

**PERSONAL
RECORDS INVENTORY**

BIOGRAPHICAL

INDIVIDUAL #1

Legal Name: _____
Other Names: (eg. Maiden) _____
Home Phone: _____
Date of Birth: _____

Nickname(s): _____
Social Security #: _____
Cell Phone: _____
Passport #: _____

MILITARY SERVICE

Military Service Dates: _____
Military Branch: _____
Location of Discharge Papers: _____

Military Service No.: _____
Last Military Rank: _____
Decorations/Metals: _____

MARITAL STATUS

Date of Current Marriage: _____

State of Marriage: _____

DIVORCE INFORMATION

Location of Divorce Papers: _____

State Divorce Jurisdiction: _____

EMPLOYMENT

Last Employer: _____

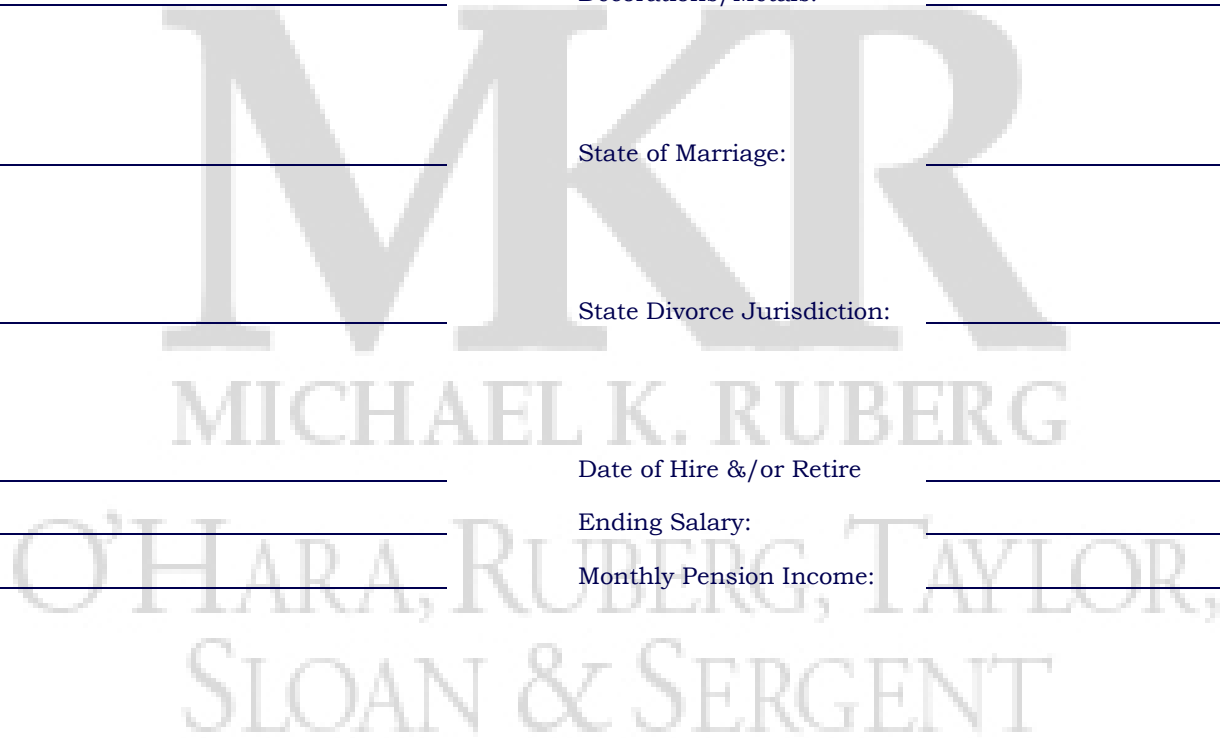
Date of Hire &/or Retire _____

Location Retirement Papers: _____

Ending Salary: _____

Benefits Office Phone : _____

Monthly Pension Income: _____



Attorneys at Law

SOCIAL SECURITY

Program Type: _____

Monthly Income Amount:: _____

Claim No. _____

MEDICAL INFORMATION

Medicare #: _____

Medicaid #: _____

Blood Type: _____

Medications: _____

Current Diagnoses: _____

Surgeries/Hospitalizations: _____

