

THE **COMPASS** CHURCH

ORGANIZING ESSENTIAL FAMILY DOCUMENTS

FILE





WELCOME

Be encouraged!

Investing a small amount of time in organizing your essential family documents file is a wise action step of caring for your loved ones.

HERE'S HOW TO GET STARTED WITH THIS RESOURCE TOOL

1. Read through the Table of Contents and briefly scan through the complete file to become familiar with this resource tool.
2. Make a list of the supporting documents and information you will need to complete this document file. The categories and details are just suggested typical items. Add, omit, or delete any item you find unnecessary.
3. Set aside approximately 3-8 hours to complete depending on the complexity of your circumstances. Important things take time. Future updates will be much easier.
4. Be prepared to take pictures or scan in copies of key documents using your phone on another device capable of scanning.
5. Once completed, choose a location to keep this file that is secure, known and accessible to your spouse, family, and the executor of your Estate.
6. Be aware that this does not replace any legal documents, like wills, trusts, or powers of attorney. The actual signed legal documents are necessary to carry out your desires.
7. Update this file regularly. It would be wise to revisit this document annually to make sure that it is up-to-date with any changes. Set a date on the calendar as a reminder to revisit and review this document file.

So let's get started.

Honored and Thrilled to be Helping People Find & Follow God with you,

Eric Liechty Pastor of Stewardship
The Compass Church

YOUR FAMILY NAME HERE

DATE OF LAST UPDATE:

TABLE OF CONTENTS

WELCOME

Here's how to get started with this resource tool

NAME

Name and Date this document

TABLE OF CONTENTS

See the overview of this document

ABOUT

Personal and family information. Contact details for spouse, children, grandchildren, great grandchildren, siblings, close friends, etc.

BABYSITTER

Information and instructions

EXECUTORS

Primary and secondary executors of affairs and estate

LEGAL

Wills, Powers of Attorney for Finances and Healthcare, Trusts, etc.

FINANCIAL

Names and contact information of professionals with whom you work, bank, social security, brokerage, retirement (IRA, 401k, 403b, 457, TSP, HSA's, etc.), pension, annuity, credit card(s), loan(s), bill or subscription payment information, etc.

MEDICAL

Primary care doctor, dentist, specialist, medical insurance, medicare, medicare supplements or advantage plans, ~~medical history, current medications, allergies, authorization to release medical information~~, Living Will, or Power of Attorney for Healthcare, DNR authorization, etc.

INSURANCE

Medical, life, vehicle, home, liability umbrella, etc.

OWNERSHIP

Home, vehicle, business, storage facility, other real estate, home safes, safe deposit boxes, titles, mortgages, loans, other important possessions, etc.

TAX RETURNS

Provide your accountant's or tax preparation software information, Copy of most recent years, etc.

MARRIAGE

Marriage license, divorce papers, etc.

END OF LIFE

Obituary form, recollections & learnings, ten best things list, preference for burial or cremation, preferences or Instructions for your memorial or celebration of life service

DIGITAL

Password management, email accounts, devices, social media accounts, gaming, software, login information, instructions, etc.

LOCATION OF DOCUMENTS

Locations where your digital and physical documents reside

OPTIONAL DIGITAL STORAGE RESOURCE SERVICES

Everplans, Ramsey Vault, 1Password, Secure Cloud Storage Options, etc.

LIMITATIONS OF THIS FILE

TO BE CLEAR

This organizing essential family documents file and all associated materials are intended to inspire and assist you with faithful stewardship information and instruction. This resource is not an attempt to render or replace legal, accounting, or other professional services. Your personal financial situation is unique and fact-dependent. Before making any decisions or implementing any resources, you should consider obtaining information and advice from wise professionals who are fully aware of your circumstances.

ABOUT

NOTE: Fill-in the people and information you feel will be most helpful for your loved ones. These are just suggested types of people and information to consider. Delete or add additional people and categories as you feel would be most helpful.

YOU

Name, Phone, Email, Address, Date of Birth, Social Security Number, etc.

SPOUSE

Name, Phone, Email, Address, Date of Birth, Social Security Number, etc.

IDS AND VITAL DOCUMENTATION

Social security number(s), birth certificate(s), driver's license, immigration documentation, marriage license, passport(s), death certificate, etc.

EMPLOYER(S)

Name(s), Phone, Email, Address, Website, etc.

CHURCH

Church Name, Phone, Email, Address, Website, etc.

DEGREES AND CERTIFICATIONS

Name of School, Name of Degree or Certification, Date of Graduation, Honors or Awards, Phone, Email, Address, Website, etc.

MILITARY SERVICE

Branch of Service, Rank, Awards or Medals, Discharge Date, DD214 Release Form, Website, etc.

