

A photograph of a forest path. Tall, dark tree trunks line the path, which is covered in bright green grass and foliage. Sunlight filters through the canopy, creating a hazy, golden atmosphere with visible light rays. The text "Get Organized" is overlaid in white at the bottom right.

Get Organized

Ready Now & Then

Paperwork Made Easy

This workbook is to help you make a difficult time easier. With your passing or the passing of a loved one comes paperwork.

So, let's get organized.

Start by collecting, organizing, and documenting your wishes or your loved one's wishes here.

By completing this workbook, the "paperwork of passing away" will become less burdensome on you - and for those that are left to keep your memory alive.

Be sure to store it in a secure place until the time comes that you will need it.



Ready Now & Then

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Personal
Information

Personal Information

First Name

Middle Name

Last Name

Home Address

City

Zip Code

State / Country

Mailing Address * If different from above

Date of Birth

SSN#

Driver's License #

Passport Information

Passport #

Citizenship

Location of Passport

City Issued

State Issued

Person(s) to Notify in an Emergency

First Name

Last Name

Home Address

City

Zip Code

State / Country

First Name

Last Name

Home Address

City

Zip Code

State / Country

First Name

Last Name

Home Address

City

Zip Code

State / Country

Marital Information

☐

Single

☐

Married

☐

Domestic Partnership

☐

Separated

☐

Divorced

☐

Widowed

Married to

Date of Marriage

Marriage Location

Location of Marriage Certificate

Family Records

Father's Full Name

Father's Birth Place

Father's Date of Birth

Mother's Full Name

Mother's Birth Place

Mother's Date of Birth

Child's Full Name

Child's Date of Birth

Child's Birth Place

Child's Address

Child's City

Child's State

Child's Phone Number

Child's Full Name

Child's Date of Birth

Child's Birth Place

Child's Address

Child's City

Child's State

Child's Phone Number

Child's Full Name

Child's Date of Birth

Child's Birth Place

Child's Address

Child's City

Child's State

Child's Phone Number

Grandchild's Name

Grandchild's Name

Grandchild's Name

Grandchild's Name

Grandchild's Name

Grandchild's Name

Other Important Relative's & Close Friends

Medical Information

Physician

Dentist

Specialist

Specialist

Other Details

Military Service Information

Have / Have Not Served

Country Served

Date Served From

Date Served To

Serial Number

Branch

Position

Service Related Disability

Have /Do Not Have

Claim Number

Military Honors or Decorations

Location of Discharge, Disability, or Honors Papers

Notes

Education

School Attended

Degrees / Diplomas

Special Honors

Location Degrees / Diplomas

School Attended

Degrees / Diplomas

Special Honors

Location Degrees / Diplomas

School Attended

Degrees / Diplomas

Special Honors

Location Degrees / Diplomas

Organizations and Religious Affiliations

Name of Organization

Name of Organization

Name of Organization

Business & Employment Information

Employed by / Title

Phone Number

Location of Employment

Proof of Benefits

Professional Advisors

Financial Advisor

Phone Number

Executor

Phone Number

Trust Officer

Phone Number

Attorney

Phone Number

Accountant

Phone Number

Insurance Agent

Phone Number

Power of Attorney

Phone Number

Health Care Power of Attorney

Phone Number

Relatives & Friends to Notify

Name

Relationship

Address

Phone Number

Email

Name

Relationship

Address

Phone Number

Email

Name

Relationship

Address

Phone Number

Email

Name

Relationship

Address

Phone Number

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Name

Relationship

Address

Phone Number

Email



Investment
Value at Year
and

339 970	373 967
56 969	804 029
1 817	1 296 731
58	1 859 317
6	2 499 808
	3 227 076
	4 050 935
	R 28 331

Invest

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Start at month
Can we

Financial Information

Income

☐

Salary

☐

Stocks / Bonds

☐

Interest

☐

Trust

☐

Mortgages

☐

Annuities

☐

Pension

☐

Other

Benefits

Pension / Deferred Compensation Plan

Profit Sharing 401(k) Plan

Stock Options

Stock Options

Other

Location of Documents

Accounts Receivable

I am owed money / other assets

☐

Yes

☐

No

Location of Documents

Location of Documents

Liabilities

I owe money or I am obligated financially for the following

Name of Bank

Account #

Name of Bank

Account #

Name of Bank

Account #

Name of Bank