Allergies: _____

Primary Care Physician: _____

Phone No.: _____

Additional Physical: _____

Specialty: _____

Phone Number: _____

Additional Physical: _____

Specialty: _____

Phone Number: _____

Additional Physical: _____

Specialty: _____

Phone Number: _____

Additional Physical: _____

Specialty: _____

Phone Number: _____

FAMILY/GENEALOGY INFORMATION

Location Birth Certificate: _____

State of Your Birth: _____

Father's Name: _____

Father's Birthplace: _____

Father's DOB: _____

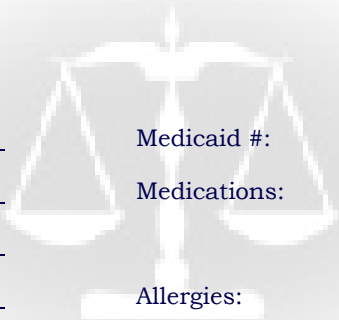
Father's DOD: _____

Mother's Maiden Name: _____

Mother's Birthplace: _____

Mother's DOB: _____

Mother's DOD: _____



MR
MICHAEL K. RUBERG

O'HARA, RUBERG, TAYLOR,
SLOAN & SERGENT

Attorneys at Law

Sibling Name (1) _____
Sibling Name (2) _____
Sibling Name (3) _____
Sibling Name (4) _____

Sibling Address & Phone _____
Sibling Address & Phone _____
Sibling Address & Phone _____
Sibling Address & Phone _____

RELIGIOUS INFORMATION

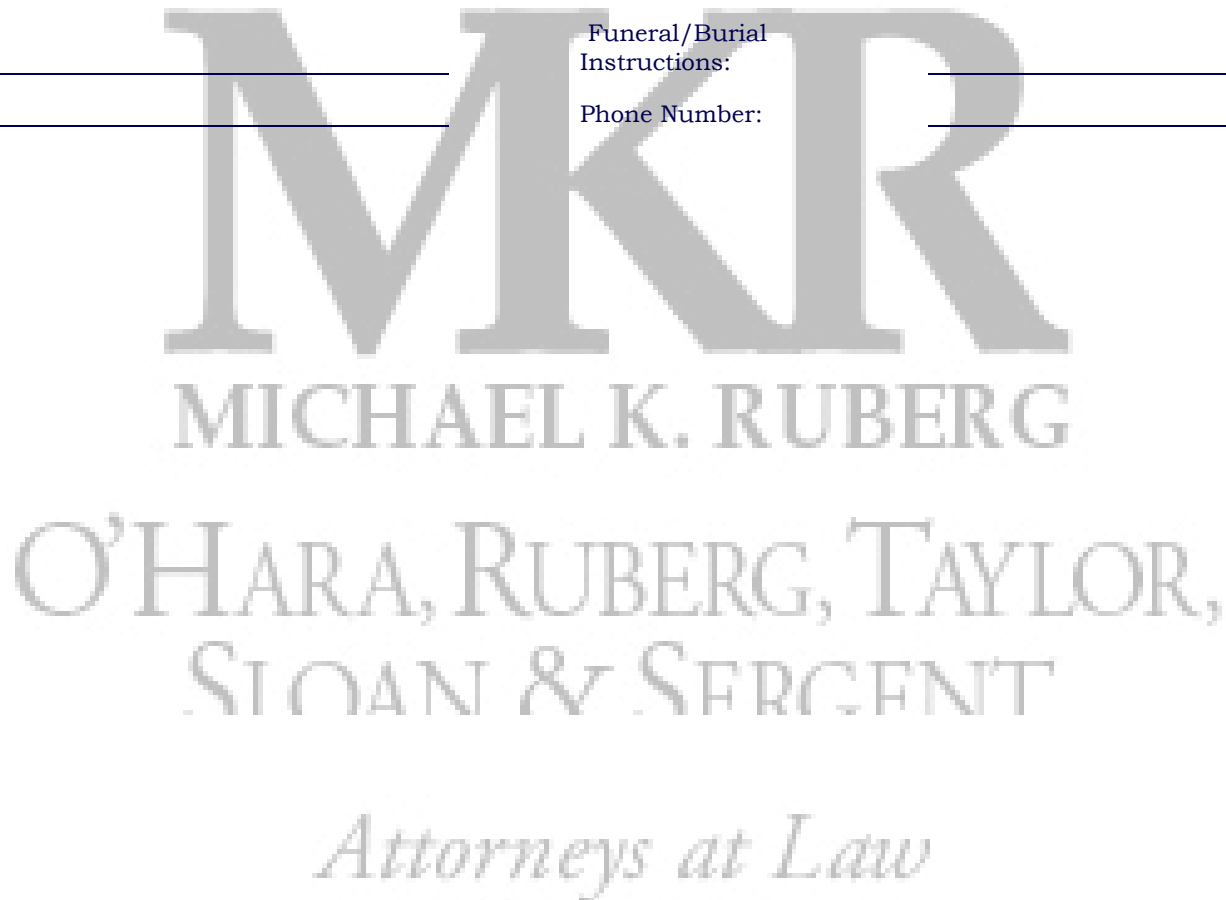
Church or Synagogue _____
Address: _____

