



The Everything Book

The Investment & Trust Department

Client Name _____



Only the following persons are to be provided access to this
“Everything Book” in case of an emergency.

Contact #1: _____

Relationship: _____

Address: _____

Phone / Email: _____

Contact #1: _____

Relationship: _____

Address: _____

Phone / Email: _____

Contact #1: _____

Relationship: _____

Address: _____

Phone / Email: _____

Contact #1: _____

Relationship: _____

Address: _____

Phone / Email: _____

The Everything Book

is more than it appears. It's your step-by-step guide to locating and organizing the most significant information and documents in your life.

The Farmers Bank provides this tool so you not only have a convenient way to organize your information, you'll have an avenue to begin discussing the sensitive subject of your family's finances with parents, children or others.

Finally, as you sort through shoe boxes and safe-deposit boxes, computer files and cabinet drawers, you'll create peace of mind knowing your family – and the professionals you rely on to manage your affairs if needed – will open The Everything Book to learn how to carry out your careful plans.

Table of Contents

Family Contact Information	Page 5
Emergency Information	Page 6-7
Personal Medical Information	Page 8
Funeral Arrangements	Page 9
Banking Information	Page 10-11

Employment Information	Page 13
Self-Employment Information	Page 14-15
Real Estate Records	Page 16-18
Legal Information	Page 19
Personal Property Inventory	Page 20-21

Professional Services	Page 22-24
Finance & Insurance Services	Page 25-26
Other Service Contacts	Page 27

Safe Deposit Box Contents	Page 29
Family Memorabilia	Page 30
Personal Inventory	Page 31
Pets	Page 32-33

Password Vault Information	Page 35
Business Account Information	Page 35
Digital Assets	Page 36
Financial Accounts	Page 36
Social Media and Email Accounts	Page 37
Online Monthly Bill Paying Accounts	Page 37
Debit or Credit Cards	Page 38
Other Account Information	Page 38



The following pages provide information most often needed by family or trusted advisors so they can provide necessary care or carry out your instructions.

Think of this section as providing shelter in a storm for those who need to step up to help you and your loved ones.

Client Information

CLIENT NAME

DATE OF BIRTH

SSN

HOME PHONE

CELL PHONE

EMAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

Mothers Name

Fathers Name

Passport Information

Drivers License Information

Emergency Contacts

Contact #1 Relationship: _____
Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Cell: _____
E-mail: _____

Contact#2 Relationship: _____
Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Cell: _____
E-mail: _____

Contact#3 Relationship: _____
Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Cell: _____
E-mail: _____

Contact#4 Relationship: _____
Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Cell: _____
E-mail: _____

Personal Medical Information

Record the location(s) of correspondence regarding account statements, receipts, and health related travel expenses. Medical Records include lab tests, and treatment plans. Legal Documents include POA, organ donor statement, living will, and advocate documents.

Family Member #1 Name: _____

Blood Type: _____

Allergies: _____

Prescriptions: _____

Record Location: _____

Immunizations, Boosters: _____

Illnesses, Diseases: _____

Correspondence, Receipts: _____

Medical Records: _____

Healthcare Legal Documents: _____

Family Member #2 Name: _____

Blood Type: _____

Allergies: _____

Prescriptions: _____

Record Location: _____

Immunizations, Boosters: _____

Illnesses, Diseases: _____

Correspondence, Receipts: _____

Medical Records: _____

Healthcare Legal Documents: _____

Last update: _____

Professional Services

List the professionals, advisors and others you rely on to carry out your plans. Attach their business card to save time and note any additional detail in the space provided.

