



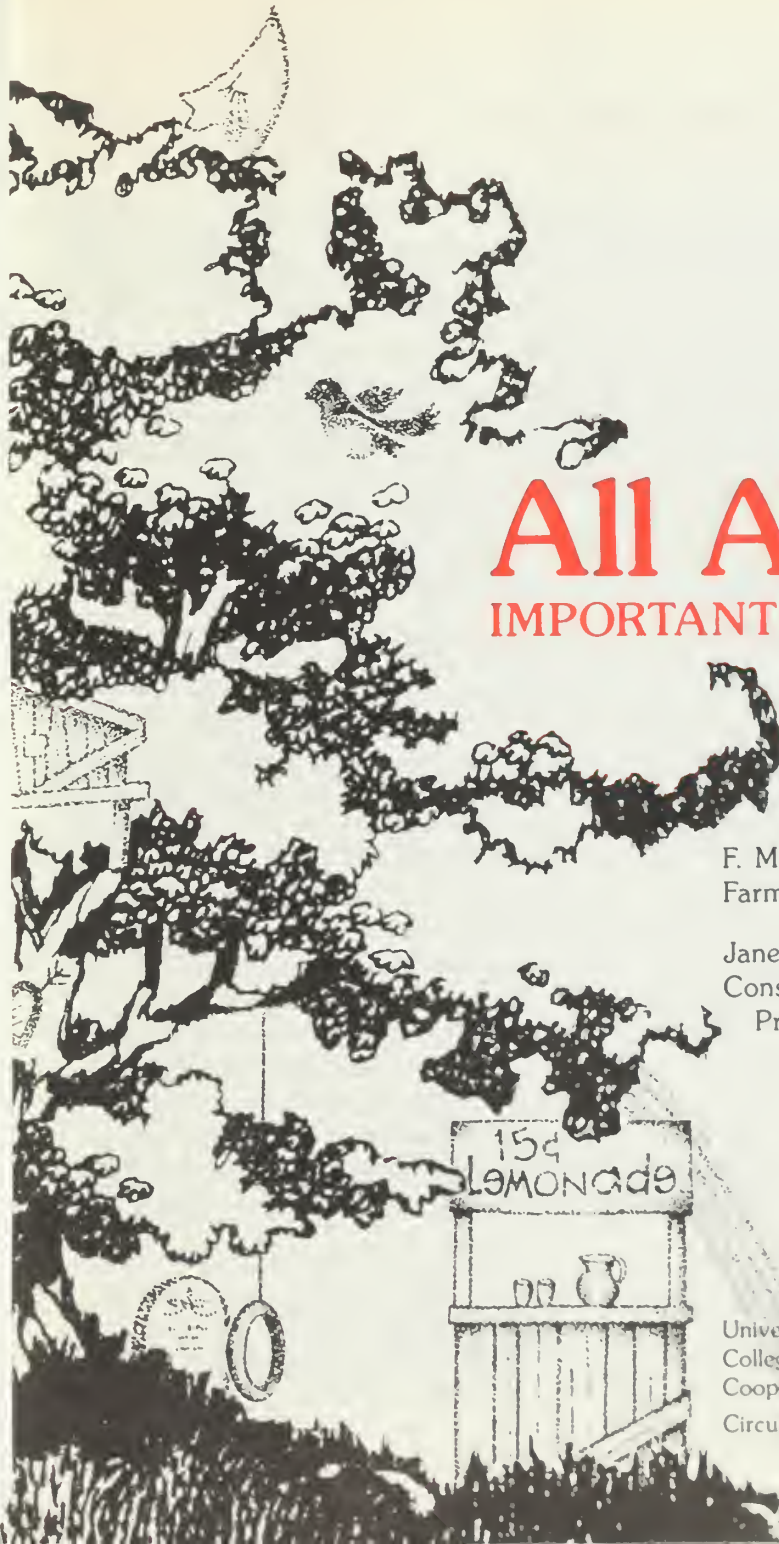
# All About Us

## IMPORTANT FAMILY RECORDS

University of Illinois at Urbana-Champaign/  
College of Agriculture/Cooperative Extension Service

C 1218





# All About U

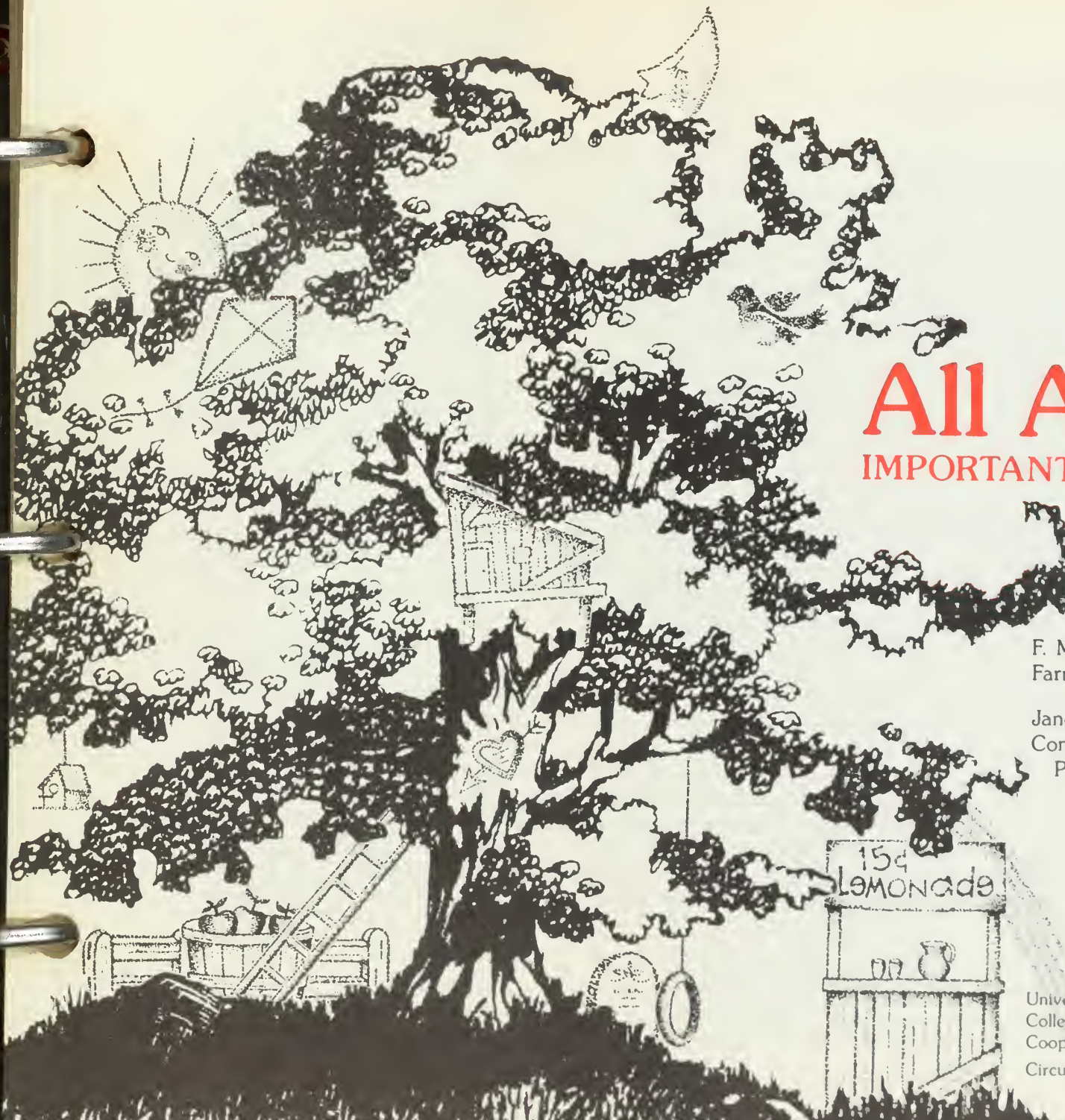
## IMPORTANT FAMILY RECORD

F. M. Sims, Extension Specialist  
Farm Management

Jane A. Scherer, Program Coordinator  
Consumer and Homemaking Education  
Program

University of Illinois at Urbana-Champaign  
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The Illinois Cooperative Extension Service provides equal opportunities in programs and employment.

## **What This Book Will Do For You**

- Give your family a central source of information
- Preserve memorable family and personal information for future generations
- Ensure that your family affairs are clearly defined
- Improve communication about family matters
- Help you collect benefits from insurance and other investments
- Help you organize payments of premiums, interest, and other fees
- Help you make decisions in time of emergency or disaster such as fire, flood, theft, accident, or serious illness
- Reduce trauma and conflict in the event of divorce, separation, or death
- Provide for sound estate planning
- Reduce the time and cost of settling your estate
- GIVE YOU THE SECURITY OF KNOWING THAT YOU ARE IN CONTROL

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**This book is in loose-leaf form so that you can rearrange, insert, and remove chapters and pages with ease. You will probably want to add material to suit your special needs. To order extra copies of some chapters and pages, use the order blanks in the chapter entitled “Etc., Etc., Etc.”**

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## Your Family Records

Where are they? In the safe deposit box, at the attorney's office, in the dresser drawer, in the file cabinet at home, under the mattress, in the auto glove compartment, buried in a "tin can," at the bank, someplace in the clothes closet, or "I don't know."

Then who does know? Who should know? Who **must** know to keep the family and the business running smoothly, both from day to day and in the event of an emergency? A recent house-to-house survey asked the question, "Do you have a birth certificate?" Most people replied, "Yes." But to the question "Where is it?" most people said, "I don't know" or "It's in the house someplace."

All of us are upset when we're not sure where something is, and most of us wish our family records were better organized. You may have already gone through an emergency, somehow managed to cope, and vowed you'd be better organized for the next one. **Well, this book is your opportunity.** If you work through it carefully from beginning to end, you will feel more secure now, and you will be ready for emergencies that may occur in the future. No doubt you will also learn some interesting facts about your family — perhaps even about yourself.

## Some Payoffs To Knowing Where They Are

There are many payoffs to knowing more about your personal and family details, and some of them are likely to be financial. For example, many consumers suffer substantial hardships when insurance policies and other death-benefit documents

***Know where important things are.***



are lost or unavailable at the death of the insured. When a person dies and there is no claim by a beneficiary or other appropriate authority, such as an executor of a will, the person's assets — including bank accounts — eventually revert to the state treasury through a process called *escheatage*. This is defined as the "reversion of property to the state in the absence of legal heirs or claimants." Although laws may vary, most states are usually able to confiscate unclaimed property after a lapse of five to seven years. The total value of unclaimed and abandoned assets is not precisely known, but it is estimated that as much as \$25 billion is waiting to be claimed. The problem adds tremendously to already burdened bereavement, causing financial stress where it is certainly unwanted, unwarranted, and least necessary.

Not only do you want to avoid this problem, you would also like to protect your family and friends from this sort of confusion at the time of **your** death. Don't be guilty of leaving your family with unanswerable questions because you "didn't want to worry them" with business or financial details. You may think you are protecting them, but in reality you are adding to their burdens. Among other things, you should ensure that your in-

tended heirs are aware of all the estate entitlements that are rightfully theirs. In other words, you should fill in the boxes and blanks in this book, prepare a list of your assorted assets and a will, and keep all of these up to date.

**Easier said than done, you say? You're right.** It's hard to keep up with today's information explosion. Our mobile society and the continuous creation of new families, name changes by marriage, and the breakup of present families — not to mention floods, fires, and other disasters — can easily cause papers to be lost or to become very out of date. And yet, you are the only one who can keep information current.

To take our first insurance example, it is helpful to remember that banks and life insurance companies **do not seek out** beneficiaries. All payments from life insurance policies and other forms of assets must be claimed by beneficiaries at the time of the owner's or insured's death. In this and other situations, therefore, it is up to you and no one else to provide accurate, complete, and accessible information.

**So begin today. It's within your power to offer yourself and your loved ones hope, not worry. It's not simple, but it's very important. The time and effort you give now will pay off later — for you, for other members of your family, for your friends, and for your business and professional associates.**

## How To Use This Book

### As a Central Reference

This book is only the beginning — though an important one — of a family information system, one step you can take now to save many steps later on. In addition to providing space for important information, you will notice that it includes blanks that read, "Copy is located" or "Records are located." Thus this book is a basic resource, a central reference tool for your

entire family information system. Some detailed hints on how to set up that system and where to locate certain documents are given in the first chapter, entitled "Where Are They?"

### As a Changing Reference

Of course, you must accept the fact that even though you thoroughly and completely fill out this record book and carefully establish your family information system, both will soon be out of date. There are many stages in your life and in the life of your family — birth, marriage, employment, retirement, and death — and each change will bring with it the need to add, delete, and alter the family records.

If you have your system organized, however, these changes will be easy to make. Always remember, too, that you can erase information easily if you use pencil. Finally, you can order additional pages by using the order blanks in the chapter entitled "Etc., Etc., Etc."

*Forethought we may have, but not foresight.*



## As a Personal Reference

What is provided here is, of course, only the basic package. It is your privilege to not only round out the picture, but to add as many touches as you would like to make this your personal possession. You can tape special photographs and clippings to the backs of the divider pages, and you can add as many other documents as the binder will hold.

## How To Begin

It's hard work to record information, and a few comments are therefore in order. Here are some suggestions from people who have been successful in doing this kind of job.

- Before beginning a chapter, always read the sheet that precedes it. This sheet will tell you what documents you will need to fill in the proper information. If you know where those documents are, you won't have to interrupt yourself as you go along.
- Work through the book in the order given, and don't leave little pieces undone and skip to easier ones. It's much easier to see real progress if you move in sequence.

- Don't try to do it all at once. Most people who try to clean the whole house in one morning are tired the rest of the day. So take plenty of breaks.
- Make this a family project. Have the children help fill in their chapters, and have your parents, grandparents, and everyone contribute to the family heritage chapter.
- Update and review each chapter at least once a year.
- **KEEP IN MIND WHAT YOU ARE ACCOMPLISHING.** Your information will be logical, direct, private, and accurate because you did it. There's nothing lost, no missed messages, no confusion.



***Well begun  
is half done.***



Lovingly compiled by:

---

date





**Where Are They?**







## Where Are They?

*Before you put things in their place, you have to have a place to put them.*

Since each person and family has special needs, you will want to work out for yourself many of the details of your information system. At the same time, if you are like most people and don't spend a large amount of time pigeonholing pieces of paper, you can probably appreciate a few tips from those who have learned what is important. This chapter contains information on how to organize your papers, on the several different places where important papers may be stored, and on how long to keep certain papers.

Before you begin, it is wise to think about how your system will serve your family. Here are some points to consider. Whatever system you devise, make sure that your system:

- is easy for you to keep, use, and feel proud of.
- would be easy for other members of your household — or even a trusted friend or relative — to understand and use if necessary.
- is readily accessible so that designated persons will know where to turn for essential information.
- contains names, addresses, and phone numbers of persons who know certain facts about your personal affairs and who would therefore be important contacts.
- provides a bird's-eye view of real and personal property held in your name or held jointly with others.
- includes a central resource, such as this book, that not only contains some basic records, but also indicates where other records are stored.
- is easy and convenient to change and update.

## Your Files

However modest your home may be, you need a special place to keep your papers. That place may be in the farm office, in part of a den or other room with a desk or filing cabinet, a corner of the kitchen, or even a drawer in the bedroom dresser. The easiest place to store papers so that they can be easily located is in a filing cabinet or file drawer. A one- or two-drawer metal filing cabinet works well, and one or even both drawers should lock so that inquisitive children cannot get into the documents. If you don't have space for filing cabinets or wish to economize, you can purchase accordian-type folders with several compartments; these come in regular and legal size. Whatever filing cabinet you use, be sure to stand your manila folders upright and print or type the contents of each on the manila folder tab. You can buy tab markers of various colors, and using colors is a good way to highlight different sections of your files.

Depending on your needs, you can get as elaborate as you wish with other equipment. A typewriter and hand calculator will help in balancing checkbooks, and many families think an adding machine or calculator that produces a tape is very helpful for financial record keeping and almost a must for farm or business record keeping. Undoubtedly many families will soon be able to keep certain records on their home computer.

However simple or elaborate your system turns out to be, you should make at least one division in your files: active and inactive. These files may be set up for an individual or a family. Here are some items that should go into each.

### Active File

*Check the boxes as you locate and file the items.*

- Unpaid bills
- All paid bills for the past three years. They should be marked with date of payment, check number, or notation

“paid in cash.” If paid in cash, have the person who received the money mark the bill “paid” with the date and signature, or get a receipt and staple it to the bill.

- The bank statement from the previous month, which should have been balanced with your checkbook
- Canceled checks for the past three years
- Your health record
- A copy of the inventory of your home's contents
- The keys to your safe deposit box and a list of the items that are in the box. This should be a running record of items you put in and take out.
- Educational records such as transcripts and diplomas
- Insurance policies, with a record of dates and amounts of premiums paid
- A list of credit cards, numbers, and how to report loss or theft
- Your bankbook and other passbooks for banks, savings and loans, and other financial institutions
- Warranties and operating instructions for appliances
- Employment records, such as letters of recommendation, letters of awards or achievements, resumés, and fringe benefit information
- Current income tax working papers. Include a page to record items to remember at income tax time and special expense and receipt forms to use or take to your income tax practitioner or preparer. Keep the past three years' tax records and information in this file, and put records for previous years in your inactive file.
- Estimated income tax vouchers and payment records for the past three years
- A record of the whereabouts of your important papers. That's this book!
- Information, rules, and regulations on social security and other annuity and retirement investments
- A copy of your will
- A copy of the letter of instruction to the executor(s) of your will



***Begin in time to finish without hurrying.***

### **Inactive File**

*Check the boxes as you locate and file the items.*

- Paid bills more than three years old. You do not need to keep routine bills such as those for electricity and rent.
- Canceled checks that are four and five years old. However, checks that have paid for property improvements that have added to the value of property owned should be kept as long as you own the property. These improvements will affect the tax basis and capital gains tax when the property is sold or otherwise disposed of.
- All bank statements but those of the previous month
- Copies of income tax returns and supporting documents that are four years old or older
- Legal papers pertaining to properties formerly owned and now disposed of
- Reports from trusts
- Records of family corporations, articles of incorporation, annual meeting minutes, and other documents relating to the corporation

### **Your Safe Deposit Box**

You may already have a safe deposit box. If not, you should strongly consider getting one. Safe deposit boxes are ideal for storing your most important family documents, small family heirlooms that could not be replaced, and other items of value or worth. They can be rented at most banks and financial institutions. The boxes have two keys and are stored in large vaults. They are safe from theft and fire, and only persons whom you designate can have access to them.

### **Renting Your Box**

Many financial institutions have boxes readily available. The annual rental fee may be from \$5 to \$100, depending on the size of the box. If security certificates are placed in your safe deposit box, you may claim the box rental as a tax deduction. The rent is usually payable at the beginning of the rental period. Sometimes there may be a few delays, of course. The boxes may be hard to get or may not be immediately available in the size you need. In addition, some banks require you to have a savings or checking account or some other business connection with them before they will allow you to apply for a box. Some have a waiting period before you can even apply; others, after you apply.

Nevertheless, renting a box is usually a simple process. You fill out an application for the box when you go to the bank to rent it. If you have a checking account there, they can deduct the annual rental fee from your account.

### **Who Should Have Access to Your Box?**

Asking all the necessary questions when you rent the box will lessen your worries while you're using it. It will also simplify the task of the executor or administrator of your estate at the time of your death. To help you decide who should have access to your box, get answers to the following questions.

- Who can enter an individually rented box after the renter dies?
- How does a co-renter(s) obtain authorization? How long does it take?
- What restrictions are placed on access to the contents?
- Is a tax inventory required before the co-renter(s) may gain access to the box? If so, how long does it take?
- What are the rules on removing a will from the box of a deceased renter, whether the box is rented by an individual or jointly rented? To whom can the will be delivered? How long does the process usually take? Since the laws of the

state where the box is located govern who, when, and how the box is to be opened, a joint box renter or authorized deputy may or may not have immediate access to the box.

You should also know that there are several kinds of safe deposit contracts:

- An *individual rental contract* means that only one person has access to the box. However, that person may be able to appoint one or more deputies to enter the box as his or her agent.
- A *joint rental contract* gives two or more persons access to the box. It may or may not give survivors the right of uninterrupted access, since this permission is subject to the tax and inheritance laws of the state. The contract may permit any of the renters to appoint a deputy, or it may require all of them to join together to appoint a deputy.
- A *corporation rental contract* gives corporate officers access to the box, but they must be so designated in a formal resolution by the board of directors of the corporation and recorded in the official minutes.
- A *fiduciary rental contract* must be signed by the person or corporation acting as executor, administrator, or trustee of an estate.
- A *partnership rental contract* must be signed by the partners; only they have access to the box.

### Some Limitations

A safe deposit box is an economical way to protect your valuables, but there are some limitations. The first is size. You may not be able to store some of your valuables there. Second, one of the joys of having beautiful things is to look at them and to have them around you in the home. When locked away in a vault, their esthetic value is hardly as satisfying. If you do not want to keep some valuable pieces in your box for this reason, consider insuring them with a special endorsement, commonly called a “rider,” on your homeowner’s insurance policy. The cost is nominal. Although a safe deposit box can give

you peace of mind, it should be in addition to, not a substitute for, the insurance you need to protect your special valuables.

### What Goes In, What Stays Out

Most people use a safe deposit box for safekeeping valuable and important papers. When properly folded and stacked, many documents can be stored in a small space. A general guideline as to what should go in your box is: if you can’t replace it, or if it would be very expensive, troublesome, or time-consuming to replace, then it should be in your box for safekeeping and peace of mind.

However, don’t be lured into deciding to put this, that, and everything into your safe deposit box. Discipline yourself by making an inventory list of what you put in your box. Use a small book or an inventory supplied by the institution where your box is located, and keep it with your keys at home in a safe place. Then each time you go to your safe deposit box, take the book with you. If you put something in or take something out, make a note in your book.

On the following pages you will find guidelines on what to store and what not to store in your box, as well as space for information about your family’s boxes.



***Everything is difficult at first.***

## What Goes In, What Stays Out

The letters following the items in the “Store Elsewhere” column explain where the items should go: in your files (F), on your person (P), in your wallet (W), or in your glove compartment (GC).

KIND OF ITEM	STORE IN SAFE DEPOSIT BOX	STORE ELSEWHERE
<b>Financial papers</b>	<ul style="list-style-type: none"> <li>Stock certificates and bonds</li> <li>Certificates of deposit, money market papers, and government securities</li> <li>Contract papers for royalties and commissions</li> <li>Deeds, abstracts, mortgages</li> <li>Copyrights and patents</li> <li>Contracts</li> <li>Notes due you by others</li> <li>Leases</li> <li>List of credit card numbers and phone numbers to call if lost</li> </ul>	<ul style="list-style-type: none"> <li>Bank statements (F)</li> <li>Canceled checks (F)</li> <li>Income tax returns (F)</li> <li>Bankbooks and other passbooks (P, F)</li> <li>Insurance policies (F)</li> <li>Credit cards (W)</li> <li>Unpaid bills (F)</li> <li>Receipts and paid bills (F)</li> <li>Loan payment books (F)</li> </ul>
<b>Personal papers</b>	<ul style="list-style-type: none"> <li>Naturalization papers</li> <li>Birth certificate</li> <li>Passport and visas</li> <li>Original or photocopy of will</li> <li>Death certificate</li> <li>Military records</li> <li>Baptismal records</li> <li>Letters of instruction to executor</li> <li>Social security number</li> <li>Driver's license number</li> <li>Appointments as executor, conservator, guardian, or power of attorney, if you are now acting in that role</li> </ul>	<ul style="list-style-type: none"> <li>Membership cards (W)</li> <li>Employment records (F)</li> <li>Social security card (W)</li> <li>Social security earnings report (F)</li> <li>Educational records (F)</li> <li>Burial instructions (F)</li> <li>Alien registration card (W)</li> <li>Driver's license (W)</li> <li>Voter's certificate of registration (W)</li> <li>Medical emergency card (W)</li> <li>Medicare card (W)</li> <li>Guaranteed arrest bond certificate (W)</li> <li>Awards (F)</li> <li>Photocopy of will (F)</li> </ul>
<b>Family papers</b>	<ul style="list-style-type: none"> <li>Marriage certificates</li> <li>Prenuptial agreements</li> <li>Divorce or separation decrees</li> <li>Property settlements</li> <li>Court-recorded papers</li> <li>Family pictures that cannot be replaced (limit yourself to 5 to 10)</li> <li>Unusual health records</li> <li>Adoption and guardianship papers</li> </ul>	<ul style="list-style-type: none"> <li>Family health records (F)</li> </ul>

Continued on next page

# What Goes In, What Stays Out, cont.

KIND OF ITEM	STORE IN SAFE DEPOSIT BOX	STORE ELSEWHERE
<b>Coins, gems, collectibles</b>	Valuable coins and metals Heirlooms and collectibles Jewelry	
<b>Vehicle papers</b>	Vehicle titles License plate numbers	Extra set of car keys (W) Vehicle identification card, more commonly called receipt for license plate (GC)
<b>Household papers</b>	Serial numbers on cars, TV, cameras, radios, stereos, tape decks, or other valuables Photographs or negatives of household and personal belongings for insurance documentation Household inventory	Copy of household inventory (F)

# Your Family's Safe Deposit Boxes

You may use these blanks to record information about your safe deposit boxes.

## Personal

Box is located in \_\_\_\_\_ Box number is \_\_\_\_\_  
name of institution  
 Address \_\_\_\_\_  
 Person(s) who can gain access to the box \_\_\_\_\_  
 Keys are located \_\_\_\_\_ Inventory is located \_\_\_\_\_

Box is located in \_\_\_\_\_ Box number is \_\_\_\_\_  
name of institution  
 Address \_\_\_\_\_  
 Person(s) who can gain access to the box \_\_\_\_\_  
 Keys are located \_\_\_\_\_ Inventory is located \_\_\_\_\_

## Business

■ Box is located in \_\_\_\_\_ Box number is \_\_\_\_\_  
name of institution

Address \_\_\_\_\_

Person(s) who can gain access to the box \_\_\_\_\_

Keys are located \_\_\_\_\_ Inventory is located \_\_\_\_\_

■ Box is located in \_\_\_\_\_ Box number is \_\_\_\_\_  
name of institution

Address \_\_\_\_\_

Person(s) who can gain access to the box \_\_\_\_\_

Keys are located \_\_\_\_\_ Inventory is located \_\_\_\_\_

## Other

■ Box is located in \_\_\_\_\_ Box number is \_\_\_\_\_  
name of institution

Address \_\_\_\_\_

Person(s) who can gain access to the box \_\_\_\_\_

Keys are located \_\_\_\_\_ Inventory is located \_\_\_\_\_

■ Box is located in \_\_\_\_\_ Box number is \_\_\_\_\_  
name of institution

Address \_\_\_\_\_

Person(s) who can gain access to the box \_\_\_\_\_

Keys are located \_\_\_\_\_ Inventory is located \_\_\_\_\_



## Your Wallet

As everyone knows, wallets are where certain personal records and information go that must be with you at all times. The following items should be there.

*Check the boxes as you locate the items and put them in your wallet.*

- State driver's license
- Credit cards. Be sure that names of companies, numbers of cards, and how to report loss or theft are at home or with you in another place if you are traveling.
- Your name, address, and home and business phone numbers
- Name, address, and phone number of relative or close friend to contact in case of emergency
- Essential medical information such as blood type, allergies, diseases (epilepsy, heart disease, or diabetes)
- Your doctor's name, address, and phone number
- Your social security card
- Your Medicare card, if you have one
- Membership cards for a few selected organizations
- An extra set of keys for your vehicle
- Your voter's certificate of registration
- Your alien registration card
- Your guaranteed arrest bond certificate

***Only birds  
can wing it. . .***



## Your Vehicle Glove Compartment

Last and least, though still noteworthy, is the vehicle glove compartment. The following items should go there.

*Check the boxes as you locate the items and put them in your glove compartment.*

- Name, address, and phone number of person to contact in case of emergency
- Your name, address, and home and business phone numbers
- Your vehicle identification card, commonly called the receipt for your license plate or sticker.  
It should be in the vehicle when the vehicle is being driven.



## How Long Should It Be Kept?

You can't keep everything, or you would never be able to get in and out the door. But some items must be kept for certain periods of time. Here are some of these items and the reasons for keeping them.

