service provider/carrier: _____

Service provider website: _____

Username: _____ Password: _____

Additional emails, websites, cell phones or devices (such as iPads/Google tablets) and any needed unlock passwords: _____

FAMILY MEMBER 6: _____ **Last updated:** ___ / ___ / ___

Email: _____

Dual authentication method (if applicable): _____

Username: _____ Password: _____

Email: _____

Dual authentication method (if applicable): _____

Username: _____ Password: _____

Email: _____

Dual authentication method (if applicable): _____

Username: _____ Password: _____

Phone: _____ **Unlock password:** _____

Service provider/carrier: _____

Service provider website: _____

Username: _____ Password: _____

Additional emails, websites, cell phones or devices (such as iPads/Google tablets) and any needed unlock passwords: _____

FAMILY MEMBER 7: _____ Last updated: ___ / ___ / ___

Email: _____

Dual authentication method (if applicable): _____

Username: _____ Password: _____

Email: _____

Dual authentication method (if applicable): _____

Username: _____ Password: _____

Email: _____

Dual authentication method (if applicable): _____

Username: _____ Password: _____

Phone: _____ Unlock password: _____

Service provider/carrier: _____

Service provider website: _____

Username: _____ Password: _____

Additional emails, websites, cell phones or devices (such as iPads/Google tablets) and any needed unlock passwords: _____

Additional information on family emails and cell:

Personal/family documents

FAMILY MEMBER 1: _____ Last updated: ___ / ___ / ___

Date of birth: _____ SSN#: _____

Drivers license #: _____ Expiration: _____

Passport #: _____ Expiration: _____ Location: _____

Birth certificate (storage/file location): _____

Marriage certificate (storage/file location): _____

Social Security card (storage/file location): _____

FAMILY MEMBER 2: _____ Last updated: ___ / ___ / ___

Date of birth: _____ SSN#: _____

Drivers license #: _____ Expiration: _____

Passport #: _____ Expiration: _____ Location: _____

Birth certificate (storage/file location): _____

Marriage certificate (storage/file location): _____

Social Security card (storage/file location): _____

FAMILY MEMBER 3: _____ Last updated: ___ / ___ / ___

Date of birth: _____ SSN#: _____

Drivers license #: _____ Expiration: _____

Passport #: _____ Expiration: _____ Location: _____

Birth certificate (storage/file location): _____

Marriage certificate (storage/file location): _____

Social Security card (storage/file location): _____

FAMILY MEMBER 4: _____ Last updated: ___ / ___ / ___

Date of birth: _____ SSN#: _____

Drivers license #: _____ Expiration: _____

Passport #: _____ Expiration: _____ Location: _____

Birth certificate (storage/file location): _____

Marriage certificate (storage/file location): _____

Social Security card (storage/file location): _____

FAMILY MEMBER 5: _____ Last updated: ___ / ___ / ___

Date of birth: _____ SSN#: _____

Drivers license #: _____ Expiration: _____

Passport #: _____ Expiration: _____ Location: _____

Birth certificate (storage/file location): _____

Marriage certificate (storage/file location): _____

Social Security card (storage/file location): _____

FAMILY MEMBER 6: _____ Last updated: ___ / ___ / ___

Date of birth: _____ SSN#: _____

Drivers license #: _____ Expiration: _____

Passport #: _____ Expiration: _____ Location: _____

Birth certificate (storage/file location): _____

Marriage certificate (storage/file location): _____

Social Security card (storage/file location): _____

FAMILY MEMBER 7: _____ Last updated: ___ / ___ / ___

Date of birth: _____ SSN#: _____

Drivers license #: _____ Expiration: _____

Passport #: _____ Expiration: _____ Location: _____

Birth certificate (storage/file location): _____

Marriage certificate (storage/file location): _____

Social Security card (storage/file location): _____

Other family documents

Last updated: ___/___/___

Safe deposit box (box location, key location, code, etc.):

Storage unit (unit location, key location, code, etc.):

Death certificates of family members (storage/file location and other relevant information):

Prenuptial agreement (storage/file location and other relevant information):

Adoption paperwork (storage/file location and other relevant information):

Immigration documentation (storage/file location and other relevant information):

Divorce paperwork (storage/file location and other relevant information):

LLC/PC business information (storage/file location and other relevant information):

Name: _____

Business number (FEIN): _____ Registration State: _____

Other relevant information for personal/family documents:

Employment information

FAMILY MEMBER 1: _____ Last updated: __ / __ / __

Primary employer: _____

Business address: _____

Phone: _____

Immediate supervisor: _____

Salary and pay details: _____

Secondary employer: _____

Business address: _____

Phone: _____

Immediate supervisor: _____

Salary and pay details: _____

Additional information on employment:

FAMILY MEMBER 2: _____ Last updated: __ / __ / __

Primary employer: _____

Business address: _____

Phone: _____

Immediate supervisor: _____

Salary and pay details: _____

Secondary employer: _____

Business address: _____

Phone: _____

Immediate supervisor: _____

Salary and pay details: _____

Additional information on employment:

FAMILY MEMBER 3: _____ Last updated: __ / __ / __

Primary employer: _____

Business address: _____

Phone: _____

Immediate supervisor: _____

Salary and pay details: _____

Secondary employer: _____

Business address: _____

Phone: _____

Immediate supervisor: _____

Salary and pay details: _____

Additional information on employment:

FAMILY MEMBER 4: _____ Last updated: ___ / ___ / ___

Primary employer: _____

Business address: _____

Phone: _____

Immediate supervisor: _____

Salary and pay details: _____

Secondary employer: _____

Business address: _____

Phone: _____

Immediate supervisor: _____

Salary and pay details: _____

Additional information on employment:

Military Background

FAMILY MEMBER 1: _____ Last updated: __/__/__

Branch of military and where stationed: _____

Entrance date: _____ Discharge date: _____

Location of documents (ORB, ERB, DD214): _____

Military benefit information: _____

Other military records/documents: _____

Additional information on military service: _____

FAMILY MEMBER 2: _____ Last updated: __/__/__

Branch of military and where stationed: _____

Entrance date: _____ Discharge date: _____

Location of documents (ORB, ERB, DD214): _____

Military benefit information: _____

Other military records/documents: _____

Additional information on military service: _____

Additional information on military background:

Children's education and daycare

FAMILY MEMBER 1: _____ Last updated: __/__/__

School or daycare: _____

Key contact or teacher: _____ Phone: _____

Start time: ____ : ____ AM PM End time: ____ : ____ AM PM

Transportation method:

- Walk School bus Public transportation
 Relative vehicle Personal vehicle Other: _____

Permissions for pickup/transportation:

Additional education or daycare information:

FAMILY MEMBER 2: _____ Last updated: __/__/__

School or daycare: _____

Key contact or teacher: _____ Phone: _____

Start time: ____ : ____ AM PM End time: ____ : ____ AM PM

Transportation method:

- Walk School bus Public transportation
 Relative vehicle Personal vehicle Other: _____

Permissions for pickup/transportation:

Additional education or daycare information:

FAMILY MEMBER 3: _____ Last updated: ___ / ___ / ___

School or daycare: _____

Key contact or teacher: _____ Phone: _____

Start time: ____ : ____ AM PM End time: ____ : ____ AM PM

Transportation method:

- Walk School bus Public transportation
 Relative vehicle Personal vehicle Other: _____

Permissions for pickup/transportation:

Additional education or daycare information:

Family pets

Last updated: ___/___/___

Veterinarian

Vet name: _____ Phone: _____

Name of practice: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Kennel and boarding

Name: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Groomer

Name: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Pet 1

Name: _____ Breed/type: _____

Pet license/microchip information: _____

Pet vaccination information/where located: _____

Personality traits: _____

Pet 2

Name: _____ Breed/type: _____

Pet license/microchip information: _____

Pet vaccination information/where located: _____

Personality traits: _____

Pet 3

Name: _____ Breed/type: _____

Pet license/microchip information: _____

Pet vaccination information/where located: _____

Personality traits: _____

Pet 4

Name: _____ Breed/type: _____

Pet license/microchip information: _____

Pet vaccination information/where located: _____

Personality traits: _____

Additional information

Additional information related to the Key Family Information section :

CRITICAL ILLNESS/END OF LIFE PREFERENCES

Please note that this section is intended to provide a broad overview of information related to you or your loved one's end of life wishes. This is not a legal document. We encourage everyone to have a legal will, Power of Attorney, Advanced Directives, etc.

FAMILY MEMBER 1: _____ Last updated: __/__/__

Pre-Death Planning

Lawyer

Name: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Estate planner

Name: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Legal Papers/location

Advanced Directive: _____

iPOST: _____

Living Will: _____

Will/Trust: _____

POA: _____

Burial insurance (policy #, company, contact info)

Policy #: _____ Company: _____

Contact name: _____ Phone: _____

Death Planning

Religious and worship information

Membership or affiliation: _____

Key contact: _____ Phone: _____

Email: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Preference of place to die: Home Hospice House Other

Additional preferences:

Organ donor: Yes No

Any specifics to the donation?

Who should be notified of the death?

Burial preference Ground burial Cremation Other

If ground burial: Traditional Green

Additional preferences:

Embalming? Yes No

Have you already prepaid for your burial plot/funeral? Yes No

Location of plot (cemetery/mausoleum/etc): _____

Street address: _____

City: _____ State: _____ Zip code: _____

Name of contact/phone: _____

What did your prepay cover?: _____

Specifics for burial (rent casket, biodegradable, shroud only, etc):

Anything specific on headstone?

Obituary already written: Yes No

If yes, where is it located? Do you have a preference on where it should be published?

Funeral/memorial service design

Religious or secular service?

Memorial service immediately after death

At funeral home

Name of funeral home: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Contact name: _____ Phone: _____

At religious institution

Name of institution _____

Street address: _____

City: _____ State: _____ Zip code: _____

Contact name: _____ Phone: _____

I prefer a celebration of life service later instead of an immediate memorial service.

Preferences for memorial service (location, pallbearers, songs/readings, open/closed casket, ash scattering, etc)?

Preferences for celebration of life service (location, beverages, outdoor/indoor, music/ readings, keepsakes for guests, etc)?

Where should memorial donations be directed?

Any additional information regarding above sections?

FAMILY MEMBER 2: _____ Last updated: ___ / ___ / ___

Pre-Death Planning

Lawyer

Name: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Estate planner

Name: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Legal Papers/location

Advanced Directive: _____

iPOST: _____

Living Will: _____

Will/Trust: _____

POA: _____

Burial insurance (policy #, company, contact info)

Policy #: _____ Company: _____

Contact name: _____ Phone: _____

Death Planning

Religious and worship information

Membership or affiliation: _____

Key contact: _____ Phone: _____

Email: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Preference of place to die: Home Hospice House Other

Additional preferences:

Organ donor: Yes No

Any specifics to the donation?

Who should be notified of the death?

Burial preference Ground burial Cremation Other

If ground burial: Traditional Green

Additional preferences:

Embalming? Yes No

Have you already prepaid for your burial plot/funeral? Yes No

Location of plot (cemetery/mausoleum/etc): _____

Street address: _____

City: _____ State: _____ Zip code: _____

Name of contact/phone: _____

What did your prepay cover?: _____

Specifics for burial (rent casket, biodegradable, shroud only, etc):

Anything specific on headstone?

Obituary already written: Yes No

If yes, where is it located? Do you have a preference on where it should be published?

Funeral/memorial service design

Religious or secular service?

Memorial service immediately after death

At funeral home

Name of funeral home: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Contact name: _____ Phone: _____

At religious institution

Name of institution _____

Street address: _____

City: _____ State: _____ Zip code: _____

Contact name: _____ Phone: _____

I prefer a celebration of life service later instead of an immediate memorial service.

Preferences for memorial service (location, pallbearers, songs/readings, open/closed casket, ash scattering, etc)?

Preferences for celebration of life service (location, beverages, outdoor/indoor, music/ readings, keepsakes for guests, etc)?

Where should memorial donations be directed?

Any additional information regarding above sections?

FAMILY MEMBER 3: _____ Last updated: ___ / ___ / ___

Pre-Death Planning

Lawyer

Name: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Estate planner

Name: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Legal Papers/location

Advanced Directive: _____

iPOST: _____

Living Will: _____

Will/Trust: _____

POA: _____

Burial insurance (policy #, company, contact info)

Policy #: _____ Company: _____

Contact name: _____ Phone: _____

Death Planning

Religious and worship information

Membership or affiliation: _____

Key contact: _____ Phone: _____

Email: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Preference of place to die: Home Hospice House Other

Additional preferences:

Organ donor: Yes No

Any specifics to the donation?

Who should be notified of the death?

