

Family Records Workbook

This Family Records Workbook is designed to help organize the information necessary for estate planning and end-of-life preparations. Once the worksheet has been completed:

- Store the original in a secure, yet accessible, physical or electronic location.
- Make photocopies of the worksheet to share with family/heirs.

We recommend you avoid sending personal data via email, especially when unsecured or unencrypted.

This form was last reviewed by me/us (names(s)) _____ on (date) _____

Personal Information

Full Name (First, Middle, Maiden, Last)

Birthdate

Social Security

Passport Number

Driver's License/ID and State of Issue

Mobile Phone Number

Spouse

Full Name (First, Middle, Maiden, Last)

Birthdate

Social Security

Passport Number

Driver's License/ID and State of Issue

Mobile Phone Number

Address (Primary Residence: Street Address, State, Zip Code)

Address (Secondary Residence: Street Address, State, Zip Code)

Home Phone

Date of Marriage

Children

(1) Child's Name (First, Middle, Last)

Birthdate

Spouse's Name (if applicable)

Marital Status

Social Security Number

Cell Phone Number

Email

(2) Child's Name (First, Middle, Last)

Birthdate

Spouse's Name (if applicable)

Marital Status

Social Security Number

Cell Phone Number

Email

(3) Child's Name (First, Middle, Last)

Birthdate

Spouse's Name (if applicable)

Marital Status

Social Security Number

Cell Phone Number

Email

Grandchildren

(1) Grandchild's Name (First, Middle, Last)

Birthdate

Parents' Names

Social Security Number

Cell Phone Number

Email

Marital Status

(2) Grandchild's Name (First, Middle, Last)

Birthdate

Parents' Names

Social Security Number

Cell Phone Number

Email

Marital Status

(3) Grandchild's Name (First, Middle, Last)

Birthdate

Parents' Names

Social Security Number

Cell Phone Number

Email

Marital Status

(4) Grandchild's Name (First, Middle, Last)

Birthdate

Parents' Names

Social Security Number

Cell Phone Number

Email

Marital Status

(5) Grandchild's Name (First, Middle, Last) Birthdate

Parents' Names

Social Security Number Cell Phone Number

Email Marital Status

(6) Grandchild's Name (First, Middle, Last) Birthdate

Parents' Names

Social Security Number Cell Phone Number

Email Marital Status

Non-Family Emergency Contact(s)

(1) Non-Family Emergency Contact Name (First, Last)

Address (Street, City, State, Zip)

Cell Phone Email

(2) Non-Family Emergency Contact Name (First, Last)

Address (Street, City, State, Zip)

Cell Phone Email

(3) Non-Family Emergency Contact Name (First, Last)

Address (Street, City, State, Zip)

Cell Phone Email

Notes:

Work Information (If Applicable)

Employer	Personal Assistant (if any)	
Address (Street, City, State, Zip)	Phone Number	
HR/Benefits Contact	Phone Number	Email
Name of Supervisor	Phone Number	
Your Title	Date of Employment	

Spouse

Employer	Personal Assistant (if any)	
Address (Street, City, State, Zip)	Phone Number	
HR/Benefits Contact	Phone Number	Email
Name of Supervisor	Phone Number	
Your Title	Date of Employment	

Professional Service Providers

Wealth Advisor's Name	Firm Firm	
Email	Website	Phone Number
Attorney's Name	Law Firm	
Email	Website	Phone Number
Accountant's Name	Firm Name	
Email	Website	Phone Number
Other Advisor's Name	Firm Firm	
Email	Website	Phone Number

Insurance Policies

Include those that you own, where you are listed as the insured, and policies through your employer.

Life Insurance

(1) Life Insurance Company	Type of Policy	Value of Policy
----------------------------	----------------	-----------------

Policy Number	Owner of Policy	Insured
---------------	-----------------	---------

Primary Beneficiary	Secondary Beneficiary
---------------------	-----------------------

Name of Agency	Agent's Name
----------------	--------------

Phone Number	Email	Website
--------------	-------	---------

(2) Life Insurance Company	Type of Policy	Value of Policy
----------------------------	----------------	-----------------

Policy Number	Owner of Policy	Insured
---------------	-----------------	---------

Primary Beneficiary	Secondary Beneficiary
---------------------	-----------------------

Name of Agency	Agent's Name
----------------	--------------

Phone Number	Email	Website
--------------	-------	---------

(3) Life Insurance Company	Type of Policy	Value of Policy
----------------------------	----------------	-----------------

Policy Number	Owner of Policy	Insured
---------------	-----------------	---------

Primary Beneficiary	Secondary Beneficiary
---------------------	-----------------------

Name of Agency	Agent's Name
----------------	--------------

Phone Number	Email	Website
--------------	-------	---------

Homeowner's/Renter's Insurance

Primary Residence Policy Number Insurance Company

Insurance Agent's Name Name of Agency

Phone Number Email Website

Second Home Policy Number Insurance Company

Insurance Agent's Name Name of Agency

Phone Number Email Website

Excess Liability Insurance (i.e., umbrella policy)

Policy Number Insurance Company

Insurance Agent's Name Name of Agency

Phone Number Email Website

Health Insurance

Description of Coverage Insurance Company

Group Number Policy Number Phone Number

Email Who pays the premiums and what is the frequency?

