The LifeFolio System™

One Place for All Your Important Information



Important Relationships

	My Information	My Spouse
Name:		
Email:		
Date of Birth:		
Phone:		
S.S. No:		

My Childre	en								
Name:	Address:	City:	State:	Zip:	Email:	Phone:	Date of Birth:	S.S. No:	Spouse's name:

My Grandchildren				
Name:	Date of Birth:	S.S. No:		

My Professional Relationships							
	Name	Address	City	State	Zip	Email:	Phone:
Lawyer:							
Accountant / Tax Preparer:							
Dentist:							
Physician:							
Personal Physician:							
Specialty Physician:							
Specialty Physician:							
Minister, Priest, Rabbi, Imam:							
Other Important							
Relationships:							

Where to Find Records and Keys

Keep original documents that are valuable or irreplaceable in a fireproof metal box. Keep copies of originals in your filing system at home or on the internet.

Personal History

Check if available	Identify Location
Adoption papers	
Annulment decrees	
Athletic awards	
Birth certificates	
Change-of-name certificates	
Civic awards	
Death certificates	
Divorce decrees or judgments	
Dramatic awards	
Educational awards	
Educational transcripts	
Marriage certificates	
Military awards	
Military separation papers	
Naturalization papers	
Newspaper articles	
Organizationawards	
Organization membership certificates	

Insurance

Check if available	Identify Location
 Life insurance policies Medical and health insurance policies Residence Ins. Policies Validation Policies 	
Vehicle Ins. Policies	

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Other Important Documents

heck if available	Identify Location
401(k) agreements and beneficiary	
statements	
IRA agreements and beneficiary	
statements	
Profit Sharing plan agreements and	
beneficiary statements	
Medicare card	
Military separation papers	
Pension agreements and beneficiary	
statements	
Railroad retirement documents	
Social Security card	
Workers' compensation award	

Banking and Savings Account Statements

Check if accessible	Identify Location
Cash	
Checking account statements	
Credit union account statements	
Savings account books or statements	

Will, Trust, Agreements, etc.

Check if Available	Identify Location
living will	
Powers of attorney	
Durable power of attorney	
Health care proxy (durable power of attorney for health care)	
Trust agreement	
Trust agreement	
Trust agreement	

Will and codicils

Securities, Real Estate, and Miscellaneous Assets

Check if available	Identify Location
Business records	
Decrees	
Deeds	
Home improvement records	
Judgments	
Leases	
Mortgages	
Patents or copyrights	
Rental property records	
Investment statements	
Vehicle certificates of title	

Final Wishes

ieck if available	Identify Location
Body bequeathal papers Cemetery deed	
Funeral prearrangement agreement	
Mausoleum deed	
Uniform donor card	
Five Wishes Form	

Miscellaneous Information

Check if available	Identify Location
Animal care information	
Burglar alarm information	
Child care information	
Letters to be sent upon my death	

Keys and Combinations

Check if available	Identify Location	
Keys to homes		
Keys to other real estate		
Keys to post office boxes		
Keys to safe-deposit box(es)		
Keys to vehicles		
Other keys		
Combination to lock #1		
Combination to lock #2		
Combination to lock #3		
Other		

Check if available	Identify Location
Cassettes	
Computer and other electronic media	
Photos	
Videos	

Products and Services with Passwords

Remember to provide and update passwords for any products or services that are secured. Such items might include:

Home safe Personal computers Gates E-mail accounts Lockers Home alarm system Drawers and cabinets Online services Cell phones Web hosting services Personal digital assistant (PDA) Internet service provider Pager Children's day care or school access codes

Product/service with URL Address	User name	Password/PIN or key location	Beneficiary

Personal History

Residences

Places I Have Lived

Dates	Address	City	State

Educational Background

Name of school	Grades attended	Dates attended	Address	City	State	Comments	
Elementary Sch	Elementary Schools I Attended						
Junior High Sci	hools or Midd	lle Schools I 1	Attended				

High Schools or Preparatory Schools I Attended						
Institutions of	Higher Learn	ing I Attende	d			

Military Records

Did you serve in United States Military?

Yes No

If yes, fill in the information below.

Branch of service	Active service dates	Grade or rank	Place

List any military decorations here.

Provide a résumé of your military career here._____

Work Background

Here are the names of my primary employers (most current first).