ITEM	HOW LONG IT SHOULD BE KEPT, AND WHY
Bills and canceled checks used to pay the bills for all income tax deductible expenses	Keep for seven years, to meet IRS needs in case of audit.
Bills, canceled checks, and receipts for major purchases of furniture, appliances, equipment, and valuable possessions	Keep as long as you own the item, so that you have information should you sell or trade it or should the IRS or insurance company question its value or authenticity.
Bills, canceled checks, receipts, contracts, and any other documentation of home and property improvement	Keep as long as you own the property. This information will be needed to adjust the income tax "basis," thus reducing capital gains tax at time of sale.
Copies of federal and state income tax returns	Keep as long as you live. Should also be kept through the period of probate, or until your estate is settled.
Warranty, sales slip, instruction booklet, phone, and address of the service center for each major appliance or piece of farm or business equipment	Keep as long as you own the item, for help in case of needed repairs.
Receipts or canceled checks for small purchases	Keep for one year, in case of a dispute with the store or company.
Medical bills, receipts, and papers, whether paid by you, the insurance company, or Medicare or Medicaid. Include date and kind of service; cost and amount paid for each visit to the doctor, clinic, or hospital; date claim was submitted to the insurance company; a machine copy of the papers; the date you received the settlement; and the amount received.	Keep until the insurance claim is paid to your satisfaction. If both Medicare and a supplemental insurance are involved, keep for one year to check on the total deductible amount.
Health records, such as blood type, allergies, dates and nature of all illnesses and injuries, doctors consulted, hospital and clinic stays, medications prescribed and taken, and dates and types of X-rays and shots	Keep for your lifetime. Should also be kept until claims are settled with the insurance company.

---

**ITEM****HOW LONG IT SHOULD BE KEPT, AND WHY**

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Wills and codicils. Some attorneys will keep the original, or it may be kept in your safe deposit box. Photocopies, with notes attached giving the location of the original, should be in your home files and your safe deposit box. Should you remake your will or add new codicils, attach a note to the old documents with information about the new ones.

Keep as long as you live. You may wish to keep wills of deceased relatives to substantiate family records and genealogy, or until filed with the court after death.

Insurance policies

Keep most insurance policies as long as they are in force. Life insurance policies should be kept for the lifetime of the insured, until claim is paid after death, and for the period of probate after death.

Birth certificates, marriage licenses, current passports, and deeds

Keep as long as you live. Documents about deceased relatives may be useful for genealogical information. Copies of recorded deeds should be retained by the heirs of the property.

---

## For Further Reading

*Colonial Penn Newsletter*, Volume 3, Number 1, Winter, 1981, Colonial Penn Group, Inc., 5 Penn Center Plaza, Philadelphia, PA 19181

"Family Records: What to Keep — and Why," by Mossat Lucia, *The Christian Science Monitor*, 1981

"Financial Independence Letter," August, 1982, First Line Brokerage, Inc., Champaign, IL

"Keeping Family/Household Records: What To Discard," by Constance Burgess, *1973 Yearbook of Agriculture*, U.S. Department of Agriculture; also published in brochure YS-78-1, Superintendent of Documents, Government Printing Office, Washington, D.C. 20401

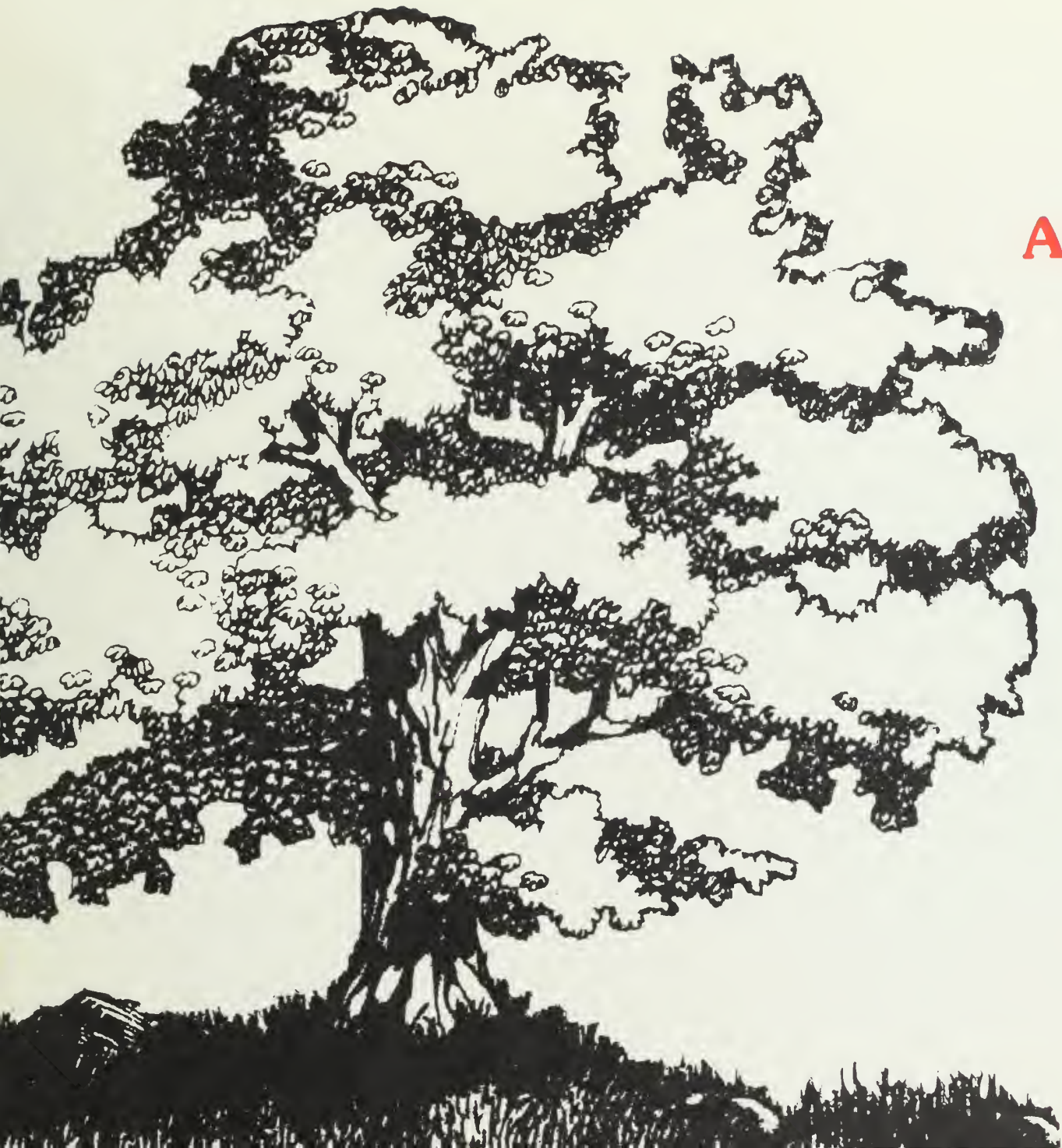
*Keeping Your Important Papers*, by Jean W. Bauer, HE-465, Cooperative Extension Service, Purdue University, West Lafayette, IN 47906

*Newsletter*, 1982, Western Illinois Agency on Aging, Inc., 2201 Eleventh Street, Rock Island, IL 61201, 6 pages

*A Record of the Personal Affairs of \_\_\_\_\_*, University of Illinois Foundation, 224 Illini Union, 1401 West Green Street, Urbana, IL 61801

*Records and Important Papers*, by Josephine Turner, HE-351, Cooperative Extension Service, Auburn University, Auburn, AL 36849

*Your Farm and Home Filing System*, by Ed Carson and Jean W. Bauer, January, 1982, Indiana Cooperative Extension Service, Purdue University, West Lafayette, IN 47906, 13 pages



**All About Me**



*But where was I to start? The world is so vast,  
I shall start with the country I know best, my own.  
But my country is so very large. I had better start  
with my town. But my town, too, is large. I had best  
start with my street. No: my home. No: my family.  
Never mind, I shall start with myself.*

ELIE WIESEL





This chapter has two sets of forms, for information on two adults. If there are more than two adults living in your home, use the order blanks in the last chapter to order additional sets.

You know the most about yourself, and yet you have probably forgotten many details that could be useful to you in the future. Now's the time to jog your memory. You may solve one or two mysteries as you go along, and you will certainly be less mysterious to others.

#### WHAT YOU WILL NEED

- Birth certificate
- Baptismal certificate
- Naturalization papers
- Marriage certificate or ketuba
- Social security card
- Driver's license
- Passport
- Will
- Power of attorney
- Medical cards and history
- Prescriptions for eyeglasses and medicines
- Educational records
- Military discharge papers
- Employment information: financial benefits and resumé
- If divorced, papers regarding property settlement, alimony, and child support







## All About Me

You know yourself better than you think.

### Me

My name is \_\_\_\_\_ My maiden name was \_\_\_\_\_  
first middle last

I was born on \_\_\_\_\_ in \_\_\_\_\_  
date town county state country

My birth is recorded at \_\_\_\_\_ County Courthouse, \_\_\_\_\_  
town state

File no. \_\_\_\_\_ Book no. \_\_\_\_\_ Certificate is located \_\_\_\_\_ Copy is located \_\_\_\_\_

My religious preference is \_\_\_\_\_

My baptismal certificate is located \_\_\_\_\_ Copy is located \_\_\_\_\_

I consider my legal residence to be \_\_\_\_\_  
county state country

I am a citizen of \_\_\_\_\_ I acquired my citizenship  by birth  by naturalization  other  
country

at \_\_\_\_\_ on \_\_\_\_\_  
town state country date

The naturalization papers are located \_\_\_\_\_ Copies are located \_\_\_\_\_

Today, \_\_\_\_\_, I am

date

- Single: have never been married
- Married: fill in "My Marriage," below
- Divorced: fill in "My Former Marriage," page Me/12
- Widowed
- Legally separated: fill in "My Former Marriage," page Me/12

## My Marriage

On \_\_\_\_\_ I married \_\_\_\_\_ in \_\_\_\_\_

date

name

place or building

at \_\_\_\_\_ officiated.

town

county

state

country

name

My marriage certificate or ketuba is located \_\_\_\_\_

I have a prenuptial agreement  yes  no Copy is located \_\_\_\_\_

## My Family

My father's name is \_\_\_\_\_ He was born on \_\_\_\_\_

first

middle

last

date

in \_\_\_\_\_ He died on \_\_\_\_\_

town

county

state

country

date

and is buried in \_\_\_\_\_ Cemetery, \_\_\_\_\_

town

county

state

country

My mother's name is \_\_\_\_\_ She was born on \_\_\_\_\_

first

middle

last

date

in \_\_\_\_\_ She died on \_\_\_\_\_

town

county

state

country

date

and is buried in \_\_\_\_\_ Cemetery, \_\_\_\_\_

town

county

state

country

My brothers and sisters are \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## My Personal Papers

■ My social security number is \_\_\_\_\_ Card is located \_\_\_\_\_

I have secured an earnings report from my local social security office. I have verified that it is correct  yes  no

It is located \_\_\_\_\_

■ My voter's certificate of registration card is located \_\_\_\_\_

■ My driver's license number is \_\_\_\_\_ It is issued by the State of \_\_\_\_\_

The license expires on \_\_\_\_\_ date The license is in my wallet  yes *If no, put it there!*

■ I filed last year's federal and state income tax returns  individually  jointly with \_\_\_\_\_ name

Copies are located \_\_\_\_\_ All work sheets and evidence in support of the tax returns are attached to the returns  yes  no If no, they are located \_\_\_\_\_

■ My guaranteed arrest bond certificate card is in my wallet  yes *If no, put it there!*

■ I hold passport number \_\_\_\_\_ issued on \_\_\_\_\_ date renewed on \_\_\_\_\_ date

valid until \_\_\_\_\_ date My passport is located \_\_\_\_\_

■ I have made a will. It is dated \_\_\_\_\_ Original is located \_\_\_\_\_ Copy is located \_\_\_\_\_

I have added a codicil  no  yes, dated \_\_\_\_\_ *You can be more detailed in "When Death Comes."*

■ I have granted power of attorney to \_\_\_\_\_ name \_\_\_\_\_ date

Original is located \_\_\_\_\_ Copy is located \_\_\_\_\_

The attorney who drafted the power of attorney is \_\_\_\_\_ name \_\_\_\_\_ address

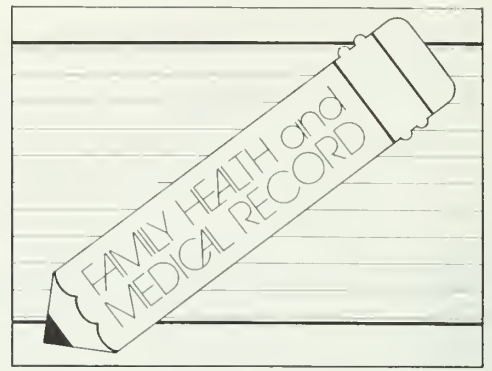
I revoked the above power of attorney on \_\_\_\_\_ date Papers are located \_\_\_\_\_

■ Other papers, such as power of attorney you now have, gun registration, professional licenses, recreational licenses

\_\_\_\_\_

# My Important Health Facts

Even if you keep a separate family health record book, enter some information here to save yourself hundreds of minutes of searching. For a complete family health record book, use Family Health and Medical Record, CHEP-120, by O'Reilly and Scherer. Order from Publications Clerk, University of Illinois, 528 Bevier Hall, 905 South Goodwin Avenue, Urbana, IL 61801.



My complete medical records are located \_\_\_\_\_

Blood type \_\_\_\_\_

## Medical facilities and health providers

Name	Number	Card or information is located
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Health Maintenance Organization (HMO), Medicare *See insurance chapter for health policies.*

Name	Number	Card or information is located
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Childhood diseases *Some examples are measles and mumps.* \_\_\_\_\_

\_\_\_\_\_

**Major illnesses or surgery** Enter illnesses such as pneumonia, hepatitis, cancer, and heart disease; and operations such as hysterectomy and gall bladder removal.

Description

Dates

Doctor, hospital, clinic


**Accidental injuries** Enter items such as broken bones, serious cuts, and burns.

Description

Dates

Doctor, hospital, clinic


**Prescription for eyeglasses** Wallet cards are in the last chapter.

		Spherical	Cylindrical	Axis	Prism	Base
Distance	O.D.					
	O.S.					
Add for near	O.D.			Bifocal		
	O.S.					
Near	O.D.			Date _____		
	O.S.					

		Spherical	Cylindrical	Axis	Prism	Base
Distance	O.D.					
	O.S.					
Add for near	O.D.			Bifocal		
	O.S.					
Near	O.D.			Date _____		
	O.S.					

**Allergies and sensitivities** *Examples are pollen, dust, foods, medicines, and insect stings.* \_\_\_\_\_

---

**Important medicines**

Name of drug	Prescription number	Date expires	Date renewed	Pharmacy	Prescribed by	Comments, such as cost, where receipts are kept
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**My Military Service**

Serial number(s) \_\_\_\_\_

Service, branch, units	Dates	Promotions, honors
_____	_____	_____
_____	_____	_____
_____	_____	_____

Discharge papers are located \_\_\_\_\_ Copies are located \_\_\_\_\_

They are recorded in \_\_\_\_\_ Clerk's Office in \_\_\_\_\_  
county town state

\_\_\_\_\_ Clerk's Office in \_\_\_\_\_  
county town state

# My Education

Enter information about your attendance at schools, colleges, universities, vocational workshops, conferences, and other educational institutions and events. Be sure to include adult education classes, workshops, and conferences sponsored by your Cooperative Extension Service, a community college, or a trade school.

School, workshop, conference	Dates attended	Major emphasis	Degrees and certificates, and dates they were received

*Use what talents you possess. The woods would be very silent if only the birds sang there who sang the best.*

HENRY VAN DYKE



## My Volunteer Work

Although you may not have been paid, you've gained valuable experience in the volunteer work you've done. It could help you get your next job.

### My present volunteer work

■ Company or organization \_\_\_\_\_ Address \_\_\_\_\_  
Contact person \_\_\_\_\_ Phone \_\_\_\_\_ Dates of  
volunteer service \_\_\_\_\_  
Kind of work \_\_\_\_\_

■ Company or organization \_\_\_\_\_ Address \_\_\_\_\_  
Contact person \_\_\_\_\_ Phone \_\_\_\_\_ Dates of  
volunteer service \_\_\_\_\_  
Kind of work \_\_\_\_\_

### My former volunteer work

■ Company or organization \_\_\_\_\_ Address \_\_\_\_\_  
Contact person \_\_\_\_\_ Phone \_\_\_\_\_ Dates of  
volunteer service \_\_\_\_\_  
Kind of work \_\_\_\_\_

■ Company or organization \_\_\_\_\_ Address \_\_\_\_\_  
Contact person \_\_\_\_\_ Phone \_\_\_\_\_ Dates of  
volunteer service \_\_\_\_\_  
Kind of work \_\_\_\_\_

■ Company or organization \_\_\_\_\_ Address \_\_\_\_\_  
Contact person \_\_\_\_\_ Phone \_\_\_\_\_ Dates of  
volunteer service \_\_\_\_\_  
Kind of work \_\_\_\_\_



## My Memberships

List professional, religious, social, fraternal, or other organizations to which you belong.

Organization	Address	Information, such as dues, offices held, honors



*The purpose of life, after all, is to live it, to taste experience to the utmost, to reach out eagerly and without fear for newer and richer experience.*

ELEANOR ROOSEVELT

## My Former Marriage: Financial Agreements

■ I was formerly married to \_\_\_\_\_  
name

Duration of the marriage was from \_\_\_\_\_ to \_\_\_\_\_  
date date

My ex-spouse is  deceased  unmarried  remarried  
 remarried and divorced  remarried and legally separated

■ My marriage dissolution and/or property settlement papers are located \_\_\_\_\_

Date of property settlement \_\_\_\_\_ Nature of amount to be paid or received \_\_\_\_\_

Amount I am paying \$ \_\_\_\_\_ Amount I am receiving \$ \_\_\_\_\_

The property settlement is filed with court  yes  no

If yes, in \_\_\_\_\_  
town county state country

■ I am receiving alimony from \_\_\_\_\_  
name phone

\_\_\_\_\_  
address

Amount \$ \_\_\_\_\_ Payment due on \_\_\_\_\_

Comments \_\_\_\_\_

Court decree: County \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_ Number of file or record \_\_\_\_\_

Contact person: Court or agency \_\_\_\_\_  
name phone

Attorney who represented me \_\_\_\_\_  
name phone

■ I am paying alimony to \_\_\_\_\_  
name phone

\_\_\_\_\_ address

Amount \$ \_\_\_\_\_ Payment due on \_\_\_\_\_

Comments \_\_\_\_\_

Court decree: County \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_ Number of file or record \_\_\_\_\_

Contact person: Court or agency \_\_\_\_\_  
name phone

Attorney who represented me \_\_\_\_\_  
name phone

■ I am receiving child support from \_\_\_\_\_  
name phone

\_\_\_\_\_ address

Amount \$ \_\_\_\_\_ Payment due on \_\_\_\_\_

Comments \_\_\_\_\_

Court decree: County \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_ Number of file or record \_\_\_\_\_

Contact person: Court or agency \_\_\_\_\_  
name phone

Attorney who represented me \_\_\_\_\_  
name phone

■ I am paying child support to \_\_\_\_\_  
name phone

\_\_\_\_\_ address

Amount \$ \_\_\_\_\_ Payment due on \_\_\_\_\_

Comments \_\_\_\_\_

Court decree: County \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_ Number of file or record \_\_\_\_\_

Contact person: Court or agency \_\_\_\_\_  
name phone

Attorney who represented me \_\_\_\_\_  
name phone

## My Future or Contingent Responsibilities

\_\_\_\_\_ has indicated to me that I may inherit the following property, income, or assets  
name

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Address \_\_\_\_\_ Phone \_\_\_\_\_

I am or expect to be a beneficiary of a trust fund.

Name of trust \_\_\_\_\_ Address \_\_\_\_\_

Contact person \_\_\_\_\_ Phone \_\_\_\_\_ Papers are located \_\_\_\_\_

I have or expect to have a  general  special  limited power of appointment over a trust fund.

Name of trust \_\_\_\_\_ Address \_\_\_\_\_

Contact person \_\_\_\_\_ Phone \_\_\_\_\_ Papers are located \_\_\_\_\_



***When some people talk about their family tree, they trim off a branch here and there.***

LARK BRAGG

I am or expect to be a beneficiary of an insurance policy.

Name of insured \_\_\_\_\_ Policy value \$ \_\_\_\_\_

Address \_\_\_\_\_ Papers are located \_\_\_\_\_

I am or expect to be a beneficiary of an insurance policy.

Name of insured \_\_\_\_\_ Policy value \$ \_\_\_\_\_

Address \_\_\_\_\_ Papers are located \_\_\_\_\_

I am the person named who will act as the executor for the estate of \_\_\_\_\_  
name

\_\_\_\_\_ address \_\_\_\_\_ Papers are located \_\_\_\_\_

I am the guardian or conservator for \_\_\_\_\_  
name of adult

\_\_\_\_\_ address \_\_\_\_\_ Papers are located \_\_\_\_\_

I am presently acting as a guardian for \_\_\_\_\_  
name of child

\_\_\_\_\_ address \_\_\_\_\_ Papers are located \_\_\_\_\_

I am designated to be a guardian for \_\_\_\_\_  
name of child

\_\_\_\_\_ address \_\_\_\_\_ Papers are located \_\_\_\_\_

I am a trustee for \_\_\_\_\_  
name

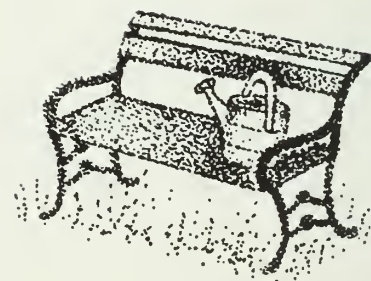
\_\_\_\_\_ address \_\_\_\_\_ Papers are located \_\_\_\_\_

I expect to be a trustee for \_\_\_\_\_  
name

\_\_\_\_\_ address \_\_\_\_\_ Papers are located \_\_\_\_\_

## More About Me

*Here's a page for your notations and additions to this chapter.*





## All About Me

You know yourself better than you think.

### Me

My name is \_\_\_\_\_ My maiden name was \_\_\_\_\_  
first middle last

I was born on \_\_\_\_\_ in \_\_\_\_\_  
date town county state country

My birth is recorded at \_\_\_\_\_ County Courthouse, \_\_\_\_\_  
town state

File no. \_\_\_\_\_ Book no. \_\_\_\_\_ Certificate is located \_\_\_\_\_ Copy is located \_\_\_\_\_

My religious preference is \_\_\_\_\_

My baptismal certificate is located \_\_\_\_\_ Copy is located \_\_\_\_\_

I consider my legal residence to be \_\_\_\_\_  
county state country

I am a citizen of \_\_\_\_\_ I acquired my citizenship  by birth  by naturalization  other  
country

at \_\_\_\_\_ on \_\_\_\_\_  
town state country date

The naturalization papers are located \_\_\_\_\_ Copies are located \_\_\_\_\_

Today, \_\_\_\_\_, I am  Single: have never been married  
 \_\_\_\_\_, I am  Married: fill in "My Marriage," below  
 Divorced: fill in "My Former Marriage," page Me/12  
 Widowed  
 Legally separated: fill in "My Former Marriage," page Me/12

## My Marriage

On \_\_\_\_\_ I married \_\_\_\_\_ in \_\_\_\_\_  
date name place or building  
 at \_\_\_\_\_ officiated.  
town county state country name

My marriage certificate or ketuba is located \_\_\_\_\_

I have a prenuptial agreement  yes  no Copy is located \_\_\_\_\_

## My Family

My father's name is \_\_\_\_\_ He was born on \_\_\_\_\_  
first middle last date  
 in \_\_\_\_\_ He died on \_\_\_\_\_  
town county state country date  
 and is buried in \_\_\_\_\_ Cemetery, \_\_\_\_\_  
town county state country

My mother's name is \_\_\_\_\_ She was born on \_\_\_\_\_  
first middle last date  
 in \_\_\_\_\_ She died on \_\_\_\_\_  
town county state country date  
 and is buried in \_\_\_\_\_ Cemetery, \_\_\_\_\_  
town county state country

My brothers and sisters are \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## My Personal Papers

■ My social security number is \_\_\_\_\_ Card is located \_\_\_\_\_

I have secured an earnings report from my local social security office. I have verified that it is correct  yes  no

It is located \_\_\_\_\_

■ My voter's certificate of registration card is located \_\_\_\_\_

■ My driver's license number is \_\_\_\_\_ It is issued by the State of \_\_\_\_\_

The license expires on \_\_\_\_\_ date The license is in my wallet  yes *If no, put it there!*

■ I filed last year's federal and state income tax returns  individually  jointly with \_\_\_\_\_ name

Copies are located \_\_\_\_\_ All work sheets and evidence in support of the tax returns are attached to the returns  yes  no If no, they are located \_\_\_\_\_

■ My guaranteed arrest bond certificate card is in my wallet  yes *If no, put it there!*

■ I hold passport number \_\_\_\_\_ issued on \_\_\_\_\_ date renewed on \_\_\_\_\_ date

valid until \_\_\_\_\_ date My passport is located \_\_\_\_\_

■ I have made a will. It is dated \_\_\_\_\_ Original is located \_\_\_\_\_ Copy is located \_\_\_\_\_

I have added a codicil  no  yes, dated \_\_\_\_\_ *You can be more detailed in "When Death Comes."*

■ I have granted power of attorney to \_\_\_\_\_ name \_\_\_\_\_ date

Original is located \_\_\_\_\_ Copy is located \_\_\_\_\_

The attorney who drafted the power of attorney is \_\_\_\_\_ name \_\_\_\_\_ address

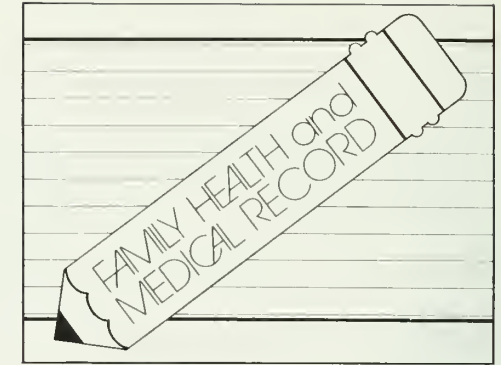
I revoked the above power of attorney on \_\_\_\_\_ date Papers are located \_\_\_\_\_

■ Other papers, such as power of attorney you now have, gun registration, professional licenses, recreational licenses

\_\_\_\_\_

## My Important Health Facts

Even if you keep a separate family health record book, enter some information here to save yourself hundreds of minutes of searching. For a complete family health record book, use *Family Health and Medical Record, CHEP-120*, by O'Reilly and Scherer. Order from Publications Clerk, University of Illinois, 528 Bevier Hall, 905 South Goodwin Avenue, Urbana, IL 61801.



My complete medical records are located \_\_\_\_\_

Blood type \_\_\_\_\_

### Medical facilities and health providers

Name

Number

Card or information is located

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Health Maintenance Organization (HMO), Medicare *See insurance chapter for health policies.*

Name

Number

Card or information is located

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Childhood diseases** *Some examples are measles and mumps.* \_\_\_\_\_

\_\_\_\_\_

**Major illnesses or surgery** Enter illnesses such as pneumonia, hepatitis, cancer, and heart disease; and operations such as hysterectomy and gall bladder removal.

Description

Dates

Doctor, hospital, clinic


**Accidental injuries** Enter items such as broken bones, serious cuts, and burns.

Description

Dates

Doctor, hospital, clinic


**Prescription for eyeglasses** Wallet cards are in the last chapter.

Spherical    Cylindrical    Axis    Prism    Base

Distance	O.D.				
	O.S.				
Add for near	O.D.			Bifocal	
	O.S.				
Near	O.D.				
	O.S.				
Date _____					

Spherical    Cylindrical    Axis    Prism    Base

Distance	O.D.				
	O.S.				
Add for near	O.D.			Bifocal	
	O.S.				
Near	O.D.				
	O.S.				
Date _____					



## My Education

Enter information about your attendance at schools, colleges, universities, vocational workshops, conferences, and other educational institutions and events. Be sure to include adult education classes, workshops, and conferences sponsored by your Cooperative Extension Service, a community college, or a trade school.