Clergy name: _____
Phone Number: _____

BURIAL INSTRUCTIONS

Name of Cemetery: _____
Cemetery Plot Number: _____
Location of Deed: _____
Funeral Director's Name: _____

Address: _____
Phone Number: _____
Funeral/Burial Instructions: _____
Phone Number: _____



BIOGRAPHICAL

INDIVIDUAL #2

Name: _____
Other Names: _____
Date of Birth: _____
Other Phone #: _____

Nickname: _____
Social Security #: _____
Cell Phone: _____
Passport #: _____

MILITARY SERVICE

Military Service Dates: _____
Military Branch: _____
Location of Discharge Papers: _____

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Medications: _____

Current Diagnoses: _____

Allergies: _____

Surgeries/Hospitalizations: _____

Primary Care Physician: _____

Phone No.: _____

Additional Physical: _____

Specialty: _____

Phone Number: _____

Additional Physical: _____

Specialty: _____

Phone Number: _____

Additional Physical: _____

Specialty: _____

Phone Number: _____

Additional Physical: _____

Specialty: _____

Phone Number: _____

FAMILY/GENEALOGY INFORMATION

Location of Birth Certificate: _____

State of Your Birth: _____

Father's Name: _____

Father's Birthplace: _____

Father's DOB: _____

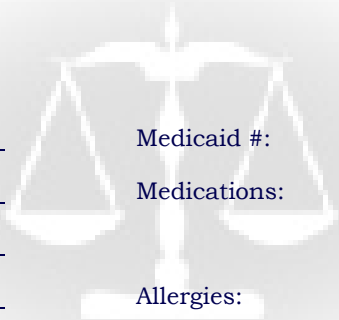
Father's DOD: _____

Mother's Maiden Name: _____

Mother's Birthplace: _____

Mother's DOB: _____

Mother's DOD: _____



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Sibling Name (3) _____
Sibling Name (4) _____

Sibling Address & Phone _____
Sibling Address & Phone _____
Sibling Address & Phone _____
Sibling Address & Phone _____

RELIGIOUS INFORMATION

Church or Synagogue _____
Address: _____

Clergy name: _____
Phone Number: _____

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Location of Deed: _____
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Phone Number: _____
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Phone Number: _____



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LEGAL RESIDENCE

Address: _____
Location of Deed: _____
Mortgage Company: _____
Location of Mortgage Copy: _____
Monthly Mortgage Payment: _____

Surveys: _____
Title Insurance Company: _____
Title Abstract: _____
Closing Statement: _____
Tax Receipts: _____

OTHER REAL ESTATE

Address: _____
Address: _____

Location of Documents: _____
Location of Documents: _____

TANGIBLE PROPERTY OWNED

Automobile (1): _____
Location of Title: _____
Automobile (2): _____
Location of Title: _____
Automobile (3): _____
Location of Title: _____
Boat/Camper/etc.: _____
Location of Title: _____
Boat/Camper/etc.: _____
Other: _____