Employer	Dates	Type of work	Address	City	State	Phone

My Work Background (continued)

I retired from work on (date) ______.

I am presently employed (fill in details below).

Employer	Dates	Type of work	Address	City	State	Phone	
Comments							
Describe any interesting facts and experiences over the years concerning employment.							

Business Interests

Do you have any active business interests?	Yes No
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If yes, briefly describe and indicate location of documentation and contact information for business partners.

Health Care Medical History

Are there any issues in your medical history that should be Yes No documented for future generations?

If yes, fill in the information below.

Health care issue	Date of onset	Surgery/treatment received	Location of related documents

Medications

Name	Dosage	Times per Day	When taken

Financial Assets and Liabilities

Assets

Bank Accounts

Bank/credit union	Bank address	City	State	Phone	Account type	Account number	User name	Password

Investment Accounts (Stocks, Bonds, Mutual Funds, 401(k) Accounts)

Account name	Account number	Current value	Company address	City	State	Phone	Beneficiary name	Tax status (taxable/tax- deferred/tax- exempt)	User name	Password

Pension Plans

Are you a member of a pension plan?	Yes	No
If yes, do you currently receive benefits?	Yes	No

Plan name	Company address	City	State	Phone	Beneficiary name	Location of documentation

Are you a member of a second pension plan?	Yes	No
If yes, do you currently receive benefits?	Yes	No

Plan name	Company address	City	State	Phone	Beneficiary name	Location of documentation

Social Security

Do you currently receive a Social Security h)	Yes	No		
Monthly amount \$	Check	Direct deposit			

 Bank/credit union
 Bank address
 City
 State
 Phone
 Account number

 Image: City
 Image:

Does your spouse receive a Social Security ben	efit?		Yes	No
Monthly amount \$	Check	Direct deposit		

Bank/credit union	Bank address	City	State	Phone	Account number

Veteran Benefits

Do you receive a monthly benefit from	the U.S. gov	ernment.	Yes	No
Amount \$	Check	Direct deposit		

Bank/credit union	Bank address	City	State	Phone	Account number	Beneficiary name	Location of documentation

Liabilities (Financial Commitments)

Rent or Mortgage Payments

Property	Amount	Due date	Lender address	City	State	Phone

Outstanding Loans

Purpose	Amount	Due date	Lender address	City	State	Phone

Bills Paid by Automatic Payment Plan

Company	Account number	Due date	Address	City	State	Phone	Day account is debited	User name	Password

Credit/Debit Cards:

Company	Account number	Due date	Address	City	State	Phone	Approximate balance due	User name	Password

Debtors and Creditors

Does anyone owe you money?	Yes	No
If yes, fill in the information below.		

Name	Address	City	State	Phone	Amount	Date of loan	Terms

Do you owe anyone money?

Yes No

If yes, fill in information below.

Name	Address	City	State	Phone	Amount	Date of loan	Terms

Where are the loan agreements or promissory notes located?

Insurance

Life Insurance

Company	Company address	City	State	Phone	Policy number	Death benefit	Person covered	Beneficiary name	Location of policy

Health Insurance/Hospitalization

Are you covered under Medicare? Yes ____No____

Is your spouse covered under Medicare? Yes _____No _____

Health Insurance Policies

Company	Company address	City	State	Phone	Policy number	Person covered	Beneficiary name	Location of policy

Long-Term Care Insurance

Company	Company address	City	State	Phone	Policy number	Death benefit	Person covered	Benefit amount per day	Benefit period	Waiting period	Location of policy

Memberships

Include any current memberships to organizations. Also be sure to include airline frequent flyer programs and other affinity programs where benefits might be transferred.

Organization	Organization address	City	State	Phone	Member name	Member number	Membership card location	Transfer to whom or cancel at death?

Instructions and Wishes to Be Fulfilled

Documentation

Living Will

Do you have a living will? If yes, where is your living will kept?	Yes	No
If no, do you plan on creating one?	Yes	No
Health Care Proxy		
Do you have a declaration prepared that details the type of care you want (or don't want) if you become incapacitated?	Yes	No
Where is your health care declaration kept?		
Do you have a durable power of attorney health care proxy?	Yes	No
Who is named as your health care proxy?		
Where is your healthy care proxy document kept?		
Directives for Life-Support Measures	24	N
Have you discussed your wishes regarding life-support measures with your doctor, spouse, or other trusted individuals?	Yes	No
If yes, with whom and when?		
Organ Donation		
Do you want to donate your organs or body for transplant, medical research, or education?	Yes	No
If yes, have you explained these wishes in your will?	Yes	No
Do you have an organ-donor card?	Yes	No
Does your driver's license indicate that you are an organ donor?	Yes	No

Briefly describe what you want donated and for what purpose. Be sure to share these wishes with trusted family members so that there is no confusion about your wishes.

