

Record of Important Family Papers

Personal and Financial Records

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Introduction and Contents

This booklet can . . .

- Help you find important papers quickly.
- Help others find your papers in an emergency.
- Provide critical information in case records are lost or destroyed.

Instructions for keeping and using records

- Fill out each form to the extent that meets your needs. Each family is different. Some want more detail than others. Add pages if necessary.
- Write in pencil. Review and update the information in this booklet at least once each year.
- Think of this booklet as a summary. Be sure to develop an accompanying filing system with detailed information and support documents for each topic.
- Keep this booklet in an easy-to-find place in your permanent home file. In addition, give a copy to a close relative or friend and place one in your safe deposit box.

Date record book completed: _____

Date(s) revised: _____

Table of Contents

Family information

Family member data	3
Family advisers and designees	3
Family emergency contacts	4

Location of important family papers

Credit, debit and charge cards

Insurance coverage

Health, accident, disability, long-term care and hospital insurance	7
Life insurance	7
Homeowners, auto, liability and other property insurance	8

Retirement accounts

Checking and savings accounts

Government bonds

Municipal and corporate bonds

Mutual funds

Stocks

Property record

Debts outstanding

Money owed the family

Notes

Family Information

Family Member Data

Name	Date of Birth	Place of Birth	Social Security Number	Address	Phone, E-mail	Employer, Phone
Husband					()	()
Wife					()	()
Children					()	()
					()	()
					()	()

Family Advisers and Designees

	Name	Address	Phone	Fax
Accountant/tax preparer			()	()
Attorney			()	()
Banker			()	()
Broker			()	()
Care providers			()	()
Clergy			()	()
Dentist			()	()

Family Information, continued

	Name	Address	Phone	Fax
Employer fringe benefit office			()	()
Financial adviser			()	()
			()	()
Insurance agents			()	()
			()	()
			()	()
Power of attorney for property			()	()
Power of attorney for health care			()	()
Personal representative for will			()	()
Physicians			()	()
			()	()
			()	()
			()	()
Veterinarian			()	()

Family Emergency Contacts

Name	Address	Relationship	Phone	E-mail
			()	
			()	
			()	
			()	

Location of Important Family Records

	Home file (✓)	Safe deposit (✓)	Wallet (✓)	Other (✓)
Will, final instructions, advance directives, trusts				
Husband's will/trust				
Wife's will/trust				
Copies of wills/trusts				
Living will/power of attorney - health care				
Funeral and burial instructions				
Special letters of instruction				
Personal papers				
Armed forces records				
Certificates: Baptismal				
Birth/adoption				
Death				
Divorce				
Marriage				
Diplomas				
Education records				
Employment records				
Health records				
Pet/animal records				
Retirement plan records				
Business papers				
Contract papers				
Patents/copyrights				
Miscellaneous				
Safe deposit box key				
Power of attorney - property				
Credit card records				

	Home file (✓)	Safe deposit (✓)	Wallet (✓)	Other (✓)
Insurance policies: Health-related				
Life				
Motor vehicle				
Home/liability				
Checking and savings accounts				
Account summaries				
Canceled checks/bank statements				
Checkbook and blank checks				
Investments				
Stock, bond and mutual fund files				
Stock, bond and mutual fund certificates				
Income tax returns and records				
Real estate/property				
Deed: Home				
Other real estate				
Burial plot				
Mortgage papers & payment receipts				
Easements and rights-of-way				
Property tax records				
Rental property				
Inventory of household goods				
Appliance warranties				
Owner's manuals				
Motor vehicles				
Titles and bills of sale				
Registrations				

Credit, Debit and Charge Cards

Card Name/Type	Name(s) on Account	Account Number	No. of Cards	If Lost or Stolen, NOTIFY:
				Bank/Company Name _____ Address _____ _____ Phone () _____
				Bank/Company Name _____ Address _____ _____ Phone () _____
				Bank/Company Name _____ Address _____ _____ Phone () _____
				Bank/Company Name _____ Address _____ _____ Phone () _____
				Bank/Company Name _____ Address _____ _____ Phone () _____
				Bank/Company Name _____ Address _____ _____ Phone () _____
				Bank/Company Name _____ Address _____ _____ Phone () _____

Insurance Coverage

Health, Accident, Disability, Long-term Care and Hospital Insurance

Name(s) of Insured	Type of Insurance	Policy Number	Company, Address	Agent Name, Address

Life Insurance

Name of Insured	Policy Number	Company, Address	Face Value	Type of Policy	Beneficiary(s)	Amount of Loan Against Policy	Agent Name, Address

Insurance Coverage, continued

Homeowners, Auto, Liability and Other Property Insurance

Type of Insurance/Property Insured	Policy Number	Company, Address	Coverage	Agent Name, Address

Retirement Accounts

Pensions, Annuities, IRAs, Keoghs, 401(k), 403(b), Profit Sharing, etc.

Type of Plan	For Whom	Name of Provider	Contact Person	Date Started	Identification Number

Checking and Savings Accounts

Savings, Checking and Share Accounts, Certificates of Deposit, Money Market Accounts and Money Market Mutual Funds

Owner/In Whose Name	Type of Account	Financial Institution, Address and Phone	Account Number	Maturity Date (if applicable)

Notes:

Government Bonds

Savings Bonds, Treasury Bonds

Owner(s)	Serial Number	Purchase		Maturity		Beneficiary
		Price	Date	Date	Value	

Municipal and Corporate Bonds

Owner(s)	Issuer	Serial Number	Purchase		Maturity Date	Face Value	Interest Rate	Coupon Due Dates
			Date	Price				

Mutual Funds

Company	Owner(s)	Account Number	Shares Purchased			Dividend Instructions	
			Date	Number	Price per Share	Automatic Reinvest	Distribute

Stocks

Company	Owner(s)	Certificate Number	Shares Purchased			Dividend Instructions	
			Date	Number	Price per Share	Automatic Reinvest	Distribute

Property Record

Real Estate, Burial Plot, Motor Vehicles, etc.


Location/Type	Owner(s)	Purchased Date Price		Payments			
				Monthly Principal and Interest	Escrow Account	Monthly Payment Date	Final Payment Date
Description of Major Improvements				Date	Location	Cost	

Debts Outstanding

Company or Person Owed	Address	Amount	Payment	Payment Due Date	Final Payment Date

Money Owed the Family

Person Owing Family	Address	Amount	Date Due	How and When Payable



Notes

Adapted from a publication of the same title written by Irene Hathaway, Extension specialist emeritus,
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