State of Registration: _____
In Name of: _____
State of Registration: _____
In Name of: _____
State of Registration: _____
In Name of: _____
State of Registration: _____
In Name of: _____
State of Registration: _____

SAFE DEPOSIT BOX

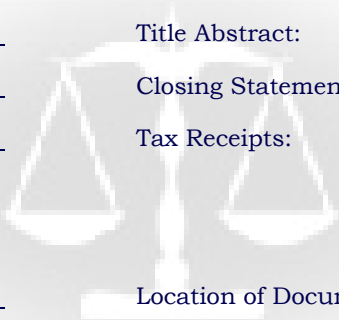
Location: _____
Location of Key(s): _____

Box Number: _____
Persons Having Access: _____

BANK ACCOUNTS

Bank Name: _____

Account Number: _____



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Address/Phone: _____
Bank Name: _____
Address/Phone: _____
Bank Name: _____
Address/Phone: _____
Bank Name: _____
Address/Phone: _____
Bank Name: _____
Address/Phone: _____

Other Signature: _____
Account Number: _____
Other Signature: _____
Account Number: _____
Other Signature: _____
Account Number: _____
Other Signature: _____
Account Number: _____
Other Signature: _____

INVESTMENTS

Broker Name: _____
Financial Advisor Name: _____
Account Type: _____
Name of Institution: _____
Interest Rate: _____
Original Deposit Amount: _____
Account Type: _____
Name of Institution _____
Interest Rate: _____
Original Deposit Amount: _____
Account Type: _____
Name of Institution _____
Interest Rate: _____
Original Deposit Amount: _____
Account Type: _____
Name of Institution _____
Interest Rate: _____
Original Deposit Amount: _____

Address/Phone: _____
Address/Phone: _____
Account Number: _____
Address/Phone: _____
Maturity Date: _____
Date of Original Deposit: _____
Account Number: _____
Address/Phone: _____
Maturity Date: _____
Date of Original Deposit: _____
Account Number: _____
Address/Phone: _____
Maturity Date: _____
Date of Original Deposit: _____
Account Number: _____
Address/Phone: _____
Maturity Date: _____
Date of Original Deposit: _____



Account Type: _____
Name of Institution _____
Interest Rate: _____
Original Deposit Amount: _____

Account Number: _____
Address/Phone: _____
Maturity Date: _____
Date of Original Deposit: _____

