

Family Binder

Essential Information in Case of Emergency



This binder belongs to the

Family

storenfinancial

www.storenfinancial.com



Dear Valued Client,

This family binder is designed to assist in keeping all your financial information organized and accessible in the event of an emergency or passing. The goal is to provide instruction to loved ones or caregivers in order to handle your affairs in the way you intended. This family binder will:

- Help you keep important information organized in one safely stored location.
- Allow terminal patients to express their wishes or leave notes behind for loved ones.
- Guide spouses or significant others in obtaining information on accounts, wishes, notes, etc. that their partner may have previously handled.

Anything you may want to easily access or ensure people know in the event of an emergency or death can be kept in the family binder. Simply add copies of your financial information to the designated tabs. Then continue to update, replace copies, or insert additions to your binder on a yearly basis or when major changes occur. This binder should house all your essential information, including:

- A copy of your photo ID
- Power of Attorney (POA)
- A copy of your will and estate information
- Bank and financial statements
- List of monthly bills and corresponding accounts
- Passwords
- Insurance details
- Medical information
- Special instructions
- Posthumous wishes

For further information about family binders, visit our website at www.storenfinancial.com for more blogs, videos, and downloadable content to help you assemble this centralized resource for you and your family.

Warm Regards,
The Storen Financial Team

www.storenfinancial.com

▪ PERSONAL INFORMATION

- Family Information
- Professional Team
- Healthcare Team
- Wallet
- Birth/Death Certificates
- Marriage Certificate
- Firearms License

▪ ESTATE PLANNING

- Will
- Trust
- POA
- Final Expense Plans

▪ FINANCIAL INFORMATION

- Bank Accounts
- Investments
- Pensions
- Stocks / Bonds
- Social Security
- Debts

▪ REAL ASSETS

- Real Estate / Mortgage
- Rental Properties

▪ PASSWORD KEEPER

- Email/Blogs
- Bank Accounts
- Social Media
- Online File Storage
- Home Alarm Code
- Computer / Phone / Tablet
- Safe

▪ MISCELLANEOUS

- Business Docs
- Pet arrangements

PERSONAL INFORMATION

LEGAL NAME _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____ DATE OF DEATH _____

DRIVER'S LICENSE # _____ ORGAN DONOR YES / NO

FATHER'S NAME _____ DATE OF BIRTH _____ DATE OF DEATH _____

MOTHER'S NAME _____ DATE OF BIRTH _____ DATE OF DEATH _____

LEGAL NAME _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____ DATE OF DEATH _____

DRIVER'S LICENSE # _____ ORGAN DONOR YES / NO

FATHER'S NAME _____ DATE OF BIRTH _____ DATE OF DEATH _____

MOTHER'S NAME _____ DATE OF BIRTH _____ DATE OF DEATH _____

CHILDREN / DEPENDENTS

LEGAL NAME _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____

LEGAL NAME _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____

LEGAL NAME _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____

LEGAL NAME _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____

LEGAL NAME _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____

LEGAL NAME _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____

EMERGENCY CONTACTS

EMPLOYER _____ ADDRESS _____

PHONE # _____ EMAIL ADDRESS _____

SCHOOL _____ ADDRESS _____

PHONE # _____ EMAIL ADDRESS _____

CONTACT NAME _____ ADDRESS _____

PHONE # _____ EMAIL ADDRESS _____

PERSONAL INFORMATION

DOCUMENTS

	COPIES INCLUDED	LOCATION OF ORIGINALS
DRIVER'S LICENSE	YES / NO	
PASSPORT	YES / NO	
BIRTH CERTIFICATE	YES / NO	
SOCIAL SECURITY CARD	YES / NO	
ADOPTION PAPERWORK	YES / NO	
DEATH CERTIFICATE	YES / NO	
MARRIAGE LICENSE	YES / NO	
DIVORCE DECREE	YES / NO	
CUSTODY AGREEMENT	YES / NO	
MILITARY PAPERS	YES / NO	
CITIZENSHIP DOCUMENTS	YES / NO	
EDUCATION CREDENTIALS	YES / NO	
TAX RETURNS / DOCUMENTS	YES / NO	

