

# The LifeFolio System™

*One Place for All Your Important Information*

BOB MAUTERSTOCK  
**GIFT OF COMMUNICATION.**



# Important Relationships

	My Information	My Spouse
Name:		
Email:		
Date of Birth:		
Phone:		
S.S. No:		

My Children									
Name:	Address:	City:	State:	Zip:	Email:	Phone:	Date of Birth:	S.S. No:	Spouse's name:

<b>My Grandchildren</b>		
<b>Name:</b>	<b>Date of Birth:</b>	<b>S.S. No:</b>

<b>My Professional Relationships</b>							
	Name	Address	City	State	Zip	Email:	Phone:
Lawyer:							
Accountant / Tax Preparer:							
Dentist:							
Physician:							
Personal Physician:							
Specialty Physician:							
Specialty Physician:							
Minister, Priest, Rabbi, Imam:							
Other Important Relationships:							

# Where to Find Records and Keys

Keep original documents that are valuable or irreplaceable in a fireproof metal box. Keep copies of originals in your filing system at home or on the internet.

## Personal History

Check if available

Identify Location

- |   |       |
|---|-------|
| <input type="checkbox"/> Adoption papers                      | _____ |
| <input type="checkbox"/> Annulment decrees                    | _____ |
| <input type="checkbox"/> Athletic awards                      | _____ |
| <input type="checkbox"/> Birth certificates                   | _____ |
| <input type="checkbox"/> Change-of-name certificates          | _____ |
| <input type="checkbox"/> Civic awards                         | _____ |
| <input type="checkbox"/> Death certificates                   | _____ |
| <input type="checkbox"/> Divorce decrees or judgments         | _____ |
| <input type="checkbox"/> Dramatic awards                      | _____ |
| <input type="checkbox"/> Educational awards                   | _____ |
| <input type="checkbox"/> Educational transcripts              | _____ |
| <input type="checkbox"/> Marriage certificates                | _____ |
| <input type="checkbox"/> Military awards                      | _____ |
| <input type="checkbox"/> Military separation papers           | _____ |
| <input type="checkbox"/> Naturalization papers                | _____ |
| <input type="checkbox"/> Newspaper articles                   | _____ |
| <input type="checkbox"/> Organization awards                  | _____ |
| <input type="checkbox"/> Organization membership certificates | _____ |
| <input type="checkbox"/> _____                                | _____ |
| <input type="checkbox"/> _____                                | _____ |

## Insurance

Check if available

Identify Location

- |  |       |
|--|-------|
| <input type="checkbox"/> Life insurance policies               | _____ |
| <input type="checkbox"/> Medical and health insurance policies | _____ |
| <input type="checkbox"/> Residence Ins. Policies               | _____ |
| <input type="checkbox"/> Vehicle Ins. Policies                 | _____ |
| <input type="checkbox"/> _____                                 | _____ |
| <input type="checkbox"/> _____                                 | _____ |
| <input type="checkbox"/> _____                                 | _____ |

### *Other Important Documents*

*Check if available*

*Identify Location*

- 401(k) agreements and beneficiary statements
- IRA agreements and beneficiary statements
- Profit Sharing plan agreements and beneficiary statements
- Medicare card
- Military separation papers
- Pension agreements and beneficiary statements
- Railroad retirement documents
- Social Security card
- Workers' compensation award
- \_\_\_\_\_
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### *Banking and Savings Account Statements*

*Check if accessible*

*Identify Location*

- Cash
- Checking account statements
- Credit union account statements
- Savings account books or statements
- \_\_\_\_\_
- \_\_\_\_\_

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### *Will, Trust, Agreements, etc.*

*Check if Available*

*Identify Location*

- living will
- Powers of attorney
- Durable power of attorney
- Health care proxy (durable power of attorney for health care)
- Trust agreement
- Trust agreement
- Trust agreement

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- Will and codicils \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

*Securities, Real Estate, and Miscellaneous Assets*

*Check if available*

*Identify Location*

- Business records \_\_\_\_\_
- Decrees \_\_\_\_\_
- Deeds \_\_\_\_\_
- Home improvement records \_\_\_\_\_
- Judgments \_\_\_\_\_
- Leases \_\_\_\_\_
- Mortgages \_\_\_\_\_
- Patents or copyrights \_\_\_\_\_
- Rental property records \_\_\_\_\_
- Investment statements \_\_\_\_\_
- Vehicle certificates of title \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

*Final Wishes*

*Check if available*

*Identify Location*

- Body bequeathal papers \_\_\_\_\_
- Cemetery deed \_\_\_\_\_
- Funeral prearrangement agreement \_\_\_\_\_
- Mausoleum deed \_\_\_\_\_
- Uniform donor card \_\_\_\_\_
- Five Wishes Form \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

*Miscellaneous Information*

*Check if available*

*Identify Location*

- Animal care information \_\_\_\_\_
- Burglar alarm information \_\_\_\_\_
- Child care information \_\_\_\_\_
- Letters to be sent upon my death \_\_\_\_\_

