

Life Organiser



Lashley Financial and General Services Inc
#90 Palm Court II
Fortescue
St Philip
Tel: 423 6203
Fax: 423 3876
e-mail: lfg@caribsurf.com

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
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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		
including Mortgages	_____	_____

Birth Certificates _____

Citizenship Papers _____

Marriage Certificates _____

EMPLOYMENT RELATED ITEMS

EMPLOYMENT BENEFITS:- Please describe and identify owner

EMPLOYEE SHARE PURCHASE:		
INCENTIVE STOCK:		
STOCK OPTIONS:		
DEFERRED COMPENSATION:		
	SELF	SPOUSE
COMPANY PENSION PLAN		
Company		
Survivor benefit		
Current value		
NOTES		
GROUP LIFE INSURANCE		
Company		
Coverage		
NOTES		

INSURANCE

LIFE	1	2	3	4	5
Type					
Insurer					
Agent/Broker					
Sum Assured					
Coverage Term					
Insured					
Owner					
Beneficiary					
Current Cash Value					
Policy No.					
NOTES					
DISABILITY INCOME					
Type					
Insurer					
Agent/Broker					
Insured					
Waiting period					
Length of Benefit (Yr)					
Policy No.					
NOTES					
CRITICAL ILLNESS					
Type					
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				
INSURANCE				
INVESTMENT				
NOTES				

NOTES AND INSTRUCTIONS