



# PATTILLO RICHARDS, P.C.

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## MY PERSONAL RECORDS

Use this workbook to keep track of your personal records and information for your loved ones. Knowing this information will be helpful to your executor, agent and family if you die or become incapacitated. Keep these records in a safe place. Make sure an appropriate person knows where to look for them. Be sure to update these records from time to time.

The attorneys at Pattillo Richards, P.C., can assist you with your estate planning, probate and trust needs. Please give us a call if we can be of assistance.

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### 1. Information Regarding These Records

This information was entered in this workbook on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

It has been revised or reviewed as follows: (List Dates)

1. \_\_\_\_\_
2. \_\_\_\_\_

The original of these records is kept: (Give Location) \_\_\_\_\_

(If applicable) A copy of these records is kept: (Give Location) \_\_\_\_\_

**2. Personal Information**

My legal residence is:

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City State County

Date of Birth: \_\_\_\_\_  
Month Day Year

Place of Birth: \_\_\_\_\_  
City County State

Birth Records are located at: \_\_\_\_\_  
\_\_\_\_\_

If citizen of Foreign country \_\_\_\_\_ Date entered U.S.A.: \_\_\_\_\_

Citizenship Papers at: \_\_\_\_\_

I **Currently** Am Married to: \_\_\_\_\_  
First Middle Maiden Name

Wedding: \_\_\_\_\_ At \_\_\_\_\_  
Mo. Day Year City County State

Birth Date of Spouse: \_\_\_\_\_  
Month Day Year

Place of Birth: \_\_\_\_\_  
City County State Country

My Children are: (List Name, Birthdate and Current Address)

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Attorney: \_\_\_\_\_

Former Spouse: \_\_\_\_\_

First

Middle

Maiden Name

If marriage ended in death:

Date \_\_\_\_\_

Month

Day

Year

Cause of Death: \_\_\_\_\_

Cause

City

Age

If marriage ended in divorce:

Date \_\_\_\_\_

Month

Day

Year

Place of Divorce: \_\_\_\_\_

City

State

Records at: \_\_\_\_\_

Attorney: \_\_\_\_\_

Former Spouse: \_\_\_\_\_

First

Middle

Maiden Name

If marriage ended in death:

Date \_\_\_\_\_

Month

Day

Year

Cause of Death: \_\_\_\_\_

Cause

City

Age

If marriage ended in divorce:

Date \_\_\_\_\_

Month

Day

Year

Place of Divorce: \_\_\_\_\_

City

State

Records at: \_\_\_\_\_

Attorney: \_\_\_\_\_

Parents:

Father: \_\_\_\_\_  
Date Place

Born: \_\_\_\_\_

Died: \_\_\_\_\_

Buried at: \_\_\_\_\_

Mother: \_\_\_\_\_  
(Maiden Name)

Date Place

Born: \_\_\_\_\_

Died: \_\_\_\_\_

Buried at: \_\_\_\_\_

Military Service:

\_\_\_\_\_ No military service

Branch of Service: \_\_\_\_\_ Country \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Highest Grade Or Rank Attained: \_\_\_\_\_

Employment:

My present employer is: \_\_\_\_\_  
Name

Address Phone

Date Started: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Card located at: \_\_\_\_\_

In addition, I am eligible under the following pension, profit sharing and other benefit plans:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I am \_\_\_\_\_ am not \_\_\_\_\_ a member of a Labor Union.

Name of Local: \_\_\_\_\_

\_\_\_\_\_

Address	Phone
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I am \_\_\_\_\_ am not \_\_\_\_\_ a member of a Credit Union.

\_\_\_\_\_

Name	Address
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### 3. My Estate Planning Documents

My Will: \_\_\_\_\_ I have no Will.