- List of hiding places for valuables \_\_\_\_\_
- Property care information \_\_\_\_\_
- Tax records \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### *Keys and Combinations*

*Check if available*

*Identify Location*

- Keys to homes \_\_\_\_\_
- Keys to other real estate \_\_\_\_\_
- Keys to post office boxes \_\_\_\_\_
- Keys to safe-deposit box(es) \_\_\_\_\_
- Keys to vehicles \_\_\_\_\_
- Other keys \_\_\_\_\_
- Combination to lock #1 \_\_\_\_\_
- Combination to lock #2 \_\_\_\_\_
- Combination to lock #3 \_\_\_\_\_

### *Other*

*Check if available*

*Identify Location*

- Cassettes \_\_\_\_\_
- Computer and other electronic media \_\_\_\_\_
- Photos \_\_\_\_\_
- Videos \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



# Personal History

## *Residences*

### *Places I Have Lived*

<b>Dates</b>	<b>Address</b>	<b>City</b>	<b>State</b>

## *Educational Background*

<b>Name of school</b>	<b>Grades attended</b>	<b>Dates attended</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Comments</b>
<b><i>Elementary Schools I Attended</i></b>						
<b><i>Junior High Schools or Middle Schools I Attended</i></b>						

<i>High Schools or Preparatory Schools I Attended</i>						
<i>Institutions of Higher Learning I Attended</i>						

*Military Records*

Did you serve in United States Military?  Yes  No

If yes, fill in the information below.

<b>Branch of service</b>	<b>Active service dates</b>	<b>Grade or rank</b>	<b>Place</b>

List any military decorations here.

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Provide a résumé of your military career here. \_\_\_\_\_

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### *Work Background*

Here are the names of my primary employers (most current first).

Employer	Dates	Type of work	Address	City	State	Phone

*My Work Background (continued)*

- I retired from work on (date) \_\_\_\_\_.
- I am presently employed (fill in details below).

Employer	Dates	Type of work	Address	City	State	Phone

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any interesting facts and experiences over the years concerning employment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### *Health Care Medical History*

Are there any issues in your medical history that should be documented for future generations?  Yes  No

If yes, fill in the information below.

<b>Health care issue</b>	<b>Date of onset</b>	<b>Surgery/treatment received</b>	<b>Location of related documents</b>

### *Medications*

<i>Name</i>	<i>Dosage</i>	<i>Times per Day</i>	<i>When taken</i>

# Financial Assets and Liabilities

## *Assets*

### *Bank Accounts*

Bank/credit union	Bank address	City	State	Phone	Account type	Account number	User name	Password

Investment Accounts (Stocks, Bonds, Mutual Funds, 401(k) Accounts)

Account name	Account number	Current value	Company address	City	State	Phone	Beneficiary name	Tax status (taxable/tax-deferred/tax-exempt)	User name	Password

*Pension Plans*

Are you a member of a pension plan?  Yes  No

If yes, do you currently receive benefits?  Yes  No

Plan name	Company address	City	State	Phone	Beneficiary name	Location of documentation

Are you a member of a second pension plan?  Yes  No

If yes, do you currently receive benefits?  Yes  No

Plan name	Company address	City	State	Phone	Beneficiary name	Location of documentation

*Social Security*

Do you currently receive a Social Security benefit?  Yes  No

Monthly amount \$ \_\_\_\_\_  Check  Direct deposit

Bank/credit union	Bank address	City	State	Phone	Account number

Does your spouse receive a Social Security benefit?  Yes  No

Monthly amount \$ \_\_\_\_\_  Check  Direct deposit

Bank/credit union	Bank address	City	State	Phone	Account number

*Veteran Benefits*

Do you receive a monthly benefit from the U.S. government.  Yes  No

Amount \$ \_\_\_\_\_  Check  Direct deposit

Bank/credit union	Bank address	City	State	Phone	Account number	Beneficiary name	Location of documentation

*Liabilities (Financial Commitments)*

*Rent or Mortgage Payments*

Property	Amount	Due date	Lender address	City	State	Phone

*Outstanding Loans*

Purpose	Amount	Due date	Lender address	City	State	Phone

Bills Paid by Automatic Payment Plan

Company	Account number	Due date	Address	City	State	Phone	Day account is debited	User name	Password

*Credit/Debit Cards:*

Company	Account number	Due date	Address	City	State	Phone	Approximate balance due	User name	Password

## Debtors and Creditors

Do you have a recent credit report?

Yes  No

If yes, where is a copy of the report located? \_\_\_\_\_

Does anyone owe you money?

Yes  No

If yes, fill in the information below.

Name	Address	City	State	Phone	Amount	Date of loan	Terms

Do you owe anyone money?

Yes  No

If yes, fill in information below.

