MY PERSONAL RECORDS

Use this workbook to keep track of your personal records and information for your loved ones. Knowing this information will be helpful to your executor, agent and family if you die or become incapacitated. Keep these records in a safe place. Make sure an appropriate person knows where to look for them. Be sure to update these records from time to time.

The attorneys at Barnes & Karisch, P. C., can assist you with your estate planning, probate and trust needs. Please give us a call if we can be of assistance.

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1. Information Regarding These Records

This information was entered in this workbook on the _____ day of ________________, 20__, by _______________________________________________________________.

It has been revised or reviewed as follows: (List Dates)

1. __________________________________________ 2. __________________________________________

The original of these records is kept: (Give Location) ________________________________________

(If applicable) A copy of these records is kept: (Give Location) ________________________________
2. Personal Information

My legal residence is:

_____________________________________________________

City  State  County

Date of Birth: ________________________________________

Month  Day  Year

Place of Birth: ________________________________________

City  County  State

Birth Records are located at: ______________________________

_____________________________________________________

If citizen of Foreign country Date entered U.S.A.: ________________

Citizenship Papers at: __________________________________

I Currently Am Married to: ________________________________

First    Middle    Maiden Name

Wedding: ______________________________________________

At ______________________________________________________

Mo.  Day  Year  City  County  State

Birth Date of Spouse: ____________________________________

Month  Day  Year

Place of Birth: _________________________________________

City  County  State  Country

My Children are: (List Name, Birthdate and Current Address)

_____________________________________________________

_____________________________________________________

_____________________________________________________

If no children, list brothers and sisters.
Former Marriages (list all):

Former Spouse: ___________________________  First  Middle  Maiden Name

If marriage ended in death:

Date ___________________________

    Month  Day  Year

Cause of Death: ___________________________

    Cause  City  Age

If marriage ended in divorce:

Date ___________________________

    Month  Day  Year

Place of Divorce: ___________________________

    City  State

Records at: ___________________________

Attorney: ___________________________

Former Spouse: ___________________________  First  Middle  Maiden Name

If marriage ended in death:

Date ___________________________

    Month  Day  Year

Cause of Death: ___________________________

    Cause  City  Age

If marriage ended in divorce:

Date ___________________________

    Month  Day  Year

Place of Divorce: ___________________________

    City  State

Records at: ___________________________

Attorney: ___________________________
Former Spouse: ____________________________
First       Middle       Maiden Name

If marriage ended in death:

Date ______________________________
_________    _______    _______
Month      Day      Year

Cause of Death: ____________________________
Cause       City       Age

If marriage ended in divorce:

Date ______________________________
_________    _______    _______
Month      Day      Year

Place of Divorce: ____________________________
City       State

Records at: ____________________________

Attorney: ____________________________

Former Spouse: ____________________________
First       Middle       Maiden Name

If marriage ended in death:

Date ______________________________
_________    _______    _______
Month      Day      Year

Cause of Death: ____________________________
Cause       City       Age

If marriage ended in divorce:

Date ______________________________
_________    _______    _______
Month      Day      Year

Place of Divorce: ____________________________
City       State

Records at: ____________________________

Attorney: ____________________________
Parents:

Father: ____________________________
Date                         Place
Born: ____________________________
Died: ____________________________
Buried at: ____________________________

Mother: ____________________________ (Maiden Name)
Date                         Place
Born: ____________________________
Died: ____________________________
Buried at: ____________________________

Military Service:

_____ No military service

Branch of Service: ____________________________ Country ____________________________
From: ____________________________ To: ____________________________

Discharge: ____________________________ Type of Discharge: ____________________________
Highest Grade Or Rank Attained: ____________________________

Employment:

My present employer is: ____________________________
Name

___________________________  Phone
Address

Date Started: ____________________________ Supervisor: ____________________________
In addition, I am eligible under the following pension, profit sharing and other benefit plans:

1. ________________________________________________
2. ________________________________________________
3. ________________________________________________
4. ________________________________________________

I am ______ am not _______ a member of a Labor Union.

Name of Local: ____________________________________________

__________________________________________  Phone

I am ______ am not _______ a member of a Credit Union.

__________________________________________  Phone

3. My Estate Planning Documents

My Will: _______ I have no Will.