Physician #1 Specialty: _____
Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Cell : _____
E- mail: _____

Physician #2 Specialty: _____
Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Cell : _____
E- mail: _____

Eye Doctor Contact: _____
Firm: _____
Address: _____
City, State, Zip: _____
Phone: _____
Cell : _____
E- mail: _____

Dentist Contact: _____
Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Cell : _____
E- mail: _____

Professional Services

Pharmacy

Contact: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Cell: _____

E-mail: _____

Clergy

Church: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Cell: _____

E-mail: _____

Attorney

Contact: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Cell: _____

E-mail: _____

Accountant/Tax Preparer

Contact: _____

Firm: _____

Address: _____

City, State, Zip: _____

Phone: _____

Cell: _____

E-mail: _____



You'll surprise yourself when you review the contents of this section—either before or after you've finished gathering the information. Everyone creates quite a mountain of information as we navigate our lives.

Completing this section provides a great roadmap to find important documents

Financial Information

Financial Institution #1:

Name _____

Address _____

City/State/
ZIP _____

Contact Person _____ Phone _____

Assets/Liabilities held:

Checking Account # _____ Avg. balance _____

Checking Account # _____ Avg. balance _____

Checking Account # _____ Avg. balance _____

Savings Account # _____ Avg. balance _____

Money Market Account # _____ Avg. balance _____

CD Account # _____ Avg. balance _____

IRA Account # _____ Avg. balance _____

Loan Due Date _____ Avg. balance _____

Loan Due Date _____ Avg. balance _____

Financial Institution #2:

Name _____

Address _____

City/State/
ZIP _____

Contact Person _____ Phone _____

Assets/Liabilities held:

Checking Account # _____ Avg. balance _____

Checking Account # _____ Avg. balance _____

Checking Account # _____ Avg. balance _____

Savings Account # _____ Avg. balance _____

Money Market Account # _____ Avg. balance _____

CD Account # _____ Avg. balance _____

IRA Account # _____ Avg. balance _____

Loan Due Date _____ Avg. balance _____

Loan Due Date _____ Avg. balance _____

Financial Information

Brokerage:

Name _____

Address _____

City/State/ZIP _____

Contact Person _____ Phone _____

: Account type / Account number

_____ Avg. balance _____

_____ Avg. balance _____

_____ Avg. balance _____

_____ Avg. balance _____

Credit Card Type	Name on Card	Card Number	Expiration	Telephone Number	Website

Financial and Insurance Services

Financial Advisor Contact: _____
Firm: _____
Address: _____
City, State, Zip: _____
Phone: _____
Cell: _____
E-mail: _____

Executor/Successor Trustee Contact: _____
Firm: _____
Address: _____
City, State, Zip: _____
Phone: _____
Cell: _____
E-mail: _____

Life Insurance Contact: _____
Firm: _____
Address: _____
City, State, Zip: _____
Phone: _____
Cell: _____
E-mail: _____

Health Insurance (Primary) Contact: _____
Firm: _____
Address: _____
City, State, Zip: _____
Phone: _____
Cell: _____
E-mail: _____

Financial and Insurance Services

Health Insurance (Secondary) Contact: _____

Firm: _____

Address: _____

City, State, Zip: _____

Phone: _____

Cell: _____

E-mail: _____

Disability Insurance Contact _____

Firm: _____

Address: _____

City, State, Zip: _____

Phone: _____

Cell: _____

E-mail: _____

Automobile Insurance Contact _____

Firm: _____

Address: _____

City, State, Zip: _____

Phone: _____

Cell: _____

E-mail: _____

Liability/Property Insurance Contact _____

Firm: _____

Address: _____

City, State, Zip: _____

Phone: _____

Cell: _____

E-mail: _____

Employment Services

Use this section to point to important documents created by your work life.

Job Description: _____

Employment Contract: _____

Recent Paycheck Stub: _____

Evaluations: _____

Employee Benefits Descriptions: _____

Corporate Life Insurance: _____

Pension Agreements: _____

Deferred Compensation Agreement: _____

Profit-Sharing Plans: _____

Company Credit Cards: _____

Other Fringe Benefits: _____

Stock Option Plans: _____

Company Car Records: _____

Other: _____

Last Update: _____

Business Information

Track the location of your business records, including material your family might need to preserve the business's assets and keep it running in your absence. That should include a succession plan with buy-sell agreements, business valuations and letters of instruction. If your spouse and/or your children will inherit the business, inform them of the mechanics of the transfer.

