



Family Resource Binder

Centralize important documents and information for your family and loved ones. This binder will be a critical resource in the event of an emergency or major life event.

This resource is designed to help organize important information so that you are better prepared for future life stages and unforeseen circumstances.

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MODERN
INDEPENDENCE



Key
Information



Essential
documents



Medical
information

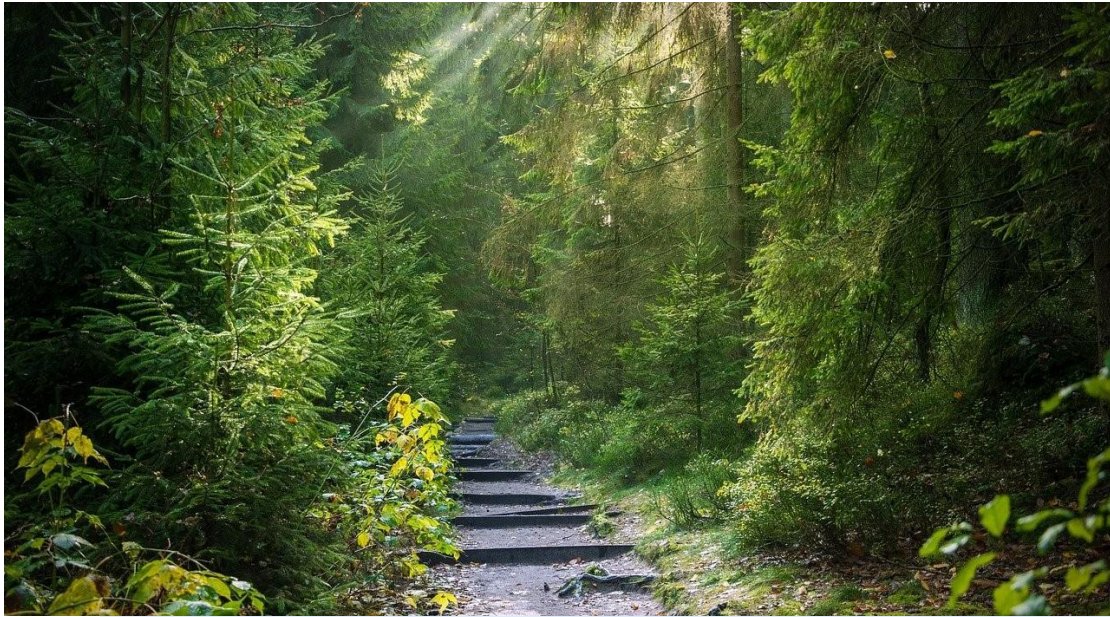


Financial
information



Digital &
professional
information

Key Information



Make sure that your loved ones know where to find your key personal information in the event of an emergency. Attach copies of all key documents to this section.



Personal Information

MY INFORMATION

FULL LEGAL NAME: _____

GIVEN/MAIDEN NAME (if applicable): _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

PLACE OF BIRTH (hospital, city, county, state/country): _____

MOTHER'S FULL LEGAL NAME: _____

MOTHER'S PLACE OF BIRTH (city, & state/country): _____

FATHER'S FULL LEGAL NAME: _____

FATHER'S PLACE OF BIRTH (city & state/country): _____

PASSPORT NUMBER: _____ EXPIRATION DATE: _____

FULL NAMES OF ALL CHILDREN (living & deceased): _____

CURRENT EMPLOYER (name, address, phone, manager): _____

PETS: _____

NOTES: _____

Personal Information

SPOUSE/PARTNER INFORMATION

FULL LEGAL NAME: _____

GIVEN/MAIDEN NAME (if applicable): _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

PLACE OF BIRTH (hospital, city, county, state/country): _____

MOTHER'S FULL LEGAL NAME: _____

MOTHER'S PLACE OF BIRTH (city, & state/country): _____

FATHER'S FULL LEGAL NAME: _____

FATHER'S PLACE OF BIRTH (city & state/country): _____

PASSPORT NUMBER: _____ EXPIRATION DATE: _____

FULL NAMES OF ALL CHILDREN (living & deceased): _____

CURRENT EMPLOYER (name, address, phone, manager): _____

PETS: _____

NOTES: _____

SIGNIFICANT OTHER INFORMATION

SPOUSE/PARTNER'S INFORMATION

FULL LEGAL NAME: _____

GIVEN/MAIDEN NAME (if applicable): _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