Who is covered

Description of Coverage Insurance Company

Group Number Policy Number Phone Number

Email Who pays the premiums and what is the frequency?

Who is covered

Spouse

Description of Coverage _____ Insurance Company _____

Group Number _____ Policy Number _____ Phone Number _____

Email _____ Who pays the premiums and what is the frequency? _____

Who is covered _____

Description of Coverage _____ Insurance Company _____

Group Number _____ Policy Number _____ Phone Number _____

Email _____ Who pays the premiums and what is the frequency? _____

Who is covered _____

Disability Insurance

Description of Coverage _____

Insurance Company _____ Policy Number _____

Agent _____ Phone _____

Website _____ Email _____

Who is covered _____

Spouse

Description of Coverage _____

Insurance Company _____ Policy Number _____

Agent _____ Phone _____

Website _____ Email _____

Who is covered _____

Premiums paid with: Pretax Dollars After-Tax Dollars

Long-Term Care Insurance

Description of Coverage

Insurance Company

Policy Number

Agent

Phone

Website

Email

Who is covered?

Spouse

Description of Coverage

Insurance Company

Policy Number

Agent

Phone

Website

Email

Who is covered?

Automobile Insurance

(1) Insured Automobile

Name of Agency

Agent

Phone

Website

Email

(2) Insured Automobile

Name of Agency

Agent

Phone

Website

Email

(3) Insured Automobile

Name of Agency

Agent

Phone

Website

Email

(4) Insured Automobile

Name of Agency

Agent

Phone

Website

Email

Financial Information

Current Sources of Income

Employer	Monthly Income	Direct Deposit: Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Source of Income	Monthly Income	
Social Security	Monthly Income	
Pension	Monthly Income	Includes COLA? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Institution/Payor	Primary Beneficiary	
Phone Number	Email	Website

Spouse

Employer	Monthly Income	Direct Deposit: Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Source of Income	Monthly Income	
Social Security	Monthly Income	
Pension	Monthly Income	Includes COLA? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Institution/Payor	Primary Beneficiary	
Phone Number	Email	Website

Veterans Benefits	Monthly Income	Service Branch
Dates of service	Includes COLA? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Service/Serial Number	Final Rank	

Personal Retirement Accounts

Please include employer 401(k)s and IRAs not under the management of an advisor.

Account Owner	Type of Plan/Account Number	
Taking Required Minimum Distributions Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of Institution	Website	Phone

Primary Beneficiary

Secondary Beneficiary

Account Owner

Type of Plan/Account Number

Taking Required Minimum Distributions Yes No

Name of Institution

Website

Phone

Primary Beneficiary

Secondary Beneficiary

Account Owner

Type of Plan/Account Number

Taking Required Minimum Distributions Yes No

Name of Institution

Website

Phone

Primary Beneficiary

Secondary Beneficiary

Checking, Savings, Annuity, and Investment Accounts

(1) Type of Account

Owner(s)

Joint Owners or Power of Attorney (if applicable)

Name of Institution

Account Number(s)

Password(s)

Contact Person or Website

Phone

(2) Type of Account

Owner(s)

Joint Owners or Power of Attorney (if applicable)

Name of Institution

Account Number(s)

Password(s)

Contact Person or Website

Phone

(3) Type of Account

Owner(s)

Joint Owners or Power of Attorney (if applicable)

Name of Institution

Account Number(s)

Password(s)

Contact Person or Website

Phone

(4) Type of Account	Owner(s)
Joint Owners or Power of Attorney (if applicable)	Name of Institution
Account Number(s)	Password(s)
Contact Person or Website	Phone

Other Assets and Liabilities

Primary Residence Address (Street, City, State, Zip)

Owner(s) _____ Rent Own

Mortgage Lending Institution	Phone Number	
Account Number(s)	Website	
First Mortgage	Second Mortgage	Line of Credit

Second Home Address (Street, City, State, Zip)

Owner(s) _____ Rent Own

Mortgage Lending Institution	Phone Number	
Account Number(s)	Website	
First Mortgage	Second Mortgage	Line of Credit

Other Real Estate (Street, City, State, Zip)