Account #

Name of Bank

Account #

Bank Loan

Account #

Mortgage

Account #

Home Equity Line of Credit

Account #

Credit Cards

Type of Card

Name of Bank

Account #

Type of Card

Name of Bank

Account #

Type of Card

Name of Bank

Account #

Type of Card

Name of Bank

Account #

Type of Card

Name of Bank

Account #

Other Liabilities

Personal & Financial Information & Affairs

Bank Account

Type of Account

Account #

Phone Number

Address

Bank Account

Type of Account

Account #

Phone Number

Address

Bank Account

Type of Account

Account #

Phone Number

Address

Bank Account

Type of Account

Account #

Phone Number

Address

Owned Real Estate

Location of Deeds, Titles, Other Documents

Individual Account

Name of Institution

Account #

Phone Number

Joint Account

Name of Institution

Account #

Phone Number

Other Account

Name of Institution

Account #

Phone Number

IRA

Name of Institution

Account #

Phone Number

401K

Name of Institution

Account #

Phone Number

Personal Property

I have prepared an inventory of my valuable personal property

☐

Yes

☐

No

Location of Documents

Safe Deposit Box

Name of Person of the Account

Name of Bank / Type of Box

Location of Key

Personal Safe

Location

Combination

Location of Other Hidden Assets Cash / Jewelry / Painting etc.

Contents

Location

Contents

Location

Contents

Location

Contents

Location

Contents

Location



Insurance
Information

Insurance Policies

Life Insurance Policy

Policy # / Amount of Benefits

Name of Insured

Beneficiary / Contact Info

Life Insurance Policy

Policy # / Amount of Benefits

Name of Insured

Beneficiary / Contact Info

Life Insurance Policy

Policy # / Amount of Benefits

Name of Insured

Beneficiary / Contact Info

Other Types of Policies

Automobile Insurance

Policy # / Amount of Benefits

Name of Insured

Beneficiary / Contact Info

Homeowners Insurance

Policy # / Amount of Benefits

Name of Insured

Beneficiary / Contact Info

Other Information

Policy # / Amount of Benefits

Name of Insured

Beneficiary / Contact Info

Other Information

Policy # / Amount of Benefits

Name of Insured

Beneficiary / Contact Info

Other Information

Policy # / Amount of Benefits

Name of Insured

Beneficiary / Contact Info



Legal

Last Will & Testament

I have / have not made a will

☐

Yes, I have

☐

No, I have not

Date of my Last Will & Testament

Executor / Personal Representative(s)

Address

Phone

Email

Attorney Who Drafted my Will

Phone Number

Address

Email

Location of my Last Will & Testament

I have / have not made changes (codicil(s) to my Will

☐

Yes, I have

☐

No, I have not

Date(s) of Codicil(s)

Location of Codicil(s)

Living Will and Health Care Directive

I have / have not made a Living Will / Health Care Directive

☐

Yes, I have

☐

No, I have not

Date

Attorney Who Drafted Living Will

Address

Phone

Email

I have / have not informed my Physician that I have a Living Will / Health Care Directive

☐

Yes, I have

☐

No, I have not

Name of Physician Notified

Other Details

Trust Documents

Details of my Trust Agreement(s)

Attorney Who Drafted my Trust

Phone Number

Address

Email

Location of my Trust Agreement(s)

I have / have not made amendments to my trust(s)

☐

Yes, I have

☐

No, I have not

Date of Amendment(s)

Location of Amendment(s)

Trustee

Successor Trustee

Trustee Officer

Phone Number

Other Details

Location of Other Important Items

Item

Record / Location

Item

Record / Location



Passwords

Computer & Online Information

Computer

Location

User ID

Password

Security Questions

Computer

Location

User ID

Password

Security Questions

Email Account

Location

User ID

Password

Security Questions

Email Account

Location

User ID

Password

Security Questions

Website

User ID

Password

Security Questions

Other

Social Media Accounts

Facebook

User ID

Password

Instagram

User ID

Password

Twitter

User ID

Password

TikTok

User ID

Password

YouTube

User ID

Password

Google

User ID

Password

LinkedIn

User ID

Password

Pinterest

User ID

Password

Other

User ID

Password

Subscriptions & Other Accounts

Company _____

User Name

Password

Company _____

User Name

Password

Company _____

User Name

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Company _____

User Name

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Company _____

User Name

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Company _____

User Name

Password

Company _____

User Name

Password



Notes