PLACE OF BIRTH (hospital, city, county, state/country): _____

MARRIAGE DATE: _____

MARRIAGE LOCATION (city, & state/country): _____

SPOUSE'S FORMER SPOUSE: _____

MARRIAGE DATE: _____

REASON: ___ DEATH ___ DIVORCE DATE & LOCATIONXPIRATION DATE: _____

MY FORMER SPOUSE: _____

DATE OF BIRTH: _____

MARRIAGE DATES: _____

REASON: ___ DEATH ___ DIVORCE DATE & LOCATION: _____

MY FORMER SPOUSE: _____

DATE OF BIRTH: _____

MARRIAGE DATES: _____

NOTES: _____

EMERGENCY CONTACTS

Information last updated: _____

Contact	Name	Phone or Email
EMERGENCY CONTACTS:		
PRIMARY DOCTOR:		
DOCTOR/SPECIALIST:		
CLERIC:		
ATTORNEY:		
FINANCIAL ADVISOR:		

EMERGENCY CONTACTS

Information last updated: _____

Contact	Name	Phone or Email
PROPERTY & CASUALTY AGENT:		
CPA:		
EXECUTOR:		
TRUSTEE:		
SUCCESSOR TRUSTEE:		
OTHER (Power of Attorney, Healthcare Proxy):		

PROFESSIONAL DIRECTORY

Attorney, CPA, Mechanic, Housekeeper, Nanny, Pet Sitter, Landscaping & Pool Services:

Name	Business Type	Address	Phone/Email

SPOUSE OR FAMILY PROFESSIONAL DIRECTORY

ATTORNEY, CPA, MECHANIC, HOUSEKEEPER, NANNY, PET SITTER, SERVICES:

Name	Business Type	Address	Phone/Email

Essential Documents



Know where to find important paperwork at a moment's notice. We suggest providing a copy of all key documents and attaching to this section.



KEY DOCUMENTS

Information last updated: _____

These documents are important but only occasionally needed.

Document	Location	Who Has a Copy?	Online Access/ Location
DRIVER'S LICENSE:			
PASSPORT:			
MILITARY SERVICE DOCUMENTS:			
PROFESSIONAL CERTIFICATIONS:			
DOCUMENT INVENTORY:			
VEHICLE TITLES:			
VEHICLE REPAIRS:			
REAL ESTATE DEEDS:			
PROPERTY TAX ASSESSMENT &			
HOUSEHOLD INVENTORY:			
HOME IMPROVEMENT RECEIPTS:			
PHOTOS OF POSSESSIONS:			
SAFE DEPOSIT BOX INVENTORY:			

RENEWALS

Information last updated _____ These are documents that expire and require renewals.

Document	Expiration Date	In Document Vault?
DRIVER'S LICENSE:		
PASSPORT:		
CLUB MEMBERSHIP:		
OTHER:		
OTHER:		
OTHER:		
OTHER:		

ESSENTIAL DOCUMENTS

Information last updated:

These documents should never be destroyed. Store everything in one secure location.

Document	Location	Who Has a Copy?	Online Access/ Location
BIRTH CERTIFICATE:			
SOCIAL SECURITY CARD:			
MARRIAGE CERTIFICATES:			
DIVORCE DECREES:			
DEATH CERTIFICATES:			
CITIZENSHIP OR NATURALIZATION			
MILITARY DISCHARGE:			
VETERANS RECORDS:			
CEMETARY DEED:			
FINAL EXPENSE INSURANCE:			
DIPLOMAS:			
LAWSUITS:			
IMMUNIZATIONS:			

ESSENTIAL DOCUMENTS

Information last updated: _____

These documents should never be destroyed. Store everything in one secure location.

Document	Location	Who Has a Copy?	Online Access/ Location
INSURANCE POLICIES:			
RETIREMENT PLAN DOCUMENTS:			
EMPLOYEE BENEFITS:			
DIVORCE DECREES:			
EMPLOYMENT CONTRACTS:			
FINANCIAL STATEMENTS:			
CREDIT CARD STATEMENTS:			
CREDIT REPORTS:			
LOAN AGREEMENTS & STATEMENTS:			
COLLEGE FINANCIAL AID:			
INVESTMENT STATEMENTS:			
ANNUITY CONTRACTS:			
STOCK CERTIFICATES & BONDS:			

ESSENTIAL INFORMATION

Information last updated: _____

My family is due the following benefits from my employer:

☐

Life Insurance

☐

Long-Term Care

☐

Disability Insurance

☐

Retirement Plan

☐

Deferred
Compensation

☐

Other _____

☐

Stock

Safe & Valuables

I have a

☐

Safe. Persons who know the safe combination: _____

☐

Valuables (jewelry, collections, etc.) located at: _____

I may receive an inheritance from: _____

I am the beneficiary of a trust. Trust document is located at: _____

I am entitled to military benefits, including: _____

Safety Deposit Boxes

Located at (city and state): _____

Safety deposit box keys are located: _____

Safety deposit box code? _____

Medical Information



Important health information and medical contacts at your fingertips, available at a moment's notice. Attach copies of key medical records here.



My personal medical and health information. We suggest providing a copy of all key documents and attaching to this section. This section includes:

- Physician Directories
- Insurance Information
- Conditions & Medications
- Family Medical Information
- Veterinarian Information

MEDICAL INFORMATION

MY PERSONAL MEDICAL INFORMATION

Information last updated: _____

Self

HEALTH INSURER:	PLAN ID:	GROUP #:	MEDICARE #:
MEDIGAP/ SUPPLEMENTAL			
PRESCRIPTION COVERAGE:	ISSUER:	GROUP #:	ID#:
PRESCRIPTION COVERAGE (MEDICARE D):	ISSUER:	GROUP #:	ID#:
BLOOD TYPE:			
ALLERGIES:			
MEDICAL CONDITIONS/ISSUES:			
PHARMACY FOR PRESCRIPTIONS:			
VA MEDICAL:			
ORGAN DONOR:			

MEDICAL INFORMATION

MY PERSONAL MEDICAL INFORMATION

Information last updated: _____

Spouse/Partner

HEALTH INSURER:	PLAN ID:	GROUP #:	MEDICARE #:
MEDIGAP/ SUPPLEMENTAL			
PRESCRIPTION COVERAGE:	ISSUER:	GROUP #:	ID#:
PRESCRIPTION COVERAGE (MEDICARE D):	ISSUER:	GROUP #:	ID#:
BLOOD TYPE:			
ALLERGIES:			
MEDICAL CONDITIONS/ISSUES:			
PHARMACY FOR PRESCRIPTIONS:			
VA MEDICAL:			
ORGAN DONOR:			

CHILD MEDICAL INFORMATION

CHILD MEDICAL INFORMATION - Duplicate page and complete for each child/ dependent.
Information last updated: _____

Child

HEALTH INSURER:	PLAN ID:	GROUP #:	MEDICARE #:
MEDIGAP/ SUPPLEMENTAL			
PRESCRIPTION COVERAGE:	ISSUER:	GROUP #:	ID#:
PRESCRIPTION COVERAGE (MEDICARE D):	ISSUER:	GROUP #:	ID#:
BLOOD TYPE:			
ALLERGIES:			
MEDICAL CONDITIONS/ISSUES:			
PHARMACY FOR PRESCRIPTIONS:			
VA MEDICAL:			
ORGAN DONOR:			

CHILD MEDICAL INFORMATION

CHILD MEDICAL INFORMATION - Duplicate page and complete for each child/ dependent.
Information last updated:

Child

HEALTH INSURER:	PLAN ID:	GROUP #:	MEDICARE #:
MEDIGAP/ SUPPLEMENTAL			
PRESCRIPTION COVERAGE:	ISSUER:	GROUP #:	ID#:
PRESCRIPTION COVERAGE (MEDICARE D):	ISSUER:	GROUP #:	ID#:
BLOOD TYPE:			
ALLERGIES:			
MEDICAL CONDITIONS/ISSUES:			
PHARMACY FOR PRESCRIPTIONS:			
VA MEDICAL:			
ORGAN DONOR:			

FAMILY MEDICAL DIRECTORY

FAMILY PHYSICIANS CONTACT INFORMATION

Information last updated:

FAMILY MEMBER	PHYSICIAN NAME & SPECIALTY	PHONE OR EMAIL

PRESCRIPTION INFORMATION

MY PRESCRIPTION INFORMATION

Information last updated:

NAME OF MEDICINE	DOSAGE	PRESCRIBING DOCTOR

PRESCRIPTION INFORMATION

SPOUSE/PARTNER PRESCRIPTION INFORMATION

Information last updated:

NAME OF MEDICINE	DOSAGE	PRESCRIBING DOCTOR

MEDICAL NOTES

MISCELLANEOUS MEDICAL NOTES

Information last updated:

ISSUE/CONTACT	NOTES

PET VETERINARY INFORMATION

VETERINARIAN

Information last updated:

PET S NAME & TYPE	VETERINARY INFORMATION	PHONE	WHO WILL CARE FOR PET? (Name/Phone)

Financial Information



Be able to access important information just when you need it by keeping a record of financial accounts, statements, and activity.