Original executed copy of my will is located at

\_\_\_\_\_

It is dated \_\_\_\_\_, \_\_\_\_\_

The original executed Codicil (revision), if any, is located at:

\_\_\_\_\_

It is dated \_\_\_\_\_, \_\_\_\_\_

Attorney who drew my will is: \_\_\_\_\_

Name	Address	Phone
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Names of Executor(s) and Trustee(s):

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Names of Guardians of my Children:

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Witnesses to Will: (List Names and Addresses)

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My Directive to Physicians and Family or Surrogates (“Living Will”):

I have a “Living Will” \_\_\_\_\_ I have no “Living Will” \_\_\_\_\_

It is located at \_\_\_\_\_  
and is dated \_\_\_\_\_

My Medical Power of Attorney:

I have a Durable Power of Attorney for Property \_\_\_\_\_ I have no such power \_\_\_\_\_

It is located at \_\_\_\_\_  
and is dated \_\_\_\_\_

My Durable Power of Attorney for Property:

I have a Durable Power of Attorney for Property \_\_\_\_\_ I have no such power \_\_\_\_\_

It is located at \_\_\_\_\_  
and is dated \_\_\_\_\_

The attorney who drew this document is \_\_\_\_\_

My Declaration of Guardian:

I have a declaration of whom I want to be my guardian should the need later arise \_\_\_\_\_

I have no declaration of guardian \_\_\_\_\_

It is located at \_\_\_\_\_  
and is dated \_\_\_\_\_

My Trusts:

I have created (or am a beneficiary of) the following trusts:

Trust Name: \_\_\_\_\_  
Date of Trust Instrument: \_\_\_\_\_  
Original Trust Instrument is Located At: \_\_\_\_\_  
Name and Address of Current Trustee: \_\_\_\_\_  
Name and Address of Successor Trustee(s): \_\_\_\_\_

Trust Name: \_\_\_\_\_  
Date of Trust Instrument: \_\_\_\_\_  
Original Trust Instrument is Located At: \_\_\_\_\_  
Name and Address of Current Trustee: \_\_\_\_\_  
Name and Address of Successor Trustee(s): \_\_\_\_\_

Trust Name: \_\_\_\_\_  
Date of Trust Instrument: \_\_\_\_\_  
Original Trust Instrument is Located At: \_\_\_\_\_  
Name and Address of Current Trustee: \_\_\_\_\_  
Name and Address of Successor Trustee(s): \_\_\_\_\_

Other Estate Planning Documents: (Please describe and state location)

\_\_\_\_\_  
\_\_\_\_\_

#### **4. Insurance**

Life Insurance:

I do \_\_\_\_\_ do not \_\_\_\_\_ have Life Insurance.

Complete itemized list can be found.

\_\_\_\_\_  
\_\_\_\_\_

Policies are located at: \_\_\_\_\_  
\_\_\_\_\_

Policies Covering Others:



I own insurance policies on the lives of others. A list of companies and policy numbers is located at: \_\_\_\_\_

\_\_\_\_\_

Name of persons insured: \_\_\_\_\_

\_\_\_\_\_

I have \_\_\_\_\_ have not \_\_\_\_\_ made loans against some of the policies.

Source of Loan: \_\_\_\_\_

\_\_\_\_\_

Address

Phone

Pertinent papers are filed with the policies: (Check)

Endorsements       Dividend Payments  
 Premium Receipts       Assignments  
 Settlement Agreements

Annuities:

I do \_\_\_\_\_ do not \_\_\_\_\_ have annuities:

Detailed list is located at: \_\_\_\_\_

\_\_\_\_\_

Location of annuity contracts: \_\_\_\_\_

\_\_\_\_\_

My principal life insurance broker is:

\_\_\_\_\_

Name

\_\_\_\_\_

Address

Phone

Medical and Long Term Care Insurance:

Accident, Hospitalization, Disability, Long term care and all other insurance (in addition to and exclusive of those covered by employer) not noted elsewhere.

Location of List: \_\_\_\_\_

Location of Policies: \_\_\_\_\_

\_\_\_\_\_  
Broker/agent Phone

Medicare:

I am \_\_\_\_\_ am not \_\_\_\_\_ registered for Medicare.