School, workshop, conference	Dates attended	Major emphasis	Degrees and certificates, and dates they were received

*Use what talents you possess. The woods would be very silent if only the birds sang there who sang the best.*

HENRY VAN DYKE





**My former employment** *Include self-employment, and begin with your most recent former employer.*

■ Employer \_\_\_\_\_ Address \_\_\_\_\_  
Contact person \_\_\_\_\_ Phone \_\_\_\_\_ Dates of employment \_\_\_\_\_  
Kind of work and title \_\_\_\_\_  
Fringe benefits  Pension fund  Annuity  Deferred compensation  \_\_\_\_\_  
 Health insurance  Stock option  Club membership  \_\_\_\_\_

■ Employer \_\_\_\_\_ Address \_\_\_\_\_  
Contact person \_\_\_\_\_ Phone \_\_\_\_\_ Dates of employment \_\_\_\_\_  
Kind of work and title \_\_\_\_\_  
Fringe benefits  Pension fund  Annuity  Deferred compensation  \_\_\_\_\_  
 Health insurance  Stock option  Club membership  \_\_\_\_\_

■ Employer \_\_\_\_\_ Address \_\_\_\_\_  
Contact person \_\_\_\_\_ Phone \_\_\_\_\_ Dates of employment \_\_\_\_\_  
Kind of work and title \_\_\_\_\_  
Fringe benefits  Pension fund  Annuity  Deferred compensation  \_\_\_\_\_  
 Health insurance  Stock option  Club membership  \_\_\_\_\_

■ Employer \_\_\_\_\_ Address \_\_\_\_\_  
Contact person \_\_\_\_\_ Phone \_\_\_\_\_ Dates of employment \_\_\_\_\_  
Kind of work and title \_\_\_\_\_  
Fringe benefits  Pension fund  Annuity  Deferred compensation  \_\_\_\_\_  
 Health insurance  Stock option  Club membership  \_\_\_\_\_

## My Volunteer Work

*Although you may not have been paid, you've gained valuable experience in the volunteer work you've done. It could help you get your next job.*

### My present volunteer work

■ Company or organization \_\_\_\_\_ Address \_\_\_\_\_  
Contact person \_\_\_\_\_ Phone \_\_\_\_\_ Dates of  
volunteer service \_\_\_\_\_  
Kind of work \_\_\_\_\_

■ Company or organization \_\_\_\_\_ Address \_\_\_\_\_  
Contact person \_\_\_\_\_ Phone \_\_\_\_\_ Dates of  
volunteer service \_\_\_\_\_  
Kind of work \_\_\_\_\_

### My former volunteer work

■ Company or organization \_\_\_\_\_ Address \_\_\_\_\_  
Contact person \_\_\_\_\_ Phone \_\_\_\_\_ Dates of  
volunteer service \_\_\_\_\_  
Kind of work \_\_\_\_\_

■ Company or organization \_\_\_\_\_ Address \_\_\_\_\_  
Contact person \_\_\_\_\_ Phone \_\_\_\_\_ Dates of  
volunteer service \_\_\_\_\_  
Kind of work \_\_\_\_\_

■ Company or organization \_\_\_\_\_ Address \_\_\_\_\_  
Contact person \_\_\_\_\_ Phone \_\_\_\_\_ Dates of  
volunteer service \_\_\_\_\_  
Kind of work \_\_\_\_\_



# My Memberships

List professional, religious, social, fraternal, or other organizations to which you belong.

Organization	Address	Information, such as dues, offices held, honors



*The purpose of life, after all, is to live it, to taste experience to the utmost, to reach out eagerly and without fear for newer and richer experience.*

ELEANOR ROOSEVELT

## My Former Marriage: Financial Agreements

■ I was formerly married to \_\_\_\_\_  
name

Duration of the marriage was from \_\_\_\_\_ to \_\_\_\_\_  
date date

My ex-spouse is  deceased  unmarried  remarried  
 remarried and divorced  remarried and legally separated

■ My marriage dissolution and/or property settlement papers are located \_\_\_\_\_

Date of property settlement \_\_\_\_\_ Nature of amount to be paid or received \_\_\_\_\_

Amount I am paying \$ \_\_\_\_\_ Amount I am receiving \$ \_\_\_\_\_

The property settlement is filed with court  yes  no

If yes, in \_\_\_\_\_  
town county state country

■ I am receiving alimony from \_\_\_\_\_  
name phone

\_\_\_\_\_  
address

Amount \$ \_\_\_\_\_ Payment due on \_\_\_\_\_

Comments \_\_\_\_\_

Court decree: County \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_ Number of file or record \_\_\_\_\_

Contact person: Court or agency \_\_\_\_\_  
name phone

Attorney who represented me \_\_\_\_\_  
name phone

■ I am paying alimony to \_\_\_\_\_  
name phone  
\_\_\_\_\_ address

Amount \$ \_\_\_\_\_ Payment due on \_\_\_\_\_

Comments \_\_\_\_\_

Court decree: County \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_ Number of file or record \_\_\_\_\_

Contact person: Court or agency \_\_\_\_\_  
name phone

Attorney who represented me \_\_\_\_\_  
name phone

■ I am receiving child support from \_\_\_\_\_  
name phone  
\_\_\_\_\_ address

Amount \$ \_\_\_\_\_ Payment due on \_\_\_\_\_

Comments \_\_\_\_\_

Court decree: County \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_ Number of file or record \_\_\_\_\_

Contact person: Court or agency \_\_\_\_\_  
name phone

Attorney who represented me \_\_\_\_\_  
name phone

■ I am paying child support to \_\_\_\_\_  
name phone  
\_\_\_\_\_ address

Amount \$ \_\_\_\_\_ Payment due on \_\_\_\_\_

Comments \_\_\_\_\_

Court decree: County \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_ Number of file or record \_\_\_\_\_

Contact person: Court or agency \_\_\_\_\_  
name phone

Attorney who represented me \_\_\_\_\_  
name phone

## My Future or Contingent Responsibilities

\_\_\_\_\_ has indicated to me that I may inherit the following property, income, or assets  
name

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Address \_\_\_\_\_ Phone \_\_\_\_\_

I am or expect to be a beneficiary of a trust fund.

Name of trust \_\_\_\_\_ Address \_\_\_\_\_

Contact person \_\_\_\_\_ Phone \_\_\_\_\_ Papers are located \_\_\_\_\_

I have or expect to have a  general  special  limited power of appointment over a trust fund.

Name of trust \_\_\_\_\_ Address \_\_\_\_\_

Contact person \_\_\_\_\_ Phone \_\_\_\_\_ Papers are located \_\_\_\_\_



***When some people talk about their family tree, they trim off a branch here and there.***

LARK BRAGG

I am or expect to be a beneficiary of an insurance policy.

Name of insured \_\_\_\_\_ Policy value \$ \_\_\_\_\_

Address \_\_\_\_\_ Papers are located \_\_\_\_\_

I am or expect to be a beneficiary of an insurance policy.

Name of insured \_\_\_\_\_ Policy value \$ \_\_\_\_\_

Address \_\_\_\_\_ Papers are located \_\_\_\_\_

I am the person named who will act as the executor for the estate of \_\_\_\_\_  
name

\_\_\_\_\_ address \_\_\_\_\_ Papers are located \_\_\_\_\_

I am the guardian or conservator for \_\_\_\_\_  
name of adult

\_\_\_\_\_ address \_\_\_\_\_ Papers are located \_\_\_\_\_

I am presently acting as a guardian for \_\_\_\_\_  
name of child

\_\_\_\_\_ address \_\_\_\_\_ Papers are located \_\_\_\_\_

I am designated to be a guardian for \_\_\_\_\_  
name of child

\_\_\_\_\_ address \_\_\_\_\_ Papers are located \_\_\_\_\_

I am a trustee for \_\_\_\_\_  
name

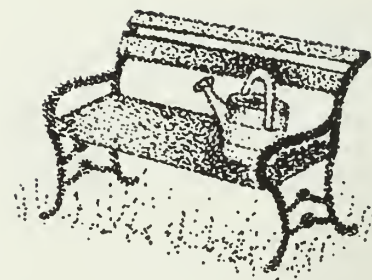
\_\_\_\_\_ address \_\_\_\_\_ Papers are located \_\_\_\_\_

I expect to be a trustee for \_\_\_\_\_  
name

\_\_\_\_\_ address \_\_\_\_\_ Papers are located \_\_\_\_\_

## More About Me

*Here's a page for your notations and additions to this chapter.*





# The Next Generation







This chapter has two sets of forms, for information on two children. Enter information on each child in your family, whether that child is living at home or away from home. If you have more than two children, use the order blanks in the last chapter to order additional sets.

Filling in this chapter and updating it regularly will keep you well informed about your children. Then when they leave the nest, you can present copies as going-away gifts. They will be much appreciated!

#### **WHAT YOU WILL NEED**

- Birth certificate**
- Baptismal certificate**
- Social security card**
- Child support papers**
- Guardianship papers**
- Immunization and medical records**
- Educational records**
- Passbooks and financial records**
- Military discharge papers**

## How You Can Keep Track

The more checks you make, the better you will feel.

- First Facts
- Medical Facts
- School Record
- Money Matters
- Memberships in Clubs or Organizations
- Military Service
- Present Employer
- Marriage and Family

**This section was last updated**

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■ Legal, custodial parent(s), if different from the natural parents

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Guardianship papers are located \_\_\_\_\_ Adoption papers are located \_\_\_\_\_

■ Noncustodial parent

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

■ Child support is being received from \_\_\_\_\_  
name phone

address

Amount \$ \_\_\_\_\_ Payment due on \_\_\_\_\_

Comments \_\_\_\_\_

Court decree: County \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_ Number of file or record \_\_\_\_\_

Contact person: Court or agency \_\_\_\_\_  
name phone

Attorney who represented me \_\_\_\_\_  
name phone

■ Selected guardians

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Papers are located \_\_\_\_\_ Copies are located \_\_\_\_\_



## Medical Facts

Blood type \_\_\_\_\_ Complete medical records are located \_\_\_\_\_

Allergies and sensitivities \_\_\_\_\_

### IMMUNIZATION RECORD *Enter dates; suggested ages are in parentheses.*

#### ■ Diphtheria-tetanus-pertussis (DTP)

First (2 months) \_\_\_\_\_ Booster (18 months) \_\_\_\_\_

Second (4 months) \_\_\_\_\_ Booster (4 to 6 years) \_\_\_\_\_

Third (6 months) \_\_\_\_\_

#### ■ Tetanus-diphtheria (TD): Booster (14 years) \_\_\_\_\_ Booster (as needed) \_\_\_\_\_

#### ■ Trivalent oral polio vaccine

First (2 months) \_\_\_\_\_ Third (18 months) \_\_\_\_\_

Second (4 months) \_\_\_\_\_ Fourth (4 to 6 years) \_\_\_\_\_

#### ■ Measles-rubeola (15 months or older) \_\_\_\_\_ German measles-rubella (15 months or older) \_\_\_\_\_

#### ■ Mumps (15 months or older) \_\_\_\_\_ Other \_\_\_\_\_

#### ■ Tuberculin skin tests (1 year and thereafter as needed)

Date \_\_\_\_\_ Result \_\_\_\_\_

Date \_\_\_\_\_ Result \_\_\_\_\_

Date \_\_\_\_\_ Result \_\_\_\_\_

Date \_\_\_\_\_ Result \_\_\_\_\_

### CHILDHOOD DISEASES *Enter measles, German measles, mumps, whooping cough, polio, and other diseases.*

Disease \_\_\_\_\_ Date \_\_\_\_\_

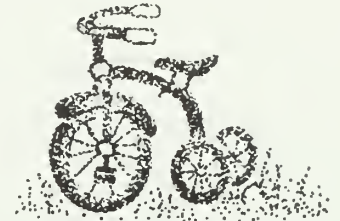
Disease \_\_\_\_\_ Date \_\_\_\_\_

Disease \_\_\_\_\_ Date \_\_\_\_\_

Disease \_\_\_\_\_ Date \_\_\_\_\_

Disease \_\_\_\_\_ Date \_\_\_\_\_

Disease \_\_\_\_\_ Date \_\_\_\_\_



## School Record

School or college	Dates attended	Area of study	Degrees, honors, and dates they were received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Money Matters

### Savings accounts, checking accounts, and trusts

Type of account	Account number	Financial institution	Signers on the account	Passbook or statement is located
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Other investments and holdings** *Check all that apply. If you wish to keep detailed information about any, you can use the forms in "Money Matters."*

- Individual Retirement Account (IRA)
- Money market funds

- Stocks
- Bonds

- Real estate
- Personal property

- Trust accounts
- \_\_\_\_\_



## Marriage and Family

This child is married to \_\_\_\_\_ name \_\_\_\_\_ The ceremony took place on \_\_\_\_\_ date \_\_\_\_\_

Names and birthdays of his or her children

_____	_____
_____	_____
_____	_____
_____	_____

This child's former marriage(s)

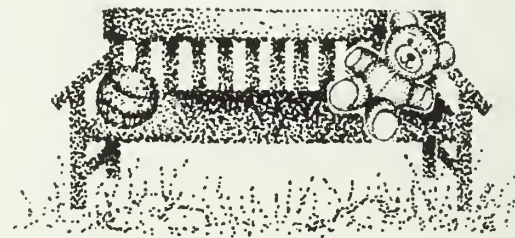
\_\_\_\_\_

## More About This Child

*Here's a place for your notations and additions to this chapter.*

***Children aren't happy with nothing to ignore,  
And that's what parents were created for.***

OGDEN NASH







■ Legal, custodial parent(s), if different from the natural parents

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Guardianship papers are located \_\_\_\_\_ Adoption papers are located \_\_\_\_\_

■ Noncustodial parent

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

■ Child support is being received from \_\_\_\_\_  
name phone

address

Amount \$ \_\_\_\_\_ Payment due on \_\_\_\_\_

Comments \_\_\_\_\_

Court decree: County \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_ Number of file or record \_\_\_\_\_

Contact person: Court or agency \_\_\_\_\_  
name phone

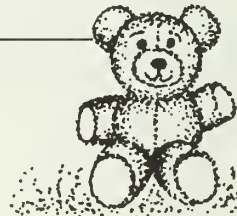
Attorney who represented me \_\_\_\_\_  
name phone

■ Selected guardians

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Papers are located \_\_\_\_\_ Copies are located \_\_\_\_\_



## Medical Facts

Blood type \_\_\_\_\_ Complete medical records are located \_\_\_\_\_

Allergies and sensitivities \_\_\_\_\_

### IMMUNIZATION RECORD *Enter dates; suggested ages are in parentheses.*

#### ■ Diphtheria-tetanus-pertussis (DTP)

First (2 months) \_\_\_\_\_ Booster (18 months) \_\_\_\_\_

Second (4 months) \_\_\_\_\_ Booster (4 to 6 years) \_\_\_\_\_

Third (6 months) \_\_\_\_\_

■ Tetanus-diphtheria (TD): Booster (14 years) \_\_\_\_\_ Booster (as needed) \_\_\_\_\_

#### ■ Trivalent oral polio vaccine

First (2 months) \_\_\_\_\_ Third (18 months) \_\_\_\_\_

Second (4 months) \_\_\_\_\_ Fourth (4 to 6 years) \_\_\_\_\_

■ Measles-rubeola (15 months or older) \_\_\_\_\_ German measles-rubella (15 months or older) \_\_\_\_\_

■ Mumps (15 months or older) \_\_\_\_\_ Other \_\_\_\_\_

#### ■ Tuberculin skin tests (1 year and thereafter as needed)

Date \_\_\_\_\_ Result \_\_\_\_\_

Date \_\_\_\_\_ Result \_\_\_\_\_

Date \_\_\_\_\_ Result \_\_\_\_\_

Date \_\_\_\_\_ Result \_\_\_\_\_

### CHILDHOOD DISEASES *Enter measles, German measles, mumps, whooping cough, polio, and other diseases.*

Disease \_\_\_\_\_ Date \_\_\_\_\_

Disease \_\_\_\_\_ Date \_\_\_\_\_

Disease \_\_\_\_\_ Date \_\_\_\_\_

Disease \_\_\_\_\_ Date \_\_\_\_\_

Disease \_\_\_\_\_ Date \_\_\_\_\_

Disease \_\_\_\_\_ Date \_\_\_\_\_



## School Record

School or college	Dates attended	Area of study	Degrees, honors, and dates they were received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Money Matters

### Savings accounts, checking accounts, and trusts

Type of account	Account number	Financial institution	Signers on the account	Passbook or statement is located
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Other investments and holdings** *Check all that apply. If you wish to keep detailed information about any, you can use the forms in "Money Matters."*

- |  |                                 |  |   |
|--|---------------------------------|--|---|
| <input type="checkbox"/> Individual Retirement Account (IRA) | <input type="checkbox"/> Stocks | <input type="checkbox"/> Real estate       | <input type="checkbox"/> Trust accounts |
| <input type="checkbox"/> Money market funds                  | <input type="checkbox"/> Bonds  | <input type="checkbox"/> Personal property | <input type="checkbox"/> _____          |



## Marriage and Family

This child is married to \_\_\_\_\_ The ceremony took place on \_\_\_\_\_  
name date

Names and birthdays of his or her children

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This child's former marriage(s)

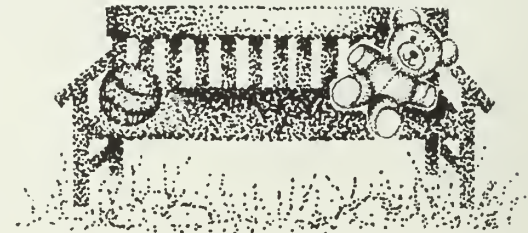
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## More About This Child

*Here's a place for your notations and additions to this chapter.*

***Children aren't happy with nothing to ignore,  
And that's what parents were created for.***

OGDEN NASH

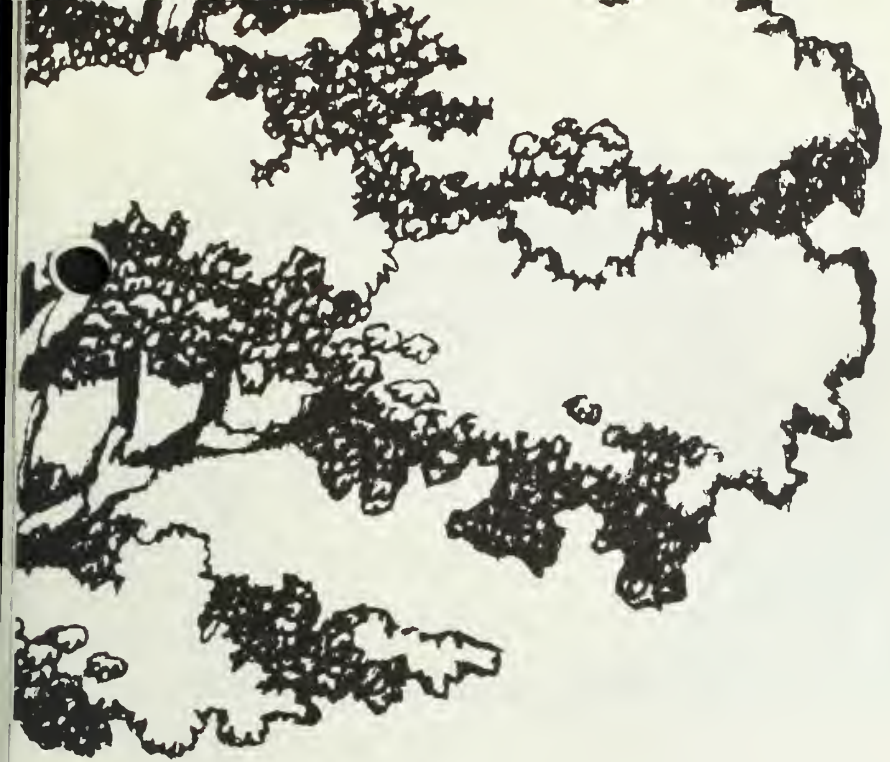




# Treasures and Memories







Take a few moments to reflect on some of the most memorable and cherished parts of your family's life. Future generations will thank you if you'll save this information for them — it can be one of the most meaningful gifts you give.

#### **WHAT YOU WILL NEED**

- Information about heirlooms: original owner, appraised value**
- Photographs you cherish**
- Book of special dates, such as birthdays and anniversaries**

## How You Can Keep Track

You may not want to finish this section all at once, but do keep track of what you've accomplished.

- Special Traditions
- Stories To Pass Along
- Family Genealogy
- Cherished Friends
- Treasured Heirlooms
- Favorite Pets
- Special Family Photographs
- Special Dates To Remember

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## Treasures and Memories

Our best thoughts come from others.  
RALPH WALDO EMERSON

### Special Traditions

1

2

3

4

**Stories To Pass Along** Enter three favorites you'd like remembered.



1

2

3

**Family Genealogy**

\_\_\_\_\_ name \_\_\_\_\_ address \_\_\_\_\_ has worked on our family tree.

Information is located \_\_\_\_\_

**Cherished Friends** Here's a place for names and memories.

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## Treasured Heirlooms

	Item	Original owner	From whom we received it	Date received and appraised value	Comments
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					

## Favorite Pets

Name	Description	What we want to remember

## Special Family Photographs

Our family has a photo album  yes  no      It is located \_\_\_\_\_

*Use the next two pages for special family photographs you'd like in this book. Enter names and dates beside each picture.*

**1**

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**2**

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**3**

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**4**

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# Special Dates To Remember

What happened	When

What happened	When

*One today is worth two tomorrows.*

FRANCIS QUARLES





**Our Home Is Our Castle**





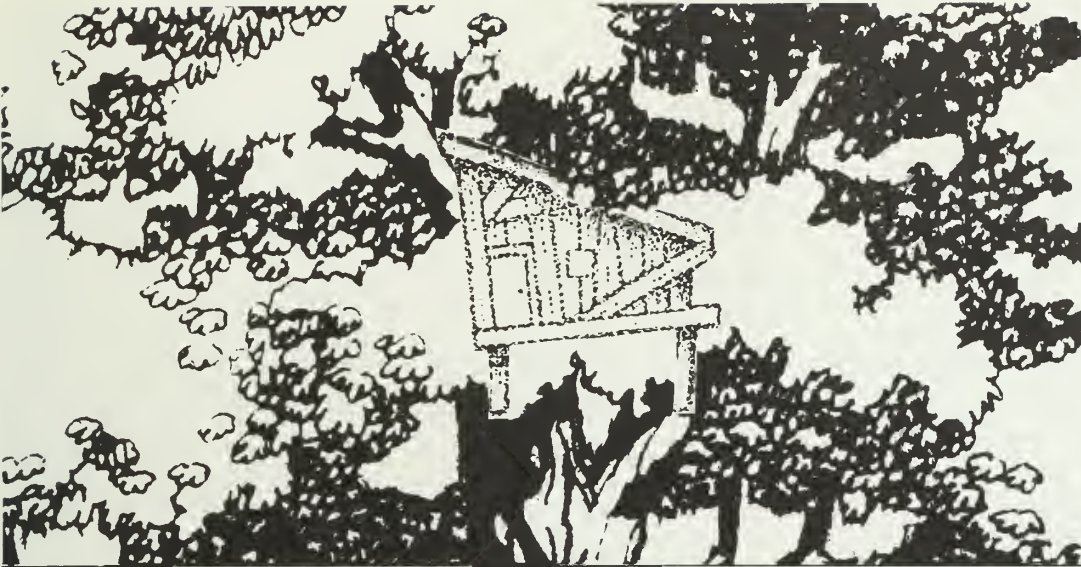


Regardless of where you live — in an igloo, a riverboat, a castle, a treehouse, or just down the block — there's a lot of information you need to have about your home. You can save yourself hours and hours of searching if you take time to record it now.

#### WHAT YOU WILL NEED

- Mortgage passbook**
- Deed or abstract for each residence you own**
- Lease for each residence you rent**
- Telephone book or bills concerning service problems**
- Magazine subscription notices**
- Bills for all major home improvements made since you've owned your property**





## Our Home Is Our Castle

. . . and where our heart is.

### Personal and Family Residences

*Include cottages, cabins, and other retreats.*

**1** Residence \_\_\_\_\_ Location \_\_\_\_\_

*If you own this property, fill in the white section, below. If you rent it, fill in the shaded section, next page.*

Legal description \_\_\_\_\_

Purchase date \_\_\_\_\_ Price \$ \_\_\_\_\_ Down payment \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_

Loan is with \_\_\_\_\_  
name address phone

Balance: Jan. 1, 19\_\_ \$ \_\_\_\_\_ Jan. 1, 19\_\_ \$ \_\_\_\_\_ Jan. 1, 19\_\_ \$ \_\_\_\_\_ Jan. 1, 19\_\_ \$ \_\_\_\_\_

Deed is recorded at \_\_\_\_\_ County Courthouse, \_\_\_\_\_ Book no. \_\_\_\_\_ Page no. \_\_\_\_\_  
Abstract or title town state

Deed is located \_\_\_\_\_ policy is located \_\_\_\_\_ Copy is located \_\_\_\_\_

**Major home improvements, such as new siding, new roof, additions.** *When you dispose of your property, you will need this information to determine your tax base. It is likely to save you some money.*

_____	_____	\$ _____
<small>date</small>	<small>improvement</small>	<small>cost</small>
_____	_____	\$ _____
<small>date</small>	<small>improvement</small>	<small>cost</small>
_____	_____	\$ _____
<small>date</small>	<small>improvement</small>	<small>cost</small>

Property owner \_\_\_\_\_  
name address phone

Resident manager \_\_\_\_\_  
name address phone

Prepaid rent \$ \_\_\_\_\_ Security deposit \$ \_\_\_\_\_ Pet deposit \$ \_\_\_\_\_

Interest on security deposit is due annually  yes  no

When deposits are to be returned \_\_\_\_\_

Rental rate \$ \_\_\_\_\_ per \_\_\_\_\_ for 19 \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_ for 19 \_\_\_\_\_  
\$ \_\_\_\_\_ per \_\_\_\_\_ for 19 \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_ for 19 \_\_\_\_\_  
\$ \_\_\_\_\_ per \_\_\_\_\_ for 19 \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_ for 19 \_\_\_\_\_

Lease is located \_\_\_\_\_

**Who helps keep this castle in working order, whether owned or rented**

■ Telephone \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Emergency number \_\_\_\_\_

■ Gas \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Emergency number \_\_\_\_\_

■ Electricity \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Emergency number \_\_\_\_\_

■ Water \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Emergency number \_\_\_\_\_

■ Sewage \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Emergency number \_\_\_\_\_

■ Garbage and trash \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

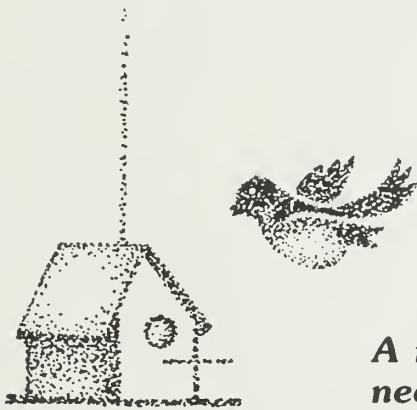
■ Plumbing and well \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

■ Heating and cooling \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

■ Other \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

■ Other \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

■ Other \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_



*A man travels the world over in search of what he  
 needs and returns home to find it.*  
 GEORGE MOORE

# 2

Residence \_\_\_\_\_ Location \_\_\_\_\_

*If you own this property, fill in the white section. If you rent it, fill in the shaded section.*

Legal description \_\_\_\_\_

Purchase date \_\_\_\_\_ Price \$ \_\_\_\_\_ Down payment \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_

Loan is with \_\_\_\_\_  
name address phone

Balance: Jan. 1, 19\_\_ \$ \_\_\_\_\_ Jan. 1, 19\_\_ \$ \_\_\_\_\_ Jan. 1, 19\_\_ \$ \_\_\_\_\_ Jan. 1, 19\_\_ \$ \_\_\_\_\_

Deed is recorded at \_\_\_\_\_ County Courthouse, \_\_\_\_\_ Book no. \_\_\_\_\_ Page no. \_\_\_\_\_

Deed is located \_\_\_\_\_ Abstract or title policy is located \_\_\_\_\_ town state Copy is located \_\_\_\_\_

**Major home improvements, such as new siding, new roof, additions.** *When you dispose of your property, you will need this information to determine your tax base. It is likely to save you some money.*

date	improvement	\$	cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Property owner \_\_\_\_\_  
name address phone

Resident manager \_\_\_\_\_  
name address phone

Prepaid rent \$ \_\_\_\_\_ Security deposit \$ \_\_\_\_\_ Pet deposit \$ \_\_\_\_\_

Interest on security deposit is due annually  yes  no

When deposits are to be returned \_\_\_\_\_

Rental rate	\$ _____ per _____ for 19 _____	\$ _____ per _____ for 19 _____
	\$ _____ per _____ for 19 _____	\$ _____ per _____ for 19 _____
	\$ _____ per _____ for 19 _____	\$ _____ per _____ for 19 _____

Lease is located \_\_\_\_\_



**Who helps keep this castle in working order, whether owned or rented**

■ Telephone \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Emergency number \_\_\_\_\_

■ Gas \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Emergency number \_\_\_\_\_

■ Electricity \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Emergency number \_\_\_\_\_

■ Water \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Emergency number \_\_\_\_\_

■ Sewage \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Emergency number \_\_\_\_\_

■ Garbage and trash \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

■ Plumbing and well \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

■ Heating and cooling \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

■ Other \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

■ Other \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## Household Inventory: Castles 1 and 2

To make a complete list of what is in your home(s), use Household Inventory, HEP-17. You can obtain a copy from your county Extension office, or you can use the order blanks in "Etc., Etc., Etc."

