

WORKSHEET 2: YOUR SUMMARY RECORD

Your Name _____ Address _____

Date Record Started _____ Dates of Updating _____

Family Record

Name	Date of Birth	Where Birth Recorded	Social Security Number

Financial Advisers

Name	Address	Phone Number
Lawyer		
Banker		
Executor of Wills		
Insurance Agent		
Retirement Plan Administrator		
Stockbroker		
Human Resources Officer		
Other Advisers		

Where Important Documents Are Kept

Birth Certificate(s)	
Marriage Certificate	
Death Certificate(s)	
Divorce Decree	
Adoption Papers	
Social Security Card	
Military Service Records Serial Number VA Claim Number GI Insurance Number	
Business Agreements	
Tax Records	
Vehicle Titles	
Service Contracts and Warranties	
Household Inventory	
Other	

Wills

Date of Latest Will	Location	Executor	Attorney
			<i>Address</i>
			<i>Phone number</i>

Trusts

Trust and Location	Trustee Name and Address	Beneficiary

Accounts at Financial Institutions

Type of Account	Name and Address of Institution	Account Number	In Whose Name(s)
<i>Checking accounts</i>			
<i>Savings accounts</i>			
<i>Certificates of Deposit</i>			

Safe-Deposit Box(es)

Location of Box	Box Number	In Whose Name(s)

Real Estate Records
(Include Cemetery Plot)

Location	Date of Purchase	Price	In Whose Name(s)	Where Deed Recorded

Retirement/ Pensions/ Individual Retirement Accounts (IRAs)

Employer/Type Plan	Company	Address	Phone Number	Account Number	Where Records Kept

Mutual Funds

Name of Company	Number of Shares	Purchase Price	Date of Purchase	In Whose Name(s)

Individual Stocks/ Bonds

Name of Company	Number of Shares	Purchase Price	Date of Purchase	In Whose Name(s)

Other Investments

Name of Company	Number of Shares	Serial Number Certificates	Purchase Price	Date of Purchase	In Whose Name(s)

Money Owed the Family (including Mortgages)

Type of Debt	Owed To	Total Owed	Amount	Where Records Kept

Insurance Records

Life Insurance

Name of Company	Policy Number	Face Amount	Beneficiaries	Premium Due Date	Name and Address of Agent

Automobile Insurance

Name of Company	Policy Number	Amount	Deductibles	Premium Due Date	Name and Address of Agent

Homeowner's/ Renter's Insurance

Name of Company	Policy Number	Amount	Deductibles	Premium Due Date	Name and Address of Agent

Accident and Health Insurance

Name of Company	Policy Number	Date of Issue	Premium Due Date	Name of Agent

Disability Insurance

Name of Company	Policy Number	Weekly Benefit	Premium Due Date	Name of Agent

Other Insurance Policies

Kind	Name of Company	Policy Number	Type and Amount of Coverage	Name of Agent

Credit Cards

Name of Company	Account Number	Address and Phone Number

Loans and Debts Outstanding (including Mortgages)

Type of Debt	Owed To	Total Owed	Payment Amount	Where Records Kept
Mortgage				
Automobile				
Automobile				
Automobile				
Home Equity				
Personal Loan				
Furniture				
Appliances				
Other				

Adapted by Barbara R. Rowe, Family Resource Management Specialist, Utah State University Extension Service, Logan, UT 84322-2949 from *Keeping Your Important Papers*, HE-465, Purdue University Cooperative Extension Service, West Lafayette, IN 47907; *Your Financial Organizer*, Teachers Insurance and Annuity Association-College Retirement Equities Fund, 1997; *Your Vital Papers Logbook*, Action for Independent Maturity, 1909 K Street, NW, Washington, DC 20049; *Records and Important Papers*, HE-351, Alabama Cooperative Extension Service, Auburn University, AL 36849; and *Competent Financial Planning: Record Organization*, Bulletin 301, Cooperative Extension Service, University of Maryland.