Enrollment \_\_\_\_\_ at \_\_\_\_\_  
Date City State

Medicare card located at: \_\_\_\_\_

**5. My Assets and Liabilities**

Safe Deposit Boxes:

I have \_\_\_\_\_ have not \_\_\_\_\_ a safe deposit box(es.)

Located at \_\_\_\_\_

\_\_\_\_\_  
Keys will be found at \_\_\_\_\_ No. \_\_\_\_\_

\_\_\_\_\_  
No. \_\_\_\_\_

The following person has access: (Name and Address)

\_\_\_\_\_  
No. \_\_\_\_\_

\_\_\_\_\_  
No. \_\_\_\_\_

Accounts:

Checking

Accounts: \_\_\_\_\_  
With \_\_\_\_\_ Number \_\_\_\_\_

\_\_\_\_\_ With \_\_\_\_\_ Number \_\_\_\_\_

Savings

Accounts: \_\_\_\_\_  
With \_\_\_\_\_ Number \_\_\_\_\_

\_\_\_\_\_ With \_\_\_\_\_ Number \_\_\_\_\_

Other

Accounts: \_\_\_\_\_  
With \_\_\_\_\_ Number \_\_\_\_\_

\_\_\_\_\_ With \_\_\_\_\_ Number \_\_\_\_\_

\_\_\_\_\_ With \_\_\_\_\_ Number \_\_\_\_\_

\_\_\_\_\_ With \_\_\_\_\_ Number \_\_\_\_\_

Passbooks located at: \_\_\_\_\_  
\_\_\_\_\_

Accounts in joint names with myself and: (Name & Acct. No.)  
\_\_\_\_\_  
\_\_\_\_\_

Name of person who power to sign checks for me:  
\_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Real Estate:

I do \_\_\_\_\_ do not \_\_\_\_\_ own real estate. \_\_\_\_\_ I am the sole owner.

It is located at: \_\_\_\_\_

Mortgage on my Real Estate is held by:

The following documents are located at: \_\_\_\_\_

Check (X):

- |  |  |
|--|--|
| <input type="checkbox"/> Deed              | <input type="checkbox"/> Mortgage Insurance Policy |
| <input type="checkbox"/> Copy of Mortgage  | <input type="checkbox"/> Title Abstract            |
| <input type="checkbox"/> Improvement Loans | <input type="checkbox"/> Closing Statement         |
| <input type="checkbox"/> Title Insurance   | <input type="checkbox"/> Leases                    |
| <input type="checkbox"/> Tax Receipts      | <input type="checkbox"/> Maps & Surveys            |

Other Real Estate I own:  I am sole owner.

Documents pertaining thereto are located at:

Insurance Coverage is handled by:

Name of Broker	Address	Phone
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Policies are located at: \_\_\_\_\_

I lease property to others:  Yes  No

Vacant  Improved

To: \_\_\_\_\_

Name

Address

Phone

At \_\_\_\_\_  
List Location

Leases can be found at: \_\_\_\_\_  
\_\_\_\_\_

U. S. Savings Bonds:

I do \_\_\_\_\_ do not \_\_\_\_\_ own U.S. Savings Bonds.

\_\_\_\_\_ I am sole owner.

List of Bonds – Serial Numbers – Co-ownership – and who is a Beneficiary at my death  
can be found at: \_\_\_\_\_  
\_\_\_\_\_

Bonds are located at: \_\_\_\_\_  
\_\_\_\_\_

Securities (Stocks and Bonds):

I do \_\_\_\_\_ do not \_\_\_\_\_ own securities (Stocks & Bonds).

List of all securities and certificate numbers will be found at:  
\_\_\_\_\_

Certificates located at: \_\_\_\_\_  
\_\_\_\_\_

I do \_\_\_\_\_ do not \_\_\_\_\_ have a brokerage account.

