

PERSONAL RECORD BOOK

Leave Your Legacy



This booklet is a tool to help you organize information and record your possessions. Upon completion, it will provide a clear, precise record of your personal and financial information. It can be used to prepare an estate plan; it is also a convenient way of organizing information for your loved ones. You may wish to provide a copy to a family member and your executor as a safeguard against loss.

This document should not be returned to the Junior League of Raleigh or its representatives.

Update your records annually. You should enter the date every time you look over the book even if you don't change any of the information. This will assure the reader of the current accuracy of the entries.

Name	
Date Revised	Date Reviewed
PERSONAL INFORMATION	LIVING WILL DIRECTIVE AND ORGAN DONATION
Birth Certificate Yes No Sirth Certificate located Citizenship: Date/place of naturalization if not U.S. citizen by birth	I have a living will directive stating my wishes for medical care and treatment if I am seriously ill. The document is dated and is located
Data of Divide	The names and addresses of those who have copies:

PERSONAL INFORMATION	LIVING WILL DIRECTIVE AND ORGAN DONATION
Birth Certificate Yes □ No □	I have a living will directive stating my wishes for
Birth Certificate located	medical care and treatment if I am seriously ill. The
Citizenship: Date/place of naturalization if not U.S.	document is dated and is located
citizen by birth	
Date of Birth	the names and addresses of those who have copies:
Social Security No	Name Phone
•	Address
Religious Affiliation	- N
Church	Name Phone
Address	Address
	I have agreed to donate organs to [organization]
Father's Full Name	_
Mother's Full Name	The papers are located
	The papers are located
Current Marital Status: Single Married	I have given the following person durable power of
Widowed □ Divorced □ Separated □	attama ayyyhich yyill ara into offoct yyana may ina hility ta
Spouse's Name	- and for your alf
Date & State married	- Nama
Certificate located	- Address
Previous marriage(s)	_
DateName	LAST WILL AND TESTAMENT
Marriage ended by Death ☐ Divorce ☐	
Date & State	Will written Located
Children:	
Name	
Address	
/ tadiess	Address
Name	Lawyer who prepared my will is
Address	Firm
	Location
Name	
Address	in my will, I have left charitable bequest(s):
	Charity
Military Service: Date(s)	Bequest Amount
Service Serial No.	
Discharge papers located at	Charity
	Bequest Amount

FUNERAL AND BURIAL ARRANGEMENTS INVESTMENTS I own various stocks and bonds, held in street name, I have given instructions regarding my funeral in: which are located at _____ Will □ Letter □ Other □ Lown: Cemetery plot ☐ Cemetery vault ☐ None ☐ Name, location Stocks/Bonds/Mutual Funds: Phone _____ Company Shares _____ Date Purchased _____ Cost Basis ____ Section No. Plot No. Location of deed Company ____ Other funeral arrangements made _____ Shares _____ Date Purchased _____ Cost Basis _____ **BANK ACCOUNTS AND SAFE DEPOSIT BOX** Company _____ Checking Account: Bank _____ Account Number _____ Shares Date Purchased Cost Basis Joint ☐ Individual ☐ Company Bank Account Number Joint ☐ Individual ☐ Records of purchase and sale are located at Savings Account: Bank Account Number I own U.S. Savings Bonds under the following Joint ☐ Individual ☐ ownership registrations: Safe Deposit Box Location My name alone ☐ Joint with ☐ _____ Box Number_____ Key Location ____ **RETIREMENT ACCOUNTS** Type Face Value Issue Date _____ Maturity Date _____ Serial Number Company Name Type _____ Face Value ____ Address Issue Date _____ Maturity Date _____ Account No. Serial Number Beneficiary _____ Company Pension _____ Certificates of Deposit _____ Social Security _____ Amount _____ Date of Redemption _____ Individual Retirement Account - 401(k) or 403(b) Certificates of Deposit _____ Amount Date of Redemption Annuities______ Partnerships _____ Beneficiary(ies) Other retirement benefits Beneficiary(ies)