CONTACTS

FINANCIAL ADVISOR _____ ADDRESS _____

PHONE # _____ EMAIL ADDRESS _____

TAX ACCOUNTANT _____ ADDRESS _____

PHONE # _____ EMAIL ADDRESS _____

BUSINESS ADVISOR _____ ADDRESS _____

PHONE # _____	EMAIL ADDRESS _____
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FAMILY ATTORNEY _____ ADDRESS _____

PHONE # _____ EMAIL ADDRESS _____

ESTATE ATTORNEY _____ ADDRESS _____

PHONE # _____ EMAIL ADDRESS _____

NOTES

[illegible]

MEMBERSHIPS / COMMUNITIES

ORGANIZATION _____ ADDRESS _____

PHONE # _____ FEE \$ _____ POSITION _____

ADDITIONAL NOTES _____

ORGANIZATION _____ ADDRESS _____

PHONE # _____ FEE \$ _____ POSITION _____

ADDITIONAL NOTES _____

ORGANIZATION _____ ADDRESS _____

PHONE # _____ FEE \$ _____ POSITION _____

ADDITIONAL NOTES _____

ORGANIZATION _____ ADDRESS _____

PHONE # _____ FEE \$ _____ POSITION _____

ADDITIONAL NOTES _____

IMPORTANT HOUSEHOLD SERVICES & PROVIDERS

SERVICE PROVIDER _____ ACCOUNT _____

PHONE # _____ FEE \$ _____ SERVICE _____

ADDITIONAL NOTES _____

SERVICE PROVIDER _____ ACCOUNT _____

PHONE # _____ FEE \$ _____ SERVICE _____

ADDITIONAL NOTES _____

SERVICE PROVIDER _____ ACCOUNT _____

PHONE # _____ FEE \$ _____ SERVICE _____

ADDITIONAL NOTES _____

SERVICE PROVIDER _____ ACCOUNT _____

PHONE # _____ FEE \$ _____ SERVICE _____

ADDITIONAL NOTES _____

SERVICE PROVIDER _____ ACCOUNT _____

PHONE # _____ FEE \$ _____ SERVICE _____

ADDITIONAL NOTES _____

SERVICE PROVIDER _____ ACCOUNT _____

PHONE # _____ FEE \$ _____ SERVICE _____

ADDITIONAL NOTES _____

CONTACTS

DOCTOR _____ PHONE # _____

ADDRESS _____

DOCTOR _____ PHONE # _____

ADDRESS _____

DOCTOR _____	PHONE # _____
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ADDRESS _____

DENTIST	PHONE #
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ADDRESS _____

DENTIST _____ PHONE # _____

ADDRESS _____

SPECIALIST _____ PHONE # _____

ADDRESS _____

SPECIALIST _____ PHONE # _____

ADDRESS _____

INSURANCE

[illegible]

HEALTHCARE DIRECTIVES

[illegible]

WILLS

TYPE	LIVING / TESTAMENTARY / REVOCABLE / IRREVOCABLE	EFFECTIVE DATE	IMMEDIATELY / INCAPACITATED
DOCUMENT TITLE	_____		CREATION DATE _____
TRUSTEE	_____	ALTERNATE TRUSTEE	_____

TYPE	LIVING / TESTAMENTARY / REVOCABLE / IRREVOCABLE	EFFECTIVE DATE	IMMEDIATELY / INCAPACITATED
DOCUMENT TITLE	_____		CREATION DATE _____
TRUSTEE	_____	ALTERNATE TRUSTEE	_____

