

# PERSONAL RECORD BOOK

PERSONAL RECORD BOOK OF: \_\_\_\_\_

This Personal Record Book helps you organize valuable papers, important information and records of your possessions.

When this book is completed, it will provide clear, convenient access to your personal financial information. Tell members of your immediate family where this book is kept. You may wish to provide a copy to a family member as a safeguard against loss.

Update your record once a year. The first entry you will make is the date. You should be sure to enter the date every time you look over the book even if you don't change any of the information inside. This will assure the reader of the current accuracy of the entries.

Please use a separate piece to add additional information and state the person each item applies. Whenever possible, attach applicable documents to this book.

Date Completed: \_\_\_\_\_

Dates of Review: \_\_\_\_\_

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

## LEGAL RESIDENCE

Many aspects of wills, marriage, divorce, taxation and custody of minors are controlled by the laws of the State of residence named below.

City \_\_\_\_\_

State \_\_\_\_\_

## LAST WILL AND TESTAMENT

\_\_\_ I (We) have made a will \_\_\_ I (We) have not made a will

The original executed copy of my will is located at \_\_\_\_\_

\_\_\_\_\_

The date of the will is \_\_\_\_\_

Personal Record Book of \_\_\_\_\_

**PEOPLE TO CONTACT**

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

The lawyer who prepared my estate plan is:

\_\_\_\_\_  
Lutz, Cornetet, Meyer & Rush Co., L.P.A.  
123 Boggs Lane  
Cincinnati, Ohio 45246  
(513) 771-2444

**EXISTING TRUST FUNDS**

Establishing a Trust Fund is one of the common ways of providing for the care of dependents.

I (We) have created a Living Trust  Yes  No

It was established on \_\_\_\_\_, \_\_\_\_\_

The Trust Agreement is located at \_\_\_\_\_

The trustees are \_\_\_\_\_  
\_\_\_\_\_

I am (We are) a beneficiary under a Trust established by someone else  yes  no

Name of Trustee and address \_\_\_\_\_  
\_\_\_\_\_

**PERSONAL CERTIFICATES** for \_\_\_\_\_ (Husband)

These are necessary for insurance purposes, social security, pensions and in many circumstances where legal proof of age, relationship, or place of birth is required.

I have a birth certificate     \_\_\_ Yes     \_\_\_ No

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

I was born in \_\_\_\_\_

Date \_\_\_\_\_

I was not born in the United States, and my citizenship papers are located at

\_\_\_\_\_

My marriage certificate is located at \_\_\_\_\_

I was married in (County, City & State) \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_ I have never been divorced or legally separated

\_\_\_ I have been divorced or legally separated

Date \_\_\_\_\_

State of jurisdiction \_\_\_\_\_

Papers located at \_\_\_\_\_

I have rendered military service   \_\_\_ Yes   \_\_\_ No

Service serial number \_\_\_\_\_

Country served \_\_\_\_\_

Papers located at \_\_\_\_\_

Discharge papers located at \_\_\_\_\_

**PERSONAL CERTIFICATES** for \_\_\_\_\_ (Wife)

These are necessary for insurance purposes, social security, pensions and in many circumstances where legal proof of age, relationship, or place of birth is required.

I have a birth certificate     \_\_\_ Yes     \_\_\_ No

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

I was born in \_\_\_\_\_

Date \_\_\_\_\_

I was not born in the United States, and my citizenship papers are located at

\_\_\_\_\_

My marriage certificate is located at \_\_\_\_\_

I was married in (County, City & State) \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_ I have never been divorced or legally separated

\_\_\_ I have been divorced or legally separated

Date \_\_\_\_\_

State of jurisdiction \_\_\_\_\_

Papers located at \_\_\_\_\_

I have rendered military service   \_\_\_ Yes   \_\_\_ No

Service serial number \_\_\_\_\_

Country served \_\_\_\_\_

Papers located at \_\_\_\_\_

Discharge papers located at \_\_\_\_\_

Personal Record Book of \_\_\_\_\_

**INSTRUCTIONS WITH RESPECT TO PETS**

Vet records with \_\_\_\_\_

- Custodian of Pets: 1. \_\_\_\_\_  
2. \_\_\_\_\_

Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PASSWORDS TO ACCESS SOFTWARE**

