

Key Information

Centralize important documents and information for your family and loved ones.
This document will be a critical resource in the event of an emergency or major life event.

Kit prepared for:

Please store this document in a secure location to protect personal and confidential information.

Key Information

PERSONAL INFORMATION

My Information

Full Legal Name: _____

Given / Maiden Name (if applicable): _____

Social Security Number: _____

Date of Birth: _____

Place of Birth (hospital, city, county, state/country):

_____

Mother's Full Legal Name: _____

Mother's Place of Birth (city and state/country): _____

Father's Full Legal Name: _____

Father's Place of Birth (city and state/country): _____

Passport Number: _____ Expiration Date: _____

Full Names of Children (living and deceased):

Current Employer (name, address, phone, manager):

Pets:

Key Information

SPOUSE'S/PARTNER'S INFORMATION

My Spouse's/Partner's Personal Information

Full Legal Name: _____

Given/Maiden Name (if applicable): _____

Social Security Number: _____

Date of Birth: _____

Place of Birth (hospital, city, county, state/country):

_____

Marriage Date: _____

Marriage Location (city and state/country): _____

Spouse's Former Spouse: _____

Marriage Dates: _____

Reason: ☐ Death ☐ Divorce (date and location): _____

My Former Spouse/Partner: _____

Date of Birth: _____

Marriage Dates: _____

Reason: ☐ Death ☐ Divorce (date and location): _____

My Former Spouse/Partner: _____

Date of Birth: _____

Marriage Dates: _____

Reason: ☐ Death ☐ Divorce (date and location): _____

Other:

Key Information

EMERGENCY CONTACTS		
Information last updated: _____		
Contact	**Name**	**Phone or Email**
Emergency Contacts:		
Primary Doctor:		
Doctor/Specialist:		
Cleric:		
Attorney:		
Financial Advisor:		

Key Information

EMERGENCY CONTACTS		
Information last updated: _____		
Contact	**Name**	**Phone or Email**
Property and Casualty Agent:		
CPA:		
Executor:		
Trustee:		
Successor Trustee:		
Other (Power of Attorney, Healthcare Proxy):		

Key Information

PROFESSIONAL DIRECTORY

Information last updated: _____

Mechanic, Housekeeper, Nanny, Pet Sitter, Landscaping and Pool Services, etc.

Name	Business Type	Address	Phone or Email

Key Information

SPOUSE'S/PARTNER'S OR FAMILY PROFESSIONAL DIRECTORY

Information last updated: _____

Mechanic, Housekeeper, Nanny, Pet Sitter, Landscaping and Pool Services, etc.

Name	Business Type	Address	Phone or Email

AssetMark, Inc.

1655 Grant Street
10th Floor
Concord, CA 94520-2445
800-664-5345

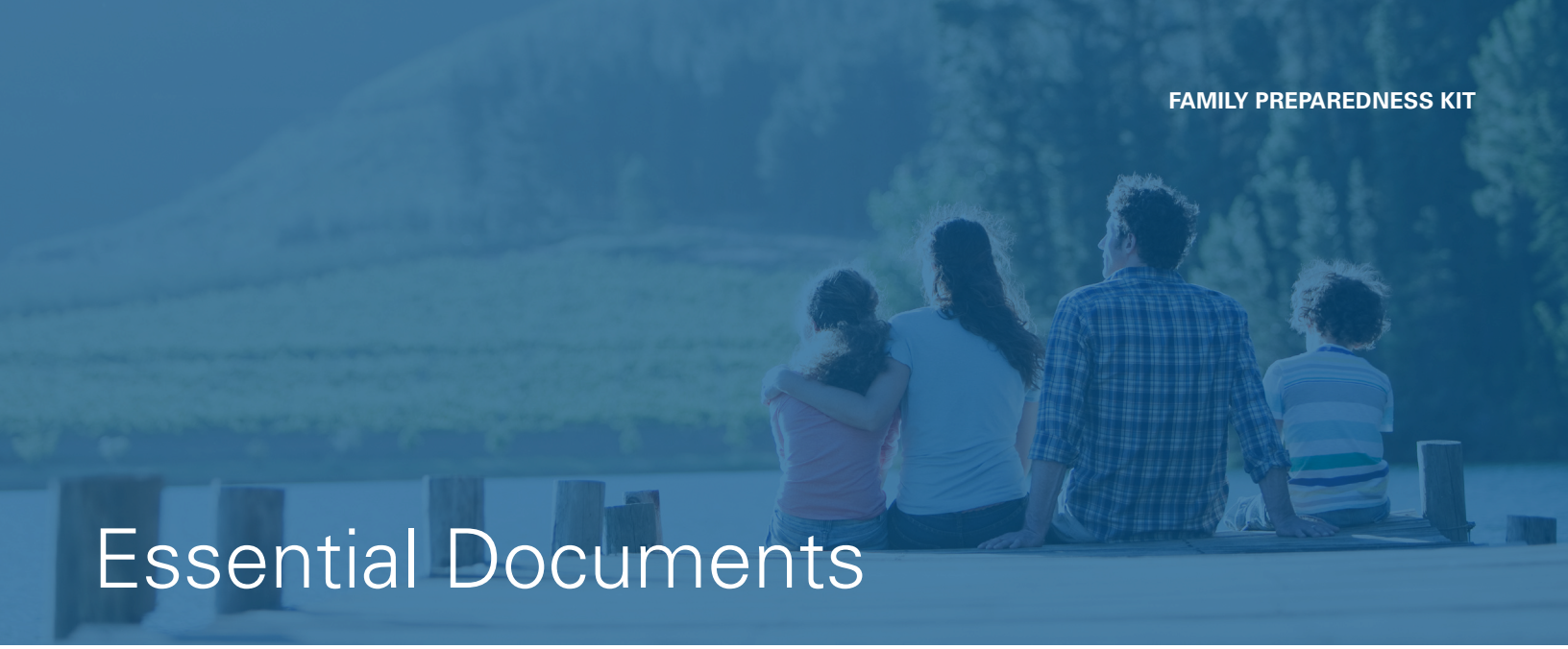
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Essential Documents