Owner(s) _____ Rent Own

Mortgage Lending Institution	Phone Number	
Account Number(s)	Website	
First Mortgage	Second Mortgage	Line of Credit

Automobiles and Other Vehicles

(1) Vehicle Tag number

Owner(s) Where Housed

Lending or Leasing Institution Phone

(2) Vehicle Tag number

Owner(s) Where Housed

Lending or Leasing Institution Phone

(3) Vehicle Tag number

Owner(s) Where Housed

Lending or Leasing Institution Phone

(4) Vehicle Tag number

Owner(s) Where Housed

Lending or Leasing Institution Phone

Credit Cards

Name of Credit Card Company	Account Number	Owner(s)	Phone Number
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Documentation / Important Information

I do NOT have a will My Spouse does not have a will

Date of Most Recent Will and/or Codicil Estate Planning Attorney's Name Phone

Law Firm Email Phone

Executor's Name Email Phone

Guardian's Name Relationship to Minor Children

Email Phone Number

Powers of Attorney

Power of Attorney Forms Completed for Specific Investment Accounts Yes No

Institutions Where the Investment Accounts are Held Name Of Attorney-In-Fact Or Agent

Email Phone Number

Spouse

Health Care Power of Attorney Yes No

Date Signed Name of Agent

Organ Donor Yes No

Email Phone Number

Location of Records

	Safe Deposit Box	Other Location
Original Will and/or Codicils	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Copy of Will and/or Codicils	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Power of Attorney for Financial Matter	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Power of Attorney for Health Care	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Living Will	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Organ Donor Papers	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Certificates of Title to Automobiles	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Birth Certificates	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Passports	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Marriage Certificates	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Divorce Decree	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Income Tax Records	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Veterinary Papers for Pets	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Keys to Home(S), Car(S)	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Safe Deposit Box

Access Authorized to	Name of Institution

Address (Street, City, State, Zip)	

Box (or Account) Number	Location of Key

Co-Owner of Box (If Any)	

Home Safe

Location	Code

Technology Assets

	Username	Password
Desktop Computer		
Laptop Computer		
Laptop Computer		
Ipad/Tablet		
Ipad/Tablet		
Cellphone #1		
Cellphone #2		
Primary Home Alarm System		
Secondary Home Alarm System		
Facebook		
Linkedin		
X (Twitter)		
Instagram		
Paypal		
Venmo		
Facebook (spouse)		
Linkedin (spouse)		
X (Twitter) (spouse)		
Instagram (spouse)		
Paypal (spouse)		
Venmo (spouse)		
Other		
Other		

Family Heirlooms, Keepsakes, and Valuables

List any family heirlooms, their location, and date valued. Are these covered by insurance riders in the event of loss or theft?

If you would like any of your family heirlooms passed on to heirs at the time of your death, list the item and who it should be passed to.

Name	Heirloom
Name	Heirloom
Name	Heirloom
Name	Heirloom

Pets

Name	Birthdate	Type
------	-----------	------

Name	Birthdate	Type
------	-----------	------

Name	Birthdate	Type
------	-----------	------

Name	Birthdate	Type
------	-----------	------

Veterinarian's Name	Practice Name
---------------------	---------------

Phone Number	Website
--------------	---------

Pet Insurance Company	Policy Number
-----------------------	---------------

Website	Phone Number
---------	--------------

Health Care Providers

Personal Physician	Phone Number
--------------------	--------------

Specialist Physician	Phone Number
----------------------	--------------

Specialist Physician	Phone Number
----------------------	--------------

Other Health Care Professional	Phone Number
--------------------------------	--------------

Pharmacy Name	Phone Number
---------------	--------------

Notes:

Prescription Name

Reason for Taking/Dose Instructions

Allergies

Please list allergies and the reaction to each.

Spouse

Personal Physician	Phone Number
--------------------	--------------

Specialist Physician	Phone Number
----------------------	--------------

Specialist Physician	Phone Number
----------------------	--------------

Other Health Care Professional	Phone Number
--------------------------------	--------------

Pharmacy Name	Phone Number
---------------	--------------

Notes:

Prescription Name

Reason for Taking/Dose Instructions

Allergies

Please list allergies and the reaction to each.

Religious and Funeral Information

Arrangements made with funeral home/cemetery? Yes No Prepaid? Yes No

Name of Funeral Home

Website

Phone Number

Contact Person

Email

Add church and Clergy's Name

Cemetery Name

Address (Street, City, State, Zip)

Phone Number

Website

Plot(s) purchased? Yes No

Location

Special Wishes

Mercer Global Advisors Inc. is registered with the Securities and Exchange Commission and delivers all investment-related services.
Mercer Advisors Inc. is a parent company of Mercer Global Advisors Inc. and is not involved with investment services.