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Document Checklist & Family Organizer Worksheet

Life's emergency situations require advance preparation and planning. The first step is knowing where your documents are. Our **Document Checklist** will help you identify your important documents and where they are located. Knowing where your official records are located as well as having copies of these important financial, legal and health documents can save you countless hours of time spent tracking down records.

Preparation is key, which is why for years we have encouraged our own families, friends, and clients to use our **Family Organizer Worksheet**. This document is designed to make it easier for your loved ones to manage things when you're gone.

Document Location Checklist

The purpose of this checklist is to organize this information so that you, or others who might have to manage your affairs, know where to find all records and whom to contact.

Name: _____

Residence: _____

Safe Deposit Box: _____

[illegible]

Document Location Checklist

[illegible]

Family Organizer Worksheet

Key professionals to be contacted

Accountant _____

Phone _____

Address _____

Attorney _____

Phone _____

Address _____

Life Insurance Agent _____

Phone _____

Address _____

Auto Insurance Agent _____

Phone _____

Address _____

Bank _____

Phone _____

Address _____

Clergyman/Rabbi _____

Phone _____ Church/Synagogue _____

Address _____

Doctor _____

Phone _____ Hospital _____

Address _____

Employer _____

Phone _____ Company _____

Address _____

Financial Advisor _____

Phone _____ Firm _____

Address _____

Family Organizer Worksheet

Life insurance

Insurance Company _____

Policy Number _____ Type* _____

Insured _____

Owner _____

Beneficiary _____

Contingent Beneficiary _____

Death Benefit _____ Policy Date _____

Premium _____

*Term, whole life, variable life, universal life, survivorship, group life, split dollar, annuity

Insurance Company _____

Policy Number _____ Type* _____

Insured _____

Owner _____

Beneficiary _____

Contingent Beneficiary _____

Death Benefit _____ Policy Date _____

Premium _____

*Term, whole life, variable life, universal life, survivorship, group life, split dollar, annuity

Insurance Company _____

Policy Number _____ Type* _____

Insured _____

Owner _____

Beneficiary _____

Contingent Beneficiary _____

Death Benefit _____ Policy Date _____

Premium _____

*Term, whole life, variable life, universal life, survivorship, group life, split dollar, annuity

Family Organizer Worksheet

Life insurance

Company _____

Account Number _____

Type of Account _____

Owner _____

Account Representative _____

Phone Number _____

Company _____

Account Number _____

Type of Account _____

Owner _____

Account Representative _____

Phone Number _____

Company _____

Account Number _____

Type of Account _____

Owner _____

Account Representative _____

Phone Number _____

Company _____

Account Number _____

Type of Account _____

Owner _____

Account Representative _____

Phone Number _____

Company _____

Account Number _____

Type of Account _____

Owner _____

Account Representative _____

Phone Number _____

Family Organizer Worksheet

Bank, brokerage & annuity accounts

Company _____

Account Number _____

Type of Account _____

Owner _____

Account Representative _____

Phone Number _____

Company _____

Account Number _____

Type of Account _____

Owner _____

Account Representative _____

Phone Number _____

Company _____

Account Number _____

Type of Account _____

Owner _____

Account Representative _____

Phone Number _____

Company _____

Account Number _____

Type of Account _____

Owner _____

Account Representative _____

Phone Number _____

Company _____

Account Number _____

Type of Account _____

Owner _____

Account Representative _____

Phone Number _____

Family Organizer Worksheet

Long-term care insurance information

Insurance Company _____

Policy Number _____ Type _____

Insured _____

Owner _____

Beneficiary _____

Contingent Beneficiary _____

Death Benefit _____ Policy Date _____

Premium _____

Disability income insurance

Insurance Company _____

Policy Number _____ Type _____

Insured _____

Owner _____

Beneficiary _____

Contingent Beneficiary _____

Death Benefit _____ Policy Date _____

Premium _____

Funeral expense policy

Insurance Company _____

Policy Number _____ Type _____

Insured _____

Owner _____

Beneficiary _____

Contingent Beneficiary _____

Death Benefit _____ Policy Date _____

Premium _____

Family Organizer Worksheet

Relatives & close friends to be contacted

Name _____

Relationship _____

Phone Number _____

Address _____

Name _____

Relationship _____

Phone Number _____

Address _____

Name _____

Relationship _____

Phone Number _____

Address _____

Name _____

Relationship _____

Phone Number _____

Address _____

Name _____

Relationship _____

Phone Number _____

Address _____

Name _____

Relationship _____

Phone Number _____

Address _____

Name _____

Relationship _____

Phone Number _____

Address _____

Name _____

Relationship _____

Phone Number _____

Address _____

Family Organizer Worksheet

Funeral instructions

I have attached as Exhibit "B" to this letter my personal wishes regarding my last rites and burial services.

Family Organizer Worksheet

Other instructions to my family



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your address goes here | 123.456.7891 | fax 123.456.7891 | www.website.com

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