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Essential Documents

ESSENTIAL DOCUMENTS			
Information last updated: _____ These documents are important, but only occasionally needed.			
Document	**Physical Location**	**Who Has a Copy?**	**Online Access / Location**
Driver's License:			
Passport:			
Military Service Documents:			
Professional Certifications:			
Document Inventory:			
Vehicle Titles:			
Vehicle Repairs:			
Real Estate Deeds:			
Property Tax Assessment and Statements:			
Household Inventory:			
Home Improvement Receipts:			
Photos/Videos of Possessions:			
Safe Deposit Box Inventory:			

Essential Documents

ESSENTIAL DOCUMENTS			
Information last updated: _____ These documents should never be destroyed. Store everything in one secure location.			
Document	**Physical Location**	**Who Has a Copy?**	**Online Access / Location**
Birth Certificate:			
Social Security Card:			
Marriage Certificates:			
Divorce Decrees:			
Death Certificates:			
Citizenship or Naturalization Papers:			
Military Discharge:			
Veteran's Records:			
Crematory Deed:			
Final Expense Insurance:			
Diplomas:			
Lawsuits:			
Immunizations:			

Essential Documents

ESSENTIAL DOCUMENTS			
Information last updated: _____ These documents are important, but only occasionally needed.			
Document	**Physical Location**	**Who Has a Copy?**	**Online Access / Location**
Insurance Policies:			
Retirement Plan Documents:			
Employee Benefits:			
Employment Contracts:			
Financial Statements:			
Credit Card Statements:			
Credit Reports:			
Loan Agreements and Statements:			
College Savings/Financial Aid:			
Investment Statements:			
Annuity Contracts:			
Stock Certificates:			
Bond Certificates:			

Essential Documents

ESSENTIAL INFORMATION

Information last updated: _____

My family is due the following benefits from my employer:

- ☐ AD&D
- ☐ Life Insurance
- ☐ Disability Insurance
- ☐ Deferred Compensation
- ☐ Stock
- ☐ Long-Term Care
- ☐ Retirement Plan
- ☐ Other: _____

SAFE & VALUABLES

I have ☐ **a safe** and/or ☐ **valuables** (jewelry, collections, etc.) located at:

Persons who know the safe combination:

I may receive an inheritance from:

I am the beneficiary of a trust. Trust document is located at:

I am entitled to military benefits, including:

SAFE DEPOSIT BOXES

Located at (city and state): _____

Safe deposit box keys are located: _____

Safe deposit box code: _____

Essential Documents

RENEWALS		
Information last updated: _____ These are documents that expire and require renewals.		
Document	**Expiration Date**	**In Document Vault?**
Driver's License:		
Passport:		
Club Membership:		
Other: _____		
Other: _____		
Other: _____		
Other: _____		
Other: _____		