TRUST FUNDS PERSONAL EMPLOYMENT My employer is _____ Here are brief descriptions of my deposits: Address 1. Testamentary Trust _____ My employer has the following benefit plans in Trustee which I participate Assets in the trust _____ Other business interests Beneficiaries I am presently covered by Social Security: Attorney of Record _____ Yes No LIFE INSURANCE Address _____ All insurance policies owned by my on my life: 2. Charitable Remainder Trust Insurance Company _____ Trustee _____ Assets in the trust _____ Policy No. _____ Amount of policy _____ Location of policy ____ Income Recipients _____ Beneficiary(ies) Charitable Beneficiaries _____ Papers are located _____ 3. Existing Trust I have created a trust for the benefit of Insurance policies owned by others on my life (including charities) Date it was established ____ The Trust Agreement is located _____ The attorney who drafted the Trust Agreement is: Insurance policies which I own on the lives of others: Address _____ I am a beneficiary under a Trust established by: Location of policies _____ Person insured Papers are located _____ Address My insurance agents or brokers are: Name _____ Phone Company & Address Name _____ Phone _____ Company & Address _____

I have unpaid loans against these policies
Policy No. _____
Amount due

OTHER INSURANCE	PERSONAL DEBTORS AND CREDITORS
I personally carry accident, disability, sickness, hospi-	Name of Debtor
talization and other such forms of insurance - (this is	Address
in addition to and exclusive of any such insurance or	Amount owed to me
benefits provided through my employer).	
Yes No	
Company	Name of Debtor
Policy No	Address
Coverage	Amount owed to me
My insurance agent is	
Phone	
Location of policy(ies)	I have the following outstanding loans:
	Creditor
	Loan No.
RESIDENCE AND OTHER REAL ESTATE	Amount of Loan
	Date of Final Payment
My residence address is	
	Creditor
I own my residence Yes ☐ No ☐	Loan No.
	Amount of Loan
	Date of Final Payment
Ownership title is held in:	,
My name alone Yes \square No \square	
Joint with	Credit Card Debt:
	Company
There is a mortgage on this property Yes \square No \square	Account No
It is held by	CityState
All of the documents concerning this property are	Phone
located at	
I own other real estate located at	. ,
	Account No
	City
	State
Mark and a second of the secon	Phone
My homeowner's insurance broker is	
Firm	TAX RETURNS
Address	
TANGIBLE PERSONAL PROPERTY	My tay proparer is
	My tax preparer is
Automobile(s)	Firm
Jewelry	Address
Art, Antiques, Collectibles	Copies of my income tax returns are located at
Complete inventory of my personal property is	
located at	

Physician Last Will & Testament Bonds and Securities Address Vital Statistics Specialty _____ Phone ____ Trust Agreements Address Bank Books Specialty Phone Insurance Policies Business Agreements Clergyperson Titles & Deeds Address Tax Papers Phone ____ Charitable Documents Attorney Military Service Documents Address _____ Others _____ Phone Accountant LEAVING YOUR LEGACY Address _____ Phone _____ By supporting the Junior League of Raleigh, you help children in your community with access to literacy, health and nutrition, and self-esteem building **Insurance Agent** programs as well as other JLR programs each year. Address _____ When you make a planned gift to the Junior League Phone _____ of Raleigh you become a Lasting Legacy Society member. **Trust Officer** Address _____ The Lasting Legacy Society is made up of people like Phone you, who want to ensure that the Junior League of Raleigh remains a strong provider of support for all **Investment Broker** who are in need. There are many options to consider Address _____ when planning your gifts. You can begin with Phone something as simple as a Memorial Directive, a document which outlines your desire to have remembrances and memorials contributed to the Tax Consultant League in lieu of flowers. Address _____ Include the Junior League of Raleigh in your Will with a Bequest of any size. All bequests will be directed to Other the League's endowment, so your gift will sustain the Address _____ League for years to come. Phone _____ Other Please use this tool to help you in the process of deciding how you want to leave your legacy. Contact Phone _____ the Junior League of Raleigh with questions at

PERSONAL ADVISORS

LOCATION OF IMPORTANT PAPERS

919.747.7480 or lastinglegacy@jlraleigh.org.