STOCKS

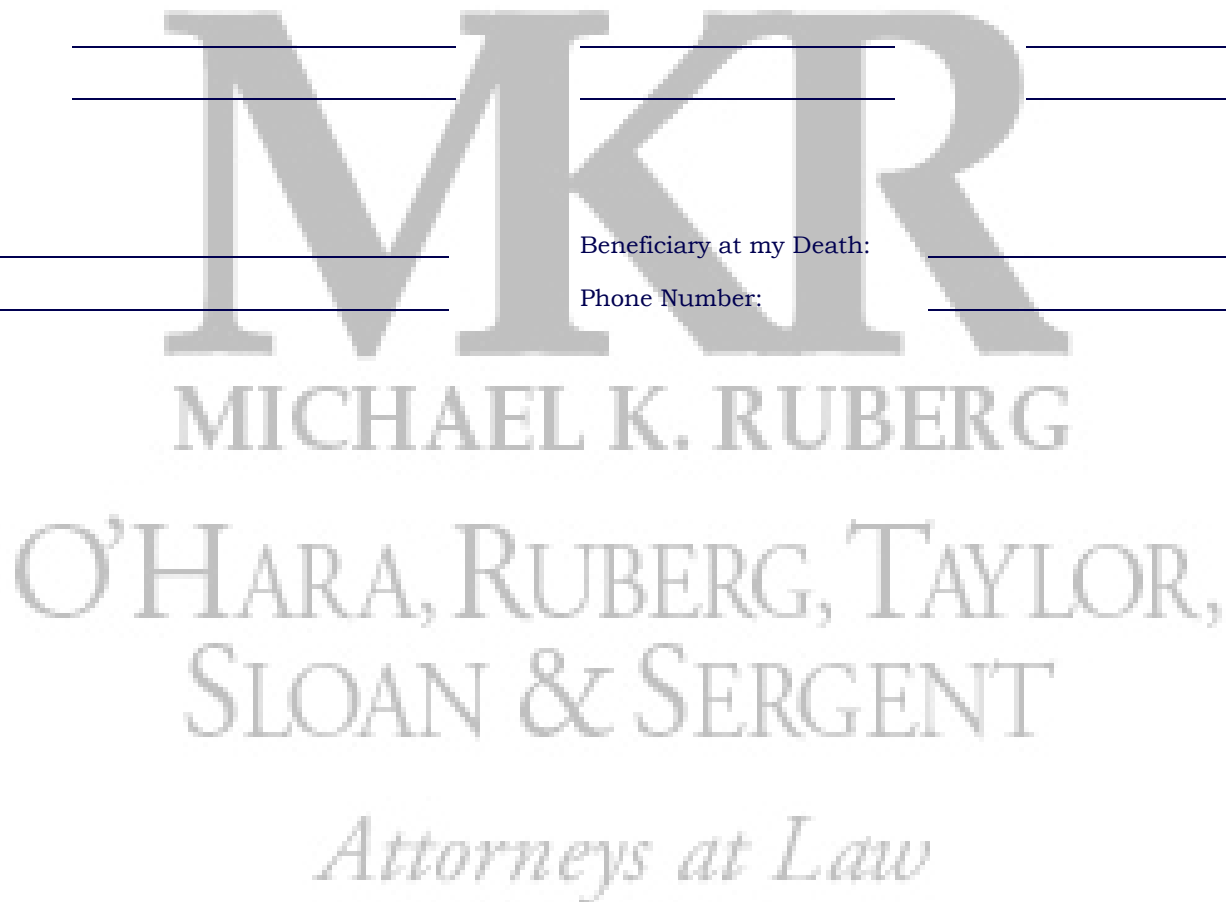
Location of Certificates: _____

<u>Company Name</u>	<u>Shares Purchased</u>	<u>Date of Purchase</u>	<u>Purchase Price</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

U.S. SAVINGS BONDS

Location of Bonds: _____
I am beneficiary of: _____

Beneficiary at my Death: _____
Phone Number: _____



CREDIT CARDS

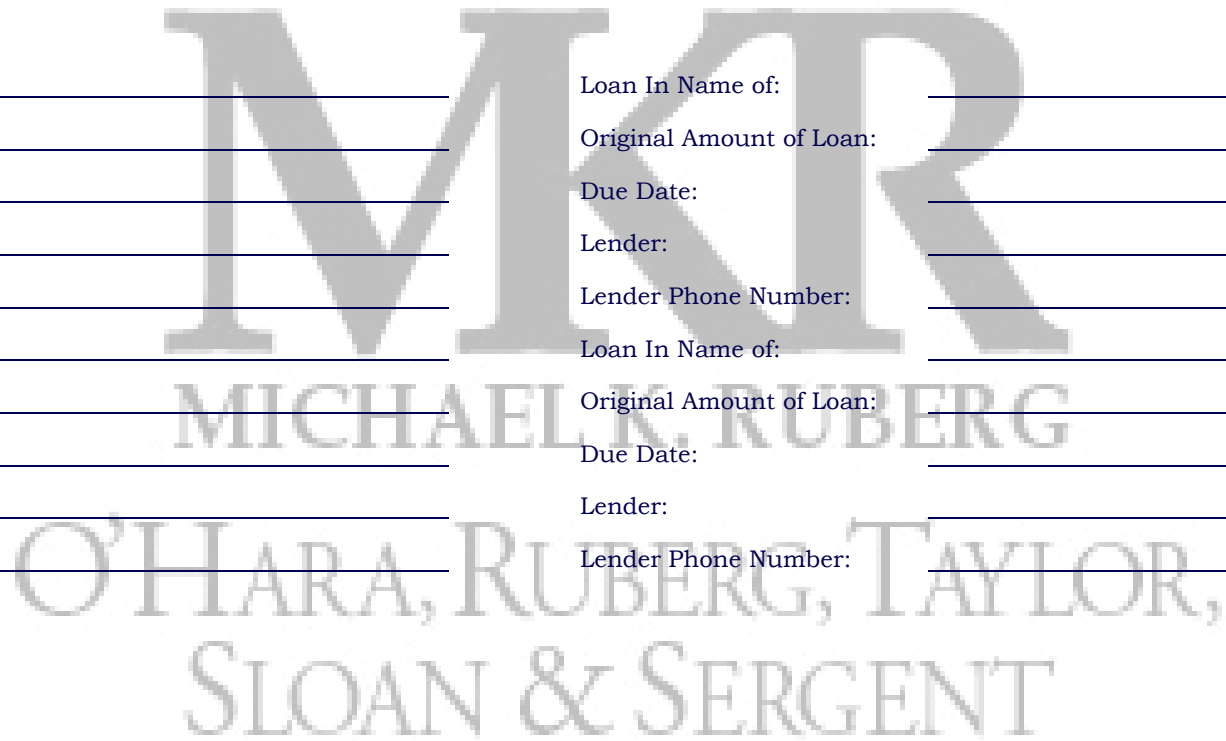
Issuing Institution _____
Account Number: _____
Issuing Institution _____
Account Number: _____
Issuing Institution _____
Account Number: _____
Issuing Institution _____
Account Number: _____
Issuing Institution _____
Account Number: _____