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Medical Information

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Medical Information

PERSONAL MEDICAL INFORMATION			
Information last updated: _____ My Personal Medical Information			
Personal Information			
Health Insurer:	Plan ID:	Group #:	Medicare #:
Medigap/Supplemental Plan:			
Prescription Coverage:	Issuer:	Group #:	ID #:
Prescription Coverage (Medicare D):	Issuer:	Group #:	ID #:
Blood Type:			
Allergies:			
Medical Conditions/ Issues:			
Pharmacy for Prescriptions:			
VA Medical:			
Organ Donor:			

Medical Information

PERSONAL MEDICAL INFORMATION		

Information last updated: _____

My Personal Medical Information

Physician Name	Address	Phone or Email

Medical Information

PERSONAL PRESCRIPTION INFORMATION		

Information last updated: _____

My Personal Prescription Information

Name of Medicine	Dosage	Prescribing Doctor

Medical Information

PERSONAL MEDICAL NOTES	
Information last updated: _____	
Miscellaneous Medical Notes	
Issue/Contact	**Notes**

Medical Information

SPOUSE'S/PARTNER'S MEDICAL INFORMATION			
Information last updated: _____ Spouse's/Partner's Medical Information			
Personal Information			
Health Insurer:	Plan ID:	Group #:	Medicare #:
Medigap/Supplemental Plan:			
Prescription Coverage:	Issuer:	Group #:	ID #:
Prescription Coverage (Medicare D):	Issuer:	Group #:	ID #:
Blood Type:			
Allergies:			
Medical Conditions/ Issues:			
Medications/Pharmacy Locations:			
VA Medical:			
Organ Donor:			

Medical Information

CHILD MEDICAL INFORMATION			
Information last updated: _____ Child Medical Information - *Duplicate page and complete for each child/dependent*			
Child 1			
Health Insurer:	Plan ID:	Group #:	Medicare #:
Prescription Coverage:	Issuer:	Group #:	ID #:
Blood Type:			
Allergies:			
Medical Conditions / Special Needs:			
Medications:			
VA Medical:			
Organ Donor:			

Medical Information

CHILD MEDICAL INFORMATION			
Information last updated: _____ Child Medical Information - *Duplicate page and complete for each child/dependent*			
Child 2			
Health Insurer:	Plan ID:	Group #:	Medicare #:
Prescription Coverage:	Issuer:	Group #:	ID #:
Blood Type:			
Allergies:			
Medical Conditions / Special Needs:			
Medications:			
VA Medical:			
Organ Donor:			

Medical Information

FAMILY MEDICAL DIRECTORY		
Information last updated: _____		
Family Physicians' Contact Information		
Family Member	**Physician Name and Specialty**	**Phone or Email**

Medical Information

PET VETERINARY INFORMATION			
Information last updated: _____ Veterinarian			
Pet's Name and Type	**Veterinary Information**	**Phone**	**Who will care for pet?** **Name and Phone*

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Digital Information

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Digital Information

ONLINE ACCOUNTS	
Information last updated: _____ Online and Social Media Accounts	
Account	**Associated Email Address**
Amazon:	
Google:	
iTunes / Apple:	
LinkedIn:	
Facebook:	
Twitter:	
Other:	

Digital Information

ONLINE ACCOUNTS AND SUBSCRIPTIONS		
Information last updated: _____ Online Accounts and Subscriptions (Frequent flyer miles, hotel points, etc.)		
Account or Subscription	**Associated Email**	**Additional Notes**

Digital Information

LOGIN INFORMATION			
Information last updated: _____ Persons Entrusted with Logins/Pins and Access to Accounts			
Login Item	**Designated Confidant**	**Phone #**	**In Document Vault?**
Websites:			
Computers:			
Cell Phones:			
Credit Cards:			
Banking:			
Medical:			
Other: _____ _____			

Digital Information

DIGITAL DEVICE INVENTORY

Information last updated: _____

Personal and Business Cell Phones, Computers, Tablets, Etc.

Device	Type/Model	Location	Business or Personal?