CLUBS AND AFFILIATIONS

Name, Phone, Email, Address, Website, etc.

MISCELLANEOUS

Name, Phone, Email, Address, Website, etc.

CHILD(REN)

Name(s), Phone, Email, Address, Date of Birth, Social Security Number, etc.

GRANDCHILD(REN)

Name(s), Phone, Email, Address, Date of Birth, Social Security Number, etc.

GREAT GRANDCHILD(REN)

Name(s), Phone, Email, Address, Date of Birth, Social Security Number, etc.

SIBLING(S)

Name(s), Phone, Email, Address, Date of Birth, Social Security Number, etc.

CLOSE FRIEND(S)

Name(s), Phone, Email, Address, Date of Birth, Social Security Number, etc.

BABYSITTER

Try to keep to one (1) page of information and instructions.

Call 911 - In case of serious emergency.

PARENT PHONE NUMBER(S)

Name, Phone

Spouse Name, Phone

NEAREST PREFERRED HOSPITAL

Name, Phone, Address

PRIMARY OR PEDIATRIC PHYSICIAN(S)

Name, Phone, Address

ADDITIONAL CLOSE FAMILY OR FRIEND(S) CONTACT INFORMATION

Name, Relationship, Phone, Note

INSTRUCTIONAL NOTES

Clothing, Meals, Bedtime, Activities, Expectations, Other helpful information, etc.

EXECUTORS

OF AFFAIRS AND ESTATE

YOU

Name, Phone, Email, Address, Date of Birth, Social Security Number, etc.

SPOUSE

Name, Phone, Email, Address, Date of Birth, Social Security Number, etc.

CHILD(REN)

Name(s), Phone, Email, Address, Date of Birth, Social Security Number, etc.

CLOSE FRIEND(S)

Name(s), Phone, Email, Address, Date of Birth, Social Security Number, etc.

LEGAL

WILLS

Scan in copy of document, Give actual location of document, Any passwords or passcodes, etc.

POWER OF ATTORNEY FOR HEALTHCARE

Scan in copy of document, Give actual location of document, Any passwords or passcodes, etc.

POWER OF ATTORNEY FOR FINANCES

Scan in copy of document, Give actual location of document, Any passwords or passcodes, etc.

TRUSTS

Scan in copy of document, Give actual location of document, Any passwords or passcodes, etc.

FINANCIAL

FINANCIAL ADVISOR

Name, Phone, Email, Address, Website, etc.

ACCOUNTANT - TAX PROFESSIONAL

Name, Phone, Email, Address, Website, etc.

ATTORNEY - ESTATE PLANNING

Name, Phone, Email, Address, Website, etc.

PERSONAL BANKER

Name, Phone, Email, Address, Website, etc.

OTHER FINANCIAL PROFESSIONAL

Name, Phone, Email, Address, Website, etc.

FINANCIAL ACCOUNTS & BALANCES

ACCOUNTS	CURRENT BALANCE	PERCENTAGE OF TOTAL	AS OF DATE	NOTES
BANK ACCOUNTS	\$1.11	10.00%	8/29/2022	These are just notes for details.
BROKERAGE INVESTMENT ACCOUNTS	\$2.22	20.00%	8/29/2023	These are just notes for details.
RETIREMENT ACCOUNTS (IRA/401K/403B/ET C.)	\$3.33	30.00%	8/29/2024	These are just notes for details.
ADD ADDITIONAL ACCOUNTS AS NEEDED	\$4.44	40.00%	8/29/2025	These are just notes for details.
TOTALS	\$11.10	100%		

BANK ACCOUNTS

This information helps your loved ones know where your cash is located. Provide information about your checking accounts, savings accounts, certificates of deposits, or other cash accounts.

Financial Institution Name, Account Owner, Website, Phone,
Username, Password, 2-Step Authentication, Security Question/Answer,
Account Type - Account Number

Debit Card(s) Associated with this Cash Account Y/N?

Debit PIN

Notes

Repeat for each additional Account

SOCIAL SECURITY

For those who are receiving Social Security.

Full Name, Social Security Number, Website, Phone,

Are they SS eligible and qualified?

Username, Password, 2-Step Authentication, Security Question/Answer

Notes

Spouse Full Name, Social Security Number, Website, Phone,

Username, Password, 2-Step Authentication, Security Question/Answer

Are they SS eligible and qualified?

Notes

BROKERAGE, INVESTMENT, & RETIREMENT ACCOUNTS

Provide all investment and retirement account information. This may include 401(k)s, 403(b)s, TSPs, Traditional IRAs, Roth IRAs, Simple IRAs, Solo 401(k)s or college savings plans, Health Savings Accounts (HSAs).