Telephone: _____
Expiration: _____
Telephone: _____
Expiration: _____
Telephone: _____
Expiration: _____
Telephone: _____
Expiration: _____
Telephone: _____
Expiration: _____

PERSONAL LOANS

Loan Type: _____
Account Number: _____
Interest Rate: _____
Term: _____
Lender Address: _____
Loan Type: _____
Account Number: _____
Interest Rate: _____
Term: _____
Lender Address: _____

Loan In Name of: _____
Original Amount of Loan: _____
Due Date: _____
Lender: _____
Lender Phone Number: _____
Loan In Name of: _____
Original Amount of Loan: _____
Due Date: _____
Lender: _____
Lender Phone Number: _____



Attorneys at Law

CPA/TAX ADVISOR

Name: _____
Location of Recent Tax Filings: _____
Location of Financial Statement: _____

Address: _____
Phone: _____

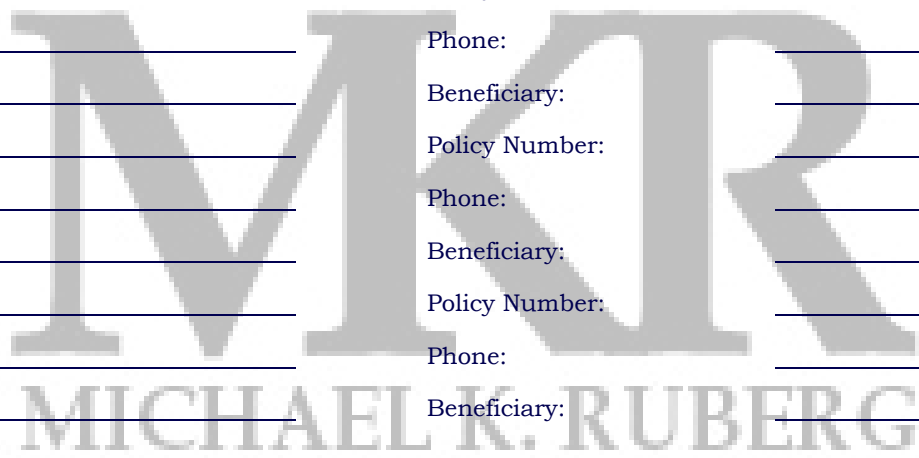


LIFE INSURANCE

Life Insurance Policies

Company Name: _____
Address: _____
Name of Insured(s) _____
Company Name: _____
Address: _____
Name of Insured(s) _____
Company Name: _____
Address: _____
Name of Insured(s) _____
Company Name: _____
Address: _____
Name of Insured(s) _____

