

Your Partner *in* Retirement



THE FARESE GROUP
YOUR PARTNER IN RETIREMENT

www.faresegroup.com





THE FARESE GROUP

YOUR PARTNER IN RETIREMENT

ESSENTIAL FAMILY PREPAREDNESS WORKBOOK

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



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



Key Information



Essential Documents



Medical Information



Financial Information



Digital + Professional Information



Family Information



Legacy + Final Arrangements

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.





Essential Documents

KEY DOCUMENTS

Information last updated:

DOCUMENT	PHYSICAL 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 + STATEMENTS:			
HOUSEHOLD INVENTORY:			
HOME IMPROVEMENT RECEIPTS:			
PHOTOS OF POSSESSIONS:			
SAFE DEPOSIT BOX INVENTORY:			



RENEWALS

Information last updated:

DOCUMENT	EXPIRATION DATE	IN DOCUMENT VAULT?
DRIVER'S LICENSE:		
PASSPORT:		
CLUB MEMBERSHIP:		
OTHER:		
OTHER:		
OTHER:		
OTHER:		
OTHER:		
OTHER:		
OTHER:		
OTHER:		
OTHER:		
OTHER:		



Essential Documents

ESSENTIAL DOCUMENTS

Information last updated:

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

DOCUMENT	PHYSICAL LOCATION	WHO HAS A COPY?	ONLINE ACCESS/ LOCATION
BIRTH CERTIFICATE:			
SOCIAL SECURITY CARD:			
MARRIAGE CERTIFICATES:			
DIVORCE DECREES:			
DEATH CERTIFICATES:			
CITIZENSHIP OR NATURALIZATION PAPERS:			
MILITARY DISCHARGE:			
VETERAN'S RECORDS:			
CEMETARY DEED:			
FINAL EXPENSE INSURANCE:			
DIPLOMAS:			
LAWSUITS:			
IMMUNIZATIONS:			



Essential Documents

ESSENTIAL DOCUMENTS

Information last updated:

DOCUMENT	PHYSICAL LOCATION	WHO HAS A COPY?	ONLINE ACCESS/ LOCATION
INSURANCE POLICIES:			
RETIREMENT PLAN DOCUMENTS:			
EMPLOYEE BENEFITS:			
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
- DISABILITY INSURANCE
- DEFERRED COMPENSATION
- STOCK
- LONG-TERM CARE
- RETIREMENT PLAN
- OTHER

SAFE + VALUABLES

I HAVE A: SAFE VALUABLES (JEWELRY, COLLECTIONS, ETC.) LOCATED AT:

PERSONS WHO KNOW THE SAFE COMBINATION:

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 + 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

Information last updated:

SELF

	PLAN ID:	GROUP #:	MEDICARE #:
HEALTH INSURER:			
MEDIGAP/ SUPPLEMENTAL PLAN:			
	ISSUER:	GROUP #:	ID #:
PRESCRIPTION COVERAGE:			
PRESCRIPTION COVERAGE (MEDICARE D):			
BLOOD TYPE:			
ALLERGIES:			
MEDICAL CONDITIONS/ISSUES:			
PHARMACY FOR PRESCRIPTIONS:			
VA MEDICAL:			
ORGAN DONOR:			
DO NOT RESUSCITATE:			

MEDICAL INFORMATION

Information last updated:

PHYSICIAN NAME	ADDRESS	PHONE # OR EMAIL

PRESCRIPTION INFORMATION

Information last updated:

NAME OF MEDICINE	DOSAGE/USAGE	PRESCRIBING DOCTOR

MEDICAL NOTES

Information last updated:

ISSUE/CONTACT	NOTES

PET VETERINARY INFORMATION

Information last updated:

PET NAME + TYPE	VETERINARY NAME	VET'S 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

Information last updated:

ACCOUNTS

ACCOUNT 1	BANK NAME:	CHECKING ACCOUNT #:	SAVINGS ACCOUNT #:
	ATM/DEBIT CARD #:	PHONE #:	OTHER:

ACCOUNT 2	BANK NAME:	CHECKING ACCOUNT #:	SAVINGS ACCOUNT #:
	ATM/DEBIT CARD #:	PHONE #:	OTHER:

ACCOUNT 3	BANK NAME:	CHECKING ACCOUNT #:	SAVINGS ACCOUNT #:
	ATM/DEBIT CARD #:	PHONE #:	OTHER:

ACCOUNT 4	BANK NAME:	CHECKING ACCOUNT #:	SAVINGS ACCOUNT #:
	ATM/DEBIT CARD #:	PHONE #:	OTHER:



CREDIT CARD INVENTORY

Information last updated:

CREDIT CARDS

ACCOUNT 1	CREDIT CARD ISSUED TO:	ISSUER:
	ACCOUNT #:	EXPIRES:

ACCOUNT 2	CREDIT CARD ISSUED TO:	ISSUER:
	ACCOUNT #:	EXPIRES:

ACCOUNT 3	CREDIT CARD ISSUED TO:	ISSUER:
	ACCOUNT #:	EXPIRES:

ACCOUNT 4	CREDIT CARD ISSUED TO:	ISSUER:
	ACCOUNT #:	EXPIRES:



CREDIT CARD INVENTORY

Information last updated:

CREDIT CARDS

ACCOUNT 5	CREDIT CARD ISSUED TO:	ISSUER:
	ACCOUNT #:	EXPIRES:

ACCOUNT 6	CREDIT CARD ISSUED TO:	ISSUER:
	ACCOUNT #:	EXPIRES:

ACCOUNT 7	CREDIT CARD ISSUED TO:	ISSUER:
	ACCOUNT #:	EXPIRES:

ACCOUNT 8	CREDIT CARD ISSUED TO:	ISSUER:
	ACCOUNT #:	EXPIRES:



INVESTMENT ACCOUNTS

Information last updated:

ACCOUNTS

ACCOUNT 1	INVESTMENT FIRM NAME:	FINANCIAL PROFESSIONAL:	PHONE #:
	ACCOUNT #:	ACCOUNT TYPE:	ACCOUNT TITLE:

ACCOUNT 2	INVESTMENT FIRM NAME:	FINANCIAL PROFESSIONAL:	PHONE #:
	ACCOUNT #:	ACCOUNT TYPE:	ACCOUNT TITLE:

ACCOUNT 3	INVESTMENT FIRM NAME:	FINANCIAL PROFESSIONAL:	PHONE #:
	ACCOUNT #:	ACCOUNT TYPE:	ACCOUNT TITLE:

ACCOUNT 4	INVESTMENT FIRM NAME:	FINANCIAL PROFESSIONAL:	PHONE #:
	ACCOUNT #:	ACCOUNT TYPE:	ACCOUNT TITLE:

ACCOUNT 5	INVESTMENT FIRM NAME:	FINANCIAL PROFESSIONAL:	PHONE #:
	ACCOUNT #:	ACCOUNT TYPE:	ACCOUNT TITLE:



RETIREMENT PLANS

Information last updated:

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



LIABILITY INFORMATION

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:		
VEHICLE HOLDER:		

LIFE INSURANCE

Information last updated:

BENEFITS:

	INSURER:	POLICY #:	INSURANCE AGENT:	PHONE #:
ACCOUNT 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DEATH BENEFIT:	BENEFICIARY (1):	BENEFICIARY (2):	BENEFICIARY (3):
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	INSURER:	POLICY #:	INSURANCE AGENT:	PHONE #:
ACCOUNT 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DEATH BENEFIT:	BENEFICIARY (1):	BENEFICIARY (2):	BENEFICIARY (3):
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	INSURER:	POLICY #:	INSURANCE AGENT:	PHONE #:
ACCOUNT 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DEATH BENEFIT:	BENEFICIARY (1):	BENEFICIARY (2):	BENEFICIARY (3):
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	INSURER:	POLICY #:	INSURANCE AGENT:	PHONE #:
ACCOUNT 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DEATH BENEFIT:	BENEFICIARY (1):	BENEFICIARY (2):	BENEFICIARY (3):
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



INSURANCE INVENTORY

Information last updated:

MY LONG-TERM CARE INSURANCE:

INSURER:

POLICY #:

CONTACT NAME:

PHONE #:

MY DISABILITY INSURANCE:

INSURER:

POLICY #:

CONTACT NAME:

PHONE #:

BENEFIT AMOUNT:

USER NAME:

OTHER INFO:

PROPERTY INSURANCE

Information last updated:

POLICIES:

	PROPERTY:	PROPERTY ADDRESS:	POLICY #:	COVERAGE AMOUNT:
PROPERTY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	AGENT:	PHONE #:	INSURER:	COVERAGE TYPE:
INSURER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	PROPERTY:	PROPERTY ADDRESS:	POLICY #:	COVERAGE AMOUNT:
PROPERTY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	AGENT:	PHONE #:	INSURER:	COVERAGE TYPE:
INSURER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	PROPERTY:	PROPERTY ADDRESS:	POLICY #:	COVERAGE AMOUNT:
PROPERTY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	AGENT:	PHONE #:	INSURER:	COVERAGE TYPE:
INSURER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	PROPERTY:	PROPERTY ADDRESS:	POLICY #:	COVERAGE AMOUNT:
PROPERTY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	AGENT:	PHONE #:	INSURER:	COVERAGE TYPE:
INSURER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DIGITAL INFORMATION

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



ONLINE ACCOUNTS

Information last updated:

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

LOG-IN INFORMATION

Information last updated:

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

FAMILY INFORMATION

This section relates to my spouse or partner and children. All of the essential family information and contacts all in one place.