Name of Broker or Firm: \_\_\_\_\_

Name

Address

Phone

Records of Purchase and Sale are located at: \_\_\_\_\_  
\_\_\_\_\_

List Securities pledged for loans:

\_\_\_\_\_ with \_\_\_\_\_  
Lender Address

\_\_\_\_\_ with \_\_\_\_\_  
Lender Address

\_\_\_\_\_ with \_\_\_\_\_  
Lender Address

Personal Property:

I own the following personal property:

Auto: Yes \_\_\_\_\_ No \_\_\_\_\_

1. \_\_\_\_\_  
Make Year

2. \_\_\_\_\_  
Make Year

Title(s) located at: \_\_\_\_\_  
\_\_\_\_\_

Household Furnishings: Yes \_\_\_\_\_ No \_\_\_\_\_

Located at: \_\_\_\_\_

Record of Inventory located at: \_\_\_\_\_  
\_\_\_\_\_

Jewelry: Yes \_\_\_\_\_ No \_\_\_\_\_ Inventory List & Appraisals

at: \_\_\_\_\_

Boat: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Make Year

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Motor Year

Located at: \_\_\_\_\_

Miscellaneous Personal Property – (not previously listed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pertinent insurance policies on personal property are located at: \_\_\_\_\_

\_\_\_\_\_

Insurance Broker: \_\_\_\_\_  
Name Phone

Proof of Ownership, Receipts, Bills of Sales, etc., are located at: \_\_\_\_\_

\_\_\_\_\_

Miscellaneous Assets:

List here other assets you own that are not otherwise covered above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Credit Cards:

I possess the following credit cards:

\_\_\_\_\_

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Other Liabilities:

Mortgages, notes, and other debts not noted elsewhere.

Description: \_\_\_\_\_

Description: \_\_\_\_\_

Description: \_\_\_\_\_

Description: \_\_\_\_\_

Description: \_\_\_\_\_

Description: \_\_\_\_\_

Tax Records:

Copies of previous years tax returns filed are located at: \_\_\_\_\_

Party who prepared or assisted in tax returns: \_\_\_\_\_

Work sheets and evidence in support of returns are located at: \_\_\_\_\_

Current withholding tax forms and receipts received from my employer are located at:



## 6. Burial

(Please note: A special form is required to leave binding burial instructions. You can indicate your wishes here, but those indications are not binding on your family. Ask a lawyer at Pattillo Richards, P.C. for more information.

I do \_\_\_\_\_ do not \_\_\_\_\_ own a cemetery lot.

Cemetery Lot: \_\_\_\_\_  
Name of Cemetery Describe location

Deed located at: \_\_\_\_\_

There is \_\_\_\_\_ is not \_\_\_\_\_ provision for perpetual care.

I have given instructions regarding my funeral in:

\_\_\_\_\_ Letter Other: \_\_\_\_\_

List membership in lodges or fraternal organizations providing cemetery benefits:

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My preference for burial would be at:

\_\_\_\_\_ City  
Name of Cemetery

Religious Affiliation:

\_\_\_\_\_ List Church or Temple

\_\_\_\_\_ Address

\_\_\_\_\_ Phone  
Pastor or Rabbi

**7. Persons Familiar with My Affairs**

Please print name, address and phone number.

Attorney: \_\_\_\_\_  
\_\_\_\_\_

Accountant – Tax Counselors: \_\_\_\_\_  
\_\_\_\_\_

Banker: \_\_\_\_\_  
\_\_\_\_\_

Doctor: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
\_\_\_\_\_

Funeral Director: \_\_\_\_\_  
\_\_\_\_\_

Insurance Agent: \_\_\_\_\_  
\_\_\_\_\_

Executor of Estate: \_\_\_\_\_  
\_\_\_\_\_

Fraternal or Professional Groups: (Please notify) \_\_\_\_\_  
\_\_\_\_\_

Relatives and Personal Friends: (Please notify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 8. Electronic Data

### Emails

Email Addresses

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Passwords

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### Websites

Login name

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Passwords

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