

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.	I have a living will directive stating my wishes for medical care and treatment if I am seriously ill. The document is datedand is located
Citizen by birth Date of Birth Social Security No	Name Dhana
Religious AflliationChurchAddress	NamePhone Address
Father's Full Name	I have agreed to donate organs to [organization] The papers are located
Current Marital Status: Single Married Widowed Divorced Separated Separated Date & State married Certificate located	- Name Phone
Previous marriage(s)	Address
Date & State	Will writtenLocated
Children: NameAddress	Address_
NameAddress	Lawyer who prepared my will is Firm Location
NameAddress	Charity
Military Service: Date(s) Service Serial No. Discharge papers located at	Bequest Amount 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 □ I own: Cemetery plot ☐ Cemetery vault ☐ None ☐ Name, location Stocks/Bonds/Mutual Funds: Phone Company____ Section No._____Plot No. Shares Date Purchased Cost Basis Location of deed Other funeral arrangements made Company 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 \square Joint with \square 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. Beneficiary_____ Serial Number ______ 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
Testamentary Trust	
TrusteeAssets in the trust	Other business interests
Beneficiaries_	
Attorney of Record	_ YesNo
Firm	
Address	LIFEINSURANCE
7.047.033	- All insurance policies owned by my on my life:
2. Charitable Remainder Trust	Insurance Company
Trustee	Policy No
Assets in the trust	Amount of policy
Income Recipients	
Charitable Beneficiaries	Beneficiary(ies)
Papers are located	
- Tupers are located	
3. Existing Trust	
I have created a trust for the benefit of	Insurance policies owned by others on my life (in-
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:
Firm	
Address	
I am a beneficiary under a Trust established by:	Location of policies
Tam a penendary ander a mase established by	Person insured
Papers are located	
	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 No	
Company	Name of Debtor
Policy No.	Address
Coverage	
My insurance agent is	
Phone	
Location of policy(ies)	I have the following outstanding loans:
	Creditor
DECIDENCE AND OTHER REAL ESTATE	Loan No.
RESIDENCE AND OTHER REAL ESTATE	Amount of Loan
	Date of Final Payment
My residence address is	
	Creditor
I own my residence Yes \square No \square	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
locatedat	
I own other real estate located at	Company
	Account No
	City
	State
	Phone
My homeowner's insurance broker is	
Firm	TAXRETURNS
Address	
TANGIBLE PERSONAL PROPERTY	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 Physician _____ Address Specialty Phone Bank Books Insurance Policies Business Agreements Clergyperson Titles & Deeds _____ Address Tax Papers _____ Charitable Documents Attorney Address Military Service Documents _____ Others _____ Accountant LEAVING YOUR LEGACY Address By supporting the Junior League of Raleigh, you help Phone ____ 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 WhenyoumakeaplannedgifttotheJuniorLeague 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 when planning your gifts. You can begin with Address _____ 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 _____ Phone 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 Address ____ deciding how you want to leave your legacy. Contact the Junior League of Raleigh with questions at

PERSONAL ADVISORS

LOCATION OF IMPORTANT PAPERS

919.747.7480 or development@ilraleigh.org.