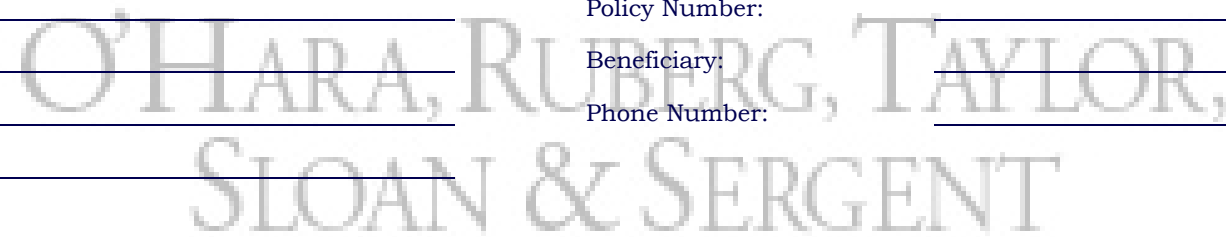
Policy Number: _____
Phone: _____
Beneficiary: _____
Policy Number: _____
Phone: _____
Beneficiary: _____
Policy Number: _____
Phone: _____
Beneficiary: _____
Policy Number: _____
Phone: _____
Beneficiary: _____



GI Service Life Insurance

Name of Insured: _____
Type of Policy: _____
Address: _____
Location of Policy: _____

Policy Number: _____
Beneficiary: _____
Phone Number: _____



HOMEOWNER INSURANCE

Company: _____
Policy Type: _____

Policy Number: _____
Phone Number: _____



Location of Policy: _____
Agent Name: _____
Coverage Amount: _____

Address: _____
Agent Phone Number: _____
Deductible: _____

AUTOMOBILE INSURANCE

Company: _____
Policy Type: _____
Location of Policy: _____
Agent Name: _____
Make and Model (1) _____
Make and Model (3) _____
Coverage Amount: _____

Policy Number: _____
Phone Number: _____
Address: _____
Agent Phone Number: _____
Make and Model (2) _____
Make and Model (4) _____
Deductible: _____

DISABILITY INSURANCE

Company: _____
Type of Insurance: _____
Location of Policy/ID Card: _____
Company _____
Type of Insurance: _____
Company: _____
Type of Insurance: _____
Location of Policy/ID Card: _____

