This booklet is a tool to help you organize information and record your possessions. Upon completion, it will provide a clear, precise record of your personal and financial information. It can be used to prepare an estate plan; it is also a convenient way of organizing information for your loved ones. You may wish to provide a copy to a family member and your executor as a safeguard against loss.

This document should not be returned to the Junior League of Charlotte or its representatives.

Update your records annually. You should enter the date every time you look over the book even if you don’t change any of the information. This will assure the reader of the current accuracy of the entries.

*The Junior League of Charlotte would like to thank the Junior League of Raleigh for letting us adapt this helpful resource.*
**PERSONAL INFORMATION**

- Birth Certificate: Yes ☐ No ☐
- Birth Certificate located 
- Citizenship: Date/place of naturalization if not U.S. citizen by birth 
- Date of Birth 
- Social Security No. 
- Religious Affiliation 
- Church 
- Address 
- Father’s Full Name 
- Mother’s Full Name 

**LIVING WILL DIRECTIVE AND ORGAN DONATION**

- I have a living will directive stating my wishes for medical care and treatment if I am seriously ill. The document is dated _______ and is located _______. 
- The names and addresses of those who have copies: 
  - Name Phone Address 
  - Name Phone Address 
- I have agreed to donate organs to [organization] 
- The papers are located 

**LAST WILL AND TESTAMENT**

- Will written Located 
- Executor of Will 
- Lawyer who prepared my will is Firm Location 

- In my will, I have left charitable bequest(s): 
  - Charity Bequest Amount 
  - Charity Bequest Amount 

**MILITARY SERVICE**

- Military Service: Date(s) 
- Service Serial No. 
- Discharge papers located at
FUNERAL AND BURIAL ARRANGEMENTS

I have given instructions regarding my funeral in:
Will [ ] Letter [ ] Other [ ]
I own:
Cemetery plot [ ] Cemetery vault [ ] None [ ]
Name, location __________________________
Phone ________________________________
Section No. ___________ Plot No. ___________
Location of deed ________________________
Other funeral arrangements made __________

BANK ACCOUNTS AND SAFE DEPOSIT BOX

Checking Account:
Bank __________________Account Number ____________
Joint [ ] Individual [ ]
Bank __________________Account Number ____________
Joint [ ] Individual [ ]

Savings Account:
Bank __________________Account Number ____________
Joint [ ] Individual [ ]

Safe Deposit Box Location __________________________
Box Number ___________ Key Location ____________

RETIREEMENT ACCOUNTS

Company Name __________________________
Address ________________________________
Account No. ______________________________
Beneficiary _____________________________
Company Pension _______________________
Social Security __________________________

Individual Retirement Account - 401(k) or 403(b)
________________________________________

Annuities _______________________________
Beneficiary(ies) _________________________

Other retirement benefits __________________________
Beneficiary(ies) _________________________

INVESTMENTS

I own various stocks and bonds, held in street name, which are located at __________________________

Company ______________________________
Shares _____ Date Purchased _____ Cost Basis _____

Stocks/Bonds/Mutual Funds:
Company ______________________________
Shares _____ Date Purchased _____ Cost Basis _____

Certificates of Deposit ____________________
Amount ___________ Date of Redemption ______

Certificates of Deposit ____________________
Amount ___________ Date of Redemption ______

Partnerships ____________________________

Beneficiary(ies) _________________________
Here are brief descriptions of my deposits:

1. Testamentary Trust
   Trustee ________________
   Assets in the trust ________________
   Beneficiaries ________________
   Attorney of Record ________________
   Firm ________________
   Address ________________

2. Charitable Remainder Trust
   Trustee ________________
   Assets in the trust ________________
   Income Recipients ________________
   Charitable Beneficiaries ________________
   Papers are located ________________

3. Existing Trust
   I have created a trust for the benefit of
   ________________________________
   Date it was established ________________
   The Trust Agreement is located ________________

   The attorney who drafted the Trust Agreement is:
   Firm ________________
   Address ________________

   I am a beneficiary under a Trust established by:
   ________________________________
   Papers are located ________________

My employer is ________________________________
Address ________________________________

My employer has the following benefit plans in which I participate ________________________________

Other business interests ________________________________
I am presently covered by Social Security: Yes ___ No ___