TRUSTS

TYPE	LIVING / TESTAMENTARY / REVOCABLE / IRREVOCABLE	EFFECTIVE DATE	IMMEDIATELY / INCAPACITATED
DOCUMENT TITLE	_____		CREATION DATE _____
EIN #	_____	TRUSTEE	_____
		ALTERNATE TRUSTEE	_____

TYPE	LIVING / TESTAMENTARY / REVOCABLE / IRREVOCABLE	EFFECTIVE DATE	IMMEDIATELY / INCAPACITATED
DOCUMENT TITLE	_____		CREATION DATE _____
EIN #	_____	TRUSTEE	_____
		ALTERNATE TRUSTEE	_____

TYPE	LIVING / TESTAMENTARY / REVOCABLE / IRREVOCABLE	EFFECTIVE DATE	IMMEDIATELY / INCAPACITATED
DOCUMENT TITLE	_____		CREATION DATE _____
EIN #	_____	TRUSTEE	_____
		ALTERNATE TRUSTEE	_____

TYPE	LIVING / TESTAMENTARY / REVOCABLE / IRREVOCABLE	EFFECTIVE DATE	IMMEDIATELY / INCAPACITATED
DOCUMENT TITLE	_____		CREATION DATE _____
EIN #	_____	TRUSTEE	_____
		ALTERNATE TRUSTEE	_____

TYPE	LIVING / TESTAMENTARY / REVOCABLE / IRREVOCABLE	EFFECTIVE DATE	IMMEDIATELY / INCAPACITATED
DOCUMENT TITLE	_____		CREATION DATE _____
EIN #	_____	TRUSTEE	_____
		ALTERNATE TRUSTEE	_____

TYPE	LIVING / TESTAMENTARY / REVOCABLE / IRREVOCABLE	EFFECTIVE DATE	IMMEDIATELY / INCAPACITATED
DOCUMENT TITLE	_____		CREATION DATE _____
EIN #	_____	TRUSTEE	_____
		ALTERNATE TRUSTEE	_____

NOTES

POWER OF ATTORNEY

TYPE MEDICAL / GENERAL / DURABLE / NON-DURABLE / FINANCIAL / SPRINGING
DOCUMENT TITLE _____ DATE PREPARED _____
AGENT NAME _____ ALTERNATE AGENT _____
EFFECTIVE DATE IMMEDIATELY / INCAPACITATED TERMINATION DATE _____

TYPE MEDICAL / GENERAL / DURABLE / NON-DURABLE / FINANCIAL / SPRINGING
DOCUMENT TITLE _____ DATE PREPARED _____
AGENT NAME _____ ALTERNATE AGENT _____
EFFECTIVE DATE IMMEDIATELY / INCAPACITATED TERMINATION DATE _____

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DOCUMENT TITLE _____ DATE PREPARED _____
AGENT NAME _____ ALTERNATE AGENT _____
EFFECTIVE DATE IMMEDIATELY / INCAPACITATED TERMINATION DATE _____

