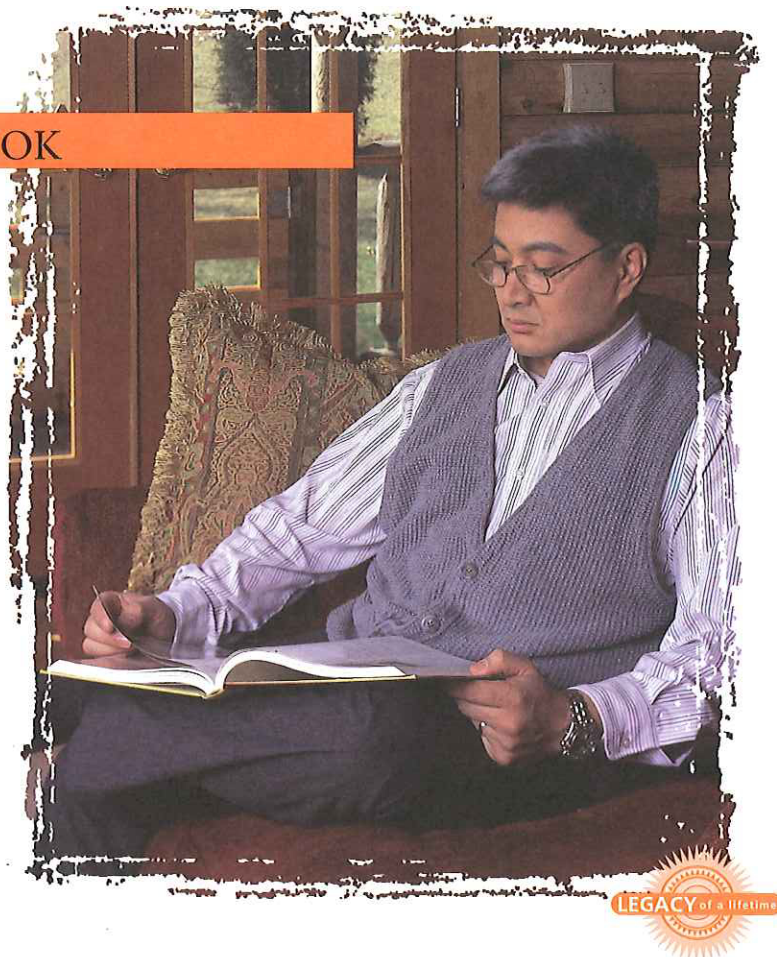


## PERSONAL RECORD BOOK



This booklet is a tool to help you organize information and record your possessions. Upon completion, it will provide a clear, precise record of your personal and financial information. It can be used to prepare an estate plan; it is also a convenient way of organizing information for your loved ones. You may wish to provide a copy to a family member and your executor as a safeguard against loss. This document should not be returned to the Presbyterian Church (U.S.A.) Foundation or its representatives.

Update your records annually. You should enter the date every time you look over the book even if you don't change any of the information inside. This will assure the reader of the current accuracy of the entries.

NAME \_\_\_\_\_  
DATE PREPARED \_\_\_\_\_  
DATE REVIEWED \_\_\_\_\_

#### PERSONAL INFORMATION

Birth Certificate ☐ Yes ☐ No  
Birth Certificate located \_\_\_\_\_  
Citizenship: Date/place of naturalization if not U.S. citizen  
by birth \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security # \_\_\_\_\_

Religious Affiliation \_\_\_\_\_  
Church \_\_\_\_\_  
Address \_\_\_\_\_

Father's Full Name \_\_\_\_\_  
Mother's Full Name \_\_\_\_\_

Current Marital Status:  
☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated  
Spouse's name \_\_\_\_\_  
Date & State married \_\_\_\_\_  
Certificate located \_\_\_\_\_  
Previous marriage(s)  
Date \_\_\_\_\_ Name \_\_\_\_\_  
Marriage ended by ☐ Death ☐ Divorce  
Date & State \_\_\_\_\_

Children:  
Name \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_

Military Service: Date(s) \_\_\_\_\_  
Service Serial # \_\_\_\_\_  
Discharge papers located at \_\_\_\_\_

#### LIVING WILL DIRECTIVE AND ORGAN DONATION

I have a living will directive stating my wishes for medical care and treatment if I am seriously ill. The document is dated \_\_\_\_\_ and is located at \_\_\_\_\_

The names and addresses of individuals who have copies are:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

I have agreed to donate organs to: (organization)  
\_\_\_\_\_

The papers are located \_\_\_\_\_

I have given the following person durable power of attorney which will go into effect upon my inability to act for myself:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

#### LAST WILL AND TESTAMENT

Will written \_\_\_\_\_ Located \_\_\_\_\_

Executor Of Will \_\_\_\_\_  
Address \_\_\_\_\_

Lawyer who prepared my will is \_\_\_\_\_  
Firm \_\_\_\_\_  
Location \_\_\_\_\_