Brokerage Investment Accounts

Financial Institution, Account Owners, Website, Phone

Username, Password, 2-Step Authentication, Security Question/Answer,

Account Name(s)

Primary Beneficiary

Secondary Beneficiary

Financial App Name

Username, Password, 2-Step Authentication, Security Question/Answer,

Notes

Repeat for each additional Account

Retirement Investment Accounts

Financial Institution, Account Owner, Website, Phone

Username, Password, 2-Step Authentication, Security Question/Answer,

Account Name, Account Type (IRA, 401k, 403b, 457, TSP, etc.), Traditional or Roth?

Primary Beneficiary

Secondary Beneficiary

Financial App Name

Username, Password, 2-Step Authentication, Security Question/Answer,

Notes

Repeat for each additional Account

Pension Accounts

Custodian, Account Owner, Website, Phone

Username, Password, 2-Step Authentication, Security Question/Answer,

Payment Schedule, Payment Amount, Terms, etc.

Primary Beneficiary

Secondary Beneficiary

Financial App Name

Username, Password, 2-Step Authentication, Security Question/Answer,

Notes

Repeat for each additional Account

Annuity Accounts

Custodian, Account Owner, Website, Phone

Username, Password, 2-Step Authentication, Security Question/Answer,

Payment Schedule, Payment Amount, Terms, etc.

Primary Beneficiary

Secondary Beneficiary

Financial App Name

Username, Password, 2-Step Authentication, Security Question/Answer,

Notes

Repeat for each additional Account

CREDIT CARD INFORMATION

Provide information on your credit card accounts.

Total Number of Credit Cards =

Financial Institution, Account Owners, Website, Phone

Username, Password, 2-Step Authentication, Security Question/Answer,

Card Name, Account Number, PIN, Monthly Day When Payment is Due

Notes

Repeat for each additional Account

LOAN INFORMATION

This is the place for you to provide all loan information, including mortgages, home equity lines of credit (HELOCs), car loans, boat loans, student loans, personal loans, and other financed items. Include any owed money, other than credit card debt.

Loan Information

Debt Type, Debt Holder, Website, Phone,

Username, Password, 2-Step Authentication, Security Question/Answer,

Loan Balance as of this date, Monthly Payment Amount, Monthly Payment Day of Month Due

Notes

Repeat for each additional Account

BILL OR SUBSCRIPTION PAYMENT INFORMATION

Review your past year's statements so you do not miss quarterly, semi-annual, and annual bill payments. Provide all bill payment information, including rent, utilities, subscription services, internet, and phone bills.

Bill or Subscription Payment

ACCOUNT SERVICES & SUBSCRIPTIONS	DESCRIPTION OF PAYMENT ACCOUNT USED	FREQUENCY - ANNUALLY, QUARTERLY, MONTHLY, AS NEEDED	AMOUNT	ANNUAL TOTAL	NOTES
1Password	Citi MasterCard	Annually	\$60.00	\$60.00	Password Manager for All Digital Devices
Ally Savings	Transfer to Fidelity Account	Monthly			Investing \$500 per month
Amazon	Citi MasterCard	As Needed	\$0.00	\$0.00	
City of St. Charles	Citi MasterCard	Monthly	\$180.00	\$2,160.00	Electric, Water, Sewer, YardWaste
I-Pass / EZ-Pass	Citi MasterCard	As Needed		\$350.00	Transponder Replenished in \$20
Intuit - TurboTax	Citi MasterCard	Annually	\$110.00	\$110.00	November Tax Software
LRS - Lakeshore Recycling Service	Citi MasterCard	Quarterly	\$65.00	\$260.00	Trash and Recycling Service
Metronet	Chase Bank Account	Monthly	\$70.00	\$840.00	Fiber Internet Service at 500 mbps
Planet Fitness	Chase Bank Account	Monthly	\$30.00	\$360.00	Gym
Sleep Cycle	Citi MasterCard	Annually	\$8.99	\$8.99	Sleep Tracking App
Starbucks	Citi MasterCard	As Needed			Replenished as needed at \$50 per replenish
YouTube TV	Citi MasterCard	Monthly	\$65.00	\$780.00	TV Channels including local and unlimited DVR

TOTAL				\$4,928.99	
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Bill or Subscription Type, Company, Website,
Username, Password, 2-Step Authentication, Security Question/Answer,
Frequency, Automatic Payment Yes or No?
Monthly Payment Day of Month Due
Notes
Repeat for each additional Account

MEDICAL

MEDICAL PRIMARY CARE PHYSICIAN(S)

Name(s), Phone, Email, Address, Website, etc.

DENTIST(S)

Name(s), Phone, Email, Address, Website, etc.