Original executed copy of my will is located at

__________________________________________

It is dated ____________________________, ____________

The original executed Codicil (revision), if any, is located at:

__________________________________________

It is dated ____________________________, ____________

Attorney who drew my will is: ____________________________

__________________________________________  Phone
Names of Executor(s) and Trustee(s):

__________________________________________________________

__________________________________________________________

Names of Guardians of my Children:

__________________________________________________________

__________________________________________________________

Witnesses to Will: (List Names and Addresses)

__________________________________________________________

My Directive to Physicians and Family or Surrogates (“Living Will”):

I have a “Living Will” _____ I have no “Living Will” _____

It is located at ___________________________ and is dated ___________________________

My Medical Power of Attorney:

I have a Durable Power of Attorney for Property _____ I have no such power _____

It is located at ___________________________ and is dated ___________________________

My Durable Power of Attorney for Property:

I have a Durable Power of Attorney for Property _____ I have no such power _____

It is located at ___________________________ and is dated ___________________________

The attorney who drew this document is ___________________________

My Declaration of Guardian:

I have a declaration of whom I want to be my guardian should the need later arise _____
I have no declaration of guardian _____

It is located at ___________________________ and is dated ___________________________
My Trusts:

I have created (or am a beneficiary of) the following trusts:

Trust Name: ____________________________________________
Date of Trust Instrument: ________________________________
Original Trust Instrument is Located At: ____________________
Name and Address of Current Trustee: ______________________
Name and Address of Successor Trustee(s): ____________________________

Trust Name: ____________________________________________
Date of Trust Instrument: ________________________________
Original Trust Instrument is Located At: ____________________
Name and Address of Current Trustee: ______________________
Name and Address of Successor Trustee(s): ____________________________

Trust Name: ____________________________________________
Date of Trust Instrument: ________________________________
Original Trust Instrument is Located At: ____________________
Name and Address of Current Trustee: ______________________
Name and Address of Successor Trustee(s): ____________________________

Other Estate Planning Documents: (Please describe and state location)

________________________________________________________________________

4. Insurance

Life Insurance:

I do ______ 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: __________________________________________

________________________________________________________________________

Name of persons insured: __________________________________________

________________________________________________________________________

________________________________________________________________________

I have ______ made loans against some of the policies.

Source of Loan: __________________________________________

________________________________________________________________________

Address          Phone

Pertinent papers are filed with the policies: (Check)
   ___ Endorsements       ___ Dividend Payments
   ___ Premium Receipts   ___ Assignments
       ___ Settlement Agreements

Annuities:

I do ______ have annuities:

Detailed list is located at: __________________________________________

________________________________________________________________________

Location of annuity contracts: __________________________________________

________________________________________________________________________

My principal life insurance broker is:

________________________________________

Name

________________________________________________________________________

Address          Phone
Medical and Long Term Care Insurance:

Accident, Hospitalization, Disability, Long term care and all other insurance (in addition to and exclusive of those covered by employer) not noted elsewhere.

Location of List: ____________________________________________

Location of Policies: _________________________________________

__________________________________________________________

Broker/agent         Phone

Medicare:

I am _____ am not ________ registered for Medicare.

Enrollment _______ at ______________________________

Date    City    State

Medicare card located at: _________________________________

5. My Assets and Liabilities

Safe Deposit Boxes:

I have _____ have not ________ a safe deposit box(es.)

Located at _________________________________

______________________________________________

Keys will be found at ____________________________ No. __________

______________________________________________ No. __________

The following person has access: (Name and Address)

______________________________________________ No. __________

______________________________________________ No. __________
Accounts:

Checking Accounts: ____________________________  With ____________________________ Number

__________________________  With ____________________________ Number

Savings Accounts: ____________________________  With ____________________________ Number

__________________________  With ____________________________ Number

Other Accounts: ____________________________  With ____________________________ Number

__________________________  With ____________________________ Number

__________________________  With ____________________________ Number

__________________________  With ____________________________ Number

Passbooks located at: ____________________________

________________________________________

Accounts in joint names with myself and: (Name & Acct. No.)

________________________________________

________________________________________

Name of person who power to sign checks for me:

________________________________________ Address  Phone
Real Estate:

I do _______ do not _________ own real estate. _________ I am the sole owner.

It is located at: ____________________________________________________________

__________________________________________________________

Mortgage on my residence is held by:

________________________________________________________

The following documents are located at: _________________________________

Check (X):

___ Deed  ___ Mortgage Insurance Policy
___ Copy of Mortgage  ___ Title Abstract
___ Improvement Loans  ___ Closing Statement
___ Title Insurance  ___ Leases
___ Tax Receipts  ___ Maps & Surveys

Other Real Estate I own: _____ I am sole owner.