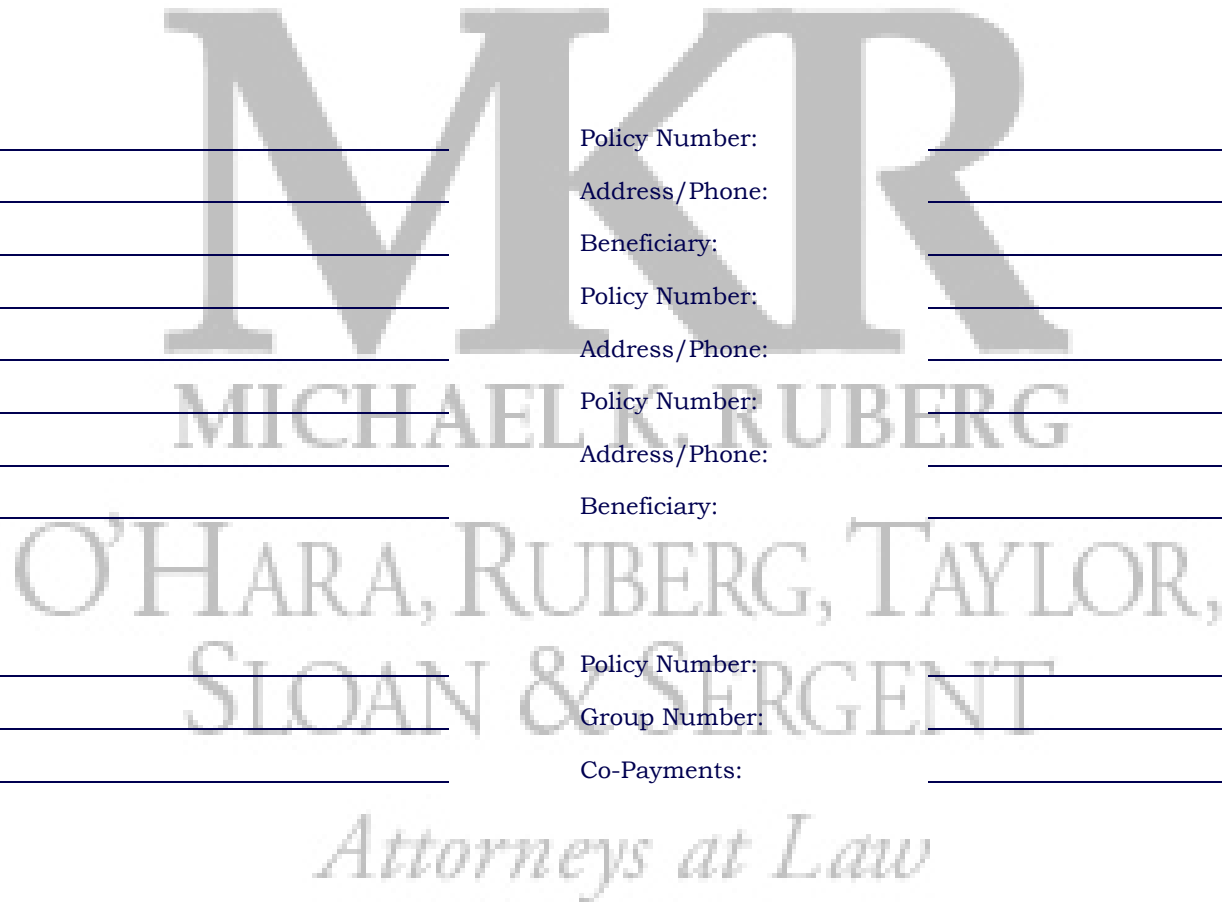
Policy Number: _____
Address/Phone: _____
Beneficiary: _____
Policy Number: _____
Address/Phone: _____
Policy Number: _____
Address/Phone: _____
Beneficiary: _____

HEALTH INSURANCE

Company: _____
Employer: _____
Location of Policy/ID Card: _____

Policy Number: _____
Group Number: _____
Co-Payments: _____

LONG TERM CARE INSURANCE



Policy Type: _____
Policy Number: _____
Insurance Agent: _____
Location of Policy: _____

Company: _____
Address/Phone: _____
Agent Phone: _____

ESTATE PLANNING

Will

Location of Will: _____
Location of Codicil: _____
Name of Executor: _____
Name of Alternate Executor: _____
Name of Trustee: _____
Name of Alternate Trustee: _____
Name of Guardian: _____
Name of Alternate Guardian: _____

Execution Date: _____
Execution Date: _____
Address/Phone: _____
Address/Phone: _____
Address/Phone: _____
Address/Phone: _____
Address/Phone: _____
Address/Phone: _____

Living Will

Location of Living Will: _____
Individual with Copy: _____
2nd Individual with Copy: _____

Execution Date: _____
Address/Phone: _____
Address/Phone: _____

Trust

Location of Trust Agreement: _____
Beneficiary Name: _____
Beneficiary Name: _____
Trustee Name: _____
Alternate Trustee Name: _____

Date Established: _____
Address/Phone: _____
Address/Phone: _____
Address/Phone: _____
Address/Phone: _____

Organ Donation

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MMR
MICHAEL K. RUBERG

Specific Wishes: _____

Location of Paperwork: _____

**Power of Attorney
Healthcare**

Location of Original: _____

Execution Date: _____

POA Name: _____

Address/Phone: _____

**Power of Attorney
Financial**

Location of Original: _____

Execution Date: _____

POA Name: _____

Address/Phone: _____



Attach Copies of the Following:

- 1) Inventory of any valuable tangible property such as jewelry, art, collectibles, furs, antiques, precious metals, cameras, furnishings, etc.
- 2) A Copy of Living Will
- 3) A copy of Medicare Card
- 4) Copy of Insurance Cards
- 5) Copy of Social Security Card
- 6) A recent photograph

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