Inventory of castle 1 is located \_\_\_\_\_ Copy is located \_\_\_\_\_

Inventory of castle 2 is located \_\_\_\_\_ Copy is located \_\_\_\_\_

## Magazines We Receive

Name	Address	Renewal date(s)	Subscription rate
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

## Our Newspapers

■ Name \_\_\_\_\_ Address \_\_\_\_\_

Circulation office phone \_\_\_\_\_ Delivered by \_\_\_\_\_  
name phone

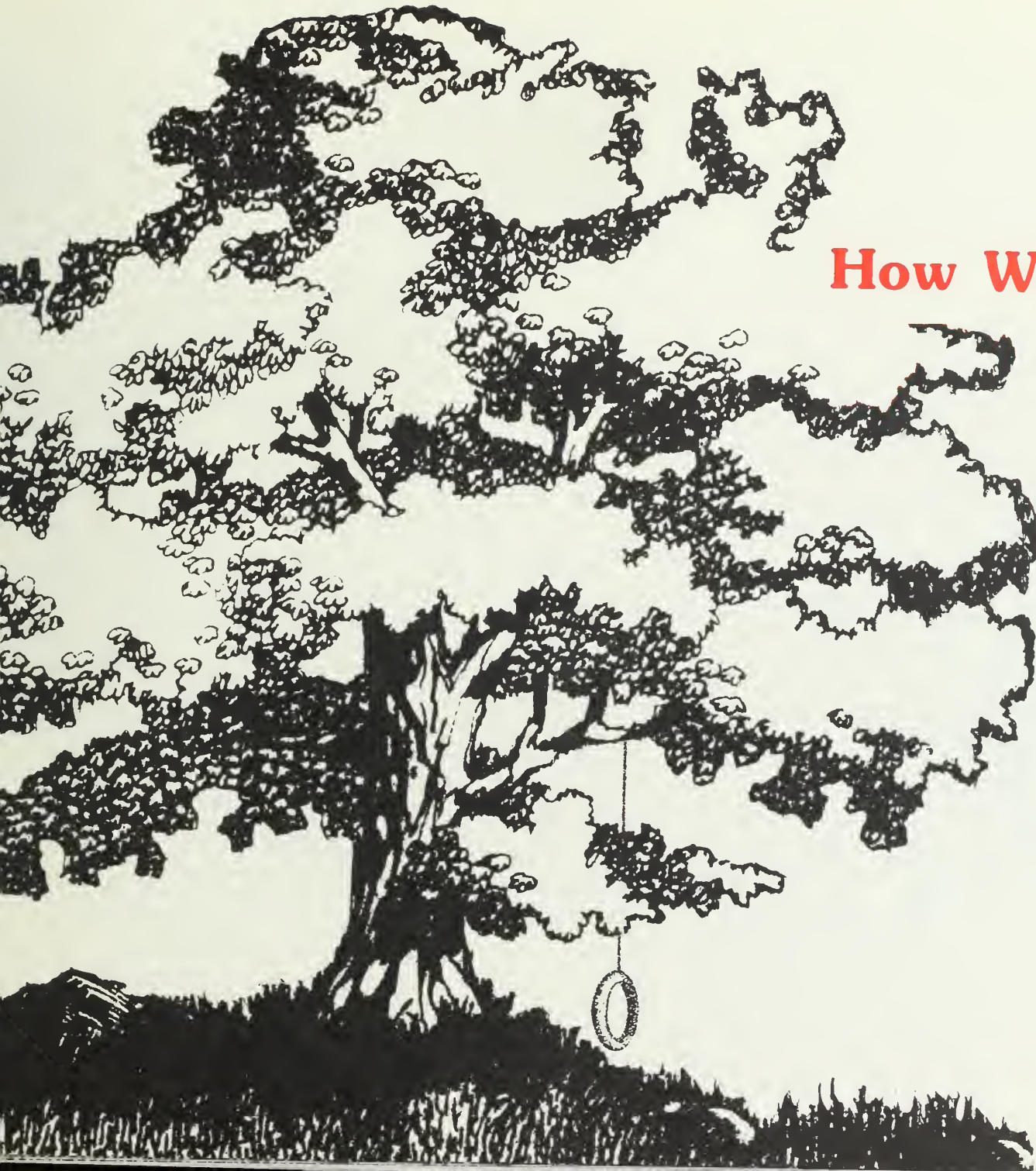
Renewal date \_\_\_\_\_ Subscription rate \$ \_\_\_\_\_

■ Name \_\_\_\_\_ Address \_\_\_\_\_

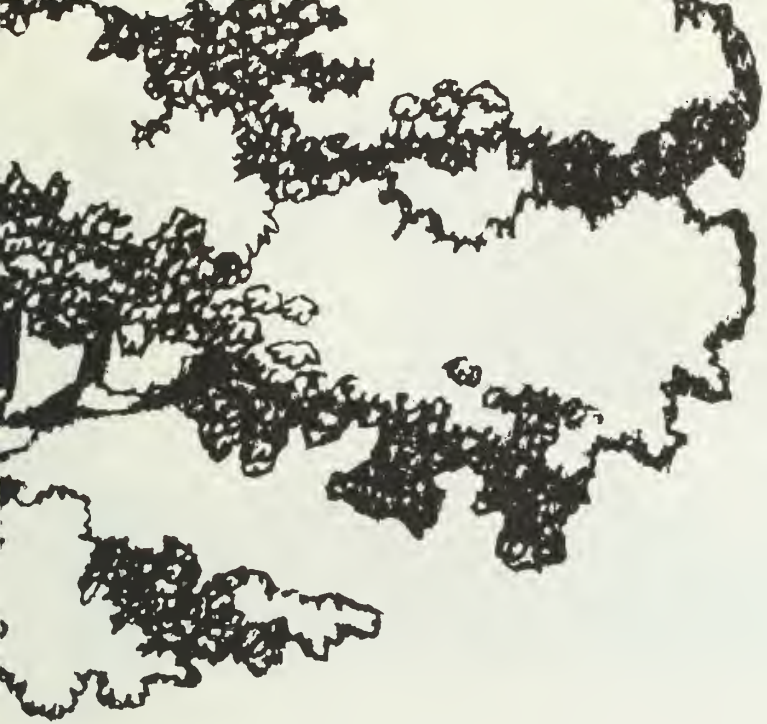
Circulation office phone \_\_\_\_\_ Delivered by \_\_\_\_\_  
name phone

Renewal date \_\_\_\_\_ Subscription rate \$ \_\_\_\_\_

# How We Get Around







If you own more than one vehicle, you know how difficult it can be to remember all the details — who owns it, what insurance you have, and where the registration form is. This chapter will simplify that problem. Record information about all your wheels and things that get you where you want to go, such as cars, trucks, buses, vans, and even bikes, recreational vehicles (RVs) and snowmobiles.

#### **WHAT YOU WILL NEED**

- Vehicle titles**
- Registration or license receipt forms**
- Insurance policies**
- Telephone book**
- Owners' manuals**

## How You Can Keep Track

How quickly you finish this chapter will depend on how many wheels you have.

Vehicles

Wheels 1 \_\_\_\_

Wheels 2 \_\_\_\_

Wheels 3 \_\_\_\_

Wheels 4 \_\_\_\_

Wheels 5 \_\_\_\_

Wheels 6 \_\_\_\_

Mechanics and Garages

**This section was last updated**

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date

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date

\_\_\_\_\_

date



## How We Get Around

Even life for an auto is not fair: the engine does all the work and the wheels get all the brakes.

### Vehicles

*Include cars, trucks, buses, vans, and even bikes, recreational vehicles (RVs), and snowmobiles.*

# 1

Vehicle description \_\_\_\_\_ Owner's manual is located \_\_\_\_\_

Name(s) on title \_\_\_\_\_ Title number \_\_\_\_\_ Title is located \_\_\_\_\_

Vehicle serial or ID number \_\_\_\_\_ Vehicle identification card, or receipt for license plate, is located \_\_\_\_\_

*It must be with the vehicle that is being driven.* License number \_\_\_\_\_ Sticker number \_\_\_\_\_

Insurance \_\_\_\_\_

company

address

agent

phone

Policy owner \_\_\_\_\_ Kind of policy \_\_\_\_\_ Policy number \_\_\_\_\_

Date(s) premiums due \_\_\_\_\_ Policy is located \_\_\_\_\_

# 2

Vehicle description \_\_\_\_\_ Owner's manual is located \_\_\_\_\_

Name(s) on title \_\_\_\_\_ Title number \_\_\_\_\_ Title is located \_\_\_\_\_

Vehicle serial or ID number \_\_\_\_\_ Vehicle identification card, or receipt for license plate, is located \_\_\_\_\_

*It must be with the vehicle that is being driven.* License number \_\_\_\_\_ Sticker number \_\_\_\_\_

Insurance \_\_\_\_\_  
company address

agent phone

Policy owner \_\_\_\_\_ Kind of policy \_\_\_\_\_ Policy number \_\_\_\_\_

Date(s) premiums due \_\_\_\_\_ Policy is located \_\_\_\_\_

# 3

Vehicle description \_\_\_\_\_ Owner's manual is located \_\_\_\_\_

Name(s) on title \_\_\_\_\_ Title number \_\_\_\_\_ Title is located \_\_\_\_\_

Vehicle serial or ID number \_\_\_\_\_ Vehicle identification card, or receipt for license plate, is located \_\_\_\_\_

*It must be with the vehicle that is being driven.* License number \_\_\_\_\_ Sticker number \_\_\_\_\_

Insurance \_\_\_\_\_  
company address

agent phone

Policy owner \_\_\_\_\_ Kind of policy \_\_\_\_\_ Policy number \_\_\_\_\_

Date(s) premiums due \_\_\_\_\_ Policy is located \_\_\_\_\_



# 4

Vehicle description \_\_\_\_\_ Owner's manual is located \_\_\_\_\_

Name(s) on title \_\_\_\_\_ Title number \_\_\_\_\_ Title is located \_\_\_\_\_

Vehicle serial or ID number \_\_\_\_\_ Vehicle identification card, or receipt for license plate, is located \_\_\_\_\_

*It must be with the vehicle that is being driven.* License number \_\_\_\_\_ Sticker number \_\_\_\_\_

Insurance \_\_\_\_\_  
company address

agent phone

Policy owner \_\_\_\_\_ Kind of policy \_\_\_\_\_ Policy number \_\_\_\_\_

Date(s) premiums due \_\_\_\_\_ Policy is located \_\_\_\_\_

# 5

Vehicle description \_\_\_\_\_ Owner's manual is located \_\_\_\_\_

Name(s) on title \_\_\_\_\_ Title number \_\_\_\_\_ Title is located \_\_\_\_\_

Vehicle serial or ID number \_\_\_\_\_ Vehicle identification card, or receipt for license plate, is located \_\_\_\_\_

*It must be with the vehicle that is being driven.* License number \_\_\_\_\_ Sticker number \_\_\_\_\_

Insurance \_\_\_\_\_  
company address

agent phone

Policy owner \_\_\_\_\_ Kind of policy \_\_\_\_\_ Policy number \_\_\_\_\_

Date(s) premiums due \_\_\_\_\_ Policy is located \_\_\_\_\_

# 6

Vehicle description \_\_\_\_\_ Owner's manual is located \_\_\_\_\_

Name(s) on title \_\_\_\_\_ Title number \_\_\_\_\_ Title is located \_\_\_\_\_

Vehicle serial or ID number \_\_\_\_\_ Vehicle identification card, or receipt for license plate, is located \_\_\_\_\_

*It must be with the vehicle that is being driven.* License number \_\_\_\_\_ Sticker number \_\_\_\_\_

Insurance \_\_\_\_\_  
company address

agent phone

Policy owner \_\_\_\_\_ Kind of policy \_\_\_\_\_ Policy number \_\_\_\_\_

Date(s) premiums due \_\_\_\_\_ Policy is located \_\_\_\_\_

## Mechanics and Garages

■ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

■ Name \_\_\_\_\_ Phone \_\_\_\_\_

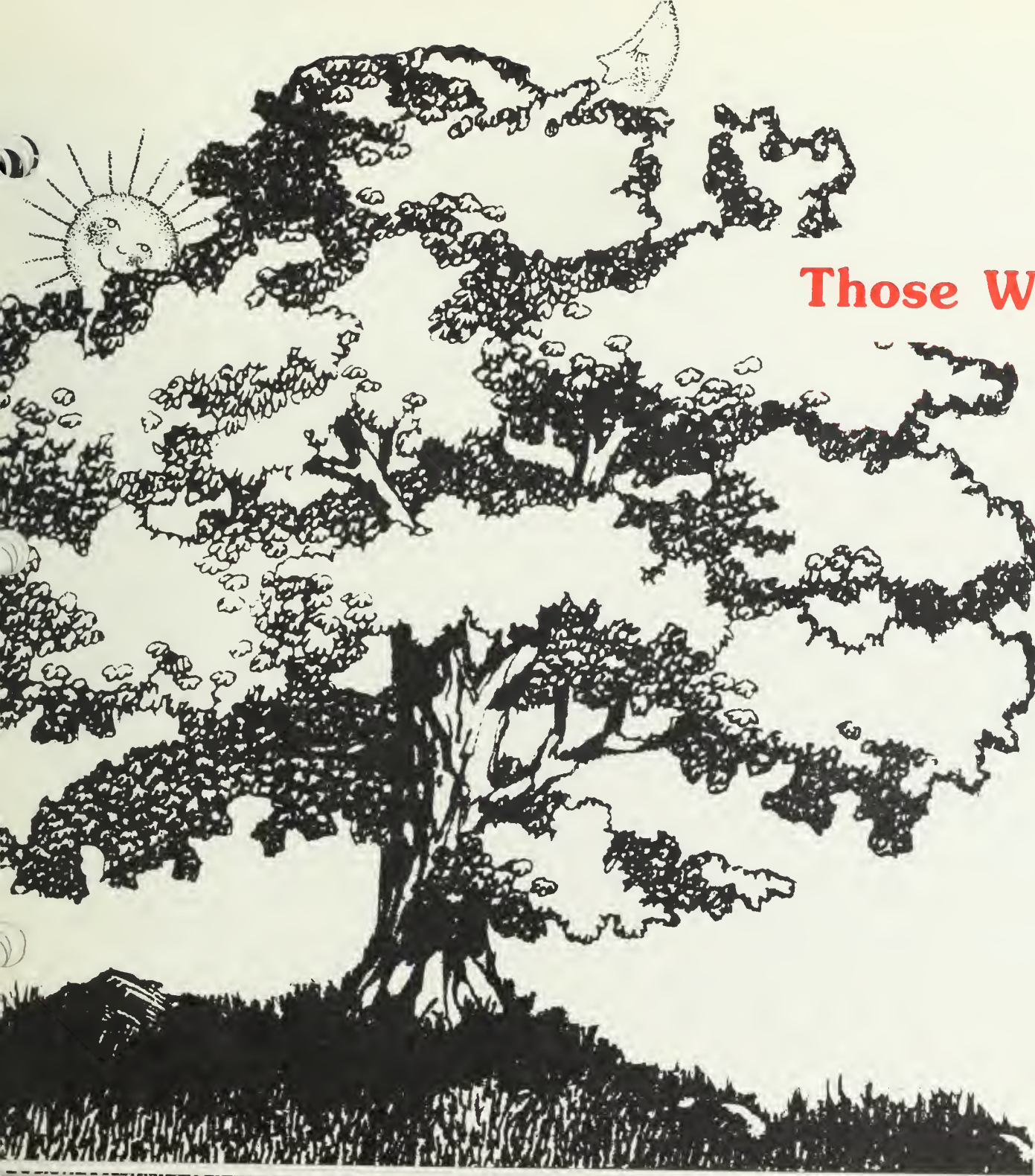
Address \_\_\_\_\_

■ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

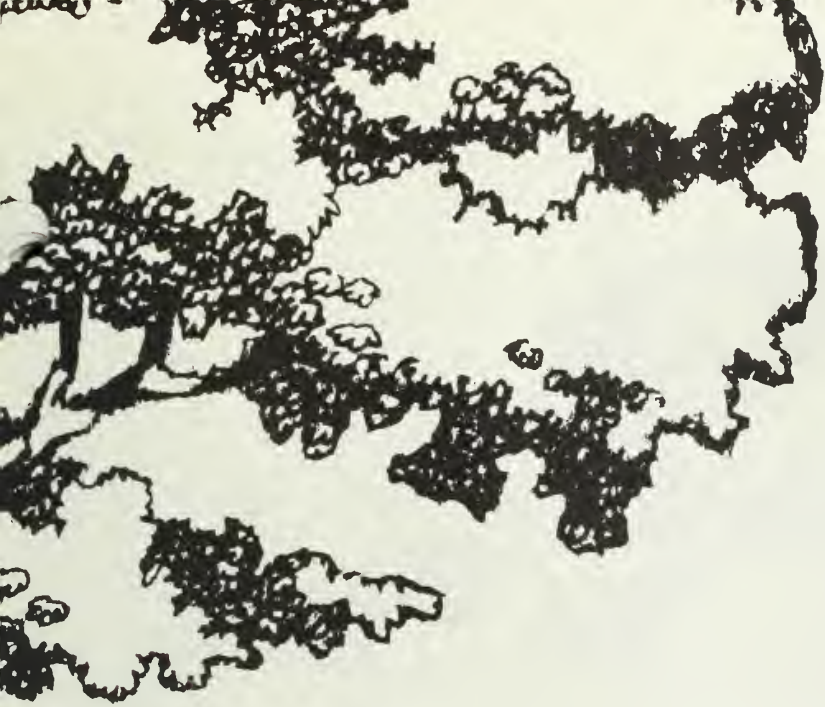
■ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_



## Those Who Advise Us





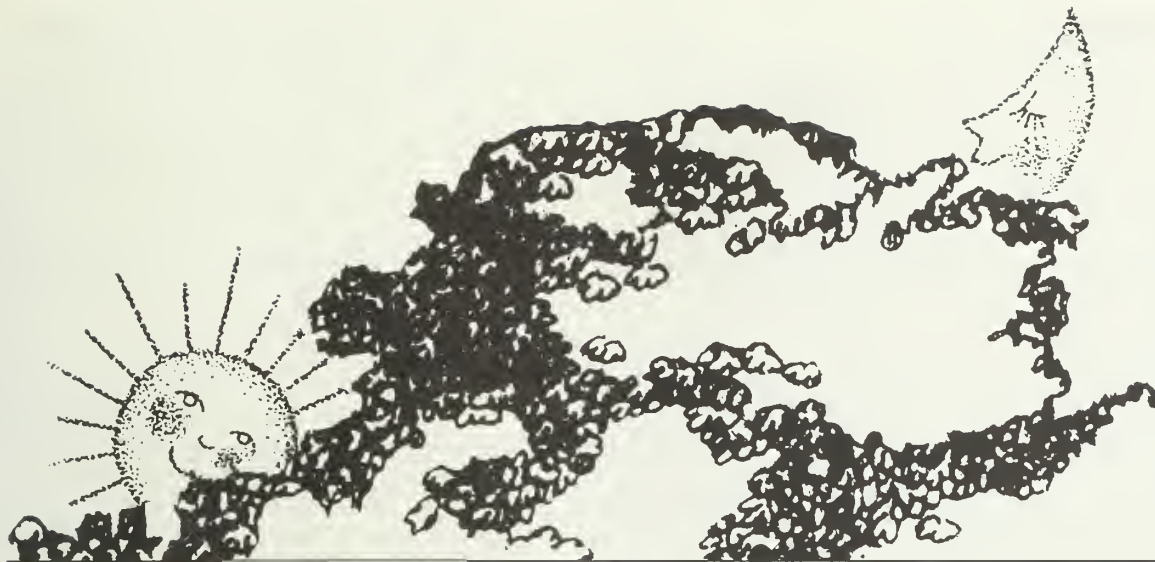
Your trusted counselors and advisers are very important to you and your family. Here you can make your own directory of these people.

You may have these names and addresses in many different locations. By putting them in one place, you will have them handy for your everyday affairs. Your family will also be able to reach your advisers quickly in your absence or in an emergency.

#### **WHAT YOU WILL NEED**

- Information from family members**
- Telephone book**
- Personal address book**
- Business address and phone book**





## Those Who Advise Us

Good counsel has no price.  
MAZZINI

### Personal Advisers

#### Attorneys

Name

Address

Phone

Name

Address

Phone

#### Clergy

Name

Address

Phone

Name

Address

Phone

**Day care providers, for child or elderly adult**

Name  
Address  
Phone

Name  
Address  
Phone

**Family counselors**

Name  
Address  
Phone

Name  
Address  
Phone

**School principals**

Name  
Address  
Phone

Name  
Address  
Phone

**Trusted friends**

Name  
Address  
Phone

Name  
Address  
Phone



**Nearest social security office**

Name
Address
Phone

**Nearest Veterans Administration office**

Name
Address
Phone

**Financial Advisers**

**Bankers**

Name
Address
Phone

Name
Address
Phone

**Commodity brokers**

Name
Address
Phone

Name
Address
Phone

**Income tax preparers or consultants**

Name
Address
Phone

Name
Address
Phone

**Insurance agents**

Name
Address
Phone

Name
Address
Phone

Name
Address
Phone

Name
Address
Phone

**Investment brokers**

Name
Address
Phone

Name
Address
Phone

**Medical Advisers**

**Dentists and orthodontists**

Name
Address
Phone

Name
Address
Phone

*There's nothing more costly than poor advice.*  
 ABRAHAM LINCOLN

## Ophthalmologists and opticians

Name
Address
Phone

Name
Address
Phone

## Pediatricians

Name
Address
Phone

Name
Address
Phone

## Physicians

Name
Address
Phone

Name
Address
Phone

Name
Address
Phone

Name
Address
Phone

## Psychiatrists

Name
Address
Phone

Name
Address
Phone

## Veterinarians

Name
Address
Phone

Name
Address
Phone

## Other Counselors and Advisers

*Include persons such as travel agents and elected officials.*

Profession \_\_\_\_\_

Name
Address
Phone

Name
Address
Phone

Profession \_\_\_\_\_

Name
Address
Phone

Name
Address
Phone

Profession \_\_\_\_\_

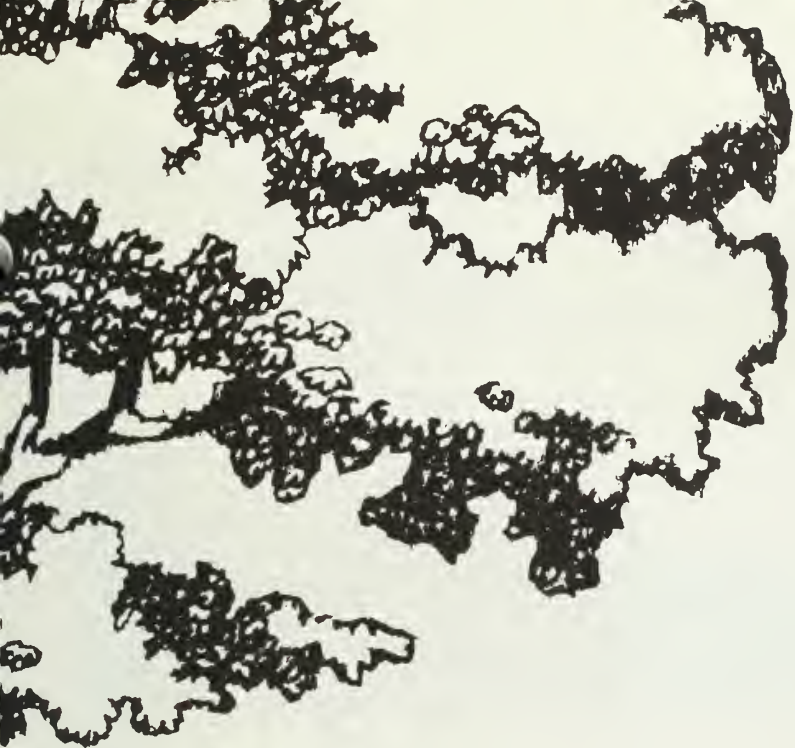
Name
Address
Phone

Name
Address
Phone

# Money Matters







Your dollars do count — in fact, every penny does! This chapter has space for the money matters of your whole family. If you need additional forms, use the order blanks in the last chapter.

Having all money matters in one place will help you and your family in many situations, and especially in times of emergency. You can help your loved ones by giving them the information they need to carry on should something happen to you.

#### WHAT YOU WILL NEED

- Passbooks or statements from your accounts in banks, credit unions, savings and loans, etc.
- Records for stocks and bonds
- Records for CDs and money market funds
- Records for treasury notes, treasury bills, savings bonds, and debentures
- Records for IRAs and Keogh Plans
- Royalty and commission contracts
- Appraisals on nonbusiness assets
- Credit card notices
- Installment sale contracts
- Notes that are due you and your family
- Personal property papers
- Loan agreements
- Trust agreements
- Plans and records concerning charitable contributions

## How You Can Keep Track

For something you can't eat or wear, money certainly demands a lot of attention. Use this checklist to help you get through this chapter — you'll need it.

- Where We Stash Our Cash
- Investment Record for an Individual Retirement Account (IRA) or Keogh Plan
- Investment Record for a Stock, Stock Fund, Bond, or Bond Fund
- Investment Record for a Certificate of Deposit (CD) or Money Market Fund
- Investment Record for a Government Security
- Royalties and Commissions
- Other Nonbusiness Assets
- Personal Property Loaned to Others
- Installment Sales
- Notes Due Us
- Trusts
- Nonbusiness Debts
- Credit Cards
- Charitable Contributions

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date

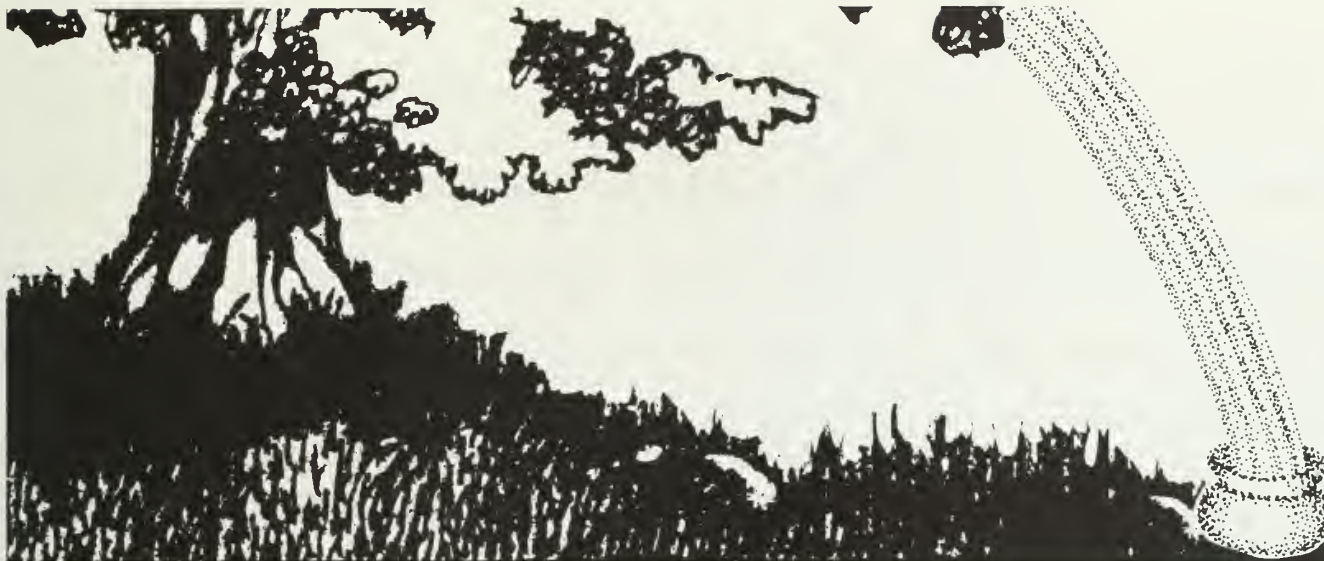
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date

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date





## Money Matters

Money doesn't talk;  
it just goes without saying.

### Where We Stash Our Cash

# 1

Institution \_\_\_\_\_  
name address contact person

Whose account	Type of account	Account number	Interest rate	Signers on the account	Passbook or statement is located
			%		

# 2

Institution \_\_\_\_\_

name

address

contact person

Whose account	Type of account	Account number	Interest rate	Signers on the account	Passbook or statement is located
			%		

# 3

Institution \_\_\_\_\_

address

contact person

Whose account	Type of account	Account number	Interest rate	Signers on the account	Passbook or statement is located
			%		

# 4

Institution \_\_\_\_\_

name

address

contact person

Whose account	Type of account	Account number	Interest rate	Signers on the account	Passbook or statement is located
			%		

# 5

Institution \_\_\_\_\_

name

address

contact person

Whose account	Type of account	Account number	Interest rate	Signers on the account	Passbook or statement is located
			%		

## Investment Record for an Individual Retirement Account (IRA) or Keogh Plan

Use a separate page for each IRA or Keogh Plan you own.