In my will, I have left the following charitable bequest(s):

Charity \_\_\_\_\_  
Bequest Amount \_\_\_\_\_

Charity \_\_\_\_\_  
Bequest Amount \_\_\_\_\_

Charity \_\_\_\_\_  
Bequest Amount \_\_\_\_\_

### FUNERAL AND BURIAL ARRANGEMENTS

I have given instructions regarding my funeral in:

☐ Will ☐ Letter ☐ Other

I own: ☐ Cemetery plot ☐ Cemetery vault ☐ None

Name, location \_\_\_\_\_

Phone \_\_\_\_\_

Section No. \_\_\_\_\_ Plot No. \_\_\_\_\_

Location of deed \_\_\_\_\_

Other funeral arrangements made \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### BANK ACCOUNTS AND SAFE DEPOSIT BOX

Checking Account:

Bank \_\_\_\_\_

Account Number \_\_\_\_\_

☐ Joint ☐ Individual

Bank \_\_\_\_\_

Account Number \_\_\_\_\_

☐ Joint ☐ Individual

Savings Account:

Bank \_\_\_\_\_

Account Number \_\_\_\_\_

☐ Joint ☐ Individual

Safe Deposit Box Location \_\_\_\_\_

Box Number \_\_\_\_\_ Key Location \_\_\_\_\_

### RETIREMENT ACCOUNTS

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_

Beneficiary \_\_\_\_\_

Company Pension \_\_\_\_\_

Social Security \_\_\_\_\_

Individual Retirement Account: 401(k) or 403(b) \_\_\_\_\_

\_\_\_\_\_

Annuities \_\_\_\_\_

Beneficiary(ies) \_\_\_\_\_

Other retirement benefits \_\_\_\_\_

Beneficiary(ies) \_\_\_\_\_

### INVESTMENTS

I own various stocks and bonds, held in street name,  
which are located at \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Stocks/Bonds/Mutual Funds:

Company \_\_\_\_\_

Shares \_\_\_\_\_

Cost Basis \_\_\_\_\_

Date Purchased \_\_\_\_\_

Company \_\_\_\_\_

Shares \_\_\_\_\_

Cost Basis \_\_\_\_\_

Date Purchased \_\_\_\_\_

Company \_\_\_\_\_

Shares \_\_\_\_\_

Cost Basis \_\_\_\_\_

Date Purchased \_\_\_\_\_

Records of purchase and sale are located at \_\_\_\_\_

\_\_\_\_\_

I own U.S. Savings Bonds under the following ownership  
registrations:

☐ My Name Alone ☐ Joint With \_\_\_\_\_

Type \_\_\_\_\_ Face Value \_\_\_\_\_

Issue Date \_\_\_\_\_ Maturity Date \_\_\_\_\_

Serial Number \_\_\_\_\_

Type \_\_\_\_\_ Face Value \_\_\_\_\_

Issue Date \_\_\_\_\_ Maturity Date \_\_\_\_\_

Serial Number \_\_\_\_\_

Certificates of Deposit \_\_\_\_\_

Amount \_\_\_\_\_ Date of Redemption \_\_\_\_\_

Certificates of Deposit \_\_\_\_\_

Amount \_\_\_\_\_ Date of Redemption \_\_\_\_\_

Partnerships \_\_\_\_\_

\_\_\_\_\_



**OTHER INSURANCE**

I personally carry accident, disability, sickness, hospitalization and other such forms of insurance - (this is in addition to and exclusive of any such insurance or benefits provided through my employer). ☐ Yes ☐ No

Company \_\_\_\_\_

Policy # \_\_\_\_\_

Coverage \_\_\_\_\_

My insurance agent is \_\_\_\_\_

Phone \_\_\_\_\_

Location of policy(ies) \_\_\_\_\_

**RESIDENCE AND OTHER REAL ESTATE**

My residence address is \_\_\_\_\_

I own my residence ☐ Yes ☐ No

Ownership title is held in:

☐ My Name Alone

☐ Joint With \_\_\_\_\_

There is a mortgage on this property ☐ Yes ☐ No

It is held by \_\_\_\_\_

All of the documents concerning this property are located at \_\_\_\_\_

I own other real estate located at \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My homeowner's insurance broker is \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

**TANGIBLE PERSONAL PROPERTY**

Automobile(s) \_\_\_\_\_

Jewelry \_\_\_\_\_

Art, Antiques, Collectibles \_\_\_\_\_

\_\_\_\_\_

Complete inventory of my personal property is located at \_\_\_\_\_

**PERSONAL DEBTORS AND CREDITORS (OBLIGATIONS)**

Name of Debtor \_\_\_\_\_

Address \_\_\_\_\_

Amount owed to me \_\_\_\_\_

Name of Debtor \_\_\_\_\_

Address \_\_\_\_\_

Amount owed to me \_\_\_\_\_

I have the following outstanding loans:

Creditor \_\_\_\_\_

Loan # \_\_\_\_\_

Amount of Loan \_\_\_\_\_

Date of Final Payment \_\_\_\_\_

Creditor \_\_\_\_\_

Loan # \_\_\_\_\_

Amount of Loan \_\_\_\_\_

Date of Final Payment \_\_\_\_\_

Credit Card Debt:

Company \_\_\_\_\_

Account \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_

Company \_\_\_\_\_

Account \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_

**TAX RETURNS**

My tax preparer is \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

Copies of my income tax returns are located at \_\_\_\_\_

\_\_\_\_\_

## TRUST FUNDS

Here are brief descriptions of my trusts:

### 1. Testamentary Trust

Trustee \_\_\_\_\_

Assets in the trust \_\_\_\_\_

Beneficiaries \_\_\_\_\_

Attorney of Record \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

### 2. Charitable Remainder Trust

Trustee \_\_\_\_\_

Assets in the trust \_\_\_\_\_

Income Recipients \_\_\_\_\_

Charitable Beneficiaries \_\_\_\_\_

Papers are located \_\_\_\_\_

### 3. Existing Trust

I have created a trust for the benefit of \_\_\_\_\_

Date it was established \_\_\_\_\_

The Trust Agreement is located at \_\_\_\_\_

The attorney who drafted the Trust Agreement is:

Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

I am a beneficiary under a Trust established by:

Papers are located at \_\_\_\_\_

## PERSONAL EMPLOYMENT

My employer is \_\_\_\_\_

Address \_\_\_\_\_

My employer has the following benefit plans in which I participate \_\_\_\_\_

I am presently covered by Social Security. ☐ Yes ☐ No

Other business interests \_\_\_\_\_

## LIFE INSURANCE

All insurance policies owned by me on my life:

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Amount of policy \_\_\_\_\_

Location of policy \_\_\_\_\_

Beneficiary(ies) \_\_\_\_\_

Insurance policies owned by others on my life (including charities) \_\_\_\_\_

Insurance policies which I own on the lives of others:

Location of policies \_\_\_\_\_

Person insured \_\_\_\_\_

Address \_\_\_\_\_

My insurance agents or brokers are:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Company & Address \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Company & Address \_\_\_\_\_

I have unpaid loans against these policies:

Policy # \_\_\_\_\_

Amount due \_\_\_\_\_

NAME \_\_\_\_\_  
DATE PREPARED \_\_\_\_\_  
DATE REVIEWED \_\_\_\_\_

#### PERSONAL INFORMATION

Birth Certificate ☐ Yes ☐ No  
Birth Certificate located \_\_\_\_\_  
Citizenship: Date/place of naturalization if not U.S. citizen  
by birth \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security # \_\_\_\_\_

Religious Affiliation \_\_\_\_\_  
Church \_\_\_\_\_  
Address \_\_\_\_\_

Father's Full Name \_\_\_\_\_  
Mother's Full Name \_\_\_\_\_

Current Marital Status:  
☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated  
Spouse's name \_\_\_\_\_  
Date & State married \_\_\_\_\_  
Certificate located \_\_\_\_\_  
Previous marriage(s)  
Date \_\_\_\_\_ Name \_\_\_\_\_  
Marriage ended by ☐ Death ☐ Divorce  
Date & State \_\_\_\_\_

Children:  
Name \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_

Military Service: Date(s) \_\_\_\_\_  
Service Serial # \_\_\_\_\_  
Discharge papers located at \_\_\_\_\_

#### LIVING WILL DIRECTIVE AND ORGAN DONATION

I have a living will directive stating my wishes for medical care and treatment if I am seriously ill. The document is dated \_\_\_\_\_ and is located at \_\_\_\_\_

The names and addresses of individuals who have copies are:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

I have agreed to donate organs to: (organization)  
\_\_\_\_\_

The papers are located \_\_\_\_\_

I have given the following person durable power of attorney which will go into effect upon my inability to act for myself:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

#### LAST WILL AND TESTAMENT

Will written \_\_\_\_\_ Located \_\_\_\_\_

Executor Of Will \_\_\_\_\_  
Address \_\_\_\_\_

Lawyer who prepared my will is \_\_\_\_\_  
Firm \_\_\_\_\_  
Location \_\_\_\_\_

In my will, I have left the following charitable bequest(s):  
Charity \_\_\_\_\_  
Bequest Amount \_\_\_\_\_

Charity \_\_\_\_\_  
Bequest Amount \_\_\_\_\_

Charity \_\_\_\_\_  
Bequest Amount \_\_\_\_\_