Burial preference Ground burial Cremation Other

If ground burial: Traditional Green

Additional preferences:

Embalming? Yes No

Have you already prepaid for your burial plot/funeral? Yes No

Location of plot (cemetery/mausoleum/etc): _____

Street address: _____

City: _____ State: _____ Zip code: _____

Name of contact/phone: _____

What did your prepay cover?: _____

Specifics for burial (rent casket, biodegradable, shroud only, etc):

Anything specific on headstone?

Obituary already written: Yes No

If yes, where is it located? Do you have a preference on where it should be published?

Funeral/memorial service design

Religious or secular service?

Memorial service immediately after death

At funeral home

Name of funeral home: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Contact name: _____ Phone: _____

At religious institution

Name of institution _____

Street address: _____

City: _____ State: _____ Zip code: _____

Contact name: _____ Phone: _____

I prefer a celebration of life service later instead of an immediate memorial service.

Preferences for memorial service (location, pallbearers, songs/readings, open/closed casket, ash scattering, etc)?

Preferences for celebration of life service (location, beverages, outdoor/indoor, music/ readings, keepsakes for guests, etc)?

Where should memorial donations be directed?

Any additional information regarding above sections?

Digital Death

Our lives have become heavily steeped in digital access. This means that in the event of the death of a loved one, there are potentially many digital assets/liabilities that will need to be addressed. One of the larger digital assets is social media accounts and cloud storage. It is sometimes the last item we would think of after losing a loved one, but these accounts are just as important to address.

For more information about digital liabilities in general, check websites such as www.thedigitalbeyond.com with advice on how to navigate end of life.

Please be aware that each social media app has differing policies about what is available for your account after your death. For example, Instagram and Facebook give the option of memorializing an account or deleting it, whereas X (formerly) Twitter only allows a family member to deactivate/delete the account. Each app/platform also has different requirements to prove that the owner of the account has died and who the lawful person is appointed to handle the account after death. Please read up on each social media app's policies so you can make an informed decision about how you would like your social media accounts handled.

Please also be aware that the below information is not considered a legal document and you should include this information in your legal will.

Social media and digital accounts

FAMILY MEMBER 1: _____ Last updated: ___ / ___ / ___

Facebook Memorialize Deactivate

Username: _____ Password: _____

Person appointed at death: _____

Instagram Memorialize Deactivate

Username: _____ Password: _____

Person appointed at death: _____

X (formerly Twitter) Memorialize Deactivate

Username: _____ Password: _____

Person appointed at death: _____

LinkedIn Memorialize Deactivate

Username: _____ Password: _____

Person appointed at death: _____

Name of social media app/platform: _____

Username: _____ Password: _____

Person appointed at death: _____

What would you like to happen to your account on your death?

Name of social media app/platform: _____

Username: _____ Password: _____

Person appointed at death: _____

What would you like to happen to your account on your death?

Name of social media app/platform: _____

Username: _____ Password: _____

Person appointed at death: _____

What would you like to happen to your account on your death?

Cloud storage (iCloud, Google or other)

Apple or User ID: _____ Password: _____

Legacy contact(s) listed in your phone: _____

What would you like done with your Cloud contents after death?

Location (other than Cloud) of digital family photo/video storage and how to access it:

FAMILY MEMBER 2: _____ Last updated: ___ / ___ / ___

Facebook Memorialize Deactivate

Username: _____ Password: _____

Person appointed at death: _____

Instagram Memorialize Deactivate

Username: _____ Password: _____

Person appointed at death: _____

X (formerly Twitter) Memorialize Deactivate

Username: _____ Password: _____

Person appointed at death: _____

LinkedIn Memorialize Deactivate

Username: _____ Password: _____

Person appointed at death: _____

Name of social media app/platform: _____

Username: _____ Password: _____

Person appointed at death: _____

What would you like to happen to your account on your death?

Name of social media app/platform: _____

Username: _____ Password: _____

Person appointed at death: _____

What would you like to happen to your account on your death?

Name of social media app/platform: _____

Username: _____ Password: _____

Person appointed at death: _____

What would you like to happen to your account on your death?

Cloud storage (iCloud, Google or other)

Apple or User ID: _____ Password: _____

Legacy contact(s) listed in your phone: _____

What would you like done with your Cloud contents after death?

Location (other than Cloud) of digital family photo/video storage and how to access it:

FAMILY MEMBER 3: _____ Last updated: __/__/__

Facebook Memorialize Deactivate

Username: _____ Password: _____

Person appointed at death: _____

Instagram Memorialize Deactivate

Username: _____ Password: _____

Person appointed at death: _____

X (formerly Twitter) Memorialize Deactivate

Username: _____ Password: _____

Person appointed at death: _____

LinkedIn Memorialize Deactivate

Username: _____ Password: _____

Person appointed at death: _____

Name of social media app/platform _____

Username: _____ Password: _____

Person appointed at death: _____

What would you like to happen to your account on your death?

Name of social media app/platform: _____

Username: _____ Password: _____

Person appointed at death: _____

What would you like to happen to your account on your death?

Name of social media app/platform: _____

Username: _____ Password: _____

Person appointed at death: _____

What would you like to happen to your account on your death?

Cloud storage (iCloud, Google or other)

Apple or User ID: _____ Password: _____

Legacy contact(s) listed in your phone: _____

What would you like done with your Cloud contents after death?

Location (other than Cloud) of digital family photo/video storage and how to access it:

Additional information

Additional information or other digital accounts for any family members:

FAMILY INSURANCE AND HEALTHCARE

Note: health, dental, vision are included in the Family Healthcare section

Life insurance

Last updated: ___ / ___ / ___

Insured family member 1: _____

Insurance provider: _____ Policy number: _____

Agent name: _____ Phone: _____

Website: _____

Username: _____ Password: _____

Premium: _____ Payment method: _____

Beneficiaries: _____

Insured family member 2: _____

Insurance provider: _____ Policy number: _____

Agent name: _____ Phone: _____

Website: _____

Username: _____ Password: _____

Premium: _____ Payment method: _____

Beneficiaries: _____

Insured family member 3: _____

Insurance provider: _____ Policy number: _____

Agent name: _____ Phone: _____

Website: _____

Username: _____ Password: _____

Premium: _____ Payment method: _____

Beneficiaries: _____

Insured family member 4: _____

Insurance provider: _____ Policy number: _____

Agent name: _____ Phone: _____

Website: _____

Username: _____ Password: _____

Premium: _____ Payment method: _____

Beneficiaries:

Insured family member 5: _____

Insurance provider: _____ Policy number: _____

Agent name: _____ Phone: _____

Website: _____

Username: _____ Password: _____

Premium: _____ Payment method: _____

Beneficiaries:

Insured family member 6: _____

Insurance provider: _____ Policy number: _____

Agent name: _____ Phone: _____

Website: _____

Username: _____ Password: _____

Premium: _____ Payment method: _____

Beneficiaries:

Additional information on life insurance:

Long-term care insurance

Insured family member 1: _____

Insurance provider: _____ Policy number: _____

Agent name: _____ Phone: _____

Website: _____

Username: _____ Password: _____

Premium: _____ Payment method: _____

Insured family member 2: _____

Insurance provider: _____ Policy number: _____

Agent name: _____ Phone: _____

Website: _____

Username: _____ Password: _____

Premium: _____ Payment method: _____

Additional information on long-term care insurance

Disability insurance

Insured family member 1: _____

Insurance provider: _____ Policy number: _____

Agent name: _____ Phone: _____

Website: _____

Username: _____ Password: _____

Premium: _____ Payment method: _____

Insured family member 2: _____

Insurance provider: _____ Policy number: _____

Agent name: _____ Phone: _____

Website: _____

Username: _____ Password: _____

Premium: _____ Payment method: _____

Additional information on disability insurance

FAMILY MEMBER 1: _____ Last updated: ___ / ___ / ___

Healthcare insurance

Primary health insurance provider: _____

Policy holder: _____ Policy holder birth date: _____

Policy number: _____ Group number: _____

Website: _____

Username: _____ Password: _____

Premium and payment method: _____

Customer service phone number: _____

Secondary health coverage provider: _____

Policy holder: _____ Policy holder birth date: _____

Policy number: _____ Group number: _____

Website: _____

Username: _____ Password: _____

Premium and payment method: _____

Customer service phone number: _____

Prescription coverage provider: _____

Policy holder: _____ Policy holder birth date: _____

Policy number: _____ Group number: _____

Website: _____

Username: _____ Password: _____

Premium and payment method: _____

Customer service phone number: _____

General healthcare

Primary care physician: _____ Phone: _____

Name of practice: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Additional specialty physician: _____ **Phone:** _____

Name of practice: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Reason(s) for being seen: _____

Additional specialty physician: _____ **Phone:** _____

Name of practice: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Reason(s) for being seen: _____

Additional specialty physician: _____ **Phone:** _____

Name of practice: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Reason(s) for being seen: _____

Additional specialty physician: _____ **Phone:** _____

Name of practice: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Reason(s) for being seen: _____

Vaccination records (location and info): _____

Medications

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Allergies (environmental or medications)

Pharmacies (including online/specialty pharmacies)

Pharmacy name: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Pharmacy name: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Dental insurance

Dental insurance provider: _____

Policy holder: _____ Policy holder birth date: _____

Policy number: _____ Group number: _____

Premium and payment method: _____

Customer service phone number: _____

Dentists, oral surgeons, and orthodontists

Name: _____ Phone: _____

Occupation: Dentist Surgeon Orthodontist

Name: _____ Phone: _____

Occupation: Dentist Surgeon Orthodontist

Name: _____ Phone: _____

Occupation: Dentist Surgeon Orthodontist

Vision insurance

Vision insurance provider: _____

Policy holder: _____ Policy holder birth date: _____

Policy number: _____ Group number: _____

Premium and payment method: _____

Customer service phone number: _____

Vision care provider(s)

Name: _____ Phone: _____

Occupation: Optometrist Ophthalmologist

Name: _____ Phone: _____

Occupation: Optometrist Ophthalmologist

Additional personal medical information:

FAMILY MEMBER 2: _____ Last updated: ___ / ___ / ___

Healthcare insurance

Primary health insurance provider: _____

Policy holder: _____ Policy holder birth date: _____

Policy number: _____ Group number: _____

Website: _____

Username: _____ Password: _____

Premium and payment method: _____

Customer service phone number: _____

Secondary health coverage provider: _____

Policy holder: _____ Policy holder birth date: _____

Policy number: _____ Group number: _____

Website: _____

Username: _____ Password: _____

Premium and payment method: _____

Customer service phone number: _____

Prescription coverage provider: _____

Policy holder: _____ Policy holder birth date: _____

Policy number: _____ Group number: _____

Website: _____

Username: _____ Password: _____

Premium and payment method: _____

Customer service phone number: _____

General healthcare

Primary care physician: _____ Phone: _____

Name of practice: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Additional specialty physician: _____ **Phone:** _____

Name of practice: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Reason(s) for being seen: _____

Additional specialty physician: _____ **Phone:** _____

Name of practice: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Reason(s) for being seen: _____

Additional specialty physician: _____ **Phone:** _____

Name of practice: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Reason(s) for being seen: _____

Additional specialty physician: _____ **Phone:** _____

Name of practice: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Reason(s) for being seen: _____

Vaccination records (location and info): _____

Medications

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Allergies (environmental or medications)

Pharmacies (including online/specialty pharmacies)

Pharmacy name: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Pharmacy name: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Dental insurance

Dental insurance provider: _____

Policy holder: _____ Policy holder birth date: _____

Policy number: _____ Group number: _____

Premium and payment method: _____

Customer service phone number: _____

Dentists, oral surgeons, and orthodontists

Name: _____ Phone: _____

Occupation: Dentist Surgeon Orthodontist

Name: _____ Phone: _____

Occupation: Dentist Surgeon Orthodontist

Name: _____ Phone: _____

Occupation: Dentist Surgeon Orthodontist

Vision insurance

Vision insurance provider: _____

Policy holder: _____ Policy holder birth date: _____

Policy number: _____ Group number: _____

Premium and payment method: _____

Customer service phone number: _____

Vision care provider(s)

Name: _____ Phone: _____

Occupation: Optometrist Ophthalmologist

Name: _____ Phone: _____

Occupation: Optometrist Ophthalmologist

Additional personal medical information

FAMILY MEMBER 3: _____ Last updated: ___ / ___ / ___

Healthcare insurance

Primary health insurance provider: _____

Policy holder: _____ Policy holder birth date: _____

Policy number: _____ Group number: _____

Website: _____

Username: _____ Password: _____

Premium and payment method: _____

Customer service phone number: _____

Secondary health coverage provider: _____

Policy holder: _____ Policy holder birth date: _____

Policy number: _____ Group number: _____

Website: _____

Username: _____ Password: _____

Premium and payment method: _____

Customer service phone number: _____

Prescription coverage provider: _____

Policy holder: _____ Policy holder birth date: _____

Policy number: _____ Group number: _____

Website: _____

Username: _____ Password: _____

Premium and payment method: _____

Customer service phone number: _____

General healthcare

Primary care physician: _____ Phone: _____

Name of practice: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Additional specialty physician: _____ **Phone:** _____