__________________________________________________________

__________________________________________________________

__________________________________________________________

Documents pertaining thereto are located at:

__________________________________________________________

Insurance Coverage is handled by:

Name of Broker                         Address                        Phone

Policies are located at: ________________________________

__________________________________________________________

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I lease property to others:  ____ Yes  ____ No

____ Vacant      ____ Improved

To: ___________________________  ___________________________  ___________________________
    Name                        Address                        Phone

At ___________________________
    List Location

Leases can be found at: ___________________________

U. S. Savings Bonds:

I do _______ do not _________ own U.S. Savings Bonds.

____ I am sole owner.

List of Bonds – Serial Numbers – Co-ownership – and who is a Beneficiary at my death
can be found at: ___________________________

Bonds are located at: ___________________________

Securities (Stocks and Bonds):

I do _______ do not _________ own securities (Stocks & Bonds).

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

Certificates located at: ___________________________

I do _______ do not _________ have a brokerage account.

Name of Broker or Firm: ___________________________

_________________________  ___________________________
    Name                        Phone

_________________________  ___________________________
    Address                    Phone
Records of Purchase and Sale are located at: ________________________________

__________________________________________________________

List Securities pledged for loans:

__________________________________________________________ with
Lender Address

__________________________________________________________ with
Lender Address

__________________________________________________________ with
Lender Address

Personal Property:

I own the following personal property:

Auto: Yes ______ No ________

1. __________________________________________________________
   Make Year

2. __________________________________________________________
   Make Year

Title(s) located at: __________________________________________

__________________________________________________________

Household Furnishings: Yes ________ No ________

Located at: ________________________________________________

Record of Inventory located at: ________________________________

__________________________________________________________

Jewelry: Yes ________ No ________ Inventory List & Appraisals

at: _________________________________________________________
Boat:       Yes _______    No _______

________________________________________________________________________

Make       Year

________________________________________________________________________

Motor       Year

Located at: ________________________________________________________________

Miscellaneous Personal Property – (not previously listed):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Pertinent insurance policies on personal property are located at: ______________

________________________________________________________________________

Insurance Broker: __________________________   Name   Phone

Proof of Ownership, Receipts, Bills of Sales, etc., are located at: ______________

________________________________________________________________________

Miscellaneous Assets:

List here other assets you own that are not otherwise covered above.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Credit Cards:

I possess the following credit cards:

__________________________________________

__________________________________________

__________________________________________

Other Liabilities:

Mortgages, notes, and other debts not noted elsewhere.

Description: ____________________________________________

Description: ____________________________________________

Description: ____________________________________________

Description: ____________________________________________

Description: ____________________________________________

Description: ____________________________________________

Tax Records:

Copies of previous years tax returns filed are located at: ________________

__________________________________________

Party who prepared or assisted in tax returns: ____________________________

__________________________________________

Work sheets and evidence in support of returns are located at: ________________

__________________________________________

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

__________________________________________
6. Burial

(Please note: A special form is required to leave binding burial instructions. You can indicate your wishes here, but those indications are not binding on your family. Ask a lawyer at Barnes & Karisch, P. C. for more information.

I do _______ do not _________ own a cemetery lot.

Cemetery Lot: ____________________________

<table>
<thead>
<tr>
<th>Name of Cemetery</th>
<th>Describe location</th>
</tr>
</thead>
</table>

Deed located at: ____________________________

There is _________ is not _________ provision for perpetual care.

I have given instructions regarding my funeral in:

_____ Letter Other: ____________________________

List membership in lodges or fraternal organizations providing cemetery benefits:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

My preference for burial would be at:

________________________________________________________________________

<table>
<thead>
<tr>
<th>Name of Cemetery</th>
<th>City</th>
</tr>
</thead>
</table>

Religious Affiliation:

________________________________________________________________________

List Church or Temple

________________________________________________________________________

Address

________________________________________________________________________

Pastor or Rabbi

Phone
7. Persons Familiar With My Affairs

Please print name, address and phone number.

Attorney: ________________________________

__________________________

Accountant – Tax Counselors: ________________________________

__________________________

Banker: ________________________________

__________________________

Doctor: ________________________________

__________________________

Employer: ________________________________

__________________________

Funeral Director: ________________________________

__________________________

Insurance Agent: ________________________________

__________________________

Executor of Estate: ________________________________

__________________________

Fraternal or Professional Groups: (Please notify) ________________________________

__________________________

Relatives and Personal Friends: (Please notify) ________________________________

__________________________

__________________________