



THE BOOK

Family Financial and Personal Document Organizer

For almost a century, CohnReznick has been privileged to serve as a trusted advisor and resource helping families to protect their assets, manage their family wealth, minimize their tax burdens and achieve their wealth transfer goals.

An unexpected or sudden death or disability can force you or your family to make critical decisions at a moment when it is most difficult. When tragedy strikes, it is hard for loved ones to know where to turn for the information needed to make the “right” decisions. Since its foundation, CohnReznick has helped our clients through those difficult periods, and we understand your desire to make those emotional times as easy as possible for your loved ones.

As part of our commitment to providing you with personal service and attention, we have prepared this resource for you and your family to help you organize important contact and financial information as well as guidance on medical and final wishes. Our hope is that by assembling necessary information in a concise and organized way, you can ensure that your loved ones will have the resources to handle issues swiftly — and then get back to taking care of you and each other.



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International

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member of Nexia International



INTRODUCTION

HOW CAN THIS ORGANIZER HELP?

This book is intended to be a resource to help you and your advisors make crucial decisions at life's most critical moments. It will answer such questions as:

- What are bank, investment, and other account numbers and passwords?
- Where are important original documents stored?
- Who are our advisors, and how can they be reached?
- What are our wishes upon illness, and upon death?
- What debts and obligations should others be aware of?

SUGGESTIONS FOR USING THIS ORGANIZER

As you go through each section, you may wish to make copies of your important documents (or just the face page) and include them in the appropriate sections. Or, you might simply wish to note where the originals are kept and list the details. Either way, you should revisit this binder quarterly to ensure you have included the most current information. You may wish to review the information with important loved ones and ensure they know where to find it.

STORING AND SHARING

Because this book will contain personal information including but not limited to account numbers, password/pin numbers, and combinations, it should be kept in a safe and secure location. If the book will not be maintained in a safe or secure location, **you should not include such information in this book.**

ELECTRONIC VERSION

To receive *The Book* electronically, which will enable you to fill out the enclosed forms on your computer, please visit www.cohnreznick.com/TheBook.

The table of contents contains a list of general categories; it is not meant to be exhaustive. Depending on the facts and circumstances associated with each individual, some of these categories may not be applicable and other categories of documents or information may be needed to be addressed in the "Other Important Documents" or "Miscellaneous" sections.

Since 1919, CohnReznick has cultivated a reputation for honesty, technical merit, and genuine concern for our clients and their businesses. If you have any questions, please feel free to contact your CohnReznick advisor or visit www.cohnreznick.com.

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- G. Investment Accounts
- H. Miscellaneous Financial Assets
- I. Retirement Accounts/Beneficiary Designations
- J. Home Safe/Bank Safe Deposit Box
- K. Insurance Policies
- L. Real Estate Information
- M. Personal Possessions
- N. Debts and Other Obligations
- O. Contracts and Agreements
- P. Other Important Documentation
- Q. Additional Family Instructions
- R. Miscellaneous

Document any specific, important written guidance or instruction in this space.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

B. CONTACT INFORMATION

IMPORTANT CONTACT INFORMATION SHEET Professionals

Name	Company	Address	Phone/Email
Accountant:			
Attorney:			
Banker:			
Insurance Advisor:			
Investment Advisor:			

B. CONTACT INFORMATION

IMPORTANT CONTACT INFORMATION SHEET

Family/Friends

Relationship	Name	Address	Phone/Email

B. CONTACT INFORMATION

IMPORTANT CONTACT INFORMATION SHEET
Medical/Clergy/Other

Description	Name	Address	Phone/Email

C. DOCUMENT LOCATION RECORD

DOCUMENTS LOCATION RECORD FOR:

Last Updated: _____

Name: _____

DOB: _____ SS# _____

Spouse Name: _____

DOB: _____ SS# _____

		Yes/No	Mark with "O" (Originals) or "C" (Copies) if documents are located at the following:						
Tab	Information/Document	Copy Stored Within this Book?	Accountant	Attorney	Bank Safe Deposit Box	Financial Advisor	Home	Insurance Advisor	Office
A.	Written Instruction / Advice								
B.	Contact Information	(FORM)							
C.	Document Location Record	(FORM)							
D.	Wills, POAs, Medical Directives and Trusts								
	Medical Directives								
	My Will								
	Spouse's Will								
	Power of Attorney Agreements								
	Document Appointing Guardian								
	Written Special Bequest								
	Trust Agreement								
	Organ Donor Cards								
E.	Burial Plots and Instructions								
	My Burial Instructions								
	Spouse's Burial Instructions								
	Cemetery Plot Deed								
F.	Bank Accounts								
	Checking and Savings Accounts	(FORM)							
	Bank Statements and Checks								
	Checkbooks								
	Savings Passbook								
G.	Investment Accounts								
	Investments	(FORM)							
	Brokerage Statements								
	Mutual Fund Statements								
	Certificates of Deposit								
	Stock and Bond Certificates								
H.	Miscellaneous Financial Assets	(FORM)							
I.	Retirement Accounts / Beneficiary Designations	(FORM)							
J.	Home Safe / Safe Deposit Box								
	Safe Contents and Combination	(FORM)							
	Safe Deposit Box Contents and Combination	(FORM)							
K.	Insurance Policies	(FORM)							
	Health Insurance								
	Long Term Care Insurance								
	Disability Insurance								
	Life Insurance (Group / Individual)								
	Auto Insurance								
	Umbrella Insurance								
	Other Insurance:								
	Other:								

You may wish to share copies of this completed form with your close family members, accountant, attorney, or others you feel could need this information.

C. DOCUMENT LOCATION RECORD

		Yes/No	Mark with "O" (Originals) or "C" (Copies) if documents are located at the following:						
Tab	Information/Document	Copy Stored Within this Book?	Accountant	Attorney	Bank Safe Deposit Box	Financial Advisor	Home	Insurance Advisor	Office
L.	Real Estate Information	(FORM)							
	Title / Deeds to Real Estate								
	Rental Property Records								
	Other:								
M.	Personal Possessions								
	Personal Possessions / Bequests	(FORM)							
	Possessions in Storage	(FORM)							
	Possessions on Loan	(FORM)							
	Auto Ownership Records								
	Aircraft and Boat Ownership Records								
	Other:								
N.	Debts and Other Obligations	(FORM)							
O.	Contracts and Agreements								
	Trust Agreements								
	Employment Contracts								
	Partnership Agreements								
	Divorce Agreement								
	Other:								
P.	Other Important Documents								
	Birth Certificates								
	Income and Gift Tax Returns								
	Adoption Papers								
	Children's Birth Certificates								
	Children's Adoption Papers								
	Citizenship Papers								
	Marriage Certificate								
	Military Discharge Papers								
	Passports								
	Social Security Cards/Benefits Statements								
	Other:								
Q.	Additional Family Instructions								
R.	Miscellaneous								

You may wish to share copies of this completed form with your close family members, accountant, attorney, or others you feel could need this information.

D. WILLS, POAs, MEDICAL DIRECTIVES AND TRUSTS

Insert a description of any documents in this space related to medical directives, your Will, your spouse's Will, power of attorney agreements, guardian appointment instrument, written special bequest, trust agreement, and organ donor cards.

You should include reference to the date when any such agreement was memorialized and/or executed and the location of the original instrument.

E. BURIAL PLOTS AND INSTRUCTIONS

Insert any written guidance in this space related to your burial instructions, your spouse's burial instructions, and cemetery plot deed.

Please note that instructions here MAY OR MAY NOT SUPERSEDE the express language of your or your spouse's Last Will and Testament, any power of attorney agreement(s), guardian appointment instrument(s), trust agreement(s), and/or organ donor cards as may have been or may be executed by you and/or your spouse. It is important that you discuss with your advisors any directives you may have made or wish to make in order to ensure that your wishes may be followed.

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F. BANK ACCOUNTS

CHECKING AND SAVINGS BANK ACCOUNTS

Bank Name: _____

Account Number: _____

*Log-in information: _____

Contact Person: _____

Phone: _____

Address: _____

Bank Name: _____

Account Number: _____

*Log-in information: _____

Contact Person: _____

Phone: _____

Address: _____

Bank Name: _____

Account Number: _____

*Log-in information: _____

Contact Person: _____

Phone: _____

Address: _____

Bank Name: _____

Account Number: _____

*Log-in information: _____

Contact Person: _____

Phone: _____

Address: _____

*If not listed above, provide information on where this can be found

G. INVESTMENT ACCOUNTS

Brokerage Firm: _____

Account Number: _____

*Log-in information: _____

Contact Person: _____

Phone: _____

Address: _____

Brokerage Firm: _____

Account Number: _____

*Log-in information: _____

Contact Person: _____

Phone: _____

Address: _____

Brokerage Firm: _____

Account Number: _____

*Log-in information: _____

Contact Person: _____

Phone: _____

Address: _____

Brokerage Firm: _____

Account Number: _____

*Log-in information: _____

Contact Person: _____

Phone: _____

Address: _____

*If not listed above, provide information on where this can be found.