Name of practice: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Reason(s) for being seen: _____

Additional specialty physician: _____ **Phone:** _____

Name of practice: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Reason(s) for being seen: _____

Additional specialty physician: _____ **Phone:** _____

Name of practice: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Reason(s) for being seen: _____

Additional specialty physician: _____ **Phone:** _____

Name of practice: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Reason(s) for being seen: _____

Vaccination records (location and info): _____

Medications

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Allergies (environmental or medications)

Pharmacies (including online/specialty pharmacies)

Pharmacy name: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Pharmacy name: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Dental insurance

Dental insurance provider: _____

Policy holder: _____ Policy holder Birth date: _____

Policy number: _____ Group number: _____

Premium and payment method: _____

Customer service phone number: _____

Dentists, oral surgeons, and orthodontists

Name: _____ Phone: _____

Occupation: Dentist Surgeon Orthodontist

Name: _____ Phone: _____

Occupation: Dentist Surgeon Orthodontist

Name: _____ Phone: _____

Occupation: Dentist Surgeon Orthodontist

Vision insurance

Vision insurance provider: _____

Policy holder: _____ Policy holder Birth date: _____

Policy number: _____ Group number: _____

Premium and payment method: _____

Customer service phone number: _____

Vision care provider(s)

Name: _____ Phone: _____

Occupation: Optometrist Ophthalmologist

Name: _____ Phone: _____

Occupation: Optometrist Ophthalmologist

Additional personal medical information

FAMILY MEMBER 4: _____ Last updated: ___ / ___ / ___

Healthcare insurance

Primary health insurance provider: _____

Policy holder: _____ Policy holder birth date: _____

Policy number: _____ Group number: _____

Website: _____

Username: _____ Password: _____

Premium and payment method: _____

Customer service phone number: _____

Secondary health coverage provider: _____

Policy holder: _____ Policy holder birth date: _____

Policy number: _____ Group number: _____

Website: _____

Username: _____ Password: _____

Premium and payment method: _____

Customer service phone number: _____

Prescription coverage provider: _____

Policy holder: _____ Policy holder birth date: _____

Policy number: _____ Group number: _____

Website: _____

Username: _____ Password: _____

Premium and payment method: _____

Customer service phone number: _____

General healthcare

Primary care physician: _____ Phone: _____

Name of practice: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Additional specialty physician: _____ **Phone:** _____

Name of practice: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Reason(s) for being seen: _____

Additional specialty physician: _____ **Phone:** _____

Name of practice: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Reason(s) for being seen: _____

Additional specialty physician: _____ **Phone:** _____

Name of practice: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Reason(s) for being seen: _____

Additional specialty physician: _____ **Phone:** _____

Name of practice: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Reason(s) for being seen: _____

Vaccination records (location and info): _____

Medications

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Allergies (environmental or medications)

Pharmacies (including online/specialty pharmacies)

Pharmacy name: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Pharmacy name: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Dental insurance

Dental insurance provider: _____

Policy holder: _____ Policy holder birth date: _____

Policy number: _____ Group number: _____

Premium and payment method: _____

Customer service phone number: _____

Dentists, oral surgeons, and orthodontists

Name: _____ Phone: _____

Occupation: Dentist Surgeon Orthodontist

Name: _____ Phone: _____

Occupation: Dentist Surgeon Orthodontist

Name: _____ Phone: _____

Occupation: Dentist Surgeon Orthodontist

Vision insurance

Vision insurance provider: _____

Policy holder: _____ Policy holder birth date: _____

Policy number: _____ Group number: _____

Premium and payment method: _____

Customer service phone number: _____

Vision care provider(s)

Name: _____ Phone: _____

Occupation: Optometrist Ophthalmologist

Name: _____ Phone: _____

Occupation: Optometrist Ophthalmologist

Additional personal medical information

FINANCIAL INFORMATION

General financial

Last updated: __ / __ / __

Accountant

Name: _____

Name of firm/practice: _____

Phone: _____ Email: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Tax returns storage/file location and other relevant information: _____

Financial planner

Name: _____

Name of firm/practice: _____

Phone: _____ Email: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Wealth management advisor

Name: _____

Name of firm/practice: _____

Phone: _____ Email: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Additional information on financial advisors

Retirement accounts – pension, 401k, etc.

Last updated: ___ / ___ / ___

Retirement fund/provider: _____

Account number: _____ Website: _____

Email on account: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Street address on account: _____

City: _____ State: _____ Zip code: _____

Contribution/distribution info: _____

Retirement fund/provider: _____

Account number: _____ Website: _____

Email on account: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Street address on account: _____

City: _____ State: _____ Zip code: _____

Contribution/distribution info: _____

Retirement fund/provider: _____

Account number: _____ Website: _____

Email on account: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Street address on account: _____

City: _____ State: _____ Zip code: _____

Contribution/distribution info: _____

Retirement fund/provider: _____

Account number: _____ Website: _____

Email on account: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Street address on account: _____

City: _____ State: _____ Zip code: _____

Contribution/distribution info: _____

Retirement/investment accounts – IRAs and mutual funds

Last updated: ___ / ___ / ___

IRA mutual fund/provider: _____

Account number: _____ Website: _____

Email on account: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Street address on account: _____

City: _____ State: _____ Zip code: _____

Contribution/distribution info: _____

IRA mutual fund/provider: _____

Account number: _____ Website: _____

Email on account: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Street address on account: _____

City: _____ State: _____ Zip code: _____

Contribution/distribution info: _____

IRA mutual fund/provider: _____

Account number: _____ Website: _____

Email on account: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Street address on account: _____

City: _____ State: _____ Zip code: _____

Contribution/distribution info: _____

IRA mutual fund/provider: _____

Account number: _____ Website: _____

Email on account: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Street address on account: _____

City: _____ State: _____ Zip code: _____

Contribution/distribution info: _____

IRA mutual fund/provider: _____

Account number: _____ Website: _____

Email on account: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Street address on account: _____

City: _____ State: _____ Zip code: _____

Contribution/distribution info: _____

IRA mutual fund/provider: _____

Account number: _____ Website: _____

Email on account: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Street address on account: _____

City: _____ State: _____ Zip code: _____

Contribution/distribution info: _____

Additional information on pension, 401K, IRAs and mutual funds:

Other income sources (SSI/SSDI, pension, etc):