Name of IRA or Keogh Plan (describe fully) \_\_\_\_\_

Plan or account number \_\_\_\_\_ Date of purchase \_\_\_\_\_

Bought through \_\_\_\_\_  
name of institution address

Custodian \_\_\_\_\_  
name address

Beginning deposit \$ \_\_\_\_\_ Interest on beginning deposit \_\_\_\_\_ %

Original agreement is located \_\_\_\_\_

How this account or plan is to be paid on retirement, disability, or death \_\_\_\_\_

Primary beneficiary(s) \_\_\_\_\_  
name(s)

Secondary beneficiary(s) \_\_\_\_\_  
name(s)

### Instructions to my beneficiary(s)

The IRA or Keogh record book, which includes deposits, withdrawals, and interest, is located \_\_\_\_\_

# Investment Record for an Individual Retirement Account (IRA) or Keogh Plan

Use a separate page for each IRA or Keogh Plan you own.

Name of IRA or Keogh Plan (describe fully) \_\_\_\_\_

Plan or account number \_\_\_\_\_ Date of purchase \_\_\_\_\_

Bought through \_\_\_\_\_  
name of institution address

Custodian \_\_\_\_\_  
name address

Beginning deposit \$ \_\_\_\_\_ Interest on beginning deposit \_\_\_\_\_ %

Original agreement is located \_\_\_\_\_

How this account or plan is to be paid on retirement, disability, or death \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Primary beneficiary(s) \_\_\_\_\_  
name(s)

Secondary beneficiary(s) \_\_\_\_\_  
name(s)

### Instructions to my beneficiary(s)

The IRA or Keogh record book, which includes deposits, withdrawals, and interest, is located \_\_\_\_\_

\_\_\_\_\_

## Investment Record for an Individual Retirement Account (IRA) or Keogh Plan

Use a separate page for each IRA or Keogh Plan you own.

Name of IRA or Keogh Plan (describe fully) \_\_\_\_\_

Plan or account number \_\_\_\_\_ Date of purchase \_\_\_\_\_

Bought through \_\_\_\_\_  
name of institution address

Custodian \_\_\_\_\_  
name address

Beginning deposit \$ \_\_\_\_\_ Interest on beginning deposit \_\_\_\_\_ %

Original agreement is located \_\_\_\_\_

How this account or plan is to be paid on retirement, disability, or death \_\_\_\_\_

Primary beneficiary(s) \_\_\_\_\_  
name(s)

Secondary beneficiary(s) \_\_\_\_\_  
name(s)

### Instructions to my beneficiary(s)

The IRA or Keogh record book, which includes deposits, withdrawals, and interest, is located \_\_\_\_\_

# Investment Record for a Stock, Stock Fund, Bond, or Bond Fund

Use a separate page for each stock, stock fund, bond, or bond fund you own, and enter income on the back side.

Name of issue (describe fully) \_\_\_\_\_

Issued in \_\_\_\_\_'s name      Certificate or bond is located \_\_\_\_\_

Dividend or interest rate \_\_\_\_\_%      Date(s) dividends or interest is due \_\_\_\_\_

Bought through \_\_\_\_\_  
name of person or institution address

Sold through \_\_\_\_\_  
name of person or institution address

PURCHASES

Quantity	Certificate number	Date acquired	Cost per unit	Commission	Total investment
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SALES

Quantity	Certificate number	Date sold	Price per unit	Commission	Amount received	Profit or loss
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Use other side for income.





# Investment Record for a Stock, Stock Fund, Bond, or Bond Fund

Use a separate page for each stock, stock fund, bond, or bond fund you own, and enter income on the back side.

Name of issue (describe fully) \_\_\_\_\_

Issued in \_\_\_\_\_'s name      Certificate or bond is located \_\_\_\_\_

Dividend or interest rate \_\_\_\_\_%      Date(s) dividends or interest is due \_\_\_\_\_

Bought through \_\_\_\_\_  
name of person or institution      address

Sold through \_\_\_\_\_  
name of person or institution      address

PURCHASES

Quantity	Certificate number	Date acquired	Cost per unit	Commission	Total investment
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SALES

Quantity	Certificate number	Date sold	Price per unit	Commission	Amount received	Profit or loss
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Use other side for income.



## Investment Record for a Stock, Stock Fund, Bond, or Bond Fund

Use a separate page for each stock, stock fund, bond, or bond fund you own, and enter income on the back side.

Name of issue (describe fully) \_\_\_\_\_

Issued in \_\_\_\_\_'s name      Certificate or bond is located \_\_\_\_\_

Dividend or interest rate \_\_\_\_\_%      Date(s) dividends or interest is due \_\_\_\_\_

Bought through \_\_\_\_\_  
name of person or institution address

Sold through \_\_\_\_\_  
name of person or institution address

PURCHASES

Quantity	Certificate number	Date acquired	Cost per unit	Commission	Total investment
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SALES

Quantity	Certificate number	Date sold	Price per unit	Commission	Amount received	Profit or loss
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Use other side for income.*



## Investment Record for a Stock, Stock Fund, Bond, or Bond Fund

Use a separate page for each stock, stock fund, bond, or bond fund you own, and enter income on the back side.

Name of issue (describe fully) \_\_\_\_\_

Issued in \_\_\_\_\_'s name      Certificate or bond is located \_\_\_\_\_

Dividend or interest rate \_\_\_\_\_%      Date(s) dividends or interest is due \_\_\_\_\_

Bought through \_\_\_\_\_  
name of person or institution address

Sold through \_\_\_\_\_  
name of person or institution address

PURCHASES

Quantity	Certificate number	Date acquired	Cost per unit	Commission	Total investment
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SALES

Quantity	Certificate number	Date sold	Price per unit	Commission	Amount received	Profit or loss
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Use other side for income.*



## Investment Record for a Certificate of Deposit (CD) or Money Market Fund

Use a separate page for each certificate of deposit or money market fund you own, and enter income on the back side.

Bought through \_\_\_\_\_  
name of institution address

Contact person \_\_\_\_\_  
name position phone

Issued in \_\_\_\_\_'s name Certificate number \_\_\_\_\_

Certificate or papers are located \_\_\_\_\_

Name or description	Purchase date	Beginning amount	Interest rate	Maturity date	Disposition at maturity (check one)		
					Cashed in	Renewed without accrued interest <small>Begin on a new line</small>	Renewed with accrued interest <small>Begin on a new line</small>
_____	_____	\$ _____	% _____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	

Use other side for income.

**INTEREST INCOME FROM**

name or number of certificate of deposit or money market fund

Date received	Amount	Other information	Date received	Amount	Other information	Date received	Amount	Other information
	\$			\$			\$	



## Investment Record for a Certificate of Deposit (CD) or Money Market Fund

Use a separate page for each certificate of deposit or money market fund you own, and enter income on the back side.

Bought through \_\_\_\_\_  
name of institution address

Contact person \_\_\_\_\_  
name position phone

Issued in \_\_\_\_\_'s name Certificate number \_\_\_\_\_

Certificate or papers are located \_\_\_\_\_

Name or description	Purchase date	Beginning amount	Interest rate	Maturity date	Disposition at maturity (check one)		
					Cashed in	Renewed without accrued interest <i>Begin on a new line</i>	Renewed with accrued interest <i>Begin on a new line</i>
_____	_____	\$ _____	_____ %	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	

Use other side for income.



## Investment Record for a Certificate of Deposit (CD) or Money Market Fund

Use a separate page for each certificate of deposit or money market fund you own, and enter income on the back side.

Bought through \_\_\_\_\_  
name of institution address

Contact person \_\_\_\_\_  
name position phone

Issued in \_\_\_\_\_'s name Certificate number \_\_\_\_\_

Certificate or papers are located \_\_\_\_\_

Name or description	Purchase date	Beginning amount	Interest rate	Maturity date	Disposition at maturity (check one)		
					Cashed in	Renewed without accrued interest <i>Begin on a new line</i>	Renewed with accrued interest <i>Begin on a new line</i>
_____	_____	\$ _____	% _____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	

Use other side for income.

**INTEREST INCOME FROM**

name or number of certificate of deposit or money market fund

Date received	Amount	Other information	Date received	Amount	Other information	Date received	Amount	Other information
	\$			\$			\$	

## Investment Record for a Certificate of Deposit (CD) or Money Market Fund

Use a separate page for each certificate of deposit or money market fund you own, and enter income on the back side.

Bought through \_\_\_\_\_  
name of institution address

Contact person \_\_\_\_\_  
name position phone

Issued in \_\_\_\_\_'s name Certificate number \_\_\_\_\_

Certificate or papers are located \_\_\_\_\_

Name or description	Purchase date	Beginning amount	Interest rate	Maturity date	<b>Disposition at maturity (check one)</b>		
					Cashed in	Renewed without accrued interest <small>Begin on a new line</small>	Renewed with accrued interest <small>Begin on a new line</small>
_____	_____	\$ _____	% _____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	

Use other side for income.



## Investment Record for a Government Security

Use a separate page for each treasury note, treasury bill, savings bond, agency security, or debenture you own.

Name of issue (describe fully) \_\_\_\_\_ Face value \$ \_\_\_\_\_

Date purchased \_\_\_\_\_ Cost \$ \_\_\_\_\_ Fee \$ \_\_\_\_\_

Bought through \_\_\_\_\_  
name of person or institution address

Issued in \_\_\_\_\_'s name Certificate is located \_\_\_\_\_

Interest rate \_\_\_\_\_% Maturity date \_\_\_\_\_ Security number \_\_\_\_\_

Sold through \_\_\_\_\_ Date sold \_\_\_\_\_ Selling price \$ \_\_\_\_\_  
name of person or institution

### INTEREST INCOME

Date received	Amount	Date received	Amount	Date received	Amount	Date received	Amount	Date received	Amount
	\$		\$		\$		\$		\$





## Investment Record for a Government Security

Use a separate page for each treasury note, treasury bill, savings bond, agency security, or debenture you own.

Name of issue (describe fully) \_\_\_\_\_ Face value \$ \_\_\_\_\_

Date purchased \_\_\_\_\_ Cost \$ \_\_\_\_\_ Fee \$ \_\_\_\_\_

Bought through \_\_\_\_\_  
name of person or institution address

Issued in \_\_\_\_\_'s name Certificate is located \_\_\_\_\_

Interest rate \_\_\_\_\_% Maturity date \_\_\_\_\_ Security number \_\_\_\_\_

Sold through \_\_\_\_\_ Date sold \_\_\_\_\_ Selling price \$ \_\_\_\_\_  
name of person or institution

### INTEREST INCOME

Date received	Amount	Date received	Amount	Date received	Amount	Date received	Amount	Date received	Amount
	\$ _____		\$ _____		\$ _____		\$ _____		\$ _____

# Investment Record for a Government Security

Use a separate page for each treasury note, treasury bill, savings bond, agency security, or debenture you own.

Name of issue (describe fully) \_\_\_\_\_ Face value \$ \_\_\_\_\_

Date purchased \_\_\_\_\_ Cost \$ \_\_\_\_\_ Fee \$ \_\_\_\_\_

Bought through \_\_\_\_\_  
name of person or institution address

Issued in \_\_\_\_\_'s name Certificate is located \_\_\_\_\_

Interest rate \_\_\_\_\_% Maturity date \_\_\_\_\_ Security number \_\_\_\_\_

Sold through \_\_\_\_\_ Date sold \_\_\_\_\_ Selling price \$ \_\_\_\_\_  
name of person or institution

## INTEREST INCOME

Date received	Amount	Date received	Amount	Date received	Amount	Date received	Amount	Date received	Amount
	\$		\$		\$		\$		\$

## Royalties and Commissions

If you're filling in a business or farm chapter, you'll find space for mineral royalties there.

Source of income	Rate or amount of royalty	Date(s) payment(s) due	Contact person: name, address, phone	Contract papers are located	Additional information
	\$				

## Other Nonbusiness Assets

Enter personal assets, including gems, coins, and antiques. If you're filling in a business chapter, you'll find space for business assets there.

Description	Acquired		Present appraisal or assessed value		Where stored or located	Location of photographs, if any
	Date	Cost	Date	Value		
		\$		\$		

## Personal Property Loaned to Others

Item	Borrower and address	Date loaned	Agreements

## Installment Sales

# 1

Item sold		Sold to		There is a written contract		
				No	Yes	It is located
Total amount due	Down payment	Balance due	Date(s) payments due	Amount of each payment		
\$	\$	\$		\$		
Remaining balance						
Date	\$	/Date	\$	/Date	\$	/Date

# 2

Item sold		Sold to		There is a written contract		
				No	Yes	It is located
Total amount due	Down payment	Balance due	Date(s) payments due	Amount of each payment		
\$	\$	\$		\$		
Remaining balance						
Date	\$	/Date	\$	/Date	\$	/Date

# 3

Item sold		Sold to		There is a written contract		
				No	Yes	It is located
Total amount due	Down payment	Balance due	Date(s) payments due	Amount of each payment		
\$	\$	\$		\$		
Remaining balance						
Date	\$	/Date	\$	/Date	\$	/Date

## Notes Due Us

# 1

Lender	Borrower	Total amount due	Amount of each payment	Date of note	Interest rate	Note is located
		\$	\$		%	

Remaining balance

Date	\$	/Date	\$	/Date	\$	/Date	\$
------	----	-------	----	-------	----	-------	----

# 2

Lender	Borrower	Total amount due	Amount of each payment	Date of note	Interest rate	Note is located
		\$	\$		%	

Remaining balance

Date	\$	/Date	\$	/Date	\$	/Date	\$
------	----	-------	----	-------	----	-------	----

# 3

Lender	Borrower	Total amount due	Amount of each payment	Date of note	Interest rate	Note is located
		\$	\$		%	

Remaining balance

Date	\$	/Date	\$	/Date	\$	/Date	\$
------	----	-------	----	-------	----	-------	----

## Trusts

Examples of "kinds of trusts" are living revokable, living nonrevokable, and testamentary.

Kind of trust	Trustee(s)	Contact person, address, phone

## Nonbusiness Debts

Enter debts for automobiles, education, home improvements, and other such items.

Description	Institution or person(s) we owe	Total amount due	Date(s) payments due	Amount of each payment	Papers are located
		\$		\$	

## Credit Cards

Name of company	Number	If lost, phone number

I have credit insurance  yes  no *If yes, enter that information in the next chapter.*

**Charitable Contributions** *Include amounts planned for and given.*

■ **Plans for** \_\_\_\_\_  
year

Names and addresses of charities	Amount planned to give	Amount given	Check number(s)
_____	\$ _____	\$ _____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

■ **Plans for** \_\_\_\_\_  
year

Names and addresses of charities	Amount planned to give	Amount given	Check number(s)
_____	\$ _____	\$ _____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Money is of a prolific, generating nature. Money can beget money, and its offspring can beget more.***

**BENJAMIN FRANKLIN**







■ **Plans for** \_\_\_\_\_  
year

Names and addresses of charities	Amount planned to give	Amount given	Check number(s)
_____	\$ _____	\$ _____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

■ **Plans for** \_\_\_\_\_  
year

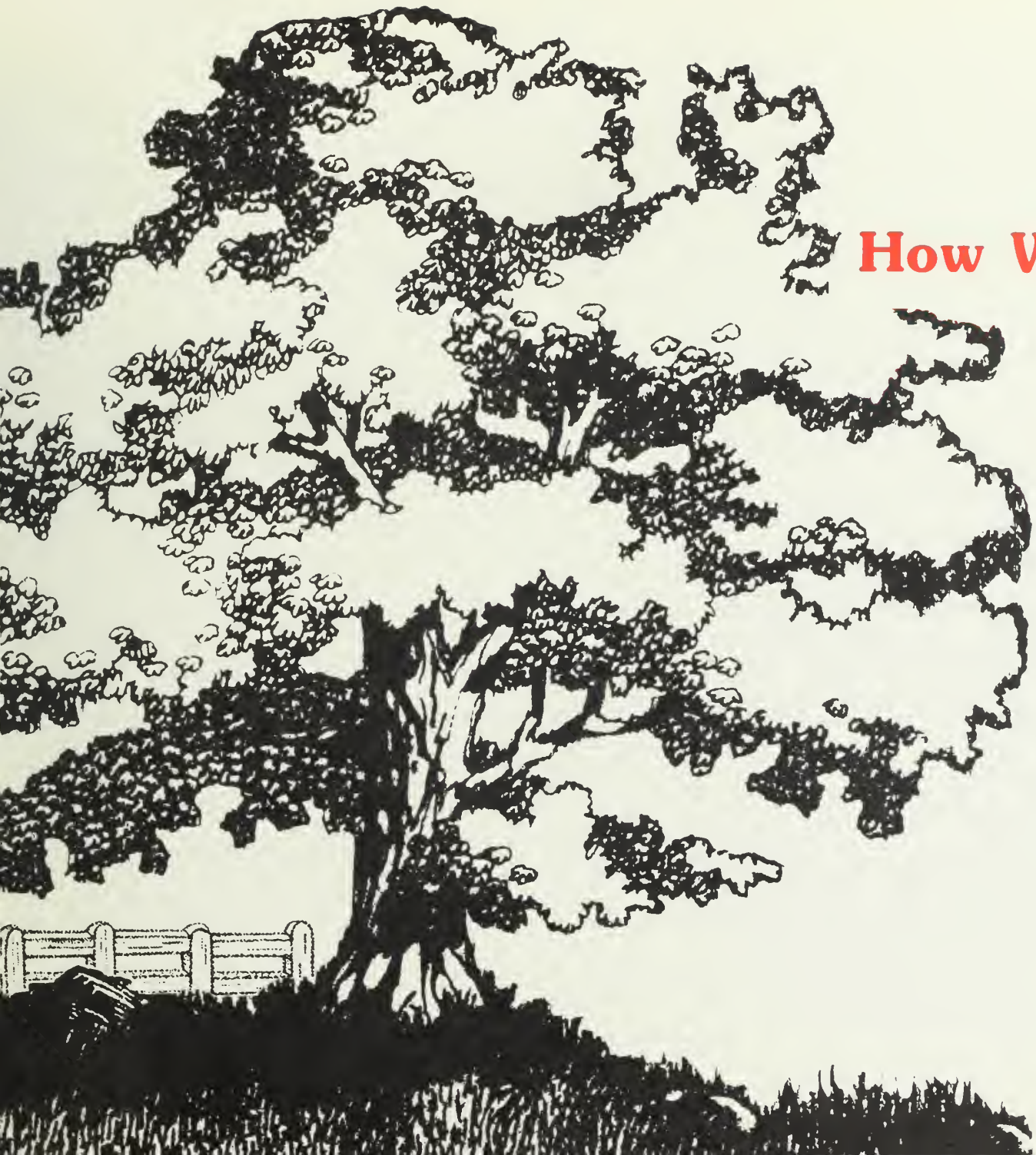
Names and addresses of charities	Amount planned to give	Amount given	Check number(s)
_____	\$ _____	\$ _____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

■ Plans for \_\_\_\_\_  
year

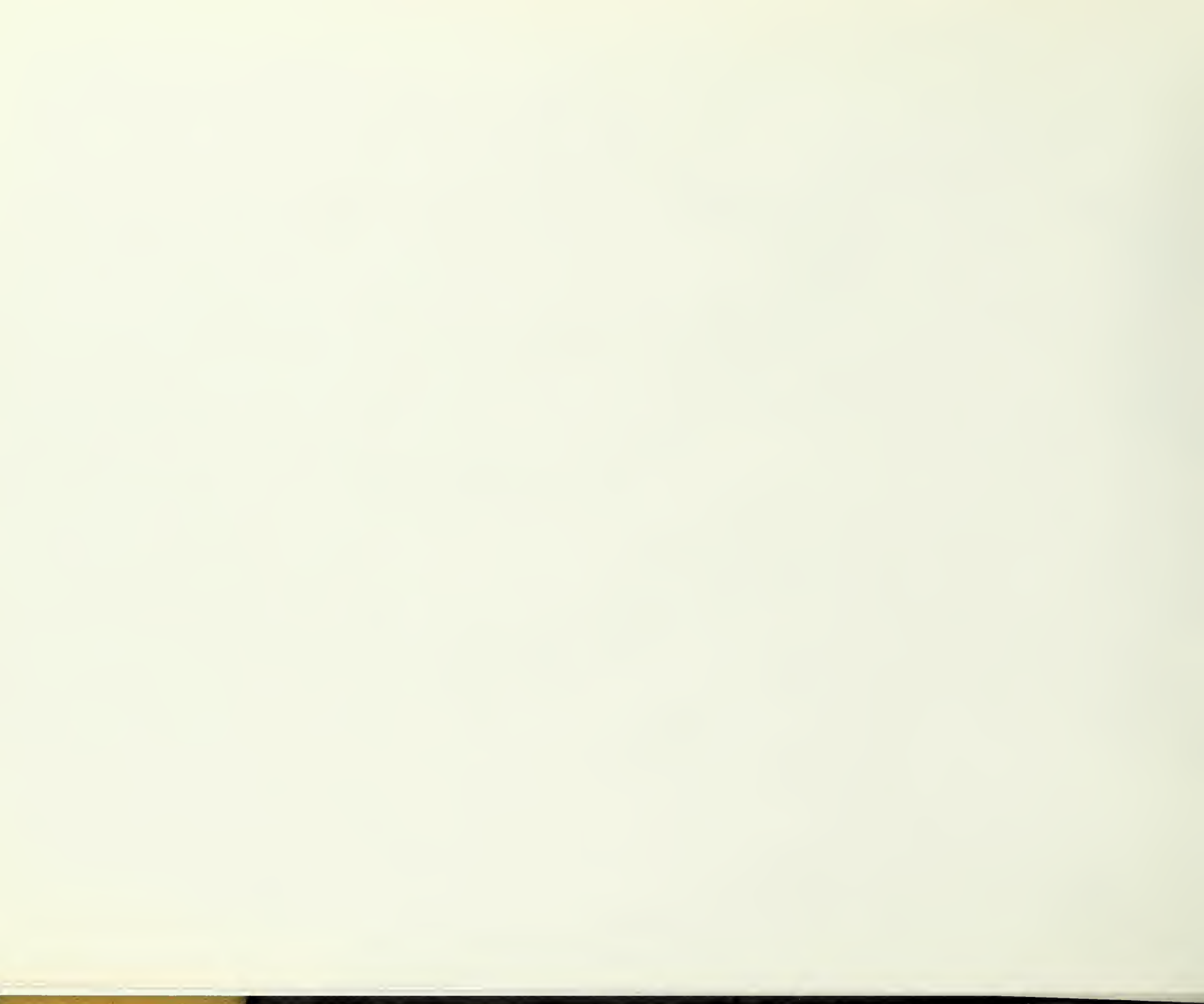
Names and addresses of charities	Amount planned to give	Amount given	Check number(s)
_____	\$ _____	\$ _____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

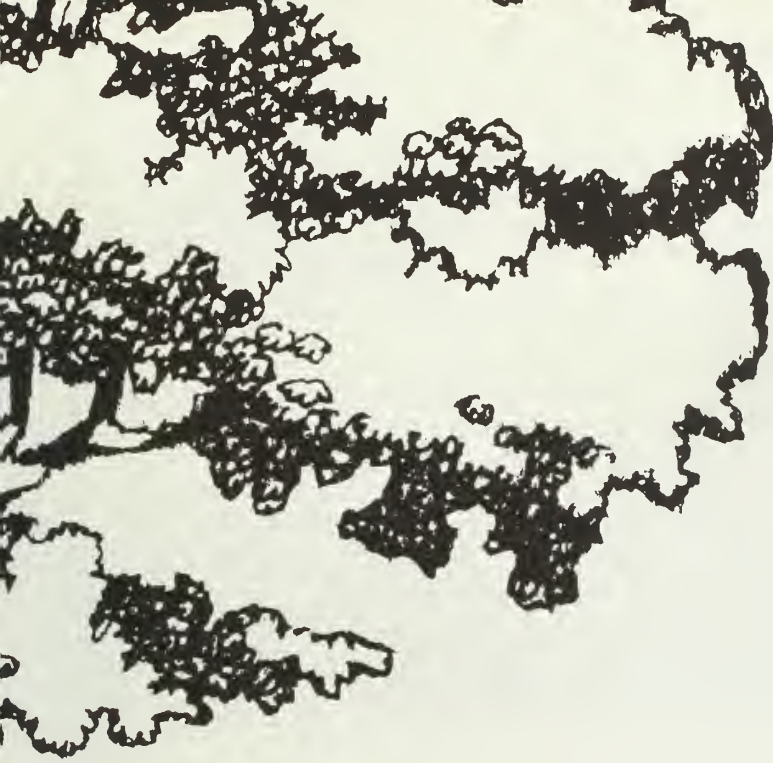
**More About Our Money Matters**

*Here's a place for notations and additions to this chapter.*



## How We're Insured





It's difficult to keep all your insurance policies well organized, but it may become a little easier with this chapter. Completing this chapter will also help you analyze whether you are over- or underinsured. So fill it in now — don't wait for an emergency.

NOTE: Space for vehicle insurance is in "How We Get Around," and space for crop insurance is in "The Farm."

#### WHAT YOU WILL NEED

- Life insurance policies and papers regarding any loans**
- Annuities**
- Health insurance policies, all types — including hospital, physician, and convalescent and nursing care policies**
- Accident and liability insurance policies**
- Disability insurance policies**
- Mortgage insurance policy, homeowner's insurance policy, other policies**

## How You Can Keep Track

It's just one policy after another, but check them off as you go.

- Life Insurance
- Annuities
- Health Insurance
- Accident Insurance
- Disability Insurance
- Liability Insurance
- Homeowner's Insurance
- Mortgage Insurance
- Other

**This section was last updated**

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date

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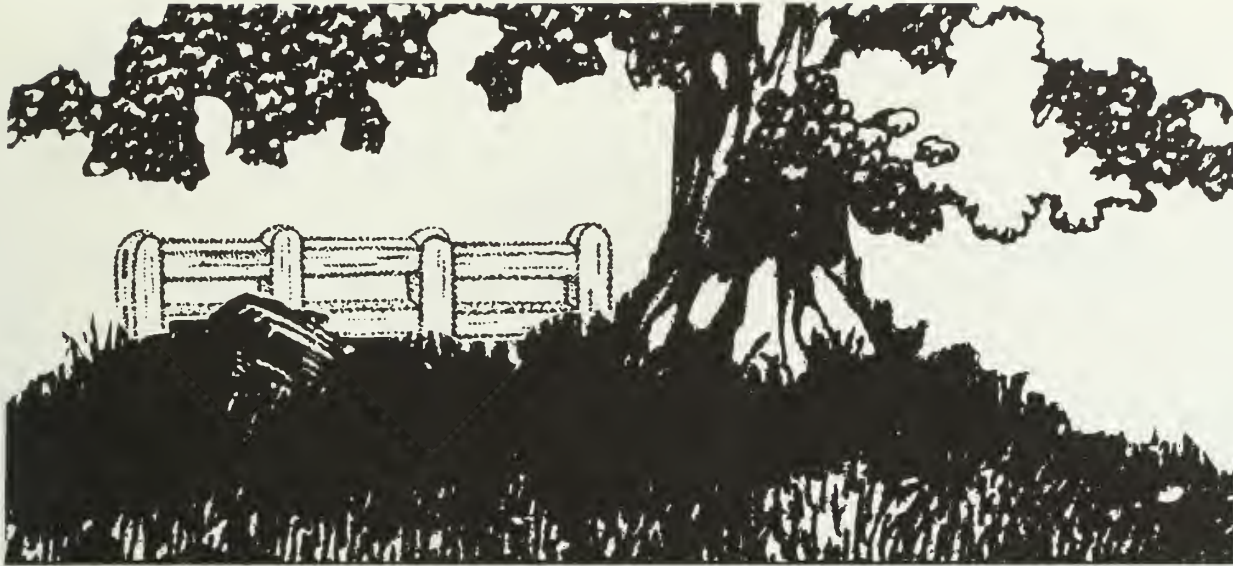
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## How We're Insured

'Tis easy to see, hard to foresee.  
BENJAMIN FRANKLIN

### Life Insurance

# 1

Name of insured

Company, address, agent, phone

Kind of insurance

Policy number





Face amount

Policy owner

Primary beneficiary(s)

Secondary beneficiary(s)

Date(s) premiums due

Policy is located

\$







Cash value

Amount(s) borrowed against policy

19	\$	19	\$	19	\$
19	\$	19	\$	19	\$

Date _____	Amount \$ _____
Date _____	Amount \$ _____
Date _____	Amount \$ _____

# 2

Name of insured

Company, address, agent, phone

Kind of insurance

Policy number

Face amount

Policy owner

Primary beneficiary(s)

Secondary beneficiary(s)

Date(s) premiums due

Policy is located

\$

Cash value

Amount(s) borrowed against policy

19	\$	_____	19	\$	_____	19	\$	_____
19	\$	_____	19	\$	_____	19	\$	_____

Date _____	Amount \$ _____
Date _____	Amount \$ _____
Date _____	Amount \$ _____

# 3

Name of insured

Company, address, agent, phone

Kind of insurance

Policy number

Face amount

Policy owner

Primary beneficiary(s)

Secondary beneficiary(s)

Date(s) premiums due

Policy is located

\$

Cash value

Amount(s) borrowed against policy

19	\$	_____	19	\$	_____	19	\$	_____
19	\$	_____	19	\$	_____	19	\$	_____

Date _____	Amount \$ _____
Date _____	Amount \$ _____
Date _____	Amount \$ _____



# 4

Name of insured

Company, address, agent, phone

Kind of insurance

Policy number

Face amount

\$

Policy owner

Primary beneficiary(s)

Secondary beneficiary(s)

Date(s) premiums due

Policy is located

Cash value

19__ \$_____	19__ \$_____	19__ \$_____
19__ \$_____	19__ \$_____	19__ \$_____

Amount(s) borrowed against policy

Date_____	Amount \$_____
Date_____	Amount \$_____
Date_____	Amount \$_____

# 5

Name of insured

Company, address, agent, phone

Kind of insurance

Policy number

Face amount

\$

Policy owner

Primary beneficiary(s)

Secondary beneficiary(s)

Date(s) premiums due

Policy is located

Cash value

19__ \$_____	19__ \$_____	19__ \$_____
19__ \$_____	19__ \$_____	19__ \$_____

Amount(s) borrowed against policy

Date_____	Amount \$_____
Date_____	Amount \$_____
Date_____	Amount \$_____

# Annuities

# 1

Owner

Company, address, contact person, phone

Amount

\$

Primary beneficiary(s)

Secondary beneficiary(s)

Comments about payment

Papers are located

# 2

Owner

Company, address, contact person, phone

Amount

\$

Primary beneficiary(s)

Secondary beneficiary(s)

Comments about payment

Papers are located

# 3

Owner

Company, address, contact person, phone

Amount

\$

Primary beneficiary(s)

Secondary beneficiary(s)

Comments about payment

Papers are located

## Health Insurance

Include various types, such as hospital, physician, and convalescent and nursing care policies.