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Financial Information

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Financial Information

BANKING INFORMATION	
Information last updated: _____ Bank Accounts	
Account	
Bank Name:	Phone #:
Checking Account #:	Savings Account #:
ATM/Debit Card #:	Other:
Bank Name:	Phone #:
Checking Account #:	Savings Account #:
ATM/Debit Card #:	Other:
Bank Name:	Phone #:
Checking Account #:	Savings Account #:
ATM/Debit Card #:	Other:
Bank Name:	Phone #:
Checking Account #:	Savings Account #:
ATM/Debit Card #:	Other:

Financial Information

CREDIT CARD INVENTORY

Information last updated: _____

Credit Card Inventory

Credit Cards

Credit Card Issued To:	Issuer:
Account #:	Expiration:
Credit Card Issued To:	Issuer:
Account #:	Expiration:
Credit Card Issued To:	Issuer:
Account #:	Expiration:
Credit Card Issued To:	Issuer:
Account #:	Expiration:
Credit Card Issued To:	Issuer:
Account #:	Expiration:

Financial Information

CREDIT CARD INVENTORY

Information last updated: _____

Credit Card Inventory

Credit Cards

Credit Card Issued To:	Issuer:
Account #:	Expiration:
Credit Card Issued To:	Issuer:
Account #:	Expiration:
Credit Card Issued To:	Issuer:
Account #:	Expiration:
Credit Card Issued To:	Issuer:
Account #:	Expiration:
Credit Card Issued To:	Issuer:
Account #:	Expiration:

Financial Information

AUTOMATIC BILL PAY

Information last updated: _____

Automatic Debits

Institution	Account Name	Recurrence	Amount

Financial Information

FINANCIAL INFORMATION		
Information last updated: _____ Investment Accounts		
Account		
Investment Firm Name:	Financial Professional:	Phone #:
Account #:	Account Title:	Account Type:
Investment Firm Name:	Financial Professional:	Phone #:
Account #:	Account Title:	Account Type:
Investment Firm Name:	Financial Professional:	Phone #:
Account #:	Account Title:	Account Type:
Investment Firm Name:	Financial Professional:	Phone #:
Account #:	Account Title:	Account Type:
Investment Firm Name:	Financial Professional:	Phone #:
Account #:	Account Title:	Account Type:

Financial Information

RETIREMENT PLANS		
Information last updated: _____ My Retirement Plans / Executive Compensation		
Plan	**Company Name**	**Phone #**
401(k) Account:		
Pension:		
Equity Plan:		
Other Compensation Plan: _____		
Other Compensation Plan: _____		
Other Compensation Plan: _____		

Financial Information

SPOUSE'S/PARTNER'S RETIREMENT PLANS		
Information last updated: _____ Spouse's/Partner's Retirement Plans / Executive Compensation		
Plan	**Company Name**	**Contact Name and Phone #**
401(k) Account:		
Pension:		
Equity Plan:		
Other Compensation Plan: _____		
Other Compensation Plan: _____		
Other Compensation Plan: _____		

Financial Information

LIABILITY INFORMATION	
Information last updated: _____ Loan Inventory	
Loan	**Account Information**
Mortgage Broker Name: _____	
Mortgage (First): _____	
Mortgage (Second): _____	
HELOC/HEL: _____	
Vehicle Lienholder: _____	
Vehicle Lienholder: _____	
Vehicle Lienholder: _____	

Financial Information

LIFE INSURANCE

Information last updated: _____

My Life Insurance

Benefits:

Insurer:	Policy #:	Insurance Agent:	Phone #:
Death Benefit:	Beneficiary (Primary):	Beneficiary (secondary or contingent):	Beneficiary (third or final):
Insurer:	Policy #:	Insurance Agent:	Phone #:
Death Benefit:	Beneficiary (Primary):	Beneficiary (secondary or contingent):	Beneficiary (third or final):
Insurer:	Policy #:	Insurance Agent:	Phone #:
Death Benefit:	Beneficiary (Primary):	Beneficiary (secondary or contingent):	Beneficiary (third or final):
Insurer:	Policy #:	Insurance Agent:	Phone #:
Death Benefit:	Beneficiary (Primary):	Beneficiary (secondary or contingent):	Beneficiary (third or final):

Financial Information

INSURANCE INVENTORY	
Information last updated: _____ My Insurance Inventory	
My Long-term Care Insurance:	
Insurer:	
Policy #:	
Contact Name:	
Phone #:	
My Disability Insurance:	
Insurer:	
Policy #:	
Contact Name:	
Phone #:	
Benefit Amount:	
User Name:	
Other Information:	