ADDITIONAL NOTES

ARRANGEMENTS

	ORGANIZATION	CONTACT INFORMATION	LOCATION OF DOCUMENTS
BURIAL / CREMATION			
BURIAL / CREMATION			

	MATERIAL	DESIGN	INSCRIPTION REQUEST
HEADSTONE MONUMENT / BURIAL MARKER			
HEADSTONE MONUMENT / BURIAL MARKER			

OBITUARY

LENGTH

BRIEF / MODERATE / EXTENDED

INCLUDE PHOTOGRAPH

YES / NO

PUBLICATIONS

LENGTH

BRIEF / MODERATE / EXTENDED

INCLUDE PHOTOGRAPH

YES / NO

PUBLICATIONS

FUNERAL AND MEMORIAL SERVICES

WOULD YOU LIKE A VIEWING, VISITATION OR WAKE

YES / NO

TYPE OF SERVICE

LOCATION

CONTACT NAMECONTACT #

EXISTING ARRANGEMENTS

WOULD YOU LIKE A VIEWING, VISITATION OR WAKE

YES / NO

TYPE OF SERVICE

LOCATION

CONTACT NAMECONTACT #

EXISTING ARRANGEMENTS

SPECIAL REQUESTS

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ADDITIONAL NOTES

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EMPLOYER PLANS / PENSION

INSTITUTION NAME _____ OWNER(S) _____

ACCOUNT TYPE _____ ACCOUNT # _____

INSTITUTION NAME _____ OWNER(S) _____

ACCOUNT TYPE _____ ACCOUNT # _____

INSTITUTION NAME _____ OWNER(S) _____

ACCOUNT TYPE _____ ACCOUNT # _____

INSTITUTION NAME _____ OWNER(S) _____

ACCOUNT TYPE _____ ACCOUNT # _____

INVESTMENT ACCOUNTS / ANNUITIES

INSTITUTION NAME _____ OWNER(S) _____

ACCOUNT TYPE _____ ACCOUNT # _____

INSTITUTION NAME _____ OWNER(S) _____

ACCOUNT TYPE _____ ACCOUNT # _____

INSTITUTION NAME _____ OWNER(S) _____

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ACCOUNT TYPE _____ ACCOUNT # _____

INSTITUTION NAME _____ OWNER(S) _____

ACCOUNT TYPE _____ ACCOUNT # _____

ADDITIONAL FINANCIAL ASSETS

INSTITUTION NAME _____ OWNER(S) _____

ACCOUNT TYPE _____ ACCOUNT # _____

INSTITUTION NAME _____ OWNER(S) _____

ACCOUNT TYPE _____ ACCOUNT # _____

FINANCIAL INFORMATION

BANK ACCOUNTS

BANK NAME _____ ACCOUNT OWNER (S) _____

CHECKING ACCOUNT # _____ SAVINGS ACCOUNT # _____

ATM / DEBIT CARD #	TOD / POD SETUP	YES / NO
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PIN / OTHER SPECIAL INFORMATION

BANK NAME _____ ACCOUNT OWNER (S) _____

CHECKING ACCOUNT # SAVINGS ACCOUNT #

ATM / DEBIT CARD # TOD / POD SETUP YES / NO

PIN / OTHER SPECIAL INFORMATION

[illegible]

CHECKING ACCOUNT # SAVINGS ACCOUNT #

ATM / DEBIT CARD #	TOD / POD SETUP	YES / NO
--------------------	-----------------	----------

PIN / OTHER SPECIAL INFORMATION

BANK NAME	ACCOUNT OWNER(S)
-----------	------------------

CHECKING ACCOUNT # SAVINGS ACCOUNT #

ATM / DEBIT CARD #	TOD / POD SETUP	YES / NO
--------------------	-----------------	----------

PIN / OTHER SPECIAL INFORMATION

HOME BILLS / PAYMENTS

[illegible]

DEBTS / LIABILITIES

[illegible]

LOCATION OF ORIGINAL DOCUMENTS

[illegible]

ADDITIONAL NOTES

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PROPERTY OWNED

ADDRESS	RENTAL	YES / NO

LOCATION OF DOCUMENTS	TOD	YES / NO

ADDRESS	RENTAL	YES / NO
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LOCATION OF DOCUMENTS	TOD	YES / NO
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ADDRESS	RENTAL	YES / NO

LOCATION OF DOCUMENTS	TOD	YES / NO
-----------------------	-----	----------

ADDRESS	RENTAL	YES / NO

LOCATION OF DOCUMENTS	TOD	YES / NO

VEHICLES OWNED

MAKE / MODEL _____ VIN # _____

VEHICLE LOCATION	LOCATION OF TITLE

MAKE / MODEL _____ VIN # _____

VEHICLE LOCATION _____ LOCATION OF TITLE _____

MAKE / MODEL _____ VIN # _____

VEHICLE LOCATION	LOCATION OF TITLE

MAKE / MODEL _____ VIN # _____

VEHICLE LOCATION	LOCATION OF TITLE

VEHICLES LEASED

MAKE / MODEL _____ VIN # _____

VEHICLE LOCATION _____ LOCATION OF TITLE _____

MAKE / MODEL _____ VIN # _____

VEHICLE LOCATION _____ LOCATION OF TITLE _____

OTHER PERSONAL PROPERTY

[illegible]