College savings accounts

Family member/student 1: _____ **Last updated:** ___ / ___ / ___

Account owner: _____ Fund/provider: _____

Account number: _____ Website: _____

Email on account: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Street address on account: _____

City: _____ State: _____ Zip code: _____

Contribution/distribution info: _____

Family member/student 2: _____ **Last updated:** ___ / ___ / ___

Account owner: _____ Fund/provider: _____

Account number: _____ Website: _____

Email on account: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Street address on account: _____

City: _____ State: _____ Zip code: _____

Contribution/distribution info: _____

Family member/student 3: _____ **Last updated:** ___ / ___ / ___

Account owner: _____ Fund/provider: _____

Account number: _____ Website: _____

Email on account: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Street address on account: _____

City: _____ State: _____ Zip code: _____

Contribution/distribution info: _____

Family member/student 4: _____ **Last updated:** ___ / ___ / ___

Account owner: _____ Fund/provider: _____

Account number: _____ Website: _____

Email on account: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Street address on account: _____

City: _____ State: _____ Zip code: _____

Contribution/distribution info: _____

Additional information on college saving account(s):

Banks, credit unions and accounts

Last updated: ___ / ___ / ___

Bank/Credit Union name: _____

Account owner: _____ Account type: _____

Account number: _____ Website: _____

Email on account: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Bank/Credit Union name: _____

Account owner: _____ Account type: _____

Account number: _____ Website: _____

Email on account: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Bank/Credit Union name: _____

Account owner: _____ Account type: _____

Account number: _____ Website: _____

Email on account: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Bank/Credit Union name: _____

Account owner: _____ Account type: _____

Account number: _____ Website: _____

Email on account: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Bank/Credit Union name: _____

Account owner: _____ Account type: _____

Account number: _____ Website: _____

Email on account: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Bank/Credit Union name: _____

Account owner: _____ Account type: _____

Account number: _____ Website: _____

Email on account: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Bank/Credit Union name: _____

Account owner: _____ Account type: _____

Account number: _____ Website: _____

Email on account: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Bank/Credit Union name: _____

Account owner: _____ Account type: _____

Account number: _____ Website: _____

Email on account: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Bank/Credit Union name: _____

Account owner: _____ Account type: _____

Account number: _____ Website: _____

Email on account: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Bank/Credit Union name: _____

Account owner: _____ Account type: _____

Account number: _____ Website: _____

Email on account: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Additional information on bank(s) and account(s):

Loan information

Last updated: ___ / ___ / ___

Note: home mortgages and auto loans are covered in the Property and Auto sections.

Bank/institution: _____ Loan type: _____

Account number: _____ Primary borrower: _____

Email on account: _____ Website: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Bank/institution: _____ Loan type: _____

Account number: _____ Primary borrower: _____

Email on account: _____ Website: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Bank/institution: _____ Loan type: _____

Account number: _____ Primary borrower: _____

Email on account: _____ Website: _____

Username: _____ Password: _____

Two-factor authentication app/method (if applicable): _____

Phone used for authentication: _____

Email used for authentication: _____

Bank/institution: _____ **Loan type:** _____
Account number: _____ **Primary borrower:** _____
Email on account: _____ **Website:** _____
Username: _____ **Password:** _____
Two-factor authentication app/method (if applicable): _____
Phone used for authentication: _____
Email used for authentication: _____

Bank/institution: _____ **Loan type:** _____
Account number: _____ **Primary borrower:** _____
Email on account: _____ **Website:** _____
Username: _____ **Password:** _____
Two-factor authentication app/method (if applicable): _____
Phone used for authentication: _____
Email used for authentication: _____

Additional information on loans or lines of credit:

Credit cards

Last updated: ___ / ___ / ___

Account holder: _____ **CC company:** _____
CC number: _____ **Exp. Date (MM/YY):** _____ **CVV:** _____
Email on account: _____ **Website:** _____
Username: _____ **Password:** _____
Auto-withdrawal? Yes No
Account paid from/when due: _____

Account holder: _____ **CC company:** _____
CC number: _____ **Exp. Date (MM/YY):** _____ **CVV:** _____
Email on account: _____ **Website:** _____
Username: _____ **Password:** _____
Auto-withdrawal? Yes No
Account paid from/when due: _____

Account holder: _____ **CC company:** _____
CC number: _____ **Exp. Date (MM/YY):** _____ **CVV:** _____
Email on account: _____ **Website:** _____
Username: _____ **Password:** _____
Auto-withdrawal? Yes No
Account paid from/when due: _____

Account holder: _____ **CC company:** _____
CC number: _____ **Exp. Date (MM/YY):** _____ **CVV:** _____
Email on account: _____ **Website:** _____
Username: _____ **Password:** _____
Auto-withdrawal? Yes No
Account paid from/when due: _____

Account holder: _____ **CC company:** _____
CC number: _____ **Exp. Date (MM/YY):** _____ **CVV:** _____
Email on account: _____ **Website:** _____
Username: _____ **Password:** _____
Auto-withdrawal? Yes No
Account paid from/when due: _____

Account holder: _____ **CC company:** _____
CC number: _____ **Exp. Date (MM/YY):** _____ **CVV:** _____
Email on account: _____ **Website:** _____
Username: _____ **Password:** _____
Auto-withdrawal? Yes No
Account paid from/when due: _____

Account holder: _____ **CC company:** _____
CC number: _____ **Exp. Date (MM/YY):** _____ **CVV:** _____
Email on account: _____ **Website:** _____
Username: _____ **Password:** _____
Auto-withdrawal? Yes No
Account paid from/when due: _____

Account holder: _____ **CC company:** _____
CC number: _____ **Exp. Date (MM/YY):** _____ **CVV:** _____
Email on account: _____ **Website:** _____
Username: _____ **Password:** _____
Auto-withdrawal? Yes No
Account paid from/when due: _____

Additional information on credit card accounts:

Automatic payment withdrawals

Last updated: ___ / ___ / ___

Subscriptions and memberships (Netflix, Hulu, gym, etc.)