My financial life. We suggest providing a copy of all key documents and attaching to this section. This section includes:

- Assets & Liabilities Inventories
- Bank Accounts
- Retirement Plans
- Insurance Inventory
- Automatic Bill Pay Inventory
- Credit Card Information

BANKING INFORMATION

BANK ACCOUNTS

Information last updated:

ACCOUNT

BANK NAME:

PHONE:

CHECKING ACCOUNT #:

SAVINGS ACCOUNT #:

ATM/DEBIT CARD #:

OTHER:

BANK NAME:

PHONE:

CHECKING ACCOUNT #:

SAVINGS ACCOUNT #:

ATM/DEBIT CARD #:

OTHER:

BANK NAME:

PHONE:

CHECKING ACCOUNT #:

SAVINGS ACCOUNT #:

ATM/DEBIT CARD #:

OTHER:

BANK NAME:

PHONE:

CHECKING ACCOUNT#:

SAVINGS ACCOUNT #:

ATM/DEBIT CARD #:

OTHER:

CREDIT CARD INVENTORY

CREDIT CARD INVENTORY

Information last updated:

ACCOUNT

CREDIT CARD ISSUED TO:	ISSUER:
ACCOUNT #:	EXPIRES:
CREDIT CARD ISSUED TO:	ISSUER:
ACCOUNT #:	EXPIRES:
CREDIT CARD ISSUED TO:	ISSUER:
ACCOUNT #:	EXPIRES:
CREDIT CARD ISSUED TO:	ISSUER:
ACCOUNT #:	EXPIRES:

CREDIT CARD INVENTORY

CREDIT CARD INVENTORY

Information last updated:

ACCOUNT	
CREDIT CARD ISSUED TO:	ISSUER:
ACCOUNT #:	EXPIRES:
CREDIT CARD ISSUED TO:	ISSUER:
ACCOUNT #:	EXPIRES:
CREDIT CARD ISSUED TO:	ISSUER:
ACCOUNT #:	EXPIRES:
CREDIT CARD ISSUED TO:	ISSUER:
ACCOUNT #:	EXPIRES:

FINANCIAL INFORMATION

INVESTMENT ACCOUNTS

Information last updated:

ACCOUNT

INVESTMENT FIRM NAME:	FINANCIAL PROFFESIONAL:	PHONE #:
ACCOUNT #:	ACCOUNT TYPE:	ACCT TITLE:
INVESTMENT FIRM NAME:	FINANCIAL PROFFESIONAL:	PHONE #:
ACCOUNT #:	ACCOUNT TYPE:	ACCT TITLE:
INVESTMENT FIRM NAME:	FINANCIAL PROFFESIONAL:	PHONE #:
ACCOUNT #:	ACCOUNT TYPE:	ACCT TITLE:
INVESTMENT FIRM NAME:	FINANCIAL PROFFESIONAL:	PHONE #:
ACCOUNT #:	ACCOUNT TYPE:	ACCT TITLE:
INVESTMENT FIRM NAME:	FINANCIAL PROFFESIONAL:	PHONE #:
ACCOUNT #:	ACCOUNT TYPE:	ACCT TITLE:
INVESTMENT FIRM NAME:	FINANCIAL PROFFESIONAL:	PHONE #:
ACCOUNT #:	ACCOUNT TYPE:	ACCT TITLE:

RETIREMENT PLANS

MY RETIREMENT PLANS/ EXECUTIVE COMPENSATION

Information last updated:

PLAN	COMPANY NAME	PHONE #
401(K) ACCOUNT:		
PENSION:		
EQUITY PLAN:		
OTHER COMPENSATION PLAN:		
OTHER COMPENSATION PLAN:		
OTHER COMPENSATION PLAN:		

SPOUSE/PARTNER RETIREMENT PLANS

SPOUSE/PARTNER RETIREMENT PLANS/ EXECUTIVE COMPENSATION

Information last updated:

PLAN	COMPANY NAME	PHONE #
401(K) ACCOUNT:		
PENSION:		
EQUITY PLAN:		
OTHER COMPENSATION PLAN:		
OTHER COMPENSATION PLAN:		
OTHER COMPENSATION PLAN:		

LIABILITY INFORMATION

LOAN INVENTORY

Information last updated:

LOAN	ACCOUNT #
MORTGAGE BROKER NAME (PRIMARY):	
MORTGAGE BROKER NAME (SECONDARY):	
ADDITIONAL MORTGAGE BROKER NAME:	
HOME EQUITY LOAN HOLDER:	
VEHICLE HOLDER:	
VEHICLE HOLDER:	

LIFE INSURANCE

MY LIFE INSURANCE

Information last updated:

BENEFITS:

INSURER:	POLICY #:	INSURANCE AGENT:	PHONE#:
DEATH BENEFIT:	BENEFICIARY (PRIMARY):	BENEFICIARY (SECONDARY OR CONTINGENT):	BENEFICIARY (THIRD OR FINAL):
INSURER:	POLICY #:	INSURANCE AGENT:	PHONE#:
DEATH BENEFIT:	BENEFICIARY (PRIMARY):	BENEFICIARY (SECONDARY OR CONTINGENT):	BENEFICIARY (THIRD OR FINAL):
INSURER:	POLICY #:	INSURANCE AGENT:	PHONE#:
DEATH BENEFIT:	BENEFICIARY (PRIMARY):	BENEFICIARY (SECONDARY OR CONTINGENT):	BENEFICIARY (THIRD OR FINAL):

INSURANCE INVENTORY

MY INSURANCE INVENTORY

Information last updated:

MY LONG-TERM CARE INSURANCE:

INSURER:	POLICY #:	CONTACT NAME:	PHONE#:

MY DISABILITY INSURANCE:

INSURER:	POLICY #:	CONTACT NAME:	PHONE#:

SPOUSE/PARTNER INSURANCE INVENTORY

MY INSURANCE INVENTORY

Information last updated:

MY LONG-TERM CARE INSURANCE:

INSURER:	POLICY #:	CONTACT NAME:	PHONE#:

MY DISABILITY INSURANCE:

INSURER:	POLICY #:	CONTACT NAME:	PHONE#:

PROPERTY INSURANCE

PROPERTY INSURANCE

Information last updated:

PROPERTY	INSURER
PROPERTY: PROPERTY ADDRESS: POLICY #: COVERAGE AMOUNT:	AGENT: PHONE #: INSURER: COVERAGE TYPE:
PROPERTY: PROPERTY ADDRESS: POLICY #: COVERAGE AMOUNT:	AGENT: PHONE #: INSURER: COVERAGE TYPE:
PROPERTY: PROPERTY ADDRESS: POLICY #: COVERAGE AMOUNT:	AGENT: PHONE #: INSURER: COVERAGE TYPE:

Digital Information



Know where I live online and what devices I own. Know where to look for online subscriptions and rewards accounts.



My digital life. We suggest providing a copy of any key documents and attaching to this section. This section includes:

- Online Account Inventory
- Online Log-in Inventory
- Device Inventory (computers, cell phones)

ONLINE ACCOUNTS

ONLINE AND SOCIAL MEDIA ACCOUNTS

Information last updated:

ACCOUNT	ASSOCIATED EMAIL ADDRESS
AMAZON:	
GOOGLE:	
ITUNES/APPLE:	
LINKEDIN:	
FACEBOOK:	
TWITTER:	
OTHER:	

ONLINE ACCOUNTS & SUBSCRIPTIONS

ONLINE ACCOUNTS & SUBSCRIPTIONS (Frequent flier miles, hotel points, etc.) Information
last updated:

ASSOCIATED EMAIL	ADDITIONAL NOTES

LOG-IN INFORMATION

PERSONS ENTRUSTED WITH LOG-INS/PINS & ACCESS TO ACCOUNTS

Information last updated:

LOG IN ITEM	DESIGNATED CONFIDANT	PHONE#	IN DOCUMENT VAULT?
WEBSITES:			
COMPUTERS:			
CELL PHONES:			
CREDIT CARDS:			
BANKING:			
MEDICAL:			
OTHER:			

DIGITAL DEVICE INVENTORY

PERSONAL & BUSINESS CELL PHONES, COMPUTERS, TABLETS, ETC.

Information last updated:

DEVICE	TYPE/MODEL	LOCATION	BUSINESS OR PERSONAL?

