

Vital Information Workbook

for

as of

_____, 2017



Marks Gray, P.A.

1200 Riverplace Boulevard, Suite 800, Jacksonville, Florida 32207 - 904-807-2183

2215 Third Street South, Suite 101, Jacksonville Beach, FL 32250 - 904-285-8760

Mailing: Post Office Box 447, Jacksonville, FL 32201: Fax: 904-399-8440

Thank you for allowing us to help you with your estate planning. We encourage you to complete this workbook to assist your family with the future management of your estate. If you have any questions, please do not hesitate to contact us.

VITAL INFORMATION

Name:
Date of birth: Place of Birth: SSN:
Current address:
City: State: ZIP Code:
Phone: Cell: Email:
U.S. Citizen: Yes No If No, Country of Origin:

SPOUSE INFORMATION

Name:
Date of birth: Place of Birth: SSN:
Phone: Cell: Email:
U.S. Citizen: Yes No If No, Country of Origin:

EMPLOYMENT INFORMATION

Current employer:
Employer address: How long?
Phone: E-mail: Fax:
City: State: ZIP Code:

SPOUSE EMPLOYMENT INFORMATION

Current employer:
Employer address: How long?
Phone: E-mail: Fax:
City: State: ZIP Code:

HEALTH INSURANCE

Company: Policy #:
Policy Location: Group #:
Phone: Fax:
Website:
User ID: Password

OTHER IMPORTANT INFO

Medicare or Medicaid Number:
VA Identification Number:
Military Identification Number:
Dates of Service:
Branch of Service



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PRIMARY PHYSICIAN

Name: Practice Name:
Address:
Phone: Email:

SPECIALIST #1

Name: Practice Name:
Address:
Phone: Email:

SPECIALIST #2

Name: Practice Name:
Address:
Phone: Email:

HOME HEALTH CARETAKER

Name: Practice Name:
Address:
Phone: Email:

HEALTH CARE SURROGATE(S)

Name: Relationship:
Address:
Phone: Email:

Name: Relationship:
Address:
Phone: Email:

Name: Relationship:
Address:
Phone: Email:



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ATTORNEY

Name: **John R. Crawford**

Firm: **Marks Gray, PA**

Address: **1200 Riverplace Blvd., Suite 800
Jacksonville, FL 32207**

Phone: **(904) 398-0900**

Email: **jcrawford@marksgray.com**

FINANCIAL ADVISOR

Name:

Firm:

Address:

Phone:

Email:

ACCOUNTANT

Name:

Firm:

Address:

Phone:

Email:

FUNERAL ARRANGEMENTS

Name/Company:

Address:

Phone:

Email:

Prepaid? Yes No

Paperwork Location:

LOCATION OF PERSONAL PAPERS

Estate Planning Documents (Will, Trust, Durable Power...)

Birth Certificate(s)

Social Security Card

Passport

Marriage Certificate

Prenuptial Agreement

Adoption Records

Family Medical Records

Family Death Certificates

Divorce Decrees/Records

Custody Agreements

Employment Records

Military Records

Tax Records/Returns

Religious Records

Pet Vaccinations & Medical Records

Other:



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SAFE DEPOSIT BOX

Name of Bank:

Address:

Phone:

Key Location:

Persons Authorized to Access:

**ONLINE DOCUMENT MANAGEMENT
(GOOGLE DOCS, EVERNOTE, DROPBOX, ETC.)**

Website:

User ID:

Password:

Website:

User ID:

Password:

FAMILY & OTHERS INCLUDED IN WILL/TRUST

Name #1:

Relationship:

Date of birth:

SSN:

Current address:

City:

State:

ZIP Code:

Phone:

Cell:

Email:

Name #2:

Relationship:

Date of birth:

SSN:

Current address:

City:

State:

ZIP Code:

Phone:

Cell:

Email:

Name #3:

Relationship:

Date of birth:

SSN:

Current address:

City:

State:

ZIP Code:

Phone:

Cell:

Email:

Name #4:

Relationship:

Date of birth:

SSN:

Current address:

City:

State:

ZIP Code:

Phone:

Cell:

Email:



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PET INFORMATION

Pet #1: Dog Cat Other _____
Breed: Age/DOB: Sex:
Veterinarian's Name:
Vet Address:
City: State: ZIP Code:
Vet Phone: Microchip Registration Number:
Allergies: Medical conditions:
Medications: Where kept:
Food (Brand): Feeding Schedule:
Name of Preferred Caretaker:
Caretaker Phone:

Pet #2: Dog Cat Other _____
Breed: Age/DOB: Sex:
Veterinarian's Name:
Vet Address:
City: State: ZIP Code:
Vet Phone: Microchip Registration Number:
Allergies: Medical conditions:
Medications: Where kept:
Food (Brand): Feeding Schedule:
Name of Preferred Caretaker:
Caretaker Phone:

Pet #3: Dog Cat Other _____
Breed: Age/DOB: Sex:
Veterinarian's Name:
Vet Address:
City: State: ZIP Code:
Vet Phone: Microchip Registration Number:
Allergies: Medical conditions:
Medications: Where kept:
Food (Brand): Feeding Schedule:
Name of Preferred Caretaker:
Caretaker Phone:



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REAL ESTATE

Primary Residence:

How Titled:

Location of Original Deed/Appraisal:

Primary Mortgage:

Account Number:

Website:

User ID:

Password:

Secondary Mortgage:

Account Number:

Website:

User ID:

Password:

Secondary Residence:

How Titled:

Location of Original Deed/Appraisal:

Primary Mortgage:

Account Number:

Website:

User ID:

Password:

Secondary Mortgage:

Account Number:

Website:

User ID:

Password:

HOMEOWNERS INSURANCE

Insurance Company:

Account Number:

Agent Name:

Agent Phone:

Website:

User ID:

Password:

BANK ACCOUNTS

Bank:

Account Number:

Checking Savings Money Market

How Titled:

Website:

User ID:

Password:



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Bank/Brokerage Firm:

Broker Name:

Phone:

Account Number:

Email:

How Titled:

Website:

User ID:

Password:

U.S. SAVINGS BONDS

(Attach copies of bonds)

Location of Bonds:

How Titled:

SECURITIES NOT HELD IN BROKERAGE ACCOUNTS

(Attach copies of certificates)

Company:

Share:

How Titled:

Company:

Share:

How Titled:

Company:

Share:

How Titled:

LIFE INSURANCE POLICIES

Company:

Policy Number:

Policy Location:

Death Benefit:

Beneficiary(ies):

Website:

User ID:

Password:

Company:

Policy Number:

Policy Location:

Death Benefit:

Beneficiary(ies):

Website:

User ID:

Password:



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Company: Policy Number:
Policy Location:
Death Benefit:
Beneficiary(ies):
Website:
User ID: Password:

ANNUITIES/IRA/RETIREMENT PLANS

Company: Policy Number:
Broker Name: Phone:
Email:
Beneficiary(ies):
Website:
User ID: Password:

Company: Policy Number:
Broker Name: Phone:
Email:
Beneficiary(ies):
Website:
User ID: Password:

Company: Policy Number:
Broker Name: Phone:
Email:
Beneficiary(ies):
Website:
User ID: Password:

OTHER RECEIVABLES (NOTES, MORTGAGES, UNSECURED DEBTS)

Debtor Name: Amount of Receivable:
Address:
Phone: Email:
Location of Documents:

Debtor Name: Amount of Receivable:
Address:
Phone: Email:
Location of Documents:



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Debtor Name: Amount of Receivable:
Address:
Phone: Email:
Location of Documents:

MOTOR VEHICLES

Description: VIN Number:
Registration/Tag Number: Location of Title
Finance Company Name:
Website:
User ID: Password:

Description: VIN Number:
Registration/Tag Number: Location of Title
Finance Company Name:
Website:
User ID: Password:

MOTOR VEHICLE INSURANCE

Insurance Company: Account Number:
Agent Name: Agent Phone:
Website:
User ID: Password:

PERSONAL PROPERTY OF CONSIDERABLE VALUE

<u>Item</u>	<u>Approximate Value</u>
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HOME SECURITY SYSTEM

Company: Account Number:
Phone: In-Home Password/PIN:
Website:
User ID: Password:



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COMPUTER/ELECTRONICS PASSWORDS

Home Computer:

User ID: Password:

iPad/Tablet:

User ID: Password:

iPhone/Android:

User ID: Password:

EMAIL ACCOUNTS (GOOGLE, YAHOO, AOL, ETC)

Website:

User ID: Password:

Website:

User ID: Password:

Website:

User ID: Password:

SOCIAL MEDIA ACCOUNTS (FACEBOOK, TWITTER, LINKEDIN, GOOGLE+, ETC)

Website:

User ID: Password:

Website:

User ID: Password:

Website:

User ID: Password:

MEDICAL PORTALS (DOCTORS, HOSPITALS, LABS)

Website:

User ID: Password:

Website:

User ID: Password:

Website:

User ID: Password:



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PROFESSIONAL ASSOCIATIONS/MEMBERSHIPS/SUBSCRIPTIONS

Organization/Association:

Manager Name:

Phone:

Website:

User ID:

Password:

Organization/Association:

Manager Name:

Phone:

Website:

User ID:

Password:

Organization/Association:

Manager Name:

Phone:

Website:

User ID:

Password:

DEBTS - UTILITIES

Company:

Account Number:

Address:

Website:

User ID:

Password:

Company:

Account Number:

Address:

Website:

User ID:

Password:

Company:

Account Number:

Address:

Website:

User ID:

Password:

Company:

Account Number:

Address:

Website:

User ID:

Password:



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DEBTS/CREDITORS (CREDIT CARDS, MEDICAL BILLS, ETC.)

Company: Account Number:
Address:
Website:
User ID: Password:

Company: Account Number:
Address:
Website:
User ID: Password:

Company: Account Number:
Address:
Website:
User ID: Password:

Company: Account Number:
Address:
Website:
User ID: Password:

MISCELLANEOUS INSTRUCTIONS



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