Life Organiser



Lashley Financial and General Services Inc #90 Palm Court II Fortescue St Philip

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PERSONAL INFORMATION

ME

Name: First: Middle Last:

ID Number: Birthdate: (yyyy/mm/dd) NIS Number:

SPOUSE

Name: First Middle Last

ID Number: Birthdate: (yyyy/mm/dd) NIS Number:

DEPENDENTS

First Name Middle Name Last Name Date of Birth ID Number

NOTES



IMPORTANT DOCUMENTS

ITEM	UPDATED	LOCATION
My Will (Original)		
My Will (Copies)		
Power(s) of Attorney		
Burial Instructions		
Cemetery Plot Deed		
Spouse's Will (Original)		
Spouse's Will (Copies)		
Spouses Burial Instructions		
Document Appointing Children	s	
Guardian		
List of Special Requests		
Safe Combination		
Trust Agreements		
Life Insurance Policies		
Property & Casualty		
Health Insurance Policy		
Disability Insurance Policies		
Certificates of Deposit		
List of Credit Cards		
Shares, Bonds etc.		
Other Securities		
Limited Partnerships		
Income Tax Returns		
Title & Deeds to Property		
Copies of Lease Agreements		
Rental Property Records		
Notes, Other Loan Agreements	S	
including Mortgages		



Birth Certificates			
Citizenship Papers			
Marriage Certificates			
EMPLOYMENT F	RELATED ITEMS		
	S:- Please describe and identify owner		
EMPLOYEE SHARE PUR	RCHASE:		
INCENTIVE STOCK:			
STOCK OPTIONS:			
DEFERRED COMPENSA	TION:		
	SELF	SPOUSE	
COMPANY PENSIO	N PLAN		
Company			
Survivor benefit			
Current value			
NOTES			
GROUP LIFE INSUR	ANCE		
Company			
Coverage			
NOTES			



ASSETS

AGGETG						
Cash: Credit U	nion, Bank					
Institution	Туре	Balance	Account No.	Owner		
Investments (N	on-retirement)					
Institution	Туре	Balance	Account No.	Owner		
Retirement Ass	sets (Other than Company)					
Institution	Туре	Balance	Account No.	Owner		



Business (Partnerships, Company)					
Company	Type of investment	Туре	Value	Owner	
Real Estate (Inv	vestment)				
Туре	Location		Value	Owner	
Personal Asset	s (Home, Car, Boat)				
Item	Description		Value	Owner	
NOTES					



LIABILITIES

LOANS (including lines of credit and credit cards)											
Purpose	Institution	Current	Original	Account	Rate	Maturity	Owner				
·		Balance	Original Balance	No.							

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INSURANCE

LIFE	1	2	3	4	5
Туре					
Insurer					
Agent/Broker					
Sum Assured					
Coverage Term					
Insured					
Owner					
Beneficiary					
Current Cash Value					
Policy No.					
NOTES					
DISABILITY INCO	OME				
Туре					
Insurer					
Agent/Broker					
Insured					
Waiting period					
Length of Benefit (Yr)					
Policy No.					
NOTES					
CRITICAL ILLNE	SS				
Туре					
Insurer					
Agent/Broker					
Sum Assured					
Coverage Term					
Insured					
Owner					
Beneficiary					
Policy No.		-			



Health Insurance - Individual	
Type of Plan	
Annual Premium	
Owner	
Major medical maximum	
NOTES	
Other Insurance - Individual	
Type of Plan	
Policy No	
Owner	
Coverage	
NOTES	
Homeowner's Insurance	
Type of Plan	
Insurer	
Policy No	
Property Cover	
Contents Cover	
Liability Cover	
Renewal Date	
NOTES	
Motor Insurance	
Type of Coverage	
Insurer	
Cover	
Renewal Date	
Policy Number	
NOTES	



ADVISORS

	NAME	COMPANY	ADDRESS	CONTACT NUMBER
ACCOUNTANT				
ATTORNEY				
BANKERS				
DANKLING				
INSURANCE				
INSURANCE				
INVESTMENT				
IIIVESTIMENT				
NOTES				



NOTES AND INSTRUCTIONS

