

Family Financial Organizer

Table of Contents

1. Financial Statement
2. Bank Accounts
3. Notes Payable
4. Notes Receivable
5. Real Estate
6. Income Properties
7. Homeowners Insurance
8. Income Property Insurance
9. Umbrella Liability Coverage
10. Life Insurance
11. Medical Insurance
12. Auto Insurance
13. Vehicles
14. Investments
15. Annuities
16. Certificate of Deposit (CD's)
17. Birth Certificates & Passports
18. Funeral Preferences
19. Trusts/Wills

Financial Statement

Bank Accounts

Type of Acct:
Name on Acct:
Acct Number:
Name of Bank:
Bank Address:
Signatories:

Type of Acct:
Name on Acct:
Acct Number:
Name of Bank:
Bank Address:
Signatories:

Type of Acct:
Name on Acct:
Acct Number:
Name of Bank:
Bank Address:
Signatories:

Type of Acct:
Name on Acct:
Acct Number:
Name of Bank:
Bank Address:
Signatories:

Type of Acct:
Name on Acct:
Acct Number:
Name of Bank:
Bank Address:
Signatories:

Notes Payable

Note #1

Person You Owe:

Address:

Phone #:

Amount:

Terms:

Note #2

Person You Owe:

Address:

Phone #:

Amount:

Terms:

Note #3

Person You Owe:

Address:

Phone #:

Amount:

Terms:

Note #4

Person You Owe:

Address:

Phone #:

Amount:

Terms:

Notes Receivable

Note #1

Person Owing:

Address:

Phone #:

Amount:

Terms:

Note #2

Person Owing:

Address:

Phone #:

Amount:

Terms:

Note #3

Person Owing:

Address:

Phone #:

Amount:

Terms:

Note #4

Person Owing:

Address:

Phone #:

Amount:

Terms:

Real Estate

Residence:

Home Address:

Assessed Valuation:

Mortgage Held By:

Amount Owed:

Residence:

Home Address:

Assessed Valuation:

Mortgage Held By:

Amount Owed:

Income Properties

Commercial Property:

Address:

Lessee:

Terms:

Current Value:

Amt. Owed:

Realtor/Mgr.:

Address:

Lessee:

Terms:

Current Value:

Amt. Owed:

Realtor/Mgr.:

Other Properties:

Location:

Purchase Price/Value:

Amt. Owed:

Location:

Purchase Price/Value:

Amt. Owed:

Location:

Purchase Price/Value:

Amt. Owed:

Homeowners Insurance

Insurance Company:

Policy #:

Insurance Agent:

Address:

Phone #:

Coverage:

Insurance Company:

Policy #:

Insurance Agent:

Address:

Phone #:

Coverage:

Insurance Company:

Policy #:

Insurance Agent:

Address:

Phone #:

Coverage:

Insurance Company:

Policy #:

Insurance Agent:

Address:

Phone #:

Coverage:

Insurance Company:

Policy #:

Insurance Agent:

Address:

Phone #:

Coverage:

Income Property Insurance

Insurance Company:

Policy #:

Insurance Agent:

Address:

Phone #:

Coverage:

Insurance Company:

Policy #:

Insurance Agent:

Address:

Phone #:

Coverage:

Insurance Company:

Policy #:

Insurance Agent:

Address:

Phone #:

Coverage:

Insurance Company:

Policy #:

Insurance Agent:

Address:

Phone #:

Coverage:

Insurance Company:

Policy #:

Insurance Agent:

Address:

Phone #:

Coverage:

Umbrella Liability Coverage

Life Insurance

Insurance Company:

Policy #:

Insurance Agent:

Address:

Phone #:

Face Value:

Type of Insurance:

Insurance Company:

Policy #:

Insurance Agent:

Address:

Phone #:

Face Value:

Type of Insurance:

Insurance Company:

Policy #:

Insurance Agent:

Address:

Phone #:

Face Value:

Type of Insurance:

Insurance Company:

Policy #:

Insurance Agent:

Address:

Phone #:

Face Value:

Type of Insurance:

Medical Insurance

Insurance Company:

Policy #:

Group #:

Insurance Agent:

Address:

Phone #:

Insurance Company:

Policy #:

Group #:

Insurance Agent:

Address:

Phone #:

Auto Insurance

Insurance Company:

Policy #:

Insurance Agent:

Address:

Phone #:

Coverage:

Insurance Company:

Policy #:

Insurance Agent:

Address:

Phone #:

Coverage:

Insurance Company:

Policy #:

Insurance Agent:

Address:

Phone #:

Coverage:

Vehicles

Make:
Model:
Year:
Purchase Price:
Registration Renewal:
Title in possession of:

Make:
Model:
Year:
Purchase Price:
Registration Renewal:
Title in possession of:

Make:
Model:
Year:
Purchase Price:
Registration Renewal:
Title in possession of:

Make:
Model:
Year:
Purchase Price:
Registration Renewal:
Title in possession of:

Make:
Model:
Year:
Purchase Price:
Registration Renewal:
Title in possession of:

Investments

Annuities

Insurance Company:

Policy #:

Insurance Agent:

Address:

Phone #:

Face Value:

Insurance Company:

Policy #:

Insurance Agent:

Address:

Phone #:

Face Value:

Insurance Company:

Policy #:

Insurance Agent:

Address:

Phone #:

Face Value:

Certificate Of Deposit (CD'S)

Type of Account:

Name/s on Acct:

Acct Number:

Bank Address:

Signatories:

Type of Account:

Name/s on Acct:

Acct Number:

Bank Address:

Signatories:

Type of Account:

Name/s on Acct:

Acct Number:

Bank Address:

Signatories:

Birth Certificates & Passports

Funeral Preferences

Mortuary:

Name of Cemetery:

Plot Number:

Address:

Special restrictions:

Music: 1.

2.

3.

Type of Casket:

Pall Bearers:

Headstone:

Flowers:

Special Instructions:

Trust Agreement

by

_____ and _____

as

Trustors

_____ and _____

as

presently acting

Trustees

Creating a Revocable Trust

known as

Dated: _____