Other business documents they will need include business credit cards, bank account records, pending loans, tax returns, insurance policies, a list of vendor contacts, rental or lease agreements, and real estate information.

Partner

Name: _____

Work Phone: _____ Home Phone: _____

Fax: _____ E-mail: _____

Secretary/Assistant

Name: _____

Work Phone: _____ Home Phone: _____

Fax: _____ E-mail: _____

Other (Corporate Attorney, Accountant, Consultant, Insurance Agent, Financial Advisor, et c.)

Name: _____

Work Phone: _____ Home Phone: _____

Fax: _____ E-mail: _____

Other

Name: _____

Work Phone: _____ Home Phone: _____

Fax: _____ E-mail: _____

Other

Name: _____

Work Phone: _____ Home Phone: _____

Fax: _____ E-mail: _____

Other

Name: _____

Work Phone: _____ Home Phone: _____

Fax: _____ E-mail: _____

Self-Employment Information

Document Locations

Income and Expense Records: _____

Self-Employment Business Agreements: _____

 Succession Plan: _____

 Buy-Sell Agreements: _____

 Letters of Instruction: _____

 Business Valuation Reports: _____

 Business Bank Account Records: _____

 Business Credit Cards: _____

Deferred Compensation Agreements: _____

 Key Man Insurance Policy: _____

Retirement and Pension Agreements: _____

Business Tax Returns (Last 3 Years): _____

 List of Vendors: _____

 Contracts: _____

 Rental or Lease Agreements: _____

 Independent Contractor 1099s: _____

Corporate-Owned Life Insurance Policy: _____

 Corporate-Owned Real Estate: _____

 Notes Receivable: _____

 Notes Payable: _____

Other: _____

Other: _____

Last Update: _____



So far you've gathered information on where to find people, documents and records, and which professionals, advisors and providers to contact. This section is where you document the more personal parts of your life.

After all, your life is about more than medical records, legal documents and business agreements. Be sure important family history, everyday "stuff" and even your pets are recognized for preservation and protection.

Real Estate Services

Describe real estate you own by location and type: residence, vacation or investment property. Indicate where you keep documents such as deeds, property tax records and homeowners association documents. Keep deeds or titles in a safe deposit box. Also list information on where investment property records are kept, or list them in the sections for business information or investments.

Make a copy of this form for each property you own.

Property Description

Legal Description	Address	Residence/Vacation/Investment
_____	_____	_____
	_____	_____
	_____	_____

Deed: _____

Insurance Policy: _____

Property Purchase Records: _____

Homeowners Assoc. Documents: _____

Homeowners Warranties: _____

Mortgage Holder

Name: _____

Loan Number: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Home Equity Line

Name: _____

Loan Number: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Real Estate Services

Homeowners Association

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Real Estate Agent

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Property Manager

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Real Estate Services

Home Improvements

Improvement	Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Maintenance Services (Plumber, Electrician, etc.)

Type	Name/Company	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Last Updated: _____

Personal Property Inventory

These pages can also help your insurance professionals assess current coverage and whether adjustments are necessary to best protect your personal property. Be sure to review & update the listings each time you add to or dispose of your holdings.

Automobile, Motorcycle, RV, Boat, Travel Trailer		Titles/Leases/Registrations	
Description	Date Purchased/Leased	Purchase Price	Location of Documents
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Fine Arts (Paintings & Antiques)			
Description	Date Purchased	Value	Location of Receipts/Appraisals
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Jewelry & Furs			
Description	Date Purchased	Value	Location of Receipts/Appraisals
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Property Inventory

China, Silverware, Crystal & Linens

Description	Date Purchased	Purchase Price	Location of Receipts
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Computer Hardware & Software

Description	Date Purchased	Purchase Price	Location of Receipts
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Collectibles, Musical Instruments, & Other Valuables