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

- Personal Information
- Medical Information
- Retirement Information
- Insurance Information



SIGNIFICANT OTHER INFORMATION

Information last updated:

FULL LEGAL NAME:

MAIDEN NAME (IF APPLICABLE):

SOCIAL SECURITY #:

DATE OF BIRTH:

HOSPITAL OF BIRTH:

LOCATION OF BIRTH:

MARRIAGE DATE:

LOCATION:

SPOUSE'S FORMER SPOUSE:

MARRIAGE DATES:

REASON:

DEATH

DIVORCE

DATE:

LOCATION:

MY FORMER SPOUSE:

DATE OF BIRTH:

MARRIAGE DATES:

REASON:

DEATH

DIVORCE

DATE:

LOCATION:

MY FORMER SPOUSE:

DATE OF BIRTH:

MARRIAGE DATES:

REASON:

DEATH

DIVORCE

DATE:

LOCATION:

OTHER:



SIGNIFICANT OTHER MEDICAL INFORMATION

Information last updated:

SPOUSE/PARTNER

	PLAN ID:	GROUP #:	MEDICARE #:
HEALTH INSURER:			
MEDIGAP/ SUPPLEMENTAL PLAN:			
	ISSUER:	GROUP #:	ID #:
PRESCRIPTION COVERAGE:			
PRESCRIPTION COVERAGE (MEDICARE D):			
BLOOD TYPE:			
ALLERGIES:			
MEDICAL CONDITIONS/ISSUES:			
PHARMACY FOR PRESCRIPTIONS:			
VA MEDICAL:			
ORGAN DONOR:			
DO NOT RESUSCITATE:			



CHILD MEDICAL INFORMATION

Information last updated:

CHILD

	PLAN ID:	GROUP #:	MEDICARE #:
HEALTH INSURER:			
	ISSUER:	GROUP #:	ID #:
PRESCRIPTION COVERAGE:			
BLOOD TYPE:			
ALLERGIES:			
MEDICAL CONDITIONS/ SPECIAL NEEDS:			
MEDICATIONS:			
VA MEDICAL:			
ORGAN DONOR:			



CHILD MEDICAL INFORMATION

Information last updated:

CHILD

	PLAN ID:	GROUP #:	MEDICARE #:
HEALTH INSURER:			
	ISSUER:	GROUP #:	ID #:
PRESCRIPTION COVERAGE:			
BLOOD TYPE:			
ALLERGIES:			
MEDICAL CONDITIONS/ SPECIAL NEEDS:			
MEDICATIONS:			
VA MEDICAL:			
ORGAN DONOR:			



FAMILY MEDICAL DIRECTORY

Information last updated:

FAMILY MEMBER	PHYSICIAN NAME & SPECIALTY	PHONE # OR EMAIL



SPOUSE RETIREMENT PLANS

Information last updated:

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



SPOUSE INSURANCE

Information last updated:

SPOUSE LONG-TERM CARE INSURANCE:

INSURER:

POLICY #:

CONTACT NAME:

PHONE #:

SPOUSE DISABILITY INSURANCE:

INSURER:

POLICY #:

CONTACT NAME:

PHONE #:

BENEFIT AMOUNT:

USER NAME:

OTHER INFO:

LEGACY + FINAL ARRANGEMENTS

Preserve your family legacy and record your life story for future generations. The following information reflects your wishes for how you would like your life and legacy to be celebrated by your friends and family.



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

- Family History
- Family Memories
- My Childhood
- My Life Story
- My Legacy
- Family Heirlooms
- Action Plan
- Final Wishes
- Funeral Arrangements



FAMILY HISTORY

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, RECOGNITION, HEROES, DREAMS AND ASPIRATIONS.



FAMILY HISTORY

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 LEGACY: HOW I WOULD LIKE TO BE REMEMBERED

FAMILY HEIRLOOMS: ITEMS NOT NOTED IN MY FORMAL WILL



ACTION PLAN

Information last updated:

TASK	PERSON ASSIGNED TO TASK	DATE COMPLETED
NOTIFY FUNERAL HOME:		
NOTIFY FRIENDS + FAMILY:		
NOTIFY EMPLOYER:		
NOTIFY BANKS/INQUIRE ABOUT: DIRECT DEPOSITS + WITHDRAWLS, SAFETY DEPOSIT BOX(ES), 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:		
OTHER:		
OTHER:		
OTHER:		



FINAL ARRANGEMENTS

Information last updated:

1. I WISH TO BE AN ORGAN DONOR. IF YES, NOTE WHETHER IT IS INDICATED ON YOUR DRIVER'S LICENSE:

YES

NO

LICENSE INDICATION?

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/
LOCATION:

I HAVE ALREADY PAID THESE COSTS:

CREMATION

URN

FUNERAL SERVICES

OTHER

DONATED TO SCIENCE

ENTIRE BODY

SELECT BODY PARTS

DETAILS

3. I WISH TO HAVE:

FUNERAL SERVICE

OTHER



FINAL ARRANGEMENTS

Information last updated:

GENERAL INSTRUCTIONS:

FRIEND OR RELATIVE I WISH TO OVERSEE ARRANGEMENTS:

FUNERAL HOME (NAME & PHONE #):

PERSON TO PERFORM SERVICE:

PALLBEARERS:

PERSONS FOR EULOGY/READINGS:

NOTES FOR OBITUARY:

HEADSTONE ENGRAVING:

FLOWERS + MUSIC:

DONATIONS IN LIEU OF FLOWERS TO:

BURIAL CLOTHING:

OTHER:

OTHER:

OTHER:



FINAL ARRANGEMENTS

Information last updated:

I WISH TO HAVE A WAKE:

YES

NO

DETAILS

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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