H. MISCELLANEOUS FINANCIAL ASSETS

MORTGAGES HELD

1. Debtor: _____

Amount of Mortgage: _____

Term of Mortgage: _____

Interest Rate: _____

2. Debtor: _____

Amount of Mortgage: _____

Term of Mortgage: _____

Interest Rate: _____

LOANS MADE

1. To Whom: _____

Amount: _____

Repayment Period: _____

Interest Rate: _____

2. To Whom: _____

Amount: _____

Repayment Period: _____

Interest Rate: _____

I. RETIREMENT ACCOUNTS/BENEFICIARY DESIGNATIONS

EMPLOYMENT

Account Name: _____

Account Number: _____

Contact Person: _____

Phone: _____

Beneficiary: _____

Account Name: _____

Account Number: _____

Contact Person: _____

Phone: _____

Beneficiary: _____

PERSONAL

Account Name: _____

Account Number: _____

Contact Person: _____

Phone: _____

Beneficiary: _____

Account Name: _____

Account Number: _____

Contact Person: _____

Phone: _____

Beneficiary: _____

***Note:** Copies of beneficiary designations should be stored here

J. HOME SAFE/BANK SAFE DEPOSIT BOX

HOME SAFE CONTENTS

Address: _____

Location: _____

Combination or Key Location: _____

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J. HOME SAFE/BANK SAFE DEPOSIT BOX

BANK SAFE DEPOSIT BOX CONTENTS

Bank Name and Address: _____

Combination or Key Location: _____

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K. INSURANCE POLICIES

HEALTH INSURANCE

Company	Policy Number	Premium Amount \$	Premium Frequency: Monthly/Quarterly/Annually	Premium Due Date	Agent	Phone Number

LONG TERM CARE INSURANCE

Company	Policy Number	Premium Amount \$	Premium Frequency: Monthly/Quarterly/Annually	Premium Due Date	Agent	Phone Number

DISABILITY INSURANCE

Company	Policy Number	Individuals Covered by Policy	Premium Amount \$	Premium Frequency: Monthly/Quarterly/Annually	Premium Due Date	Agent	Phone Number

LIFE INSURANCE (GROUP/INDIVIDUAL)

Company	Policy Number	Premium Amount \$	Premium Frequency: Monthly/Quarterly/Annually	Premium Due Date	Agent	Phone Number
Owner		Insured		Beneficiary		Intended Purpose of Insurance

Company	Policy Number	Premium Amount \$	Premium Frequency: Monthly/Quarterly/Annually	Premium Due Date	Agent	Phone Number
Owner		Insured		Beneficiary		Intended Purpose of Insurance

K. INSURANCE POLICIES

AUTO INSURANCE

Company	Policy Number	Premium Amount \$	Premium Frequency: Monthly/Quarterly/Annually	Premium Due Date	Agent	Phone Number

UMBRELLA INSURANCE

Company	Policy Number	Premium Amount \$	Premium Frequency: Monthly/Quarterly/Annually	Premium Due Date	Agent	Phone Number

OTHER INSURANCE

Company	Policy Number	Premium Amount \$	Premium Frequency: Monthly/Quarterly/Annually	Premium Due Date	Agent	Phone Number

L. REAL ESTATE INFORMATION

PRINCIPAL RESIDENCES

PRINCIPAL RESIDENCE #1

ADDRESS: _____

When Purchased:		Closing Statement:	
Mortgage Company:		Major Improvements: (list/date of each)	
Account Number:			
Purchase Price:		Approximate cost of major improvements:	

Real estate taxing authority (name/address): _____

Frequency of Payments: _____ Subject to escrow? (yes/no) _____

Property Insurance: _____

Frequency of Payments: _____ Subject to escrow? (yes/no) _____

Home Warranty? (yes/no) _____

If yes, please provide name/address of warranty company:

L. REAL ESTATE INFORMATION

PRINCIPAL RESIDENCE #2

ADDRESS: _____

When Purchased:		Closing Statement:	
Mortgage Company:		Major Improvements: (list/date of each)	
Account Number:		Approximate cost of major improvements:	
Purchase Price:			

Real estate taxing authority (name/address): _____

Frequency of Payments: _____ Subject to escrow? (yes/no) _____

Property Insurance: _____

Frequency of Payments: _____ Subject to escrow? (yes/no) _____

Home Warranty? (yes/no) _____

If yes, please provide name/address of warranty company:

L. REAL ESTATE INFORMATION

RENTAL PROPERTIES

RENTAL PROPERTY #1

ADDRESS: _____

When Purchased:	
Closing Statement:	
Mortgage Company:	
Account Number:	

Real estate taxing authority (name/address): _____

Frequency of Payments: _____ Subject to escrow? (yes/no) _____

Property Insurance: _____

Frequency of Payments: _____ Subject to escrow? (yes/no) _____

L. REAL ESTATE INFORMATION

RENTAL PROPERTY #2

ADDRESS: _____

When Purchased:	
Closing Statement:	
Mortgage Company:	
Account Number:	

Real estate taxing authority (name/address): _____

Frequency of Payments: _____ Subject to escrow? (yes/no) _____

Property Insurance: _____

Frequency of Payments: _____ Subject to escrow? (yes/no) _____

M. PERSONAL POSSESSIONS

LOCATION OF PERSONAL PROPERTY AND BEQUESTS

Please note that instructions here **MAY OR MAY NOT SUPERSEDE** the express language of your or your spouse's Last Will and Testament, any power of attorney agreement(s), guardian appointment instrument(s), trust agreement(s), and/or organ donor cards as may have been or may be executed by you and/or your spouse. It is important that you discuss with your advisors any directives you may have made or wish to make in order to ensure that your wishes may be followed.

	Item	Location	Bequest
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M. PERSONAL POSSESSIONS

LOCATION OF PERSONAL PROPERTY *IN STORAGE*

	Item	Location	Storage Facility Account Information and identify who has access
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M. PERSONAL POSSESSIONS

LOCATION OF PERSONAL PROPERTY ON LOAN

	Item	Loaned To If relevant, provide the description of the terms and purpose of the loan	Contact Phone
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N. DEBTS AND OTHER OBLIGATIONS

MORTGAGES (to the extent not otherwise provided)

Bank	Account Number	Contact Information

AUTO/BOAT/AIRCRAFT

Bank	Account Number	Contact Information

CREDIT CARDS

Bank	Account Number	Contact Information

OTHER LOANS OR PERSONAL DEBT

Bank	Account Number	Contact Information

0. CONTRACTS AND AGREEMENTS

Insert a description of any documents in this space related to trust agreements, employment contracts, partnership agreements, or divorce agreement.

P. OTHER IMPORTANT DOCUMENTATION

Insert a description of any documents in this space, such as birth certificates, income and gift tax returns, adoption papers, children's birth certificates, children's adoption papers, citizenship papers, marriage certificate, military discharge papers, passports, and Social Security card/benefits statements.

Please describe where these items may be located and identify any individual with authority to receive and/or provide copies as may be necessary.

Q. ADDITIONAL FAMILY INSTRUCTIONS

Insert any important guidance in this space that has not been indicated elsewhere in The Book.

[illegible]

Insert any written guidance or documents in this space that have not been included elsewhere in The Book.

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CohnReznick Services

CohnReznick can help address a family's tax, philanthropic, and wealth transfer goals through the following services:

ACCOUNTING AND TAX SERVICES

- Tax planning and preparation (income, business, Payroll, property, and gift)
- Accounting and bookkeeping
- Personal financial statements
- Pension and retirement planning
- Trustee services

PERSONAL FINANCIAL PLANNING

- Cash flow management
- Philanthropic planning and charitable giving
- Trust and estate planning
- Education planning and funding
- Family succession planning
- Insurance review and analysis

CONCIERGE SERVICES

- Outsourced bill payment
- Bank account management
- Family meeting planning and facilitation
- Household payroll administration
- Household staff management
- Property management
- Personal recordkeeping
- Special projects

BUSINESS MANAGEMENT SERVICES

- Business valuations
- Due diligence
- Financing
- Creation and management of business entities
- Contract negotiations and mediations
- Insurance analysis and risk management
- Business succession planning
- Tax specialty services
- Forensic accounting and litigation support



About CohnReznick

CohnReznick LLP is one of the top accounting, tax, and advisory firms in the United States, combining the deep resources of a national firm with the hands-on, agile approach that today's dynamic business environment demands. With diverse industry expertise, the Firm provides companies with the insight and experience to help them break through and seize growth opportunities. The Firm, with origins dating back to 1919, is headquartered in New York, NY with 2,700 employees in offices nationwide. CohnReznick is a member of Nexia International, a global network of independent accountancy, tax, and business advisors. For more information, visit www.cohnreznick.com.

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