

I Have Put My House In Order

Confidential Personal Records of

This official record book is invaluable if any emergency arises,
And will assist in handling my affairs.

Last Updated: _____

Provided by:

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Comprehensive Wealth Management Since 1981

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I Have Put My House in Order is a unique booklet that avoids needless and costly loss of time and money incurred in times of emergency. It will save hours of anxiety and grief for your family and possibly thousands of dollars.

Fill out this booklet today! In case of sickness, disability, home or away, or in the event of death, this concise, but thorough digest of "Where to Look," "Whom to See," and "What I Own," will tell where all the records are without disclosing any figures as to your worth.

Although this brochure touches on all important categories, the amount of space needed to properly fill in the information can vary greatly by individual. In instances where more space is needed, we would suggest that you use attachments to complete all the information necessary.

After you have properly completed this booklet, give it to the person you have selected to handle or administer your financial affairs in your absence. If you do not wish to give it to someone, since you might periodically make changes, then be sure they are aware of its current location.

REMEMBER

If you die and leave no will/trust, in effect, the state in which you live makes your "will or trust." Your property is distributed in accordance with fixed provisions of the state law. No matter how small or large your estate, not leaving a will/trust may cause an inconvenience for your survivors.

A will/trust gives you the advantage of specifying:

- To whom your property should go.
- When it should go and in what amounts it should go.
- How it should be safeguarded.
- By whom it should be handled.

We advise you to consult with an attorney and be sure you have a properly drawn will/trust. If you have a will/trust, be sure that it is reviewed periodically.

MY LEGAL RESIDENCE IS:

Street Address: _____

City: _____ State: _____

Zip: _____ Country: _____

PERSONAL DATA AND RECORDS

This information is required for insurance purposes, social security, pensions and in many other cases where legal proof of age, relationship or place of birth may be required.

Date of Birth: Month _____ Day _____ Year _____

City: _____ State: _____ Zip: _____

County _____ Country _____

Birth Certificate is located: _____

Married to: _____ Date: Month _____ Day _____ Year _____

First Middle Maiden Name

City: _____ State: _____ Zip: _____

County _____ Country _____

Birth Date of Spouse: Month _____ Day _____ Year _____

City: _____ State: _____ Zip: _____

County _____ Country _____

Widowed: Month _____ Day _____ Year _____

Cause of Death: _____ Age _____

City: _____ State: _____ Zip: _____

County _____ Country _____

If divorced or legally separatedDivorced Legally Separated

Date: Month _____ Day _____ Year _____

City: _____ State: _____ Zip: _____

County _____ Country _____

A copy of the final decree is located: _____

If citizen of foreign country

Country: _____

Date Entered U.S.A.: Month _____ Day _____ Year _____

Citizenship papers located: _____

My Children are: (List Names and Birthdate)

_____	_____ / _____ / _____
_____	_____ / _____ / _____
_____	_____ / _____ / _____
_____	_____ / _____ / _____
_____	_____ / _____ / _____
_____	_____ / _____ / _____

If a child does not survive you, list their date of death and name their children, if any. If you have no children, name your surviving parents below and your siblings name and address above.

PARENTS:

Father: _____

First _____ Middle _____
 Date of Birth: Month _____ Day _____ Year _____
 City: _____ State: _____ Zip: _____
 County _____ Country _____
 Date of Death: Month _____ Day _____ Year _____
 Buried at: _____

Mother: _____

First _____ Middle _____ Maiden Name _____
 Date of Birth: Month _____ Day _____ Year _____
 City: _____ State: _____ Zip: _____
 County _____ Country _____
 Date of Death: Month _____ Day _____ Year _____
 Buried at: _____

RELIGIOUS AFFILIATION

Church, Temple, or affiliation: _____

Address: _____

Phone: _____ Pastor or Rabbi _____

ESTATE PLANNING - (Wills and Trusts)

I have a Will/Trust I have no Will/Trust

Original executed copy of my will/trust is located at: _____

It is dated: _____

Attorney who drew my will/trust is: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Named as Executor(s) and Trustee(s): _____

