TARLETON LAW FIRM

Family Information Organizer

An informational lifeline for your family

When the unexpected happens, your loved ones shouldn't have to search for what only you know. Fill in what you can. Leave sensitive numbers blank if you prefer and note only where the full record is kept.

1 Your People

YOUR FULL LEGAL NAME

First Middle Last

DATE OF BIRTH

MM / DD / YYYY

SPOUSE / PARTNER

Full name

HOME ADDRESS

Street, city, state, ZIP

CHILDREN / DEPENDENTS: NAMES & AGES

e.g. Sarah (14), Jacob (11)

EMERGENCY CONTACT

Name & relationship

EMERGENCY CONTACT PHONE

(000) 000-0000

2 Your Advisors

ATTORNEY

Name & phone

CPA / ACCOUNTANT

Name & phone

FINANCIAL ADVISOR

Name & phone

INSURANCE AGENT

Name & phone

3 Critical Documents: Where to Find Them

Note the physical or digital location of each original, e.g. “fireproof safe, bedroom closet” or “binder in filing cabinet.”

WILL / LIVING TRUST

Location of original

POWERS OF ATTORNEY & DIRECTIVES

Location of original

DEEDS & VEHICLE TITLES

Location of original

BIRTH / MARRIAGE CERTIFICATES

Location of original

SAFE / LOCKBOX LOCATION

Where it is kept

KEY / COMBINATION HELD BY

Trusted person

4 Financial Accounts

List institutions only. For security, record where the full account details are kept rather than full numbers.

INSTITUTION	TYPE	WHERE DETAILS ARE KEPT
Bank / firm name	*Checking / IRA…*	*File / app*
Bank / firm name	*Checking / IRA…*	*File / app*
Bank / firm name	*Checking / IRA…*	*File / app*
Bank / firm name	*Checking / IRA…*	*File / app*
Bank / firm name	*Checking / IRA…*	*File / app*
Bank / firm name	*Checking / IRA…*	*File / app*
Bank / firm name	*Checking / IRA…*	*File / app*
Bank / firm name	*Checking / IRA…*	*File / app*
Bank / firm name	*Checking / IRA…*	*File / app*

5 Property, Insurance & Benefits

REAL PROPERTY OWNED: ADDRESSES

Home, rental, land...

LIFE INSURANCE

Company & policy no.

HEALTH / LONG-TERM CARE INSURANCE

Company & member ID

PROPERTY & CASUALTY (HOME / AUTO)

Company & policy no.

EMPLOYER BENEFITS / PENSION

Employer & plan

6 Digital Access

> **Security tip:** Rather than writing passwords here, note your password manager and where its master key is kept. Give one trusted person access.

PRIMARY EMAIL & PROVIDER

address@example.com

PASSWORD MANAGER & MASTER-KEY LOCATION

App name & where key is kept

PHONE / DEVICE PASSCODE HELD BY

Trusted person

OTHER KEY ACCOUNTS (BILL PAY, CLOUD)

Where noted

7 Health & Medical

PRIMARY PHYSICIAN

Name & phone

PREFERRED HOSPITAL / PHARMACY

Name & location

MEDICATIONS, ALLERGIES & KEY CONDITIONS

What a caregiver would need to know

ADVANCE DIRECTIVE / LIVING WILL LOCATION

Where the original is kept

HEALTHCARE AGENT

Name & phone

8 Personal Wishes & Notes

FUNERAL / MEMORIAL PREFERENCES

Burial or cremation, service wishes, arrangements already made...

CARE OF PETS / DEPENDENTS

Who should care for them, and instructions

ANYTHING ELSE YOUR FAMILY SHOULD KNOW

Sentimental items, messages, accounts to close...

Tell someone this exists.

Store this with your original documents and let your executor or trustee know where to find it. Review it once a year and after any major change.