Program: \_\_\_\_\_

Data to be found: \_\_\_\_\_

Stored Where: \_\_\_\_\_

File Name: \_\_\_\_\_

Password: \_\_\_\_\_

Program: \_\_\_\_\_

Data to be found: \_\_\_\_\_

Stored Where: \_\_\_\_\_

File Name: \_\_\_\_\_

Password: \_\_\_\_\_

Program: \_\_\_\_\_

Data to be found: \_\_\_\_\_

Stored Where: \_\_\_\_\_

File Name: \_\_\_\_\_

Password: \_\_\_\_\_

Program: \_\_\_\_\_

Data to be found: \_\_\_\_\_

Stored Where: \_\_\_\_\_

File Name: \_\_\_\_\_

Password: \_\_\_\_\_

**PROPERTY SAFEKEEPING ARRANGEMENTS**

I have a safe deposit box \_\_\_Yes \_\_\_No

Location\_\_\_\_\_

The following person has access to my box\_\_\_\_\_

Location other than safety deposit box\_\_\_\_\_

Combination to safe\_\_\_\_\_

or person who has combination\_\_\_\_\_

**PERSONAL EMPLOYMENT ARRANGEMENTS** for \_\_\_\_\_ (Husband)

Benefits supplied by employer and Social Security should not be overlooked by the family when prompt action is vital.

My employer is (was)\_\_\_\_\_

Address\_\_\_\_\_  
\_\_\_\_\_

I started my employment on\_\_\_\_\_ Retirement Date\_\_\_\_\_

My employer has the following benefit plans in which I participate  
\_\_\_\_\_

I am presently covered by Social Security \_\_\_Yes \_\_\_No

My Social Security number is\_\_\_\_\_

My Social Security card is located at\_\_\_\_\_



**PERSONAL EMPLOYMENT ARRANGEMENTS** for \_\_\_\_\_ (Wife)

Benefits supplied by employer and Social Security should not be overlooked by the family when prompt action is vital.

My employer is (was) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

I started my employment on \_\_\_\_\_ Retirement Date \_\_\_\_\_

My employer has the following benefit plans in which I participate  
\_\_\_\_\_

I am presently covered by Social Security \_\_\_Yes \_\_\_No

My Social Security number is \_\_\_\_\_

My Social Security card is located at \_\_\_\_\_

**TAX RETURNS**

Copies of tax returns are often needed in preparing the returns required for settling the estate.

My tax preparer is \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Copies of my income tax returns are located at \_\_\_\_\_

All work sheets are evidence in support of returns are attached to the returns  
\_\_\_Yes \_\_\_No

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



## ANATOMICAL GIFT OF

\_\_\_\_\_  
**(Print or Type Name of Donor)**

In hope that I may help others upon my death, I hereby make the following anatomical gift as written and specified below, if medically acceptable, to take effect upon my death. In making this anatomical gift, I understand and acknowledge that this anatomical gift card constitutes a legal document under the Uniform Anatomical Gift Act and/or similar laws.

I hereby give and donate to \_\_\_\_\_ **(Please insert name of qualified Donee under Ohio law or leave blank if you do not wish to specify the Donee.)**

and any other party selected by the Donee that also qualifies as a Donee under Ohio law, the following body parts: \_\_\_\_\_

\_\_\_\_\_  
**(Please specify all organs/tissues you wish to donate or indicate “all body parts”.)**

For any purpose authorized by law; transplantation, therapy, research, education or advancement of medical or dental science. **(Please mark a line through any purpose(s) that are not acceptable to you.)**

Signed by Donor and the following two witnesses in the presence of each other:

\_\_\_\_\_  
Signature of Donor

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

Personal Record Book of \_\_\_\_\_

# ANATOMICAL GIFT OF

\_\_\_\_\_  
**(Print or Type Name of Donor)**

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\_\_\_\_\_  
Signature of Donor

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

Personal Record Book of \_\_\_\_\_

**PERSONAL WISHES IN REGARD TO THE FUNERAL  
OR MEMORIAL SERVICE**

**OF \_\_\_\_\_  
(Husband)**

It is my desire that the following wishes be honored by my family and friends in the event of my death, insofar as circumstances permit, with due consideration for their own desires.