Description	Date Purchased	Value	Location of Receipts/Appraisals
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Items Outside of Home

Description	Date Purchased	Purchase Price	Location of Receipts
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Inventory

Here is how to tell people where to find those things you normally like to keep hidden. Start with any secret hiding places for valuables. Include the location of spare keys to your house, cars, boats, etc., and the location of your checkbooks, savings passbooks, and cash management accounts. Indicate any computer passwords, etc., that people would need to access to essential files you keep electronically. If you have a home safe or locking file cabinets, note the lock combinations or where the keys are kept. Then describe where you keep your lists, address book, Rolodex and e-mail addresses, etc.

List any subscriptions you have and memberships in organizations that might be passed on or sold.

Item/Location

Secret Hiding Places for Selected Items
(such as special jewelry):

_____	_____
_____	_____
_____	_____

Spare keys to Home, Autos, etc.: _____

Checkbook, Savings Account Passbooks,
Cash Management Accounts: _____

Computer Password & List of Computer Files: _____

Home Safe Combination or Keys: _____

Address Books/Rolodex: _____

Memberships and Subscriptions:

Memberships to be Passed on or Sold
With List of any Belongings (i.e., Golf Clubs)
to be Recovered: _____

Mailing List of Friends and Associates: _____

Other: _____

Other: _____

Last Updated _____

Safe Deposit Box Contents

The safe deposit box is the traditional repository for important documents. Since most of these boxes are relatively small, work through this list and decide which documents should go in the box and which you want to keep elsewhere. When you determine where that is, record the locations on the appropriate form. Some people prefer to keep documents at home in a fireproof safe or a fireproof file cabinet.

In most cases, you will want to keep original documents and personal valuables in the safe deposit box and keep copies elsewhere.

Bank Address

Name: _____
Address: _____
City, State, Zip: _____
Phone/Contact: _____

Location of Your Password and Key:

People With Keys

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Check Items That Are in the Box

Copies of Wills	Prenuptial Agreement	_____
Power of Attorney	Divorce/Separation Papers	_____
Trust Agreements	Notes Payable/Receivable	_____
Mortgages	Naturalization Papers	_____
Property Deeds	Tax Returns	_____
Car Titles/Deeds	Military Documents	_____
Stock Certificates	Insurance Policies	_____
U.S. Savings Bonds	Copyrights/Patents/Etc.	_____
Adoption Papers	Important Contracts	_____
Marriage Certificate	Jewelry	_____
Other:		_____

Family Memorabilia

Use this list to note the locations of your family history documents, photograph albums, videotapes, scrapbooks and family letters. You may also want to do an inventory of your education, military and government service memorabilia, as well as any awards and honors you have received.

Item/ Location

Genealogy: _____

Family History Documents: _____

Photograph Albums: _____

Slide Photos: _____

Videotapes/Home Movies: _____

Scrapbooks: _____

Cards and Letters: _____

Education Memorabilia: _____

Military Memorabilia: _____

Government-Service Memorabilia: _____

Awards and Honors: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Last Updated: _____

Pets

Don't overlook leaving instructions on how to care for family pets, especially if you want to make financial arrangements for their care. In addition to the name, identification number and a description of the animal's markings, include contact information for a veterinarian, boarding facility or someone who does in-home care, grooming and training.

Key documents include adoption papers, pedigree information, registration and licenses, plus any legal documents such as a trust agreement or a will provision covering your pet.

Pet Information

Pet's Name: _____ Date of Birth: _____

Breed: _____ Sex: _____

Identifying Marks: _____ ID Number: _____

Item/Location

Adoption Papers: _____

Pet Registry: _____

Photograph Albums: _____

Training Certificate: _____

Vaccination Records: _____

Pedigree Information: _____

License: _____

Show Awards: _____

Trust Agreement: _____

Final Arrangements: _____

Awards and Honors: _____

Other: _____

Veterinarian

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Emergency Phone: _____

Pets

Boarding

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Emergency Phone: _____

In-Home Pet Care

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Emergency Phone: _____

Grooming

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Emergency Phone: _____

Training

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Emergency Phone: _____

Last Updated: _____



It used to be that you only had to consider leaving behind physical items and intangible assets. But now, you also have to think about your digital assets and online presence. Many law firms now are also encouraging people to keep their digital legacy in mind and cover those assets in their will.