Name	Address	City	State	Phone	Amount	Date of loan	Terms

Where are the loan agreements or promissory notes located? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Insurance

## Life Insurance

Company	Company address	City	State	Phone	Policy number	Death benefit	Person covered	Beneficiary name	Location of policy

## Health Insurance/Hospitalization

Are you covered under Medicare? Yes \_\_\_\_ No \_\_\_\_

Is your spouse covered under Medicare? Yes \_\_\_\_ No \_\_\_\_

## Health Insurance Policies

Company	Company address	City	State	Phone	Policy number	Person covered	Beneficiary name	Location of policy

*Long-Term Care Insurance*

Company	Company address	City	State	Phone	Policy number	Death benefit	Person covered	Benefit amount per day	Benefit period	Waiting period	Location of policy

*Memberships*

Include any current memberships to organizations . Also be sure to include airline frequent flyer programs and other affinity programs where benefits might be transferred.

Organization	Organization address	City	State	Phone	Member name	Member number	Membership card location	Transfer to whom or cancel at death?

# Instructions and Wishes to Be Fulfilled

## *Documentation*

### *Living Will*

Do you have a living will?  Yes  No

If yes, where is your living will kept? \_\_\_\_\_

If no, do you plan on creating one?  Yes  No

### *Health Care Proxy*

Do you have a declaration prepared that details the type of care you want (or don't want) if you become incapacitated?  Yes  No

Where is your health care declaration kept? \_\_\_\_\_

Do you have a durable power of attorney health care proxy?  Yes  No

Who is named as your health care proxy? \_\_\_\_\_

Where is your healthy care proxy document kept? \_\_\_\_\_

### *Directives for Life-Support Measures*

Have you discussed your wishes regarding life-support measures with your doctor, spouse, or other trusted individuals?  Yes  No

If yes, with whom and when? \_\_\_\_\_

### *Organ Donation*

Do you want to donate your organs or body for transplant, medical research, or education?  Yes  No

If yes, have you explained these wishes in your will?  Yes  No

Do you have an organ-donor card?  Yes  No

Does your driver's license indicate that you are an organ donor?  Yes  No

Briefly describe what you want donated and for what purpose. Be sure to share these wishes with trusted family members so that there is no confusion about your wishes.

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## *Living Arrangements*

How and where do you want to live as you grow older?

Location close to family, friends, or within a specific community

Retirement community considerations

Assisted-living considerations

Assistance with current residence

Use this space to document your wishes.

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*Will*

Do you have a will?  Yes  No

Where is the original located? \_\_\_\_\_

Is there another copy?  Yes  No

If so, where is it? \_\_\_\_\_

When was the will last dated/updated? \_\_\_\_\_

*Durable Power of Attorney*

Do you have a durable power of attorney?  Yes  No

Who has the durable power listed in the document?

Name	Relationship to you	Address	City	State	Phone

Where is the original located? \_\_\_\_\_

Is there another copy?  Yes  No

If so, where is it? \_\_\_\_\_

Do you have a family attorney?  Yes  No

If yes, fill in the information below.

Name	Address	City	State	Phone	Email address

*Trust Funds*

Have you created any trusts?  Yes  No

If yes, what is the purpose of the trust? \_\_\_\_\_

Is the trust agreement part of your will?  Yes  No

Where are the trust papers located? \_\_\_\_\_

Who manages this for you?

Name	Address	City	State	Phone	Email address

### *Funeral Arrangements*

Have you made funeral arrangements on your behalf?  Yes  No

If yes, fill in the information below.

Funeral home	Address	City	State	Phone

If arrangements have been made, where is the documentation located? \_\_\_\_\_

Have you set out instructions for burial/cremation?  Yes  No

Are these instructions in your will?  Yes  No

If yes, where are they located? \_\_\_\_\_

Do you own a cemetery lot?  Yes  No

If yes, fill in the information below.

Location	Address	City	State	Phone

Have you provided for its ongoing care?  Yes  No

Where is the cemetery deed kept? \_\_\_\_\_

# Legacy

## *Values and Life Lessons*

### *Ethics and Moral Teachings*

What virtues and values would you like to see continued throughout your family's generations?

Important values that guide your family

Principles on the treatment of environment, country, and property

Virtues that bring out the best in you and your children

Contributions to specific charities or nonprofit organizations

Use this space to document your wishes.

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Have you named any charities or other organizations as beneficiaries in your will?  Yes  No

If yes, fill in the information below.

Organization	Address	City	State	Phone

## *Faith and Religion*

What religious traditions would you like to see continued throughout the generations?

Belief doctrines within your family

Cultural religious traditions and the values they represent

Religious items to be passed down to future generations

Contributions to specific religious organizations

Use this space to document your wishes.

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Have you named any religious organizations as beneficiaries in your will?  Yes  No

If yes, fill in the information below.

Organization	Address	City	State	Phone







*Financial Gifts*

Do you plan on making any specific financial gifts to anyone in your will?       Yes     No

If yes, fill in the information below.

Name	Address	City	State	Phone	Amount	Terms

## *Household Items*

Are there items in your household that hold significant emotional value though they may not have much financial value?

Children's toys, books, or mementos

Articles of clothing that evoke fond memories

Artwork such as quilts, paintings, crafts, or carvings

Household items such as cookware, furniture, tools, books, or computer equipment.

Use this space to document your wishes. Be sure to indicate where these items are located and who has access to them..

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**Is there anything else that you want to say?**

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