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# Life Transition Binder

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## Personal

Full Legal Name					
Maiden Name					
Date of Birth					
Place of Birth					
Parent Name & Place of Birth (mother – maiden name)					
Parent Name & Place of Birth (father)					
Name of Spouse					
Primary Address					
Email address(es)					
Telephone	<table border="1"><tr><td>Home:</td><td></td></tr><tr><td>Cell:</td><td></td></tr></table>	Home:		Cell:	
Home:					
Cell:					

# Life Transition Binder

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<p>Do you have a Firearm? (If yes, please indicate model, license # &amp; where it is located)</p>													
<p>Are you an Organ Donor?</p>													
<p>What are your End-of-life Wishes?</p>	<p><input type="checkbox"/> Burial  <input type="checkbox"/> Cremation  <input type="checkbox"/> Donate my body to science  <input type="checkbox"/> Natural Organic Reduction</p>												
<p>End of Life Directives: Consider adding details on what you want in the back of the binder under a separate tab.</p>	<p><input type="checkbox"/> Religious Service  <input type="checkbox"/> Gravesite Service  <input type="checkbox"/> Memorial Service  <input type="checkbox"/> Celebration of Life</p>												
<p>Have you pre-paid your end-of-life expenses?</p> <p>Place documentation, invoices &amp; certificates, for all pre-paid costs at the back of your binder under its own tab.</p>	<p><u>Type of costs prepaid:</u></p> <p><input type="checkbox"/> Funeral expenses  <input type="checkbox"/> Cemetery plot  <input type="checkbox"/> Memorial plaque or headstone</p> <table border="1" data-bbox="711 1266 1471 1465"> <tr> <td>Company:</td> <td></td> </tr> <tr> <td>Phone #:</td> <td></td> </tr> <tr> <td>Details:</td> <td></td> </tr> </table> <table border="1" data-bbox="711 1518 1471 1717"> <tr> <td>Company:</td> <td></td> </tr> <tr> <td>Phone #:</td> <td></td> </tr> <tr> <td>Details:</td> <td></td> </tr> </table>	Company:		Phone #:		Details:		Company:		Phone #:		Details:	
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## Property

Real Estate	Property address:			
	Owner:			
	County Registered In			
	Parcel ID:			
	Book:		Page:	
	Do you have a mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following details:		
	Bank:			
	Phone:			
	Account:			
	Payment details:			
<p>If you have a <b>Mortgage discharge letter</b> place a copy at the back of the binder with its own tab.</p>				
Home Equity Line of Credit (HELOC)	Do you have a HELOC for the above Property?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, complete the following details:			
	Association name:			
	Contact #:			
	Payment frequency:			
	Payment amount:			
	How do you pay it?			
What's included:				

# Life Transition Binder

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Safe	Key: _____		Code: _____	
	Who has the above:		_____	
	Contents:		_____	
	Location of safe:		_____	
Automobile (make, year)	Car:		_____	
	VIN #:		_____	
	Plate #:		_____	
	If you lease or finance your car complete the following:			
	Company:		_____	
	Phone #:		_____	
	Account #:		_____	
	How is it paid?		_____	
	Automobile (make, year)	Car:		_____
VIN #:		_____		
Plate #:		_____		
If you lease or finance your car complete the following:				
Company:		_____		
Phone #:		_____		
Account #:		_____		
How is it paid?		_____		

# Life Transition Binder

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## Home Owner's Insurance and Car Insurance

Do you use an insurance agency to purchase your home or car Insurance?

Agency	<table border="1"> <tr> <td data-bbox="513 453 711 499">Company:</td> <td data-bbox="711 453 1487 499"></td> </tr> <tr> <td data-bbox="513 499 711 546">Phone #:</td> <td data-bbox="711 499 1487 546"></td> </tr> </table>	Company:		Phone #:					
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Phone #:									
Home Owner's Insurance	<table border="1"> <tr> <td data-bbox="513 646 781 693">Company:</td> <td data-bbox="781 646 1487 693"></td> </tr> <tr> <td data-bbox="513 693 781 739">Phone #:</td> <td data-bbox="781 693 1487 739"></td> </tr> <tr> <td data-bbox="513 739 781 785">Representative:</td> <td data-bbox="781 739 1487 785"></td> </tr> <tr> <td data-bbox="513 785 781 831">Policy #:</td> <td data-bbox="781 785 1487 831"></td> </tr> </table>	Company:		Phone #:		Representative:		Policy #:	
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Policy #:									
Umbrella Insurance Policy	<table border="1"> <tr> <td data-bbox="513 936 781 982">Company:</td> <td data-bbox="781 936 1487 982"></td> </tr> <tr> <td data-bbox="513 982 781 1029">Phone #:</td> <td data-bbox="781 982 1487 1029"></td> </tr> <tr> <td data-bbox="513 1029 781 1075">Representative:</td> <td data-bbox="781 1029 1487 1075"></td> </tr> <tr> <td data-bbox="513 1075 781 1121">Policy #:</td> <td data-bbox="781 1075 1487 1121"></td> </tr> </table>	Company:		Phone #:		Representative:		Policy #:	
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Phone #:									
Representative:									
Policy #:									
Car Insurance	<table border="1"> <tr> <td data-bbox="513 1226 781 1272">Company:</td> <td data-bbox="781 1226 1487 1272"></td> </tr> <tr> <td data-bbox="513 1272 781 1318">Phone #:</td> <td data-bbox="781 1272 1487 1318"></td> </tr> <tr> <td data-bbox="513 1318 781 1365">Representative:</td> <td data-bbox="781 1318 1487 1365"></td> </tr> <tr> <td data-bbox="513 1365 781 1411">Policy #:</td> <td data-bbox="781 1365 1487 1411"></td> </tr> </table>	Company:		Phone #:		Representative:		Policy #:	
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Phone #:									
Representative:									
Policy #:									
Car Insurance	<table border="1"> <tr> <td data-bbox="513 1516 781 1562">Company:</td> <td data-bbox="781 1516 1487 1562"></td> </tr> <tr> <td data-bbox="513 1562 781 1608">Phone #:</td> <td data-bbox="781 1562 1487 1608"></td> </tr> <tr> <td data-bbox="513 1608 781 1654">Representative:</td> <td data-bbox="781 1608 1487 1654"></td> </tr> <tr> <td data-bbox="513 1654 781 1701">Policy #:</td> <td data-bbox="781 1654 1487 1701"></td> </tr> </table>	Company:		Phone #:		Representative:		Policy #:	
Company:									
Phone #:									
Representative:									
Policy #:									

# Life Transition Binder

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## Annual Home/Car/Safety Checklist

- Smoke/Heat Detectors--Check/Change Batteries once a year -  
Month:\_\_\_\_\_
- Dryer
  - Check/clean outside vent
  - Check/clean dryer hose
- Car Inspection Sticker - Month\_\_\_\_\_
- Car Registration - Month\_\_\_\_\_
- Update File of Life (medication changes, health changes) and make copies for following locations:
  - Home (on Refrigerator)
  - Car
  - Purse/Wallet
  - Binder
  - Primary and alternates proxies
- Late Fall: Winterize house/sprinkler/outdoor faucets
- Late Fall: Clean Gutters if applicable
- \_\_\_\_\_
- \_\_\_\_\_