This is new, more and more of your assets are in digital form; music, movies and books, digital records that prove ownership, warranty or other information. What happens to your Facebook, LinkedIn, Email account, and the like when you go? Sensitive information is often associated with those accounts so leaving them open could be a risk for others in the family.

Digital Assets

Use this section to record what digital assets you have such as music, books, stock photography purchased, and any digital art or work you've created that you have stored someplace.

Asset Type	Account or Web Address	Login Name	Password	Offline Storage Location
Example: Itunes	Itunes.com			My Laptop

Financial Accounts

Record your financial information here such as bank, credit union, Paypal, brokerage and, IRA accounts, etc.

Institution Name	Web Address	Login Name	Password/PIN	Account Number	Account Type	Comments or Instructions
Example: USA Bank	Bankusa.com	1234	12343	12345678	Checking & Savings	Routing number 12344323

Social Media & Email Accounts

Capture your social medial information to include Facebook, LinkedIn, Blog site, email , contact lists, etc. Leave your wishes for closing down these sites. (Note: some accounts may, in their terms of service, have a statement that no one else can log in and close your account other than you. Be sure to read the terms of service to ensure you're loved ones don't break any contractual obligations or laws.)

Media Type	Web Address	Login Name	Password	Instructions or Comments
Example: Facebook	Facebook.com/ testexample			Please close down this account

Online Bills

Many utilities, automobile, mortgage, insurance and other monthly billing services now provide a way for you to pay your accounts online. If you use such services, capture the information here so that your loved ones or legal representative can take care of these financial obligations more easily.

Account Type	Web Address	Account Number	Login & Password	Bill Due
Example: Electric Bill	Electriccompany.co m	12345532	12342/23423	First of Every month

Other Account Information

Use this area to record any other information that we've not specifically identified. They are free form text fields that you can fill in however you want. Feel free to fill in your own column headings. You may want to consider adding headings for account, login, password and instructional information.

Funeral Arrangements

This is a task no one wants to think about, but making these arrangements will ease your family's heavy burdens.

Write a letter of preference stating whether you would like burial or cremation. Detail where and how you would like the services to be conducted. Note where you keep the letter and give copies to your lawyer and executor. Indicate your choice of a cemetery and where you may have a plot. Include the location of documents verifying prepayment of funeral expenses. Consider drafting a death notice and obituary, and name a charity for donations in lieu of flowers.

Document Locations

Letter of Preference _____

Draft Notice/Obituary: _____

Service Details: _____

Funeral Home

Name: _____

Address: _____

City, State, Zip: _____

Phone/Contact: _____

Cemetery or Memorial Park

Name: _____

Address: _____

City, State, Zip : _____

Phone: _____

Plot or Deed: _____

Charities for Donations in Lieu of Flowers

Name: _____

Address: _____

City, State, Zip : _____

Phone: _____

Name: _____

Address: _____

City, State, Zip : _____

Phone: _____

Last update: _____

Other Contacts

Other: Contact: _____

Firm: _____

Address: _____

City, State, Zip: _____

Phone: _____

Cell: _____

E-mail: _____

Other: Contact _____

Firm: _____

Address: _____

City, State, Zip: _____

Phone: _____

Cell: _____

E-mail: _____

Other: Contact _____

Firm: _____

Address: _____

City, State, Zip: _____

Phone: _____

Cell: _____

E-mail: _____

Other: Contact _____

Firm: _____

Address: _____

City, State, Zip: _____

Phone: _____

Cell: _____

E-mail: _____