**I. PERSONS TO CALL IN THE EVENT OF DEATH**

City                      Phone

Pastor/Rabbi \_\_\_\_\_

Church/Synagogue \_\_\_\_\_

Family Members (in sequence)

Relationship	Name	Phone
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<hr/>	<hr/>	<hr/>
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<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Attorney: \_\_\_\_\_  
**Lutz, Cornetet, Meyer & Rush Co., L.P.A.**  
**123 Boggs Lane**  
**Cincinnati, Ohio 45246**  
**(513)771-2444**

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

Trustee/Guardian \_\_\_\_\_

Other \_\_\_\_\_

**II. SERVICE PREFERENCE**

**A. Type of Service:**

\_\_\_ Funeral service at church/synagogue followed by graveside service

\_\_\_ Private burial service followed by memorial service.

\_\_\_ Funeral service at funeral home followed by graveside service

\_\_\_ Funeral service at cemetery mausoleum

\_\_\_ Additional fraternal order rites

\_\_\_ Private burial service only

**B. Special Preferences:**

Scripture/Torah text(s) \_\_\_\_\_

\_\_\_\_\_

Music or Readings \_\_\_\_\_

\_\_\_\_\_

Memorial Fund, Foundation, or Charity to which my family and friends may contribute

in lieu of flowers: \_\_\_\_\_

\_\_\_\_\_

Other requests or comment \_\_\_\_\_

\_\_\_\_\_

Pallbearers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. DISPOSITION OF BODY (preferences checked)**

**A. Preferred treatment**

- not embalmed
- buried in earth
  - with vault
  - with graveliners
- embalmed
- interred in Mausoleum
- casket to be made of:
  - natural wood
  - metal
  - fabric covered wood
- cremated
  - ashes interred
  - ashes scattered (place) \_\_\_\_\_
  - ashes interred in existing grave (whose?) \_\_\_\_\_

**B. Arrangements for bequests for research have been made with:**

\_\_\_\_\_

**C. Arrangements for organ donations have been made with:**

\_\_\_\_\_

**D. Permission granted for autopsy?  Yes  No**

**IV. CEMETERY PREFERENCE**

Cemetery \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Lot number, if already selected \_\_\_\_\_

Type of marker:

- bronze tablet
- headstone monument
- none
- other \_\_\_\_\_

Above ground mausoleum crypt:  Yes  No

Niche number, if already selected \_\_\_\_\_

Other Wishes:

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SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

To be filled out and kept in personal file (not safety deposit box) or given to next of kin or executor of your estate, with a copy filed in your Church/Synagogue Office.



**PERSONAL WISHES IN REGARD TO THE FUNERAL  
OR MEMORIAL SERVICE**

**OF \_\_\_\_\_  
(Wife)**

It is my desire that the following wishes be honored by my family and friends in the event of my death, insofar as circumstances permit, with due consideration for their own desires.

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City                      Phone

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Family Members (in sequence)

Relationship	Name	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attorney: \_\_\_\_\_  
**Lutz, Cornetet, Meyer & Rush Co., L.P.A.**  
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**(513)771-2444**

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

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Scripture/Torah text(s) \_\_\_\_\_

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Music or Readings \_\_\_\_\_

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Memorial Fund, Foundation, or Charity to which my family and friends may contribute

in lieu of flowers: \_\_\_\_\_

\_\_\_\_\_

Other requests or comment \_\_\_\_\_

\_\_\_\_\_

Pallbearers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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- buried in earth
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  - with graveliners
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Lot number, if already selected \_\_\_\_\_

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- bronze tablet
- headstone monument
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Above ground mausoleum crypt:  Yes  No

Niche number, if already selected \_\_\_\_\_

Other Wishes:

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DATE \_\_\_\_\_

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