Living Arrangements

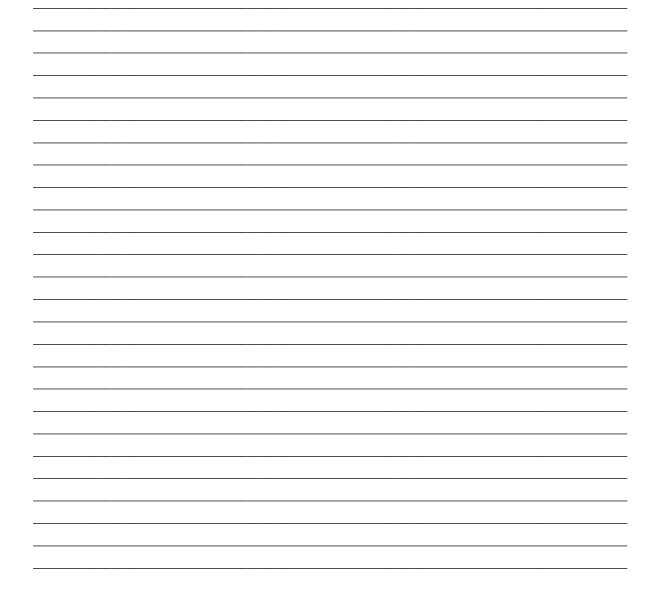
How and where do you want to live as you grow older? Location close to family, friends, or within a specific community Retirement community considerations Assisted-living considerations Assistance with current residence

Use this space to document your wishes.

Final Wishes and Directives

What are your final wishes and directives to be followed at the time of your passing? Instructions for your family or named responsible individual Instructions for the executor of your will and trustee of your trust Specific bequests of items Wishes for your funeral and burial

Use this space to document your wishes.



In the event of my death the following people should be contacted:

Name	Address	Phone	Email

Will

Do you have a will? Where is the original located?	Yes	No
Is there another copy?	Yes	No
If so, where is it?	105	110
When was the will last dated/updated?		
Durable Power of Attorney		

Do you have a durable power of attorney?	Yes	No
Who has the durable power listed in the document?		

Name	Relationship to you	Address	City	State	Phone

Where is the original located?		
Is there another copy?	Yes	No
If so, where is it?		
Do you have a family attorney?	Yes	No

If yes, fill in the information below.

Name	Address	City	State	Phone	Email address

Trust Funds

Have you created any trusts?	Yes	No
If yes, what is the purpose of the trust?		
Is the trust agreement part of your will?	Yes	No

Where are the trust papers located? _____ Who manages this for you?

Name	Address	City	State	Phone	Email address

Funeral Arrangements

Have you made funeral arrangements on your behalf?YesNoIf yes, fill in the information below.

Funeral home	Address	City	State	Phone

If arrangements have been made, where is the documentation located?		
Have you set out instructions for burial/cremation?	Yes	No
Are these instructions in your will? If yes, where are they located?	Yes	No
Do you own a cemetery lot? If yes, fill in the information below.	Yes	No

Location	Address	City	State	Phone

Have you provided for its ongoing care?	Yes	No
Where is the cemetery deed kept?		



Values and Life Lessons

Ethics and Moral Teachings

What virtues and values would you like to see continued throughout your family's generations? Important values that guide your family Principles on the treatment of environment, country, and property Virtues that bring out the best in you and your children Contributions to specific charities or nonprofit organizations Use this space to document your wishes.

Have you named any charities or other organizations as	Yes	No
beneficiaries in your will?		

If yes, fill in the information below.

Organization	Address	City	State	Phone

Faith and Religion

What religious traditions would you like to see continued throughout the generations? Belief doctrines within your family Cultural religious traditions and the values they represent Religious items to be passed down to future generations Contributions to specific religious organizations

Use this space to document your wishes.

Have you named any religious organizations as beneficiaries Yes No in your will?