Name of insured	Company, address, agent, phone	Kind of policy	Date(s) premiums due	Policy is located
		Policy number		

Name of insured	Company, address, agent, phone	Kind of policy	Date(s) premiums due	Policy is located
		Policy number		

Name of insured	Company, address, agent, phone	Kind of policy	Date(s) premiums due	Policy is located
		Policy number		



***Make preparations in advance. You'll have less trouble if you are prepared for it.***

Name of insured	Company, address, agent, phone	Kind of policy	Date(s) premiums due	Policy is located
		Policy number		

Name of insured	Company, address, agent, phone	Kind of policy	Date(s) premiums due	Policy is located
		Policy number		

Name of insured	Company, address, agent, phone	Kind of policy	Date(s) premiums due	Policy is located
		Policy number		

Name of insured	Company, address, agent, phone	Kind of policy	Date(s) premiums due	Policy is located
		Policy number		

Name of insured	Company, address, agent, phone	Kind of policy	Date(s) premiums due	Policy is located
		Policy number		

Name of insured	Company, address, agent, phone	Kind of policy	Date(s) premiums due	Policy is located
		Policy number		

***The easiest way to find something you've lost is to simply buy a replacement for it — if it can be replaced, that is.***



## Accident Insurance

	Name of insured	Company, address, agent, phone	Policy number	Date(s) premiums due	Policy is located
<b>1</b>					
<b>2</b>					
<b>3</b>					

## Disability Insurance

	Name of insured	Company, address, agent, phone	Policy number	Date(s) premiums due	Policy is located
<b>1</b>					
<b>2</b>					
<b>3</b>					

## Liability Insurance

	Name of insured	Company, address, agent, phone	Policy number	Date(s) premiums due	Policy is located
<b>1</b>					
<b>2</b>					
<b>3</b>					

## Homeowner's Insurance

	Name of insured	Company, address, agent, phone	Policy number	Date(s) premiums due	Policy is located
<b>1</b>					
<b>2</b>					
<b>3</b>					

## Mortgage Insurance

	Name of insured	Company, address, agent, phone	Policy number	Date(s) premiums due	Policy is located
<b>1</b>					
<b>2</b>					
<b>3</b>					

Other \_\_\_\_\_

	Name of insured	Company, address, agent, phone	Policy number	Date(s) premiums due	Policy is located
<b>1</b>					
<b>2</b>					
<b>3</b>					



Other \_\_\_\_\_

1  
2  
3

Name of insured	Company, address, agent, phone	Policy number	Date(s) premiums due	Policy is located



***Success in Money Management is not a will-o'-the-wisp that comes to some and not to others because of fate, chance, or luck.***

VENITA VAN CASPEL

## More About Our Insurance

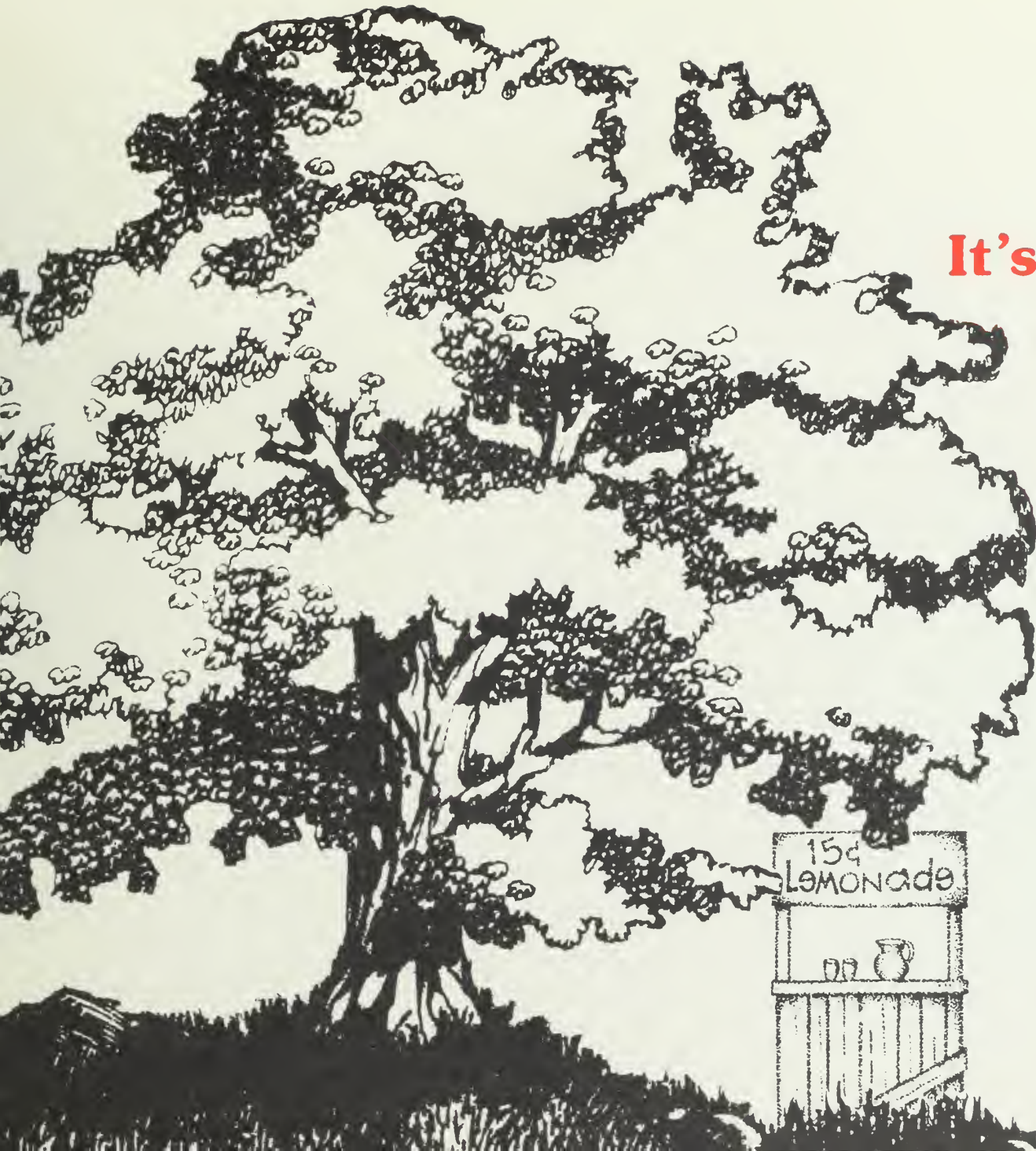
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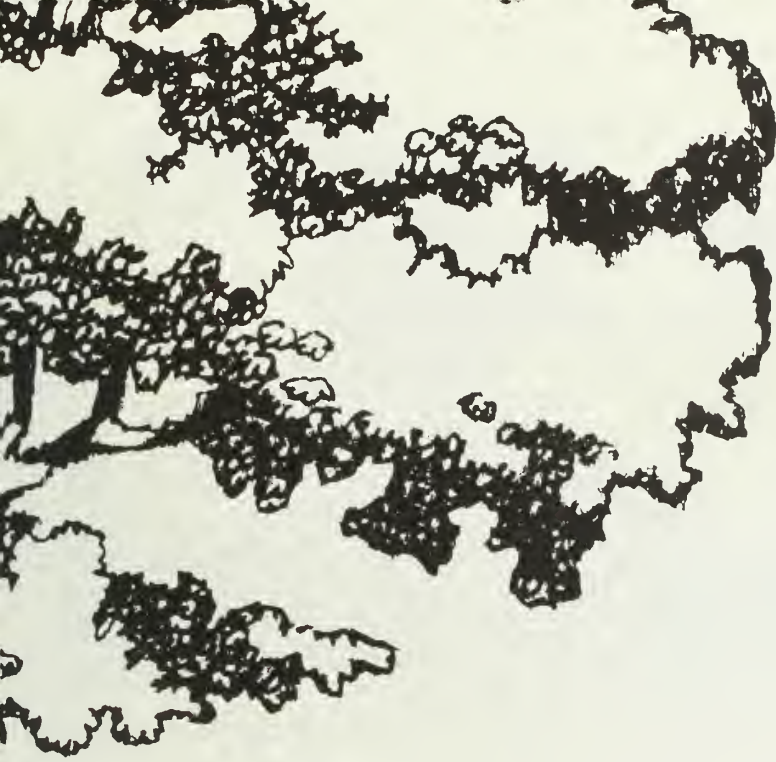
Insurance/12

Insurance/10

**It's My Business**







This chapter has space for information about one business. If your family has more than one business, use the order blanks in the last chapter to order additional forms.

If you have a family business or a part-interest in another business, you should have some central place to write down the information that only you know. Your consideration will help your family carry on the business in your absence or in an emergency. Although you may keep more complete financial records elsewhere for your own use, this chapter will provide added help when needed.

#### **WHAT YOU WILL NEED**

- Copy of last federal income tax return**
- Deeds and abstracts**
- Mortgages**
- Partnership agreements**
- Articles of incorporation**
- Records of stock owned in corporations**
- Records of money loaned to corporations**
- Employee records and agreements**
- Property leases**
- Agreements for nonreal property owned with someone other than family**
- Notes payable and receivable**





## It's My Business

Two essentials in business:  
courage and vision.

### Business Real Estate Owned Individually or with Other Family Members

Space is provided for 7 properties.

1	Legal description and size	Date acquired	Purchase price	Owner(s)		
				\$		
	Ownership, such as joint-tenancy, tenancy-in-common	Mortgage held by: name, phone	Amount of mortgage	Date(s) payments due	Amount of each payment	Abstract is located
			\$		\$	
	Deed is located	Fair market value	If sold: to whom, date of sale, terms of sale, sale price			
	\$					

# 2

Legal description and size

Date acquired

Purchase price

Owner(s)

Ownership, such as joint-tenancy, tenancy-in-common

Mortgage held by: name, phone

Amount of mortgage

Date(s) payments due

Amount of each payment

Abstract is located

Deed is located

Fair market value

If sold: to whom, date of sale, terms of sale, sale price

# 3

Legal description and size

Date acquired

Purchase price

Owner(s)

Ownership, such as joint-tenancy, tenancy-in-common

Mortgage held by: name, phone

Amount of mortgage

Date(s) payments due

Amount of each payment

Abstract is located

Deed is located

Fair market value

If sold: to whom, date of sale, terms of sale, sale price



4

Legal description and size

Date acquired

Purchase price

Owner(s)

[Empty box for legal description and size]

[Empty box for date acquired]

[Empty box for purchase price, starting with \$]

[Empty box for owner(s)]

Ownership, such as joint-tenancy, tenancy-in-common

Mortgage held by: name, phone

Amount of mortgage

Date(s) payments due

Amount of each payment

Abstract is located

[Empty box for ownership]

[Empty box for mortgage held by]

[Empty box for amount of mortgage, starting with \$]

[Empty box for date(s) payments due]

[Empty box for amount of each payment, starting with \$]

[Empty box for abstract is located]

Deed is located

Fair market value

If sold: to whom, date of sale, terms of sale, sale price

[Empty box for deed is located]

[Empty box for fair market value, starting with \$]

[Empty box for if sold details]

5

Legal description and size

Date acquired

Purchase price

Owner(s)

[Empty box for legal description and size]

[Empty box for date acquired]

[Empty box for purchase price, starting with \$]

[Empty box for owner(s)]

Ownership, such as joint-tenancy, tenancy-in-common

Mortgage held by: name, phone

Amount of mortgage

Date(s) payments due

Amount of each payment

Abstract is located

[Empty box for ownership]

[Empty box for mortgage held by]

[Empty box for amount of mortgage, starting with \$]

[Empty box for date(s) payments due]

[Empty box for amount of each payment, starting with \$]

[Empty box for abstract is located]

Deed is located

Fair market value

If sold: to whom, date of sale, terms of sale, sale price

[Empty box for deed is located]

[Empty box for fair market value, starting with \$]

[Empty box for if sold details]

6

Legal description and size

Date acquired

Purchase price

Owner(s)

Ownership, such as joint-tenancy, tenancy-in-common

Mortgage held by: name, phone

Amount of mortgage

Date(s) payments due

Amount of each payment

Abstract is located

Deed is located

Fair market value

If sold: to whom, date of sale, terms of sale, sale price

7

Legal description and size

Date acquired

Purchase price

Owner(s)

Ownership, such as joint-tenancy, tenancy-in-common

Mortgage held by: name, phone

Amount of mortgage

Date(s) payments due

Amount of each payment

Abstract is located

Deed is located

Fair market value

If sold: to whom, date of sale, terms of sale, sale price



*The meek shall inherit the earth — but not its mineral rights.*

J. PAUL GETTY

## Mineral Rights

If you own property that includes mineral rights, fill in this section. If you own just the mineral rights to a property, enter them on page Money/27.

1	Legal description of property	Date mineral rights acquired	Owner(s) of mineral rights	Kind of legal document
				Document is located

Since acquiring this property, I have disposed of the mineral rights by  leasing  selling  other \_\_\_\_\_  
them to \_\_\_\_\_ on \_\_\_\_\_  
name(s) date

Terms of agreement \_\_\_\_\_  
\_\_\_\_\_

2	Legal description of property	Date mineral rights acquired	Owner(s) of mineral rights	Kind of legal document
				Document is located

Since acquiring this property, I have disposed of the mineral rights by  leasing  selling  other \_\_\_\_\_  
them to \_\_\_\_\_ on \_\_\_\_\_  
name(s) date

Terms of agreement \_\_\_\_\_  
\_\_\_\_\_

# Ownership in a Business Partnership or Corporation

**1** I have a \_\_\_\_\_ % interest in a partnership. Kind of business \_\_\_\_\_

Contact person \_\_\_\_\_  
name address phone

I have a \_\_\_\_\_ % interest in a corporation. Kind of business \_\_\_\_\_

Corporation \_\_\_\_\_  
name address

contact person phone

**■ Stock owned in the corporation**

Type of stock, such as preferred, common	Number of shares	Value of each share
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____

Type of stock, such as preferred, common	Number of shares	Value of each share
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____

**■ I have loaned money to the  partnership  corporation**

Loaned	
Date	Amount
_____	\$ _____
_____	_____
_____	_____
_____	_____

Still owed to me on the loan	
Date	Amount
_____	\$ _____
_____	_____
_____	_____
_____	_____

# 2

I have a \_\_\_\_\_% interest in a partnership. Kind of business \_\_\_\_\_

Contact person \_\_\_\_\_  
name address phone

I have a \_\_\_\_\_% interest in a corporation. Kind of business \_\_\_\_\_

Corporation \_\_\_\_\_  
name address

contact person phone

## ■ Stock owned in the corporation

Type of stock, such as preferred, common	Number of shares	Value of each share
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of stock, such as preferred, common	Number of shares	Value of each share
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## ■ I have loaned money to the partnership corporation

Loaned	
Date	Amount
	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____

Still owed to me on the loan	
Date	Amount
	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____

# 3

I have a \_\_\_\_\_% interest in a partnership. Kind of business \_\_\_\_\_

Contact person \_\_\_\_\_  
name address phone

I have a \_\_\_\_\_% interest in a corporation. Kind of business \_\_\_\_\_

Corporation \_\_\_\_\_  
name address

contact person phone

## ■ Stock owned in the corporation

Type of stock, such as preferred, common	Number of shares	Value of each share
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of stock, such as preferred, common	Number of shares	Value of each share
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## ■ I have loaned money to the partnership corporation

Loaned	
Date	Amount
_____	\$ _____
_____	_____
_____	_____
_____	_____

Still owed to me on the loan	
Date	Amount
_____	\$ _____
_____	_____
_____	_____
_____	_____

# 4

I have a \_\_\_\_\_% interest in a partnership. Kind of business \_\_\_\_\_

Contact person \_\_\_\_\_  
name address phone

I have a \_\_\_\_\_% interest in a corporation. Kind of business \_\_\_\_\_

Corporation \_\_\_\_\_  
name address

contact person phone

## ■ Stock owned in the corporation

Type of stock, such as preferred, common	Number of shares	Value of each share
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of stock, such as preferred, common	Number of shares	Value of each share
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

■ I have loaned money to the  partnership  corporation

Loaned	
Date	Amount
	\$ _____
_____	_____
_____	_____
_____	_____

Still owed to me on the loan	
Date	Amount
	\$ _____
_____	_____
_____	_____
_____	_____

**Example is not the main thing in influencing others. It is the only thing.**

ALBERT SCHWEITZER



**Employees**

This information is a summary of my complete employment records, which are located \_\_\_\_\_

**1**

Name	Written agreement			Date employed	Salary payments	
	No	Yes	Where located		Amount	Frequency
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Fringe and noncash benefits						Date filled in
<input type="text"/>						<input type="text"/>

**2**

Name	Written agreement			Date employed	Salary payments	
	No	Yes	Where located		Amount	Frequency
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Fringe and noncash benefits						Date filled in
<input type="text"/>						<input type="text"/>

**3**

Name	Written agreement			Date employed	Salary payments	
	No	Yes	Where located		Amount	Frequency
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Fringe and noncash benefits						Date filled in
<input type="text"/>						<input type="text"/>



4

Name

Written agreement

No Yes

Where located

Date employed

Salary payments

Amount

Frequency

\$

Fringe and noncash benefits

Date filled in

5

Name

Written agreement

No Yes

Where located

Date employed

Salary payments

Amount

Frequency

\$

Fringe and noncash benefits

Date filled in

**Property Rented or Leased from Others** *Include land, buildings, and equipment.*

Description and size

Lessor

Date of lease

Length of lease

Lease is located


**Property Rented or Leased to Others** *Include land, buildings, and equipment.*

Description and size	Lessee	Date of lease	Length of lease	Lease is located

**Nonreal Property Jointly Owned with Someone other than Family** *Include equipment and vehicles.*

Description of item	Item is located	Owned with	Type of ownership	Written agreement		
				No	Yes	Where located

***Creditors have better memories than debtors.***

BENJAMIN FRANKLIN

**Business Debts**

Purpose or use	Borrowed from: name, address, phone	Amount \$	Date due	Papers are located	Date paid off

# More About My Business

Here's a place for notations and additions to this chapter.





## The Farm





Your farm accounting system may provide an adequate basis for filing your income tax, analyzing your farm business, and making net worth, cash flow, and profit-loss statements. But you have other crucial information about your farm — in your head, on scraps of paper, in a small seed corn book, and elsewhere. That is the information your family might need if they have to take over in your place.

You'll feel better having this information in one location, and your family will certainly feel more secure.

#### WHAT YOU WILL NEED

- Copy of last federal income tax return
- Deeds and abstracts
- Mortgages, partnership agreements, articles of incorporation, with records of stocks owned and money loaned
- Employee records and agreements
- Property leases
- Agreements for nonreal property owned with someone other than spouse
- Notes payable and receivable
- Patronage dividends withheld by a cooperative
- Warehouse receipts and scale tickets for grain stored off-farm
- Commodity futures contracts
- Agreements on participation in government agricultural programs
- Crop insurance policies
- Farm record book
- Business telephone and address book

## How You Can Keep Track

This is a big section, so every check mark will help.

- Farmland Owned Individually or with Other Family Members
- Mineral Rights
- Ownership in a Business Partnership or Corporation
- Employees
- Property Rented or Leased from Others
- Property Rented or Leased to Others
- Nonreal Property Jointly Owned with Someone other than Spouse
- Business Debts
- Capital Credit Allocations: Patronage Refunds Retained by Cooperatives
- Off-Farm Grain Storage
- Commodity Futures Contracts
- Participation in Government Agricultural Programs
- Crop Insurance
- People Who Help Us

**This section was last updated**

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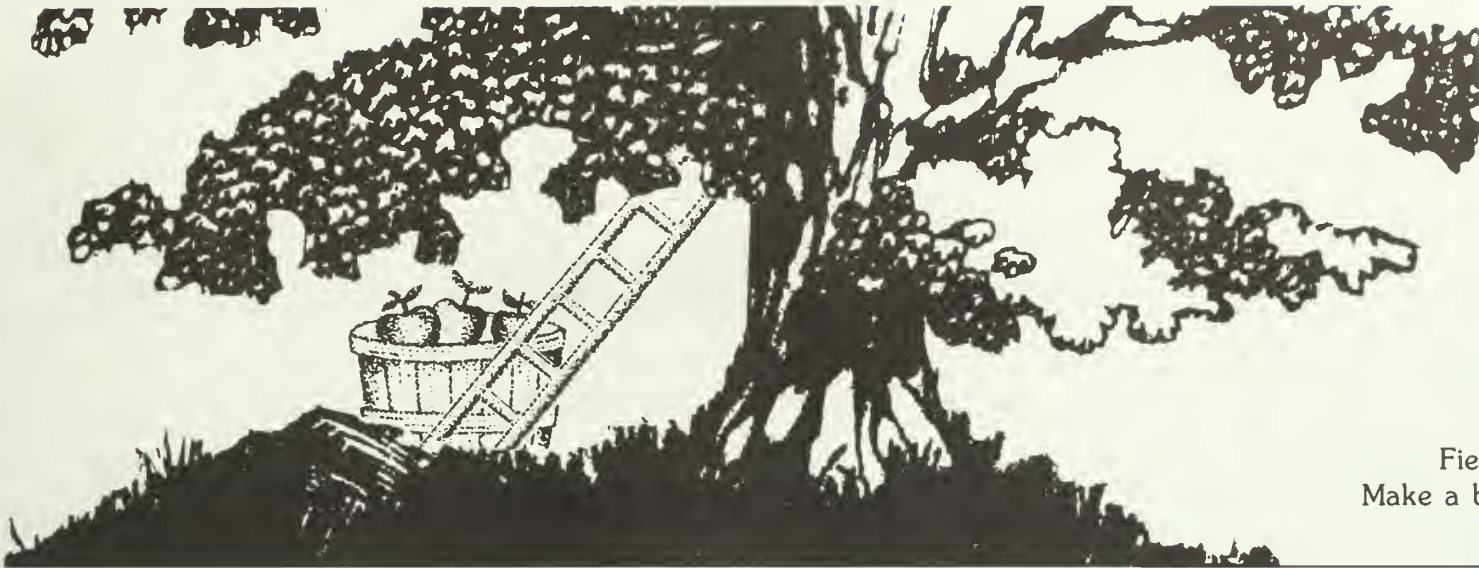
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date

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date





## The Farm

Fields that are well tilled  
Make a barn that is well filled.

### Farmland Owned Individually or with Other Family Members

Space is provided for 7 tracts.

	Legal description and acreage	Date acquired	Purchase price	Owner(s)
<b>1</b>			\$	

Ownership, such as joint-tenancy, tenancy-in-common	Mortgage held by: name, phone	Amount of mortgage	Date(s) payments due	Amount of each payment	Abstract is located
		\$		\$	

Deed is located	Fair market value	If sold: to whom, date of sale, terms of sale, sale price
	\$	

2

Legal description and acreage

Date acquired

Purchase price

Owner(s)

[Empty box for legal description and acreage]

[Empty box for date acquired]

[Empty box for purchase price, starting with \$]

[Empty box for owner(s)]

Ownership, such as joint-tenancy, tenancy-in-common

Mortgage held by: name, phone

Amount of mortgage

Date(s) payments due

Amount of each payment

Abstract is located

[Empty box for ownership]

[Empty box for mortgage held by]

[Empty box for amount of mortgage, starting with \$]

[Empty box for date(s) payments due]

[Empty box for amount of each payment, starting with \$]

[Empty box for abstract is located]

Deed is located

Fair market value

If sold: to whom, date of sale, terms of sale, sale price

[Empty box for deed is located]

[Empty box for fair market value, starting with \$]

[Empty box for if sold information]

3

Legal description and acreage

Date acquired

Purchase price

Owner(s)

[Empty box for legal description and acreage]

[Empty box for date acquired]

[Empty box for purchase price, starting with \$]

[Empty box for owner(s)]

Ownership, such as joint-tenancy, tenancy-in-common

Mortgage held by: name, phone

Amount of mortgage

Date(s) payments due

Amount of each payment

Abstract is located

[Empty box for ownership]

[Empty box for mortgage held by]

[Empty box for amount of mortgage, starting with \$]

[Empty box for date(s) payments due]

[Empty box for amount of each payment, starting with \$]

[Empty box for abstract is located]

Deed is located

Fair market value

If sold: to whom, date of sale, terms of sale, sale price

[Empty box for deed is located]

[Empty box for fair market value, starting with \$]

[Empty box for if sold information]

4

Legal description and acreage

Date acquired

Purchase price

Owner(s)

[Empty box for legal description and acreage]

[Empty box for date acquired]

[Empty box for purchase price with \$ symbol]

[Empty box for owner(s)]

Ownership, such as joint-tenancy, tenancy-in-common

Mortgage held by: name, phone

Amount of mortgage

Date(s) payments due

Amount of each payment

Abstract is located

[Empty box for ownership]

[Empty box for mortgage held by]

[Empty box for amount of mortgage with \$ symbol]

[Empty box for date(s) payments due]

[Empty box for amount of each payment with \$ symbol]

[Empty box for abstract is located]

Deed is located

Fair market value

If sold: to whom, date of sale, terms of sale, sale price

[Empty box for deed is located]

[Empty box for fair market value with \$ symbol]

[Empty box for if sold information]

5

Legal description and acreage

Date acquired

Purchase price

Owner(s)

[Empty box for legal description and acreage]

[Empty box for date acquired]

[Empty box for purchase price with \$ symbol]

[Empty box for owner(s)]

Ownership, such as joint-tenancy, tenancy-in-common

Mortgage held by: name, phone

Amount of mortgage

Date(s) payments due

Amount of each payment

Abstract is located

[Empty box for ownership]

[Empty box for mortgage held by]

[Empty box for amount of mortgage with \$ symbol]

[Empty box for date(s) payments due]

[Empty box for amount of each payment with \$ symbol]

[Empty box for abstract is located]

Deed is located

Fair market value

If sold: to whom, date of sale, terms of sale, sale price

[Empty box for deed is located]

[Empty box for fair market value with \$ symbol]

[Empty box for if sold information]

# 6

Legal description and acreage

Date acquired

Purchase price

Owner(s)

Ownership, such as joint-tenancy, tenancy-in-common

Mortgage held by: name, phone

Amount of mortgage

Date(s) payments due

Amount of each payment

Abstract is located

Deed is located

Fair market value

If sold: to whom, date of sale, terms of sale, sale price

# 7

Legal description and acreage

Date acquired

Purchase price

Owner(s)

Ownership, such as joint-tenancy, tenancy-in-common

Mortgage held by: name, phone

Amount of mortgage

Date(s) payments due

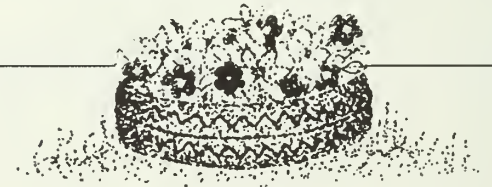
Amount of each payment

Abstract is located

Deed is located

Fair market value

If sold: to whom, date of sale, terms of sale, sale price



## Mineral Rights

If you own property that includes mineral rights, fill in this section. If you own just the mineral rights to a property, enter them on page Money/27.