Personal Representative: _____

Named as Guardians of my Children: _____

I have a "Living Will/Trust" I have no "Living Will/Trust"

It is dated: _____

The original document is located at: _____

A copy of this document has been received by my primary care physician: _____

Dr. _____

Located: _____

Date: _____

A copy of this document has been given to my children: Yes No

If yes, name: _____

I have I have not executed a "Do Not Resuscitate Order" and have provided a photocopy to the following care and service providers: _____

TRUST FUNDS

Establishing a Trust Fund is a common way to provide for a spouse, children, disabled adults or charities and may be used to manage property.

I created a Trust Fund on _____

Formal name of Trust Fund _____

Trustee: _____

Successor Trustee: _____

Attorney drafting this document: _____

Original Trust document located: _____

I am a beneficiary under a trust established by: _____

BURIAL/PRE-ARRANGED FUNERAL PLANS

I do I do not own a cemetery lot.

Cemetery: _____

City: _____ State: _____ Zip: _____

Deed or lot located at: _____

There is is not a provision for perpetual care.

I have given instructions regarding my funeral in:

Will Letter Other: _____

My preference for funeral service:

Funeral director of choice: _____

Instructions/plans kept at: _____

List membership in lodges or fraternal organizations providing cemetery benefits: _____

PERSONAL ASSETS

Note: All assets in the following sections are owned solely by me unless otherwise noted.

EMPLOYMENT BENEFIT PLANS/PENSION

Profit Sharing Plans

Plan Provider: _____

Plan Administrator or Personnel Director: _____

401(K) Plans

Name of Employer during contributions: _____

Plan Administrator/Personnel Director: _____

Was an employee contribution made? yes no

Was an employer contribution made? yes no

Pension Plans

Name of organization providing benefit: _____

Plan Administrator or Personnel Director: _____

REAL ESTATE (Attach complete list)

I do do not own my primary residence.

Property's common address: _____

City: _____ State: _____ Zip: _____

Deed Located at: _____

Mortgage on my residence is held by: _____

Address: _____

City: _____ State: _____ Zip: _____

Other Real Estate I own: I am not a sole owner.

Common address of property: _____

Deed located at: _____

Mortgage on my property is held by: _____

Address: _____

City: _____ State: _____ Zip: _____

I lease property to others: Yes No

Vacant Improved

Total number of rental units: _____

Leases are located at: _____

Property Managed by: _____

Address: _____

City: _____ State: _____ Zip: _____

Insurance Coverage is handled by: _____

Policies are located at: _____

The location of the documents checked below can be located at (*attorney, accountant, safe deposit box, etc.*)

Deed(s) _____

Copy of Mortgage _____

Improvement Loans _____

Title Insurance _____

Tax Receipts _____

Mortgage Insurance Policy _____

Title Abstract _____

Closing Abstract _____

Leases _____

Maps & Surveys _____

SECURITIES

Very valuable rights are often lost because the owners of stock certificates and bonds cannot be located. All the records of Purchase and Sale transactions are necessary for tax purposes.

I do do not own securities (Stocks & Bonds)

List of all securities and certificate numbers will be found at: _____

Certificates/bonds located at: _____

I do do not have a brokerage account:

Name of Broker or Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Records of Purchase and Sale are located at: _____

CHECKING & SAVINGS ACCOUNTS

Checking Accounts:

With: _____ Number: _____

Address: _____ Phone: _____

With: _____ Number: _____

Address: _____ Phone: _____

Savings Accounts:

With: _____ Number: _____

Address: _____ Phone: _____

With: _____ Number: _____

Address: _____ Phone: _____

Passbooks located at: _____

Name of person who has power to sign checks for me:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

SAFE DEPOSIT BOXES

All important records, documents and valuable personal possessions should be given the maximum protection. A loss by fire or theft or misplacement can be very costly!

The most convenient and best safeguard is to rent a safe deposit box.