Family Legacy



Preserve your family legacy and record your life story for future generations.



Provide a copy of any key documents or family keepsakes and attach them to this section. This section includes:

- Family History
- Family Memories
- My Childhood
- My Life Story
- My Legacy
- Family Heirlooms

FAMILY HISTORY

MY LIFE & FAMILY

MY FAMILY: Origin of family lineage, places ancestors lived, where my parents were born and raised. Family memories, events, and milestones.

MY CHILDHOOD: Where I grew up, where and how I spent my childhood. Where I went to school, what sports, arts, or activities I participated in. Camp, friends, trips, recognitions, heroes, dreams, and aspirations.

FAMILY HISTORY

MY LIFE

MY LIFE: What world events shaped me, first job, first car, college experiences, passions, travels, how I met my spouse, my biggest accomplishments/milestones, what makes me happiest, what has been my most rewarding experience, what I'm most proud of.

MY LIFE: Words of wisdom and/or funny stories:

FAMILY HISTORY

MY LIFE

MY LEGACY: How I would like to be remembered.

FAMILY HEIRLOOMS: Items not noted in my formal will.

Final Arrangements



The following information reflects my wishes for how I would like my life and my legacy to be celebrated by my friends and family.



Attach copies of important documents to help your loved ones. This section includes:

- Action Plan
- Final Wishes
- Funeral Arrangements

ACTION PLAN

CHECKLIST TO BE IMPLEMENTED WHEN APPROPRIATE. DEVELOP A PLAN FOR COORDINATING WITH YOUR OTHER ADVISORS. Information last updated:

TASK	PERSON ASSIGNED TO TASK	DATE COMPLETED
NOTIFY FUNERAL HOME		
NOTIFY FAMILY & FRIENDS		
NOTIFY EMPLOYER		
NOTIFY BANKS/INQUIRE ABOUT: Direct deposits & withdrawals, safety deposit boxes, credit life on loans.		
NOTIFY CREDIT CARD COMPANIES		
NOTIFY INSURANCE COMPANIES:		
ARRANGE HOUSESITTER		
NOTIFY UTILITY COMPANIES		
NOTIFY BENEFITS Social Security, Veterans and Employment benefits.		
OTHER		

FINAL ARRANGEMENTS

PLEASE REFER TO THESE INSTRUCTIONS AND PREFERENCES WHEN ARRANGING MY INTERMENT AND MEMORIAL SERVICE.

Information last updated:

1. I wish to be an organ donor. If yes, note whether it is indicated on your license:

☐

Yes

☐

No

-
2. I wish to be:

☐

Buried at:

Details/Location: _____

I have already paid these costs: __ burial plot __ casket __ funeral services __ other

☐

Entombed at:

Details/Location: _____

I have already paid these costs: __ drawer __ casket __ funeral services __ other

☐

Cremated at:

Details for my ashes: _____

I have already paid these costs: __ cremation __ urn __ funeral services __ other

☐

Donated to science:

Entire body/select body parts: _____

FINAL ARRANGEMENTS

I WISH TO HAVE: ☐ FUNERAL ☐ OTHER

Information last updated:

GENERAL INSTRUCTIONS

FRIEND OR RELATIVE I WISH TO OVERSEE THESE ARRANGEMENTS	
FUNERAL HOME (Name & Phone #)	
PERSON TO PERFORM SERVICE:	
PALLBEARERS	
PERSONS FOR EULOGY/READINGS	
NOTES FOR OBITUARY	
HEADSTONE ENGRAGVING	
FLOWERS & MUSIC	
DONATIONS IN LIEU OF FLOWERS TO:	
BURIAL CLOTHING	

FINAL ARRANGEMENTS

PLEASE REFER TO THESE INSTRUCTIONS AND PREFERENCES WHEN ARRANGING MY INTERMENT AND MEMORIAL SERVICE.

Information last updated:

I wish to have a wake:

☐

Yes

☐

No

I prefer:

☐

Open Casket

☐

Closed Casket

Service at:

☐

Funeral Home

☐

House of worship location (with body present)

☐

House of worship location (without body present)

☐

Other arrangements

☐

I wish to be interred in a military cemetery.

Burial benefits include cost of burial for Veteran, along with spouse/partner, and dependents, at no cost to the family. Arrangements can be made through funeral home.

Special Requests & Notes:

Prayer card, readings, music, etc.



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