1	Legal description of property	Date mineral rights acquired	Owner(s) of mineral rights	Kind of legal document
				Document located

Since acquiring this property, we have disposed of the mineral rights by  leasing  selling  other \_\_\_\_\_

them to \_\_\_\_\_ on \_\_\_\_\_ date

name(s)

Terms of agreement \_\_\_\_\_

2	Legal description of property	Date mineral rights acquired	Owner(s) of mineral rights	Kind of legal document
				Document located

Since acquiring this property, we have disposed of the mineral rights by  leasing  selling  other \_\_\_\_\_

them to \_\_\_\_\_ on \_\_\_\_\_ date

name(s)

Terms of agreement \_\_\_\_\_

## Ownership in a Business Partnership or Corporation

# 1

We have a \_\_\_\_\_% interest in a partnership. Kind of business \_\_\_\_\_

Contact person \_\_\_\_\_  
name address phone

We have a \_\_\_\_\_% interest in a corporation. Kind of business \_\_\_\_\_

Corporation \_\_\_\_\_  
name address

contact person phone

### ■ Stock owned in the corporation

Type of stock, such as preferred, common	Number of shares	Value of each share	Type of stock, such as preferred, common	Number of shares	Value of each share
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

■ We have loaned money to the  partnership  corporation



Loaned	
Date	Amount
	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____

Still owed to me on the loan	
Date	Amount
	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____

# 2

We have a \_\_\_\_\_ % interest in a partnership. Kind of business \_\_\_\_\_

Contact person \_\_\_\_\_  
name address phone

We have a \_\_\_\_\_ % interest in a corporation. Kind of business \_\_\_\_\_

Corporation \_\_\_\_\_  
name address

contact person phone

## ■ Stock owned in the corporation

Type of stock, such as preferred, common	Number of shares	Value of each share
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of stock, such as preferred, common	Number of shares	Value of each share
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## ■ We have loaned money to the partnership corporation

Loaned	
Date	Amount
_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____

Still owed to me on the loan	
Date	Amount
_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____



## Employees

This information is a summary of our complete employment records, which are located \_\_\_\_\_

# 1

Name	Written agreement			Date employed	Salary payments	
	No	Yes	Where located		Amount	Frequency
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Fringe and noncash benefits

Date filled in

<input type="text"/>	<input type="text"/>
----------------------	----------------------

# 2

Name	Written agreement			Date employed	Salary payments	
	No	Yes	Where located		Amount	Frequency
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Fringe and noncash benefits

Date filled in

<input type="text"/>	<input type="text"/>
----------------------	----------------------

# 3

Name	Written agreement			Date employed	Salary payments	
	No	Yes	Where located		Amount	Frequency
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Fringe and noncash benefits

Date filled in

<input type="text"/>	<input type="text"/>
----------------------	----------------------



*A farmer is always going to be rich next year.*

PHILEMON



4

Name

Written agreement

No Yes

Where located

Date employed

Salary payments

Amount

Frequency








Fringe and noncash benefits

Date filled in



5

Name

Written agreement

No Yes

Where located

Date employed

Salary payments

Amount

Frequency








Fringe and noncash benefits

Date filled in



**Property Rented or Leased from Others** *Include land, buildings, equipment, and livestock.*

Description and size

Lessor

Date of lease

Length of lease

Lease is located


**Property Rented or Leased to Others** *Include land, buildings, equipment, and livestock.*

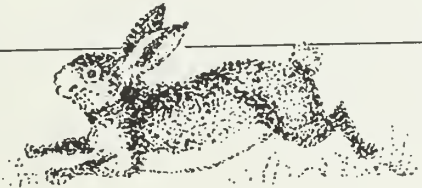
Description and size	Lessee	Date of lease	Length of lease	Lease is located

**Nonreal Property Jointly Owned with Someone other than Spouse** *Include equipment and vehicles.*

Description of item	Item is located	Owned with	Type of ownership	Written agreement		
				No	Yes	Where located

**Business Debts**

Purpose or use	Borrowed from: name, address, phone	Amount \$	Date due	Papers are located	Date paid off



## Business Debts, cont.

Purpose or use	Borrowed from: name, address, phone	Amount	Date due	Papers are located	Date paid off
		\$			

**Business Debts, cont.**

Purpose or use	Borrowed from: name, address, phone	Amount	Date due	Papers are located	Date paid off
		\$			

**Capital Credit Allocations: Patronage Refunds Retained by Cooperatives**

Cooperative, address, phone	Year	Amount retained	Accumulated balance
		\$	\$

## Off-Farm Grain Storage

**1** Kind of grain \_\_\_\_\_ Date put in storage \_\_\_\_\_ Number of bushels \_\_\_\_\_

Storage firm \_\_\_\_\_  
name address contact person phone

Warehouse receipt is located \_\_\_\_\_ Scale tickets are located \_\_\_\_\_

Marketing plan:  Forward pricing  Delayed pricing  Delayed payment Date grain sold \_\_\_\_\_

**2** Kind of grain \_\_\_\_\_ Date put in storage \_\_\_\_\_ Number of bushels \_\_\_\_\_

Storage firm \_\_\_\_\_  
name address contact person phone

Warehouse receipt is located \_\_\_\_\_ Scale tickets are located \_\_\_\_\_

Marketing plan:  Forward pricing  Delayed pricing  Delayed payment Date grain sold \_\_\_\_\_

**3** Kind of grain \_\_\_\_\_ Date put in storage \_\_\_\_\_ Number of bushels \_\_\_\_\_

Storage firm \_\_\_\_\_  
name address contact person phone

Warehouse receipt is located \_\_\_\_\_ Scale tickets are located \_\_\_\_\_

Marketing plan:  Forward pricing  Delayed pricing  Delayed payment Date grain sold \_\_\_\_\_

**4** Kind of grain \_\_\_\_\_ Date put in storage \_\_\_\_\_ Number of bushels \_\_\_\_\_

Storage firm \_\_\_\_\_  
name address contact person phone

Warehouse receipt is located \_\_\_\_\_ Scale tickets are located \_\_\_\_\_

Marketing plan:  Forward pricing  Delayed pricing  Delayed payment Date grain sold \_\_\_\_\_

**5** Kind of grain \_\_\_\_\_ Date put in storage \_\_\_\_\_ Number of bushels \_\_\_\_\_

Storage firm \_\_\_\_\_  
name address contact person phone

Warehouse receipt is located \_\_\_\_\_ Scale tickets are located \_\_\_\_\_

Marketing plan:  Forward pricing  Delayed pricing  Delayed payment Date grain sold \_\_\_\_\_

**6** Kind of grain \_\_\_\_\_ Date put in storage \_\_\_\_\_ Number of bushels \_\_\_\_\_

Storage firm \_\_\_\_\_  
name address contact person phone

Warehouse receipt is located \_\_\_\_\_ Scale tickets are located \_\_\_\_\_

Marketing plan:  Forward pricing  Delayed pricing  Delayed payment Date grain sold \_\_\_\_\_

**7** Kind of grain \_\_\_\_\_ Date put in storage \_\_\_\_\_ Number of bushels \_\_\_\_\_

Storage firm \_\_\_\_\_  
name address contact person phone

Warehouse receipt is located \_\_\_\_\_ Scale tickets are located \_\_\_\_\_

Marketing plan:  Forward pricing  Delayed pricing  Delayed payment Date grain sold \_\_\_\_\_

**8** Kind of grain \_\_\_\_\_ Date put in storage \_\_\_\_\_ Number of bushels \_\_\_\_\_

Storage firm \_\_\_\_\_  
name address contact person phone

Warehouse receipt is located \_\_\_\_\_ Scale tickets are located \_\_\_\_\_

Marketing plan:  Forward pricing  Delayed pricing  Delayed payment Date grain sold \_\_\_\_\_

***Don't be critical. We worked hard to get him to use the word "manure."***

BESS TRUMAN



**9** Kind of grain \_\_\_\_\_ Date put in storage \_\_\_\_\_ Number of bushels \_\_\_\_\_

Storage firm \_\_\_\_\_  
name address contact person phone

Warehouse receipt is located \_\_\_\_\_ Scale tickets are located \_\_\_\_\_

Marketing plan:  Forward pricing  Delayed pricing  Delayed payment Date grain sold \_\_\_\_\_

**10** Kind of grain \_\_\_\_\_ Date put in storage \_\_\_\_\_ Number of bushels \_\_\_\_\_

Storage firm \_\_\_\_\_  
name address contact person phone

Warehouse receipt is located \_\_\_\_\_ Scale tickets are located \_\_\_\_\_

Marketing plan:  Forward pricing  Delayed pricing  Delayed payment Date grain sold \_\_\_\_\_

**11** Kind of grain \_\_\_\_\_ Date put in storage \_\_\_\_\_ Number of bushels \_\_\_\_\_

Storage firm \_\_\_\_\_  
name address contact person phone

Warehouse receipt is located \_\_\_\_\_ Scale tickets are located \_\_\_\_\_

Marketing plan:  Forward pricing  Delayed pricing  Delayed payment Date grain sold \_\_\_\_\_

**12** Kind of grain \_\_\_\_\_ Date put in storage \_\_\_\_\_ Number of bushels \_\_\_\_\_

Storage firm \_\_\_\_\_  
name address contact person phone

Warehouse receipt is located \_\_\_\_\_ Scale tickets are located \_\_\_\_\_

Marketing plan:  Forward pricing  Delayed pricing  Delayed payment Date grain sold \_\_\_\_\_

*Earth is . . . so kind, that just tickle her with a hoe  
and she laughs with harvest.*

DOUGLAS JERROLD





**13** Kind of grain \_\_\_\_\_ Date put in storage \_\_\_\_\_ Number of bushels \_\_\_\_\_

Storage firm \_\_\_\_\_  
name address contact person phone

Warehouse receipt is located \_\_\_\_\_ Scale tickets are located \_\_\_\_\_

Marketing plan:  Forward pricing  Delayed pricing  Delayed payment Date grain sold \_\_\_\_\_

**14** Kind of grain \_\_\_\_\_ Date put in storage \_\_\_\_\_ Number of bushels \_\_\_\_\_

Storage firm \_\_\_\_\_  
name address contact person phone

Warehouse receipt is located \_\_\_\_\_ Scale tickets are located \_\_\_\_\_

Marketing plan:  Forward pricing  Delayed pricing  Delayed payment Date grain sold \_\_\_\_\_

**Commodity Futures Contracts**

*Under "kind of contract," check either H for hedge or S for speculation.*

Kind of grain, livestock, other	Brokerage firm and broker: name, address, phone	Date of contract	Kind of contract (check one)		Date contract sold
			H	S	



# Commodity Futures Contracts, cont.

Kind of grain, livestock, other	Brokerage firm and broker: name, address, phone	Date of contract	Kind of contract (check one)		Date contract sold
			H	S	

## Participation in Government Agricultural Programs

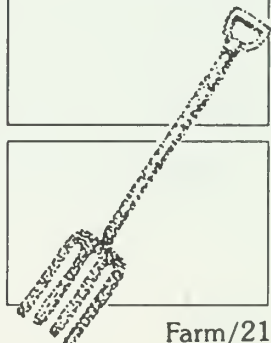
Name of program	Agency, address, contact person, phone	Date began	Date terminated

## Crop Insurance

Crop insured	Company, address, agent, phone	Policy number	Date(s) premiums due	Policy is located

## Crop Insurance, cont.

Crop insured	Company, address, agent, phone	Policy number	Date(s) premiums due	Policy is located



## People Who Help Us

*Some of the following names may be in your farm record book. Nevertheless, enter them here so that you can find them quickly in an emergency.*

### County Extension advisers or agents

■ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

■ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

### Marketing agents

■ Grain dealer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

■ Livestock buyer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

■ Livestock buyer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

### Cooperatives and trade associations

■ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

■ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Feed dealers**

■ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

■ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Fertilizer dealers**

■ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

■ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Seed or agricultural chemical dealers**

■ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

■ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

■ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

■ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Marketing information service**

■ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Farm management adviser**

■ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Livestock or dairy advisers**

■ DHIA \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

■ Cooperative \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

■ Breed association \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

■ Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

■ Breeding service \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

■ Breeding service \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_



**Petroleum dealer or tank truck driver**

■ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Mechanic**

■ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Repair service**

■ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Equipment and spare parts dealers**

■ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

■ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Other**

■ Name \_\_\_\_\_ Phone \_\_\_\_\_

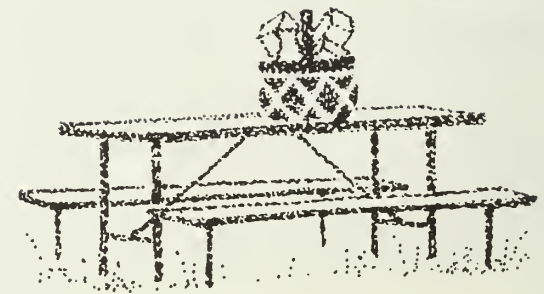
Address \_\_\_\_\_

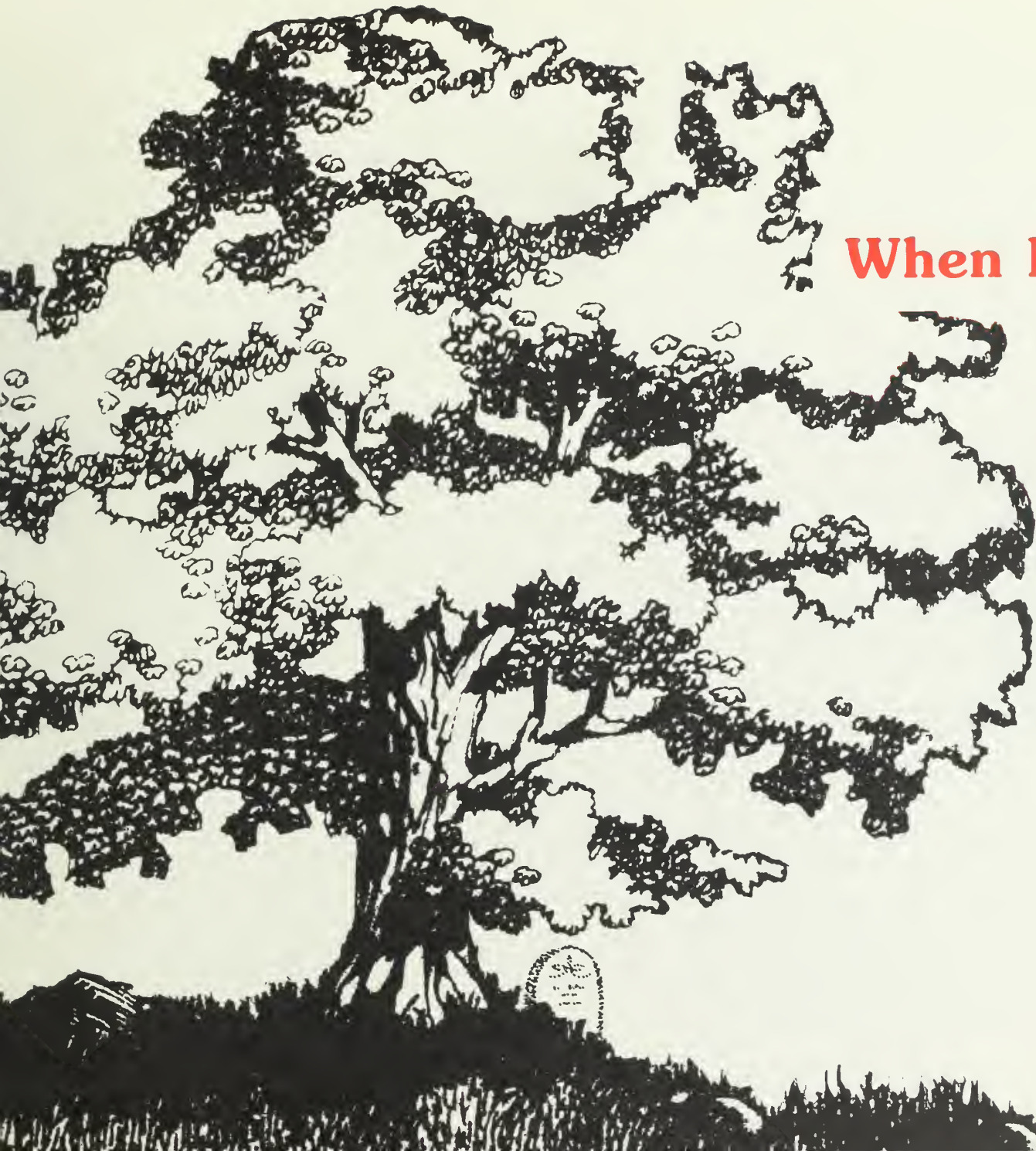
■ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## More About Our Farm

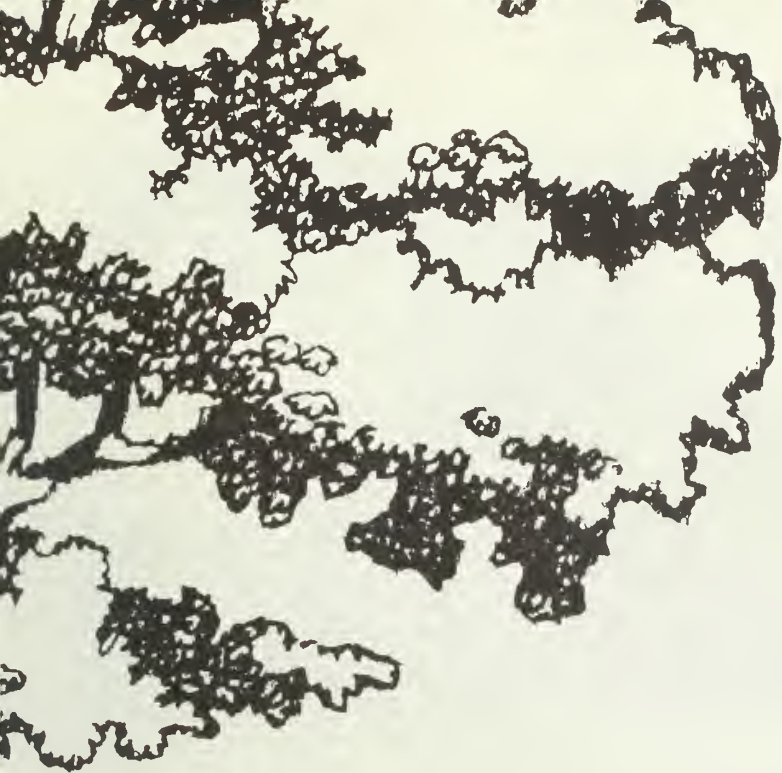
*Here's a place for notations and additions to this chapter.*





# When Death Comes





This chapter has two sets of forms, for information on two adults. If there are more than two adults living in your home, order additional sets by using the order blanks in the last chapter.

If you have strong feelings about arrangements following your death, you have the opportunity to express them here. You will also help your survivors know your wishes at the time of your death, and sharing that information will reduce their burden. Although this chapter is not easy, it may be one of your most thoughtful gifts.

It may be interesting for you to know that you can prearrange your funeral with a funeral director. As part of the prearrangements, you may also establish a prepaid funeral trust, which may be revoked at any time.

#### **WHAT YOU WILL NEED**

- Will**
- Trust agreement**
- Prepaid funeral trust agreement**
- The first chapter of this book**
- Deed to the plot or crypt**
- Uniform donor card**





## When Death Comes

It's not over until it's over.  
YOGI BERRA

### Will

I have a will  yes  no

It was made on \_\_\_\_\_ date \_\_\_\_\_ An update or codicil was made on \_\_\_\_\_ date \_\_\_\_\_

Original is located \_\_\_\_\_ Copy is located \_\_\_\_\_

My executor is \_\_\_\_\_  
name \_\_\_\_\_ phone \_\_\_\_\_  
address \_\_\_\_\_

My attorneys are ■ \_\_\_\_\_  
name \_\_\_\_\_ phone \_\_\_\_\_  
address \_\_\_\_\_  
■ \_\_\_\_\_  
name \_\_\_\_\_ phone \_\_\_\_\_  
address \_\_\_\_\_

## Trust

I have a trust agreement separate and apart from my will  yes  no

Information about the trust agreement is on page 30 in the "Money Matters" chapter of this book  yes  no

If no, the trust agreement papers are located \_\_\_\_\_

The trustees are ■ \_\_\_\_\_  
name phone

\_\_\_\_\_ address

■ \_\_\_\_\_  
name phone

\_\_\_\_\_ address

The attorney who drew up the trust is \_\_\_\_\_  
name phone

\_\_\_\_\_ address

## Persons To Be Notified at My Death

### Immediate family

Name	Relationship	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



## Other persons and organizations to be notified

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Funeral Services

*If you have made funeral arrangements, fill out the shaded section; if you have not, record your wishes in the white section.*

The mortuary I have chosen is \_\_\_\_\_  
name phone

\_\_\_\_\_ address

They have all the official information needed for the death certificate and funeral  yes  no

The mortuary I prefer is \_\_\_\_\_  
name phone

\_\_\_\_\_ address

The funeral service is to be held in \_\_\_\_\_  
place

***There are sounds to seasons, there are sounds to places, and there are sounds to every time in one's life.***

ALISON WYRLEY BIRCH



**I would like the following persons to serve as pallbearers:**

Name

Address

Phone

Name	Address	Phone

I would like a visitation or wake  yes  no

Other wishes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other preferences**

Prayers \_\_\_\_\_

Readings \_\_\_\_\_

Scripture \_\_\_\_\_

Music \_\_\_\_\_

Flowers \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Obituary

You can help someone in the future by filling in the following information. Only you know what you want included in your obituary.

I wish to have an obituary read at my funeral or memorial service.

Yes

No

I wish to have an obituary in the newspaper at the time of my death.

I wish to have only a notice of my death, not an obituary, in the newspaper.



### **INFORMATION FOR MY OBITUARY** *Don't be modest.*

Full name \_\_\_\_\_ include maiden, if female Birthday \_\_\_\_\_

Birthplace \_\_\_\_\_  
city county state country

Father's name \_\_\_\_\_  
first middle last

Mother's maiden name \_\_\_\_\_  
first middle last

### **Living parents, brothers, sisters, children, grandchildren, or other relatives**

Name	Relationship	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Deceased parents, brothers, sisters, children, grandchildren, or other relatives**

Name	Relationship	Name	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Profession or trade** \_\_\_\_\_

**By whom employed** *Include self-employment.*

Organization or person \_\_\_\_\_

Year began \_\_\_\_\_ Year ended \_\_\_\_\_

Organization or person \_\_\_\_\_

Year began \_\_\_\_\_ Year ended \_\_\_\_\_

**Education or training** \_\_\_\_\_

**Degrees and honors** \_\_\_\_\_

**Military service** \_\_\_\_\_

**Clubs, lodges, fraternal orders, professional organizations**

Name

Offices held, honors, other information

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---

---

---

**Notable achievements and other information**

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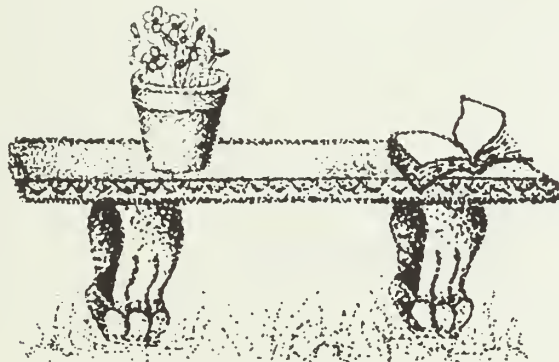
---

**Newspapers, magazines, or journals to which this information can be sent**

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_



*For every thing there is a season, . . . A time to be born, and a time to die . . . .* ECCLESIASTES 3:1-2

## Disposition of Remains

### Interment

I have selected a plot or crypt. *Check one of the following:*

No, but my cemetery preference is \_\_\_\_\_  
name address

Yes, I have selected a plot. It is in \_\_\_\_\_ Cemetery in \_\_\_\_\_  
town state

Its location in the cemetery is \_\_\_\_\_  
legal description

Yes, I have selected a crypt. It is in \_\_\_\_\_ Mausoleum in \_\_\_\_\_ Cemetery  
in \_\_\_\_\_  
town state

The deed to the plot or crypt is located \_\_\_\_\_

For more information, contact \_\_\_\_\_  
name address phone

### Cremation

I prefer cremation and want my cremains  buried in the family plot

scattered

other \_\_\_\_\_



*Time is a dressmaker specializing in alterations.*

FAITH BALDWIN

## Donation of organs or body

Be sure to complete a donor card, which you may find in "Etc., Etc., Etc."

In addition to the disposition already indicated, I wish to donate the following organs or tissues (or other needed parts) for transplantation or other medical uses.

---

---

---

I have made the following arrangements for the donation of my body \_\_\_\_\_

---

A copy of this arrangement is located \_\_\_\_\_

If my donation is not accepted, I want the following alternative means of disposition \_\_\_\_\_

---

## Security of Home or Other Property

After my death, \_\_\_\_\_ should be asked to watch the property.

name

Here are a few instructions:

## Some Other Things I'd Like Done

*You may want some things done immediately after your death. For example, you may wish to request the immediate disposal of some of your possessions.*







# When Death Comes

It's not over until it's over.  
YOGI BERRA

## Will

I have a will  yes  no

It was made on \_\_\_\_\_ date \_\_\_\_\_ An update or codicil was made on \_\_\_\_\_ date \_\_\_\_\_

Original is located \_\_\_\_\_ Copy is located \_\_\_\_\_

My executor is \_\_\_\_\_ name \_\_\_\_\_ phone \_\_\_\_\_

\_\_\_\_\_ address \_\_\_\_\_

My attorneys are ■ \_\_\_\_\_ name \_\_\_\_\_ phone \_\_\_\_\_

\_\_\_\_\_ address \_\_\_\_\_

■ \_\_\_\_\_ name \_\_\_\_\_ phone \_\_\_\_\_

\_\_\_\_\_ address \_\_\_\_\_

**Trust**

I have a trust agreement separate and apart from my will  yes  no

Information about the trust agreement is on page 30 in the "Money Matters" chapter of this book  yes  no

If no, the trust agreement papers are located \_\_\_\_\_

The trustees are ■ \_\_\_\_\_  
name phone

\_\_\_\_\_ address

■ \_\_\_\_\_  
name phone

\_\_\_\_\_ address

The attorney who drew up the trust is \_\_\_\_\_  
name phone

\_\_\_\_\_ address

**Persons To Be Notified at My Death**

**Immediate family**

Name	Relationship	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Other persons and organizations to be notified

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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name phone  
\_\_\_\_\_  
address

They have all the official information needed for the death certificate and funeral  yes  no

The mortuary I prefer is \_\_\_\_\_  
name phone  
\_\_\_\_\_  
address

The funeral service is to be held in \_\_\_\_\_  
place

***There are sounds to seasons, there are sounds to places, and there are sounds to every time in one's life.***

ALISON WYRLEY BIRCH



**I would like the following persons to serve as pallbearers:**

Name

Address

Phone

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I would like a visitation or wake  yes  no

Other wishes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other preferences**

Prayers \_\_\_\_\_

Readings \_\_\_\_\_

Scripture \_\_\_\_\_

Music \_\_\_\_\_

Flowers \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Obituary

You can help someone in the future by filling in the following information. Only you know what you want included in your obituary.

I wish to have an obituary read at my funeral or memorial service.

Yes

No

I wish to have an obituary in the newspaper at the time of my death.

I wish to have only a notice of my death, not an obituary, in the newspaper.