Item: _____

Account: _____

Frequency/timing: _____ Amount: _____

Email on account: _____ Website: _____

Username: _____ Password: _____

Item: _____

Account: _____

Frequency/timing: _____ Amount: _____

Email on account: _____ Website: _____

Username: _____ Password: _____

Item: _____

Account: _____

Frequency/timing: _____ Amount: _____

Email on account: _____ Website: _____

Username: _____ Password: _____

Item: _____

Account: _____

Frequency/timing: _____ Amount: _____

Email on account: _____ Website: _____

Username: _____ Password: _____

Item: _____
Account: _____
Frequency/timing: _____ Amount: _____
Email on account: _____ Website: _____
Username: _____ Password: _____

Item: _____
Account: _____
Frequency/timing: _____ Amount: _____
Email on account: _____ Website: _____
Username: _____ Password: _____

Item: _____
Account: _____
Frequency/timing: _____ Amount: _____
Email on account: _____ Website: _____
Username: _____ Password: _____

Item: _____
Account: _____
Frequency/timing: _____ Amount: _____
Email on account: _____ Website: _____
Username: _____ Password: _____

Item: _____
Account: _____
Frequency/timing: _____ Amount: _____
Email on account: _____ Website: _____
Username: _____ Password: _____

Item: _____

Account: _____

Frequency/timing: _____ **Amount:** _____

Email on account: _____ **Website:** _____

Username: _____ **Password:** _____

Additional information on auto withdrawals or payments:

ONLINE ACCOUNT INFORMATION

Online accounts

Last updated: ___ / ___ / ___

Shopping accounts, various services, children's school accounts, memberships and subscriptions that are not on auto-withdrawal.

Item/service: _____

Email on account: _____ Website: _____

Username: _____ Password: _____

Item/service: _____

Email on account: _____ Website: _____

Username: _____ Password: _____

Item/service: _____

Email on account: _____ Website: _____

Username: _____ Password: _____

Item/service: _____

Email on account: _____ Website: _____

Username: _____ Password: _____

Item/service: _____

Email on account: _____ Website: _____

Username: _____ Password: _____

Item/service: _____

Email on account: _____ Website: _____

Username: _____ Password: _____

Item/service: _____
Email on account: _____ Website: _____
Username: _____ Password: _____

Item/service: _____
Email on account: _____ Website: _____
Username: _____ Password: _____

Item/service: _____
Email on account: _____ Website: _____
Username: _____ Password: _____

Item/service: _____
Email on account: _____ Website: _____
Username: _____ Password: _____

Item/service: _____
Email on account: _____ Website: _____
Username: _____ Password: _____

Item/service: _____
Email on account: _____ Website: _____
Username: _____ Password: _____

Additional information related to anything in the Misc. Online Accounts section

PROPERTY AND LAND OWNERSHIP

Primary residence

Last updated: ___ / ___ / ___

Street address: _____

City: _____ State: _____ Zip code: _____

Primary owner/name on deed/loan: _____

Abstract/deed location: _____

Year purchased: _____ Price: _____

Home mortgage provider: _____

Home mortgage account number: _____

Website: _____

Username: _____ Password: _____

Payment method/timing: _____

Second mortgage provider: _____

Second mortgage account number: _____

Website: _____

Username: _____ Password: _____

Payment method/timing: _____

Home insurance provider: _____ Policy number: _____

Website: _____

Username: _____ Password: _____

Premium and payment method: _____

Umbrella policy provider: _____ Policy number: _____

Website: _____

Username: _____ Password: _____

Premium and payment method: _____

Terms of purchase or lease:

Homeowners association

Homeowners association dues: _____ How they are paid: _____

Homeowners' association, covenants, and restrictions, etc. – document location/pertinent info:

Gas/electric

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Water utility

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Garbage service

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Cable/internet

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Sprinkler system maintenance

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Lawn/snow removal service

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Pool/spa service

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Additional service

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Additional service

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Additional service

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Additional service

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Garage code/keys

Garage code and where keys are located: _____

Neighbors

Neighbor name: _____ Phone: _____

Neighbor name: _____ Phone: _____

Neighbor name: _____ Phone: _____

Additional information on primary residence:

Secondary residence

Last updated: ___ / ___ / ___

Street address: _____

City: _____ State: _____ Zip code: _____

Primary owner/name on deed/loan: _____

Abstract/deed location: _____

Year purchased: _____ Price: _____

Home mortgage provider: _____

Home mortgage account number: _____

Website: _____

Username: _____ Password: _____

Payment method/timing: _____

Second mortgage provider: _____

Second mortgage account number: _____

Website: _____

Username: _____ Password: _____

Payment method/timing: _____

Home insurance provider: _____ Policy number: _____

Website: _____

Username: _____ Password: _____

Premium and payment method: _____

Umbrella policy provider: _____ Policy number: _____

Website: _____

Username: _____ Password: _____

Premium and payment method: _____

Terms of purchase or lease:

Homeowners association

Homeowners association dues: _____ How they are paid: _____

Homeowners' association, covenants, and restrictions, etc. – document location/pertinent info:

Gas/electric

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Water utility

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Garbage service

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Cable/internet

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Sprinkler system maintenance

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Lawn/snow removal service

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Pool/spa service

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Additional service

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Additional service

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Additional service

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Additional service

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Garage code/keys

Garage code and where keys are located: _____

Neighbors

Neighbor name: _____ Phone: _____

Neighbor name: _____ Phone: _____

Neighbor name: _____ Phone: _____

Additional information on secondary residence:

Rental property

Last updated: ___ / ___ / ___

Street address: _____

City: _____ State: _____ Zip code: _____

Primary owner/name on deed/loan: _____

Abstract/deed location: _____

Year purchased: _____ Price: _____

Home mortgage provider: _____

Home mortgage account number: _____

Website: _____

Username: _____ Password: _____

Payment method/timing: _____

Second mortgage provider: _____

Second mortgage account number: _____

Website: _____

Username: _____ Password: _____

Payment method/timing: _____

Home insurance provider: _____ Policy number: _____

Website: _____

Username: _____ Password: _____

Premium and payment method: _____

Umbrella policy provider: _____ Policy number: _____

Website: _____

Username: _____ Password: _____

Premium and payment method: _____

Renter information

Name: _____

Phone: _____ Email: _____

Rental agreement/payment details: _____

Homeowners association

Homeowners association dues: _____ How they are paid: _____

Homeowners' association, covenants, and restrictions, etc. – document location/pertinent info:

Gas/electric

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Water utility

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Garbage service

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Cable/internet

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Sprinkler system maintenance

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Lawn/snow removal service

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Pool/spa service

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Additional service

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Additional service

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Additional service

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Additional service

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Garage code/keys

Garage code and where keys are located: _____

Warranties and maintenance contracts

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Property management

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Maintenance/handyman service

Company: _____

Phone: _____ Website: _____

Account number: _____ Name on account: _____

Additional information on rental property:

Additional real estate or land

Last updated: ___ / ___ / ___

Street address: _____

City: _____ State: _____ Zip code: _____

Primary owner/name on deed/loan: _____

Abstract/deed location: _____

Year purchased: _____ Price: _____

Home mortgage provider: _____

Home mortgage account number: _____

Website: _____

Username: _____ Password: _____

Payment method/timing: _____

Second mortgage provider: _____

Second mortgage account number: _____

Website: _____

Username: _____ Password: _____

Payment method/timing _____

Home insurance provider: _____ **Policy number:** _____
Website: _____
Username: _____ Password: _____
Premium and payment method: _____

Umbrella policy provider: _____ **Policy number:** _____
Website: _____
Username: _____ Password: _____
Premium and payment method: _____

Renter information (if applicable, including farmland rental) – name and contact details

Name: _____
Phone: _____ Email: _____
Rental agreement/payment details: _____

Details of government contracts in place (i.e., CRP or forest reserve):

Property management/maintenance details

Company: _____
Phone: _____ Website: _____
Account number: _____ Name on account: _____

Neighbors

Neighbor name: _____ Phone: _____

Neighbor name: _____ Phone: _____

Neighbor name: _____ Phone: _____

Additional information on additional real estate:

Additional information on misc. land ownership:

Additional information related to anything in the Property and Land Ownership section:

AUTO/RV/WORK EQUIPMENT

Cars, motorcycles, boats, campers, tractors,
& similar vehicles

Last updated: ___ / ___ / ___

Type of vehicle/equipment: _____

Make: _____ Model: _____ Year: _____

Registration County: _____

Registration expiration (ex. AUG-22 for August 2022): _____

Name of user/owner or titleholder: _____

Location of title: _____

Loan provider: _____ Account number: _____

Loan website: _____

Username: _____ Password: _____

Premium: _____ Payment method: _____

Insurance provider: _____ Policy number: _____

Policy holder: _____

Username: _____ Password: _____

Insurance agent: _____

Phone: _____ Email: _____

Premium: _____

Payment Method: _____

Type of vehicle/equipment: _____

Make: _____ Model: _____ Year: _____

Registration County: _____

Registration expiration (ex. AUG-22 for August 2022): _____

Name of user/owner or titleholder: _____

Location of title: _____

Loan provider: _____ Account number: _____

Loan website: _____

Username: _____ Password: _____

Premium: _____ Payment method: _____

Insurance provider: _____ Policy number: _____
Policy holder: _____
Username: _____ Password: _____
Insurance agent: _____
Phone: _____ Email: _____
Premium: _____
Payment Method: _____

Type of vehicle/equipment: _____

Make: _____ Model: _____ Year: _____

Registration County: _____

Registration expiration (ex. AUG-22 for August 2022): _____

Name of user/owner or titleholder: _____

Location of title: _____

Loan provider: _____ Account number: _____

Loan website: _____

Username: _____ Password: _____

Premium: _____ Payment method: _____

Insurance provider: _____ Policy number: _____

Policy holder: _____

Username: _____ Password: _____

Insurance agent: _____

Phone: _____ Email: _____

Premium: _____

Payment Method: _____

Type of vehicle/equipment: _____

Make: _____ Model: _____ Year: _____

Registration County: _____

Registration expiration (ex. AUG-22 for August 2022): _____

Name of user/owner or titleholder: _____

Location of title: _____

Loan provider: _____ Account number: _____

Loan website: _____

Username: _____ Password: _____

Premium: _____ Payment method: _____

Insurance provider: _____ Policy number: _____

Policy holder: _____

Username: _____ Password: _____

Insurance agent: _____

Phone: _____ Email: _____

Premium: _____

Payment Method: _____

Type of vehicle/equipment: _____

Make: _____ Model: _____ Year: _____

Registration County: _____

Registration expiration (ex. AUG-22 for August 2022): _____

Name of user/owner or titleholder: _____

Location of title: _____

Loan provider: _____ Account number: _____

Loan website: _____

Username: _____ Password: _____

Premium: _____ Payment method: _____

Insurance provider: _____ Policy number: _____

Policy holder: _____

Username: _____ Password: _____

Insurance agent: _____

Phone: _____ Email: _____

Premium: _____

Payment Method: _____

Type of vehicle/equipment: _____

Make: _____ Model: _____ Year: _____

Registration County: _____

Registration expiration (ex. AUG-22 for August 2022): _____

Name of user/owner or titleholder: _____

Location of title: _____

Loan provider: _____ Account number: _____

Loan website: _____

Username: _____ Password: _____

Premium: _____ Payment method: _____

Insurance provider: _____ Policy number: _____

Policy holder: _____

Username: _____ Password: _____

Insurance agent: _____

Phone: _____ Email: _____

Premium: _____

Payment Method: _____

Additional information related to anything in the Auto/RV/Work Equipment section:

VALUABLES

Jewelry, art, heirlooms, collections, guns, etc.

Last updated: ___ / ___ / ___

Item: _____

Location of item: _____

Permit/license required (if applicable): _____

Insurance information: _____

Beneficiaries: _____

Item: _____

Location of item: _____

Permit/license required (if applicable): _____

Insurance information: _____

Beneficiaries: _____

Item: _____

Location of item: _____

Permit/license required (if applicable): _____

Insurance information: _____

Beneficiaries: _____

Item: _____

Location of item: _____

Permit/license required (if applicable): _____

Insurance information: _____

Beneficiaries: _____

Item: _____

Location of item: _____

Permit/license required (if applicable): _____

Insurance information: _____

Beneficiaries: _____

Item: _____

Location of item: _____

Permit/license required (if applicable): _____

Insurance information: _____

Beneficiaries: _____

Item: _____

Location of item: _____

Permit/license required (if applicable): _____

Insurance information: _____

Beneficiaries: _____

Item: _____

Location of item: _____

Permit/license required (if applicable): _____

Insurance information: _____

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Item: _____

Location of item: _____

Permit/license required (if applicable): _____

Insurance information: _____

Beneficiaries: _____

Item: _____

Location of item: _____

Permit/license required (if applicable): _____

Insurance information: _____

Beneficiaries: _____

Item: _____

Location of item: _____

Permit/license required (if applicable): _____

Insurance information: _____

Beneficiaries: _____

Item: _____

Location of item: _____

Permit/license required (if applicable): _____

Insurance information: _____

Beneficiaries: _____

Item: _____

Location of item: _____

Permit/license required (if applicable): _____

Insurance information: _____

Beneficiaries: _____

Additional information related to anything in the Valuables section:

ADDITIONAL INFORMATION

Additional information not covered in this document:



BRIGHTEN
THE BURDEN