I have do not have a safe deposit box(es)

located at: _____

Keys are kept at: _____

_____ No. _____

_____ No. _____

The following person(s) have access (Name & Address)

MISCELLANEOUS ASSETS (Attach complete list)

Listed here are such assets as fraternal and benevolent memberships, royalty rights, patents, debts due to me, and other sources of income, such as trust income and pensions (Veteran's Civil Service, Union, etc.), that might not be readily located.

LIFE INSURANCE

An important source for immediate cash for the family. Policies and premium receipts should be kept in a safe place. A record of the policy numbers, insurance companies, beneficiaries, etc., should be given to your executor and a copy placed in your safe deposit box.

I have do not have Life Insurance.

Complete itemized list can be found: _____

Policies are located at: _____

Policies Covering Others

I own insurance policies on the lives of others. A list of companies and policy numbers is located at: _____

Policies are located at: _____

Name(s) of person(s) insured: _____

I have have not made loans against some policies.

Source of Loan: _____

Address: _____

Phone: _____

Pertinent papers are filed with the policies: (Check)

Endorsements Dividend Payments

Premium Receipts Assignments

Settlement agreements

My principal life insurance agent is: _____

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Location of original application for policy: _____

I do do not have annuities

Detailed list is located at: _____

Location of annuity contract: _____

Agent selling annuity: _____

Location of original application for annuity: _____

HEALTH & LONG TERM CARE INSURANCE

Additional Coverage

Accident Hospitalization Disability

Long term care Other insurance

Location of Policies: _____

Agent selling policy: _____

Location of original application for policy: _____

MEDICARE

I am am not registered for Medicare.

Date of Enrollment: Month: _____ Day: _____ Year: _____

City: _____ State: _____

Medicare-Health Insurance card can be found at: _____

ORGAN DONATION

I have have not agreed to be an organ donor.

Special donation requests: _____

PERSONAL PROPERTY (Attach complete list)

I own the following personal property:

Auto: Yes No

1. Make _____ Year _____

2. Make _____ Year _____

Title(s) kept at: _____

Boat: Yes No

Make _____ Year _____

Kept at: _____

Household Furnishings: Yes No

Record of Inventory located at: _____

Jewelry: Yes No

Coin Collections: Yes No

Inventory List & Appraisals located at: _____

Miscellaneous Personal Property - (not previously listed)

Proof of Ownership, Receipts, Bills of Sale, etc., are kept: _____

CREDIT CARDS (Attach complete list)

I possess the following credit cards that carry a balance:

Name: _____

Name: _____

Name: _____

Additional information located at: _____

JOINT OWNERSHIP

I do do not own any Real or Personal property in joint ownership.

List interest and designate type: Bank Accounts, Stocks, Bonds, Real Estate, Personal Property, etc.

1. _____

Joint Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

2. _____

Joint Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

MILITARY SERVICE

Check here if no record of military service.

Branch of Service: _____ Country: _____

From: _____ To: _____

Date of Discharge: Month _____ Day _____ Year _____

Type of Discharge: _____

Highest Grade or Rank Attained: _____

Military Serial Number: _____

Veteran's Claim Number: _____

Military Records and Discharge Papers kept at: _____

Service Connected Disabilities: (List %)

Pension and Retirement Benefits Data can be found at: _____

EMPLOYMENT

My present employer is: _____

Address: _____

City: _____ State: _____ Zip: _____

Date Started: _____ Supervisor: _____

Social Security No.: _____

Company ID Card Located: _____

I am am not a member of a Labor Union.

Name of Local Union Office: _____

Address: _____

Phone: _____

TAX RECORDS & RETURNS

Copies of tax returns filed are located: _____

Party who prepared or assisted in tax returns: _____

Work sheets and supporting documents are located at: _____

Current withholding tax forms and receipts received from my employer are located at:

PERSONS FAMILIAR WITH MY AFFAIRS

Attorney: _____

Accountant - Tax Counselors: _____

Financial Advisor/Estate Planner: _____

Trust Officer: _____

Primary Care Physician/Network Affiliation: _____

Executor of Estate: _____

Fraternal or Professional Groups: (Please notify)