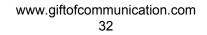
If yes, fill in the information below.

Organization	Address	City	State	Phone

Family Traditions and Stories

What family rituals would you like to see continue throughout the generations? History from past generation that provides guidance Holiday traditions, celebrations, and special life events Family trips, reunions, and gatherings with friends Favorite stories either documented or shared

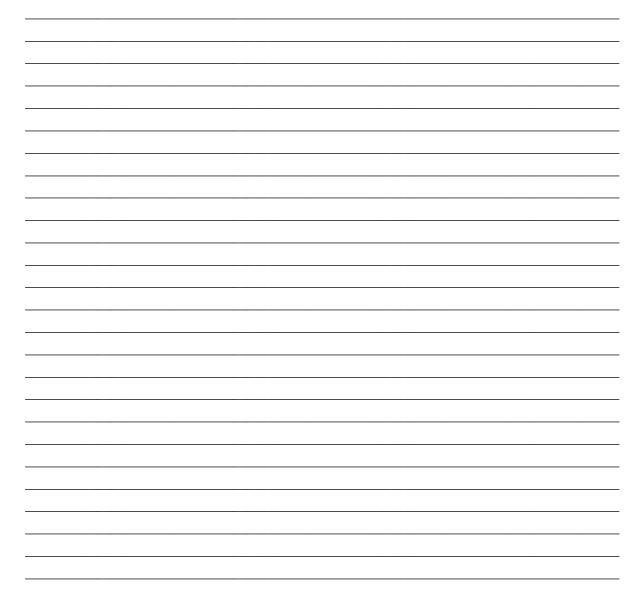
Use this space to document your wishes.



Personal Possessions of Emotional Value

Do you have belongings of emotional value? Collections with emotional value that may not have significant financial value Memorabilia with emotional value that may not have significant financial value Specific items that are associated with fond memories, sentiments, or remembrance Designated plan on how items are distributed

Use this space to document your wishes. Be sure to include information regarding where these collections are located and any special directions for the ongoing care of them.



Pictures, Journals, and Family History

Are there items that document your life and/or family's life that you would like to see passed on to future generations?

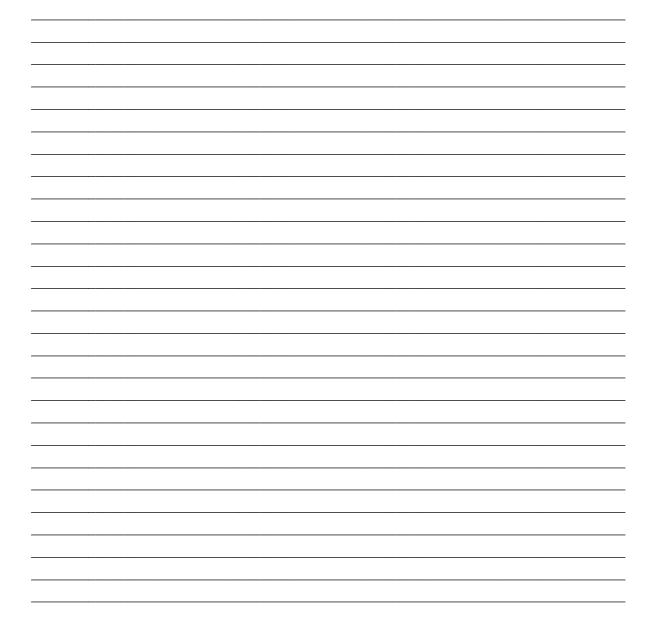
Photo albums, electronic photos, videos, and home movies

Journals, diaries, travel journals, and scrapbooks

Family trees and genealogical studies

Passports and other important documents

Use this space to document your wishes. Be sure to indicate where these items are located and who has access to them.



Financial Gifts

Do you plan on making any specific financial gifts to anyone in your will?YesNoIf yes, fill in the information below.

Name	Address	City	State	Phone	Amount	Terms

Household Items

Are there items in your household that hold significant emotional value though they may not have much financial value?

Children's toys, books, or mementos

Articles of clothing that evoke fond memories

Artwork such as quilts, paintings, crafts, or carvings

Household items such as cookware, furniture, tools, books, or computer equipment.

Use this space to document your wishes. Be sure to indicate where these items are located and who has access to them..

Is there anything else that you want to say?