## INFORMATION FOR MY OBITUARY *Don't be modest.*

Full name \_\_\_\_\_ include maiden, if female \_\_\_\_\_ Birthday \_\_\_\_\_

Birthplace \_\_\_\_\_  
city county state country

Father's name \_\_\_\_\_  
first middle last

Mother's maiden name \_\_\_\_\_  
first middle last

## Living parents, brothers, sisters, children, grandchildren, or other relatives

Name	Relationship	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Deceased parents, brothers, sisters, children, grandchildren, or other relatives**

Name	Relationship	Name	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Profession or trade** \_\_\_\_\_

**By whom employed** *Include self-employment.*

■ Organization or person \_\_\_\_\_

Year began \_\_\_\_\_ Year ended \_\_\_\_\_

■ Organization or person \_\_\_\_\_

Year began \_\_\_\_\_ Year ended \_\_\_\_\_

**Education or training** \_\_\_\_\_

**Degrees and honors** \_\_\_\_\_

**Military service** \_\_\_\_\_

**Clubs, lodges, fraternal orders, professional organizations**

Name

Offices held, honors, other information

_____	_____
_____	_____
_____	_____
_____	_____

**Notable achievements and other information**

\_\_\_\_\_

\_\_\_\_\_

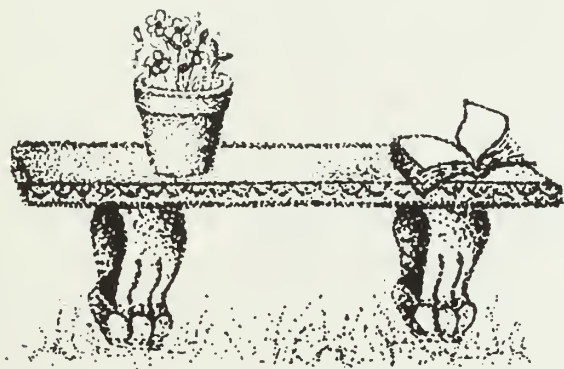
\_\_\_\_\_

**Newspapers, magazines, or journals to which this information can be sent**

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_



*For every thing there is a season, . . . A time to be born, and a time to die . . . . ECCLESIASTES 3:1-2*

# Disposition of Remains

## Interment

I have selected a plot or crypt. Check one of the following:

No, but my cemetery preference is \_\_\_\_\_  
name address

Yes, I have selected a plot. It is in \_\_\_\_\_ Cemetery in \_\_\_\_\_  
town state

Its location in the cemetery is \_\_\_\_\_  
legal description

Yes, I have selected a crypt. It is in \_\_\_\_\_ Mausoleum in \_\_\_\_\_ Cemetery  
in \_\_\_\_\_  
town state

The deed to the plot or crypt is located \_\_\_\_\_

For more information, contact \_\_\_\_\_  
name address phone

## Cremation

I prefer cremation and want my cremains  buried in the family plot

scattered

other \_\_\_\_\_



*Time is a dressmaker specializing in alterations.*

FAITH BALDWIN



**Donation of organs or body**

*Be sure to complete a donor card, which you may find in "Etc., Etc., Etc."*

In addition to the disposition already indicated, I wish to donate the following organs or tissues (or other needed parts) for transplantation or other medical uses.

---

---

---

I have made the following arrangements for the donation of my body \_\_\_\_\_

---

A copy of this arrangement is located \_\_\_\_\_

If my donation is not accepted, I want the following alternative means of disposition \_\_\_\_\_

---

**Security of Home or Other Property**

After my death, \_\_\_\_\_ should be asked to watch the property.  
name

Here are a few instructions:

## Some Other Things I'd Like Done

*You may want some things done immediately after your death. For example, you may wish to request the immediate disposal of some of your possessions.*





**Etc., Etc., Etc.**





### **This chapter contains**

Order Blanks for *All About Us*

Order Blanks for Additional Publications To Help You with Your Records

Telephone Directory of Your Counselors and Advisers

Eyeglass Prescription Cards

Emergency Information and Immunization Record Cards

Funeral Director and Uniform Donor Cards

Living Will Forms

*All About Us* will also be available as a computer program in the near future. Contact IlliNet, 122 Mumford Hall, University of Illinois, 1301 West Gregory Drive, Urbana, IL 61801, for more information.

## How to Order Another Book or Extra Pages

Complete books as well as extra copies of the following chapters and pages of *All About Us* are available for you to order. If you do not use the order blanks provided in this chapter, BE SURE TO SPECIFY THE TITLE, ORDER NUMBER, AND QUANTITY DESIRED OF EACH ITEM YOU ORDER.

TITLE AND ORDER NUMBER	WHAT YOU WILL RECEIVE
All About Us, C1218.....	Entire book
All About Me, C1218-a .....	One set of forms, Me/1-16
The Next Generation, C1218-b .....	One set of forms, Child/1-6
Money Matters, C1218-c .....	4 IRA or Keogh Plan forms, Money/4 10 stock or bond forms, Money/7 10 CD or money market forms, Money/15 10 government security forms, Money/23
It's My Business, C1218-d .....	Complete chapter, Business/1-12
The Farm, C1218-e .....	Complete chapter, Farm/1-24
When Death Comes, C1218-f .....	One set of forms, Death/1-10
Etc., Etc., Etc., C1218-g .....	Complete chapter

### Make your check payable to the UNIVERSITY OF ILLINOIS.

Mail your order to: Office of Agricultural Publications  
University of Illinois  
47 Mumford Hall  
1301 West Gregory Drive  
Urbana, IL 61801

BE SURE TO INCLUDE YOUR NAME AND ADDRESS.

**ORDER BLANKS FOR All About Us**

	PRICE EACH	QUANTITY	AMOUNT
All About Us, C1218	\$12.00	_____	\$_____
All About Me, C1218-a,	1.00	_____	_____
The Next Generation, C1218-b	.50	_____	_____
Money Matters, C1218-c	2.00	_____	_____
It's My Business, C1218-d,	.75	_____	_____
The Farm, C1218-e	1.50	_____	_____
When Death Comes, C1218-f	.50	_____	_____
Etc., Etc., C1218-g	1.00	_____	_____

**Make check payable to the UNIVERSITY OF ILLINOIS.**

TOTAL \$\_\_\_\_\_

Send to: Office of Agricultural Publications, University of Illinois, 47 Mumford Hall, 1301 West Gregory Drive, Urbana, IL 61801.

My name \_\_\_\_\_  
 Address \_\_\_\_\_

	PRICE EACH	QUANTITY	AMOUNT
All About Us, C1218	\$12.00	_____	\$_____
All About Me, C1218-a,	1.00	_____	_____
The Next Generation, C1218-b	.50	_____	_____
Money Matters, C1218-c	2.00	_____	_____
It's My Business, C1218-d,	.75	_____	_____
The Farm, C1218-e	1.50	_____	_____
When Death Comes, C1218-f	.50	_____	_____
Etc., Etc., C1218-g	1.00	_____	_____

**Make check payable to the UNIVERSITY OF ILLINOIS.**

TOTAL \$\_\_\_\_\_

Send to: Office of Agricultural Publications, University of Illinois, 47 Mumford Hall, 1301 West Gregory Drive, Urbana, IL 61801.

My name \_\_\_\_\_  
 Address \_\_\_\_\_

	PRICE EACH	QUANTITY	AMOUNT
All About Us, C1218	\$12.00	_____	\$_____
All About Me, C1218-a,	1.00	_____	_____
The Next Generation, C1218-b	.50	_____	_____
Money Matters, C1218-c	2.00	_____	_____
It's My Business, C1218-d,	.75	_____	_____
The Farm, C1218-e	1.50	_____	_____
When Death Comes, C1218-f	.50	_____	_____
Etc., Etc., C1218-g	1.00	_____	_____

**Make check payable to the UNIVERSITY OF ILLINOIS.**

TOTAL \$\_\_\_\_\_

Send to: Office of Agricultural Publications, University of Illinois, 47 Mumford Hall, 1301 West Gregory Drive, Urbana, IL 61801.





**Order Blanks for Additional Publications To Help You with Your Records**

These publications are also available from your county Extension office.

	PRICE EACH	QUANTITY	AMOUNT
Family Account Book, HEP-2	\$1.50	_____	\$_____
Household Inventory, HEP-17	free	_____	_____
Illinois Farm Record Book, Part I	1.50	_____	_____
Illinois Farm Record Book, Part II: Depreciation Schedules	.25	_____	_____
Illinois Cash Farm Lease	.20	_____	_____
Illinois Crop-Share Cash Farm Lease	.25	_____	_____
Illinois Labor-Share Lease	.15	_____	_____
Illinois Livestock-Share Farm Lease	.45	_____	_____
<b>Make check payable to the UNIVERSITY OF ILLINOIS.</b>		<b>TOTAL</b>	<b>\$_____</b>

Send to: Office of Agricultural Publications, University of Illinois, 47 Mumford Hall, 1301 West Gregory Drive, Urbana, IL 61801.

My name \_\_\_\_\_  
 Address \_\_\_\_\_

	PRICE EACH	QUANTITY	AMOUNT
Family Health and Medical Record, CHEP-120	\$ .55	_____	\$_____
"The Facts of Your Life," CHEP-600-607, set	1.00	_____	_____
Property Transfers at Death, CHEP-590DH	.25	_____	_____
<b>Make check payable to the UNIVERSITY OF ILLINOIS.</b>		<b>TOTAL</b>	<b>\$_____</b>

Send to: Publications Clerk, University of Illinois, 528 Bevier Hall, 905 South Goodwin Avenue, Urbana, IL 61801.

My name \_\_\_\_\_  
 Address \_\_\_\_\_

	QUANTITY	AMOUNT
Agricultural Estate Planning After the Economic Recovery Tax Act of 1981, AE-4517 (single copy free, 50¢ each for 2 or more)	_____	\$_____

**Make check payable to the UNIVERSITY OF ILLINOIS.**

Send to: Office of Publications, Department of Agricultural Economics, University of Illinois, 305 Mumford Hall, 1301 West Gregory Drive, Urbana, IL 61801.

My name \_\_\_\_\_







Eyeglass Prescription Cards

		Spherical	Cylindrical	Axis	Prism	Base
Distance	O.D.					
	O.S.					
Add for near	O.D.			Bifocal		
	O.S.					
Near	O.D.			Date _____		
	O.S.					

		Spherical	Cylindrical	Axis	Prism	Base
Distance	O.D.					
	O.S.					
Add for near	O.D.			Bifocal		
	O.S.					
Near	O.D.			Date _____		
	O.S.					

		Spherical	Cylindrical	Axis	Prism	Base
Distance	O.D.					
	O.S.					
Add for near	O.D.			Bifocal		
	O.S.					
Near	O.D.			Date _____		
	O.S.					

		Spherical	Cylindrical	Axis	Prism	Base
Distance	O.D.					
	O.S.					
Add for near	O.D.			Bifocal		
	O.S.					
Near	O.D.			Date _____		
	O.S.					

		Spherical	Cylindrical	Axis	Prism	Base
Distance	O.D.					
	O.S.					
Add for near	O.D.			Bifocal		
	O.S.					
Near	O.D.			Date _____		
	O.S.					

		Spherical	Cylindrical	Axis	Prism	Base
Distance	O.D.					
	O.S.					
Add for near	O.D.			Bifocal		
	O.S.					
Near	O.D.			Date _____		
	O.S.					



# Emergency Information and Immunization Record Cards



Medical problems: \_\_\_\_\_  
\_\_\_\_\_

Medicines taken regularly: \_\_\_\_\_  
\_\_\_\_\_

Allergies/sensitivities: \_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY INFORMATION

Name: \_\_\_\_\_ Tel. no.: \_\_\_\_\_

Address: \_\_\_\_\_

Sex: Birth date: Blood type:

In emergency call: Tel. no.:

My doctor is: Tel. no.:

Use ballpoint pen, tear out, fold, and keep in wallet.



Medical problems: \_\_\_\_\_  
\_\_\_\_\_

Medicines taken regularly: \_\_\_\_\_  
\_\_\_\_\_

Allergies/sensitivities: \_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY INFORMATION

Name: \_\_\_\_\_ Tel. no.: \_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

## EMERGENCY INFORMATION

Name: \_\_\_\_\_ Tel. no.: \_\_\_\_\_

Address: \_\_\_\_\_

Sex: Birth date: Blood type:

In emergency call: Tel. no.:

My doctor is: Tel. no.:

Use ballpoint pen, tear out, fold, and keep in wallet.

**PERSONAL IMMUNIZATION RECORD**

Enter dates. Suggested ages in ( ).

DIPHTHERIA-TETANUS-PERTUSSIS (DTP)

1st: (2 mos.)                      Booster: (18 mos.)                     2nd: (4 mos.)                                           Booster: (4-6 yrs.)                     3rd: (6 mos.)                     

TETANUS-DIPHTHERIA (TD)

Booster: (14 yrs.)                                           Booster: (As needed)                     MEASLES:\*                      MUMPS:\*                      RUBELLA:\*                     \* (15 mos. or older)                      Other:                     

TRIVALENT ORAL POLIO VACCINE

1st: (2 mos.)                      3rd: (18 mos.)                     2nd: (4 mos.)                                           4th: (4-6 yrs.)                     

TUBERCULIN SKIN TESTS

(1 yr. and thereafter as needed)

Date:                      Result:                     Date:                      Result:                     Date:                      Result:                     

CHEP 121

**PERSONAL IMMUNIZATION RECORD**

Enter dates. Suggested ages in ( ).

DIPHTHERIA-TETANUS-PERTUSSIS (DTP)

1st: (2 mos.)                                           Booster: (18 mos.)                     2nd: (4 mos.)                                           Booster: (4-6 yrs.)                     3rd: (6 mos.)                     

TETANUS-DIPHTHERIA (TD)

Booster: (14 yrs.)                                           Booster: (As needed)                     MEASLES:\*                      MUMPS:\*                      RUBELLA:\*                     \* (15 mos. or older)                      Other:                     

TRIVALENT ORAL POLIO VACCINE

1st: (2 mos.)                      3rd: (18 mos.)                     2nd: (4 mos.)                                           4th: (4-6 yrs.)                     

TUBERCULIN SKIN TESTS

(1 yr. and thereafter as needed)

Date:                      Result:                     Date:                      Result:                     Date:                      Result:                     

CHEP 121

**PERSONAL IMMUNIZATION RECORD**

Enter dates. Suggested ages in ( ).

DIPHTHERIA-TETANUS-PERTUSSIS (DTP)

1st: (2 mos.)                                           Booster: (18 mos.)                     2nd: (4 mos.)                                           Booster: (4-6 yrs.)                     3rd: (6 mos.)                     

TETANUS-DIPHTHERIA (TD)

Booster: (14 yrs.)                                           Booster: (As needed)                     MEASLES:\*                      MUMPS:\*                      RUBELLA:\*                     \* (15 mos. or older)                      Other:                     

TRIVALENT ORAL POLIO VACCINE

1st: (2 mos.)                      3rd: (18 mos.)                     2nd: (4 mos.)                                           4th: (4-6 yrs.)                     

TUBERCULIN SKIN TESTS

(1 yr. and thereafter as needed)

Date:                      Result:                     Date:                      Result:                     Date:                      Result:                     

CHEP 121

**PERSONAL IMMUNIZATION RECORD**

Enter dates. Suggested ages in ( ).

DIPHTHERIA-TETANUS-PERTUSSIS (DTP)

1st: (2 mos.)                                           Booster: (18 mos.)                     2nd: (4 mos.)                                           Booster: (4-6 yrs.)                     3rd: (6 mos.)                     

TETANUS-DIPHTHERIA (TD)

Booster: (14 yrs.)                                           Booster: (As needed)                     

TRIVALENT ORAL POLIO VACCINE

1st: (2 mos.)                      3rd: (18 mos.)                     2nd: (4 mos.)                                           4th: (4-6 yrs.)                     

TUBERCULIN SKIN TESTS

(1 yr. and thereafter as needed)

Date:                      Result:                     Date:                      Result:



# Funeral Director and Uniform Donor Cards

**In the event of my death, please notify:**

to take full charge of my arrangements.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Name (printed) \_\_\_\_\_  
Address \_\_\_\_\_

**In the event of my death, please notify:**

to take full charge of my arrangements.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Name (printed) \_\_\_\_\_  
Address \_\_\_\_\_

## UNIFORM DONOR CARD

OF \_\_\_\_\_  
Print or type name of donor

In the hope that I may help others, I hereby make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires:

I give: (a) \_\_\_\_\_ any needed organs or parts  
(b) \_\_\_\_\_ only the following organs or parts

\_\_\_\_\_  
Specify the organ(s) or part(s)  
or for purposes of transplantation, therapy, medical research, or education:  
(c) \_\_\_\_\_ my body for anatomical study if needed.  
Limitations, or  
special wishes, if any: \_\_\_\_\_

## UNIFORM DONOR CARD

OF \_\_\_\_\_  
Print or type name of donor

In the hope that I may help others, I hereby make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires:

I give: (a) \_\_\_\_\_ any needed organs or parts  
(b) \_\_\_\_\_ only the following organs or parts

\_\_\_\_\_  
Specify the organ(s) or part(s)  
or for purposes of transplantation, therapy, medical research, or education:  
(c) \_\_\_\_\_ my body for anatomical study if needed.

**In the event of my death, please notify:**

to take full charge of my arrangements.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Name (printed) \_\_\_\_\_  
Address \_\_\_\_\_

**In the event of my death, please notify:**

to take full charge of my arrangements.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
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(c) \_\_\_\_\_ my body for anatomical study if needed.  
Limitations, or  
special wishes, if any: \_\_\_\_\_

## UNIFORM DONOR CARD

OF \_\_\_\_\_  
Print or type name of donor

In the hope that I may help others, I hereby make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires:

I give: (a) \_\_\_\_\_ any needed organs or parts  
(b) \_\_\_\_\_ only the following organs or parts

\_\_\_\_\_  
Specify the organ(s) or part(s)  
or for purposes of transplantation, therapy, medical research, or education:  
(c) \_\_\_\_\_ my body for anatomical study if needed.

Signed by the donor and the following two witnesses in the presence of each other:

Signature of Donor

Date of Birth of Donor

Date Signed

City and State

Witness

Witness

This is a legal document under the uniform Anatomical Gift Act or similar laws. For further information consult your physician.

Signed by the donor and the following two witnesses in the presence of each other:

Signature of Donor

Date of Birth of Donor

Date Signed

City and State

Witness

Witness

This is a legal document under the uniform Anatomical Gift Act or similar laws. For further information consult your physician.

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Witness

Witness

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Signature of Donor

Date of Birth of Donor

Date Signed

City and State

Witness

Witness

This is a legal document under the uniform Anatomical Gift Act or

## Living Will

TO MY FAMILY, MY PHYSICIAN, MY LAWYER, OR MY CLERGYMAN  
TO ANY INDIVIDUAL WHO MAY BECOME RESPONSIBLE FOR MY HEALTH, WELFARE, OR AFFAIRS  
TO ANY MEDICAL FACILITY IN WHOSE CARE I HAPPEN TO BE

Death is as much a reality as birth, growth, maturity and old age — it is the one certainty of life. If the time comes when I, \_\_\_\_\_, can no longer take part in decisions for my own future, let this statement stand as an expression of my wishes while I am still of sound mind.

If the situation should arise in which there is no reasonable expectation of my recovery from physical or mental disability, I request that I be allowed to die and not be kept alive by artificial means or “heroic measures.” I do not fear death itself as much as the indignities of deterioration, dependence, and hopeless pain. I therefore ask that medication be mercifully administered to me to alleviate suffering even though this may hasten the moment of death.

This request is made after careful consideration. I hope you who care for me will feel morally bound to follow its mandate. I recognize that this appears to place a heavy responsibility upon you, but it is with the intention of relieving you of such responsibility and of placing it upon myself in accordance with my strong convictions, that this statement is made.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Witness \_\_\_\_\_

Copies of this request have been given to \_\_\_\_\_

name

name

name

name

## Living Will

TO MY FAMILY, MY PHYSICIAN, MY LAWYER, OR MY CLERGYMAN  
TO ANY INDIVIDUAL WHO MAY BECOME RESPONSIBLE FOR MY HEALTH, WELFARE, OR AFFAIRS  
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Signed \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Witness \_\_\_\_\_

Copies of this request have been given to \_\_\_\_\_

name

name

name

name



# Index



## Index

You can probably find much of the information you will need in this book by glancing at the table of contents. But if you need something in a hurry or have forgotten where something is, this index may be helpful.

All the material in this book except that contained in the chapter “Where Are They?” has been indexed. You may turn to that chapter for (1) information on your family’s safe deposit boxes, (2) suggestions on where to keep important papers, and (3) suggestions on how long to keep important papers.

**IMPORTANT:** To help yourself and others, index the notations and additions you have made to each chapter in the blank lines provided at the end of this index. When looking for material, be sure to check those lines and the last pages of each chapter for any notes you or someone else may have written.

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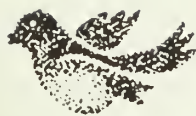
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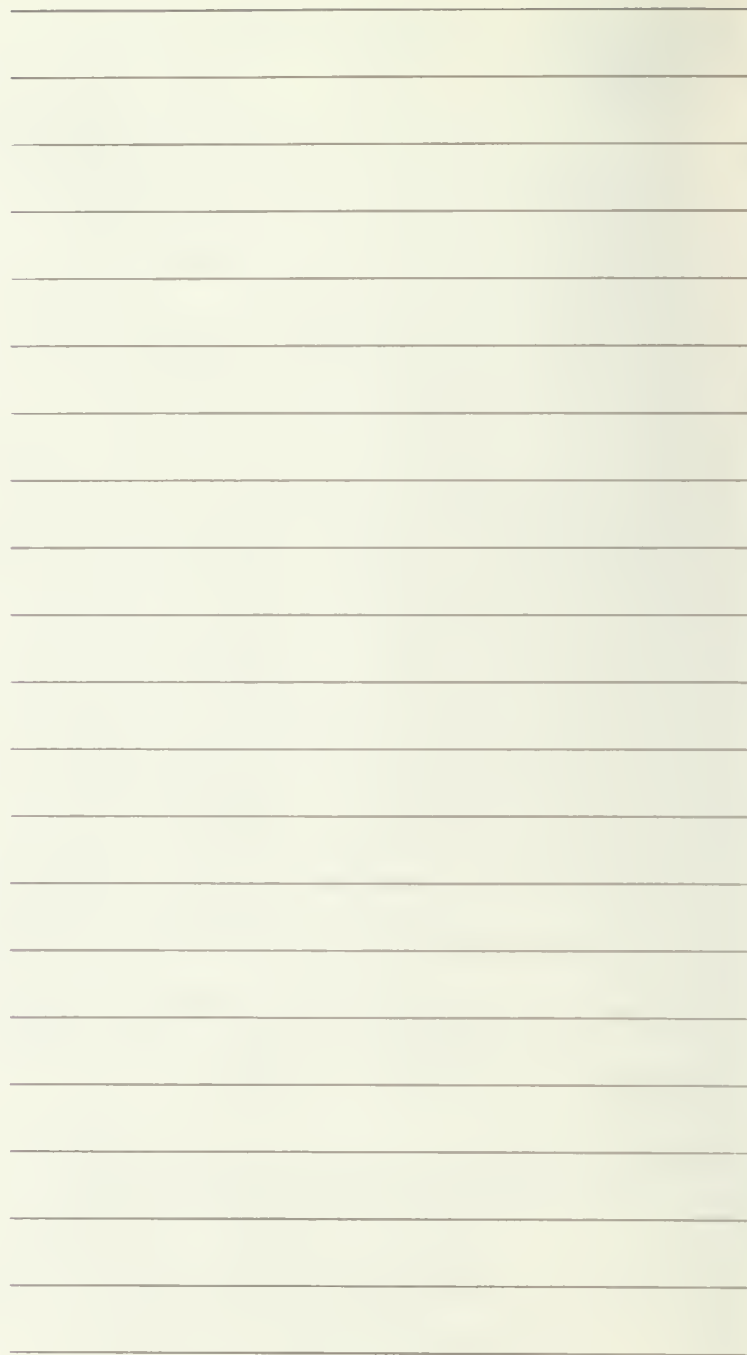
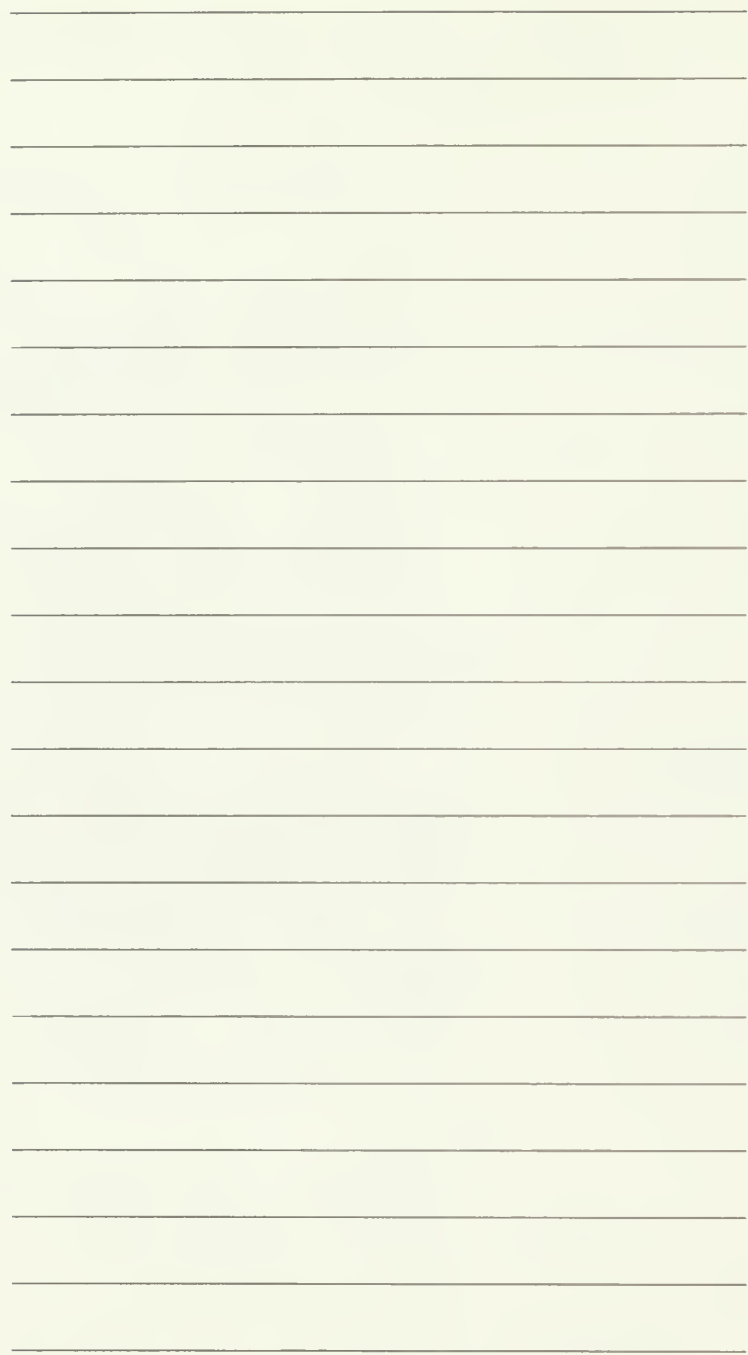
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    installment, of personal property . . . Money/29  
    of business real estate . . . Business/1-4  
    of farmland . . . Farm/1-4

*Additional entries are on the last page.*



- Savings accounts  
  of child . . . Child/4  
  of family members . . . Money/1-3  
Scale tickets, grain . . . Farm/14-17  
School principals . . . Advisers/2  
School record. *See* Education.  
Securities . . . Money/23-26  
Security deposits . . . Home/2, 4  
Seed dealers . . . Farm/23  
Service stations . . . Wheels/4  
Sewage . . . Home/2, 5  
Sisters, of adult . . . Me/2  
Social security  
  earnings report, of adult . . . Me/3  
  number, of adult . . . Me/3  
  number, of child . . . Child/1  
  office . . . Advisers/3  
Spare parts dealers . . . Farm/25  
Stock funds . . . Money/7-14  
Stock option, as fringe benefit . . . Me/8, 9  
Stocks  
  of child . . . Child/4  
  of family members . . . Money/7-14  
  owned in corporations . . . Business/6-9;  
    Farm/6, 7  
Storage, grain, off-farm . . . Farm/14-17  
Stories, favorite . . . Memories/2  
Surgery . . . Me/5
- T** Tank truck driver . . . Farm/25  
Telephone, as utility . . . Home/2, 5  
Titles, to vehicles . . . Wheels/1-4  
Tracts, of farmland owned . . . Farm/1-4  
Trade, of adult . . . Death/6  
Trade associations . . . Farm/22  
Trade school. *See* Education.  
Traditions, family . . . Memories/1
- Training, of adult . . . Me/7, Death/6  
Trash . . . Home/3, 5  
Trusts  
  of child . . . Child/4  
  of family members . . . Money/30  
  funeral . . . Death/2  
Trust funds  
  am a beneficiary of . . . Me/14  
  expect to be a beneficiary of . . . Me/14  
  have power of appointment over . . . Me/14  
  expect to have power of appointment over . . .  
    Me/14  
Trustee(s)  
  adult as . . . Me/15  
  for funeral trust . . . Death/2
- U** University. *See* Education.  
Utilities . . . Home/2, 3, 5
- V** Valuables . . . Memories/3; Money/28  
Vehicle identification cards . . . Wheels/1-4  
Vehicles, information on . . . Wheels/1-4  
Veterans Administration office . . . Advisers/3  
Veterinarians . . . Advisers/6; Farm/24  
Visitation . . . Death/4  
Volunteer work . . . Me/10  
Voter's certificate of registration . . . Me/3
- W** Wake . . . Death/4  
Warehouse receipts . . . Farm/14-17  
Water . . . Home/2, 5  
Well . . . Home/3, 5  
Will  
  of adult . . . Me/3, Death/1  
  codicil to . . . Me/3, Death/1  
  executor of . . . Death/1





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