BUSINESSES

BUSINESS NAME _____

OWNER _____ ADDITIONAL OWNER _____

ADDRESS

CONTACT _____ CONTACT PHONE # _____

CONTACT EMAIL

DISPOSITION OF ENTIRE BUSINESS CONTINUE / TRANSFER / SELL / LIQUIDATE

DISPOSITION OF MY INTEREST	TRANSFER / SELL / LIQUIDATE
<input type="checkbox"/> I am not interested in selling or transferring my interest in the partnership.	<input type="checkbox"/> I am not interested in selling or transferring my interest in the partnership.
<input type="checkbox"/> I am interested in selling or transferring my interest in the partnership.	<input type="checkbox"/> I am interested in selling or transferring my interest in the partnership.

BUSINESS NAME _____

OWNER	ADDITIONAL OWNER

ADDRESS

CONTACT CONTACT PHONE #

CONTACT EMAIL

DISPOSITION OF ENTIRE BUSINESS CONTINUE / TRANSFER / SELL / LIQUIDATE

DISPOSITION OF MY INTEREST TRANSFER / SELL / LIQUIDATE

BUSINESS NAME

OWNER	ADDITIONAL OWNER

ADDRESS

CONTACT CONTACT PHONE #

CONTACT EMAIL

DISPOSITION OF ENTIRE BUSINESS CONTINUE / TRANSFER / SELL / LIQUIDATE

DISPOSITION OF MY INTEREST TRANSFER / SELL / LIQUIDATE

NOTES

[illegible]

PRODUCTS / SERVICES / BLOGS / EMAIL

[illegible]

WHERE THINGS ARE STORED

	LOCATION	KEY / COMBINATION / PASSWORD
HOME FILING CABINET		
SAFE DEPOSIT BOX		
HOME SAFE		

PET ARRANGEMENTS / WISHES

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PERSONAL WISHES

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DAY ONE & TWO

1. CARE FOR CHILDREN / DEPENDENTS YES / NO
2. CARE FOR ANIMALS YES / NO
3. INFORM EMPLOYER YES / NO
4. CONTACT BUSINESS(S) YES / NO
5. INFORM INVESTMENT ADVISOR YES / NO
6. READ MY LAST LETTERS
7. MAKE FINAL ARRANGEMENTS
8. ARRANGE FOR DEATH CERTIFICATE
9. BURIAL / MEMORIAL SERVICES
10. OBITUARY
11. CONTACT FAMILY & FRIENDS
12. CANCEL ANY SCHEDULED APPOINTMENTS
13. PROTECT HOUSE/ PROPERTY
14. PICK UP MAIL

WEEK TWO

1. LOCATE WILLS & TRUSTS
2. CONTACT ORGANIZATIONS
 - a. FINANCIAL ADVISOR YES / NO
 - b. INSURANCE AGENT YES / NO
 - c. BANK ACCOUNTS YES / NO
 - d. RETIREMENT PLANS / PENSIONS YES / NO
 - e. GOVERNMENT BENEFITS YES / NO
 - f. SERVICE PROVIDERS
 - g. REVIEW BILLS / ACCOUNTS / DEBTS

MONTH ONE & BEYOND

1. TAKE INVENTORY OF POSSESSIONS
2. CANCEL MEMBERSHIPS / DRIVER'S LICENSE
3. PREPARE TAX RETURNS

ADDITIONAL NOTES

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