All insurance policies owned by me on my life:
   Insurance Company ________________________________
   Policy No. ________________________________
   Amount of policy ________________________________
   Location of policy ________________________________
   Beneficiary(ies) ________________________________

   Insurance policies owned by others on my life (including charities) ________________________________

   Insurance policies which I own on the lives of others: ________________________________

   Location of policies ________________________________
   Person insured ________________________________
   Address ________________________________

My insurance agents or brokers are:
   Name ________________________________
   Phone ________________________________
   Company & Address ________________________________

   Name ________________________________
   Phone ________________________________
   Company & Address ________________________________

I have unpaid loans against these policies
   Policy No. ________________________________
   Amount due ________________________________
**OTHER INSURANCE**

I personally carry accident, disability, sickness, hospitalization and other such forms of insurance - (this is in addition to and exclusive of any such insurance or benefits provided through my employer).

Yes ☐  No ☐

Company

Policy No.

Coverage

My insurance agent is

Phone

Location of policy(ies)

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**PERSONAL DEBTORS AND CREDITORS**

Name of Debtor ____________________________

Address ____________________________

Amount owed to me ____________________________

Name of Debtor ____________________________

Address ____________________________

Amount owed to me ____________________________

I have the following outstanding loans:

<table>
<thead>
<tr>
<th>Creditor</th>
<th>Loan No.</th>
<th>Amount of Loan</th>
<th>Date of Final Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credit Card Debt:</td>
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</tbody>
</table>

Company

Account No.

City ____________________________ State

Phone ____________________________

I own other real estate located at ____________________________

<table>
<thead>
<tr>
<th>Company</th>
<th>Account No.</th>
<th>City</th>
<th>State</th>
<th>Phone</th>
</tr>
</thead>
</table>

My homeowner’s insurance broker is ____________________________

Firm ____________________________

Address ____________________________

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**RESIDENCE AND OTHER REAL ESTATE**

My residence address is ____________________________

I own my residence Yes ☐  No ☐

Ownership title is held in:

My name alone Yes ☐  No ☐

Joint with ____________________________

There is a mortgage on this property Yes ☐  No ☐

It is held by ____________________________

All of the documents concerning this property are located at ____________________________

I own other real estate located at ____________________________

<table>
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<tr>
<th>Company</th>
<th>Account No.</th>
<th>City</th>
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My homeowner’s insurance broker is ____________________________

Firm ____________________________

Address ____________________________

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**TANGIBLE PERSONAL PROPERTY**

Automobile(s)

Jewelry

Art, Antiques, Collectibles

Complete inventory of my personal property is located at ____________________________

My tax preparer is ____________________________

Firm ____________________________

Address ____________________________

Copies of my income tax returns are located at ____________________________

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**TAX RETURNS**

My homeowner’s insurance broker is ____________________________

Firm ____________________________

Address ____________________________

Copies of my income tax returns are located at ____________________________
**LEAVING YOUR LEGACY**

By supporting the Junior League of Charlotte, you are improving the lives of children and families in the Charlotte community. All funding is used to help an organization of women leaders promote voluntarism, develop the potential of women, and improve the community through the effective action and leadership of trained volunteers. When you make a planned gift to the JLC, you become a member of the Junior League of Charlotte Legacy Society.

The Legacy Society is made up of the league's strongest supporters who want to ensure that the Junior League of Charlotte is active in the community for generations to come. Planned gifts come in a variety of forms. You can start with something simple like a Memorial Directive, which requests that your loved ones direct remembrances and memorials to the League in lieu of flowers.

Members can also include the Junior League of Charlotte in their will, as they desire. All bequests will be directed to the League's endowment, so your gift will sustain the League for generations to come.

Please use this tool to help you in the process of deciding how you want to league your legacy. Contact the Junior League of Charlotte with questions at 704.375.5993 or giving@jlcharlotte.org.

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### PERSONAL ADVISORS

<table>
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<tr>
<th>Physician</th>
<th>Address</th>
<th>Specialty</th>
<th>Phone</th>
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### LOCATION OF IMPORTANT PAPERS

<table>
<thead>
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<th>Last Will &amp; Testament Bonds and Securities</th>
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<td>Vital Statistics</td>
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<td>Trust Agreements</td>
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