Financial Information

PROPERTY INSURANCE

Information last updated: _____

Property Insurance

Property	Insurer
Property: _____ Property Address: _____ Policy #: _____ Coverage Amount: _____	Agent: _____ Phone #: _____ Insurer: _____ Coverage Type: _____
Property: _____ Property Address: _____ Policy #: _____ Coverage Amount: _____	Agent: _____ Phone #: _____ Insurer: _____ Coverage Type: _____
Property: _____ Property Address: _____ Policy #: _____ Coverage Amount: _____	Agent: _____ Phone #: _____ Insurer: _____ Coverage Type: _____
Property: _____ Property Address: _____ Policy #: _____ Coverage Amount: _____	Agent: _____ Phone #: _____ Insurer: _____ Coverage Type: _____

Financial Information

SPOUSE'S/PARTNER'S INSURANCE	
Information last updated: _____ Spouse's/Partner's Insurance Inventory	
Long-term Care Insurance:	
Insurer:	
Policy #:	
Contact Name:	
Phone #:	
Disability Insurance:	
Insurer:	
Policy #:	
Contact Name:	
Phone #:	
Benefit Amount:	
User Name:	
Other Information:	

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Family Legacy & Final Arrangements

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Family Legacy & Final Arrangements

FAMILY HISTORY

My Life and Family

MY FAMILY: Origin of family lineage, places ancestors lived, where my parents were born and raised. Family memories, events and milestones.

MY CHILDHOOD: Where I grew up, where and how I spent my childhood. Where I went to school, what sports, arts, or activities I participated in. Camps, friends, trips, recognitions, heroes, dreams and aspirations.

Family Legacy & Final Arrangements

FAMILY HISTORY

My Life

MY LIFE: Which world events shaped me, first job, first car, college experiences, passions, travels, how I met my spouse, my biggest accomplishments/milestones, what makes me happiest, what has been my most rewarding experience, what I'm most proud of.

MY LIFE: Words of wisdom and/or funny stories:

Family Legacy & Final Arrangements

ACTION PLAN		
Information last updated: _____ Checklist to be implemented when appropriate. Develop a plan for coordinating with your other advisors.		
Task	**Person Assigned to Task**	**Date Completed**
Notify Family and Friends:		
Notify Funeral Home:		
Notify Employer:		
Notify Banks / Inquire About: *Direct deposits and withdrawals, safety deposit box(es), credit life on loans.*		
Notify Credit Card Companies:		
Notify Insurance Companies:		
Arrange House-sitter:		
Notify Utility Companies:		
Notify Benefits: *Social Security, Veterans and Employment benefits.*		
Other: _____		
Other: _____		
Other: _____		
Other: _____		

Family Legacy & Final Arrangements

The incapacity or death of a family member can cause great confusion for even the most organized persons. The following information will help guide the loved one who will handle your affairs.

FINAL ARRANGEMENTS

Information last updated: _____

Please refer to these instructions and preferences when arranging my interment and memorial service.

1. I wish to be an organ donor. If yes, note whether it is indicated on your driver's license.

☐ Yes _____

☐ No

2. I wish to be:

☐ **Buried at**

Details/Location: _____

I already paid these costs: ☐ Burial Plot ☐ Casket ☐ Funeral Services ☐ Other

☐ **Entombed at**

Details/Location: _____

I already paid these costs: ☐ Drawer ☐ Casket ☐ Funeral Services ☐ Other

☐ **Cremated at**

Details for my ashes: _____

I already paid these costs: ☐ Drawer ☐ Casket ☐ Funeral Services ☐ Other

☐ **Donated to science:** ☐ Entire body ☐ Select body parts

Details: _____

3. I wish to have:

☐ **Funeral Service**

☐ **Other:** _____

Family Legacy & Final Arrangements

FINAL ARRANGEMENTS *(CONTINUED)*	
Service General Instructions	
Friend or relative I wish to oversee these arrangements:	
Funeral Home (Name and Phone #):	
Person to perform service:	
Pallbearers:	
Persons for eulogy/readings:	
Notes for obituary:	
Headstone engraving:	
Flowers and Music:	
Donations in lieu of flowers to:	
Burial clothing:	

Family Legacy & Final Arrangements

FINAL ARRANGEMENTS *(CONTINUED)*

4. I wish to have a viewing:

☐ Yes ☐ No

Details: _____

5. I prefer:

☐ Open Casket
☐ Closed Casket

6. Service at:

☐ Funeral Home
☐ House of worship location (with body present)
☐ House of worship location (without body present)
☐ Other arrangements: _____

7. I wish to be interred in a military cemetery:

Burial benefits include cost of burial for Veteran, along with spouse / partner, and dependents, at no cost to the family. Arrangements can be made through funeral home.

☐ Yes ☐ No

Details: _____

8. Special Requests and Notes:

Prayer card, readings, music, etc.

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