OPTOMETRIST(S)

Name(s), Phone, Email, Address, Website, etc.

SPECIALIST(S)

Name(s), Phone, Email, Address, Website, etc.

MEDICAL INSURANCE PROVIDER(S)

Name(s), Phone, Email, Address, Website, etc.

MEDICARE

Name(s), Phone, Email, Address, Website, etc.

Notes

MEDICARE SUPPLEMENTS OR ADVANTAGE PLAN(S)

Name(s), Phone, Email, Address, Website, etc.

Notes

MEDICAL HISTORY

Provide any helpful family or personal medical history or notes. If applicable, include spouse medical history.

CURRENT MEDICATION(S)

Name of medication, dosage, how often, etc.

KNOWN ALLERGIES OR REACTIONS TO MEDICATION

Notes

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Scan in authorization.

LIVING WILL OR POWER OF ATTORNEY FOR HEALTHCARE DECISIONS

Scan in authorization.

DNR AUTHORIZATION

Scan in authorization.

INSURANCE

INSURANCE INFORMATION

Provide all insurance information, including: medical, life, vehicle, home, liability umbrella, etc.

MEDICAL INSURANCE PROVIDER(S)

Name(s), policy number, phone, email, address, website, notes, etc.

DISABILITY INSURANCE PROVIDER(S)

Name(s), policy number, phone, email, address, website, notes, etc.

LIFE INSURANCE PROVIDER(S)

Name(s), policy number, phone, email, address, website, notes, etc.

VEHICLE INSURANCE PROVIDER(S)

Name(s), policy number, phone, email, address, website, notes, etc.

HOME INSURANCE PROVIDER(S)

Name(s), policy number, phone, email, address, website, notes, etc.

LIABILITY UMBRELLA INSURANCE PROVIDER(S)

Name(s), policy number, phone, email, address, website, notes, etc.

OTHER INSURANCE PROVIDER(S)

Name(s), policy number, phone, email, address, website, notes, etc.

OWNERSHIP

OWNERSHIP INFORMATION

Provide all home, vehicle, business, storage facility, other real estate, home safes, safe deposit boxes, titles, mortgages, loans, other important possessions, etc.

HOME

Address, Parcel Number, Title, Notes, Repeat for any additional, etc.

VEHICLE

Make, Model, Year, VIN Number, Title, Notes, Repeat for any additional, etc.

BUSINESS

Name, Address, LLC Number, Any Partners, Most recent audited financial books, Notes, Repeat for any additional, etc.

STORAGE FACILITY

Name, Address, Unit Number, List of items, Notes, Repeat for any additional, etc.

OTHER REAL ESTATE

Land location, Address, Parcel Number, Title, Notes, Repeat for any additional, etc.

HOME SAFE

Location, Combination or Key Location, Notes, Repeat for any additional, etc.

SAFE DEPOSIT BOX

Location, Combination or Key Location, Notes, Repeat for any additional, etc.

TITLES

Scans of actual titles of homes, vehicles, etc., Repeat for any additional, etc.

OTHER IMPORTANT POSSESSIONS INFORMATION

Name of possession, Details regarding mortgages, loans, titles, Other information, Repeat for any additional etc.

TAX RETURNS

TAX INFORMATION

Provide your accountant's or tax preparation software information. Include a copy of your most recent year or two years' basic tax returns following this page. If you are creating a digital file, save the documents as a PDF and insert them into this file or provide a location and link.

ACCOUNTANT - TAX PROFESSIONAL

Name, Phone, Email, Address, Website, etc.

TAX PREPARATION SOFTWARE

Tax Preparation Software Name, Account Owner, Website, Phone,

Username, Password, 2-Step Authentication, Security Question/Answer,

Account Type - Account Number

Any Credit or Debit Card(s) Associated with this software as a subscription?

Any PIN?

Notes

MARRIAGE

MARRIAGE INFORMATION

Provide your marriage license, divorce papers, etc.

MARRIAGE

Names, Date, Location, Scanned-in copy of Marriage License, Notes, Repeat for any additional, etc.

DIVORCE

Date, Location, Scanned-in copy of Divorce Papers, Notes, Repeat for any additional, etc.

END OF LIFE

END OF LIFE INFORMATION

Provide your obituary information, recollections & learnings, ten best things list, preference for burial or cremation, preferences or instructions for your memorial or celebration of life service.

OBITUARY

Put typical obituary information here. Name. Date and place of birth. Date and place of death. Circumstances of death if desired. Schools attended, degrees or certifications received. Military service and awards. Religious or church affiliation. Career information of jobs held. Names of close family members surviving and pre-deceased including: parents, siblings, spouse, children, stepchildren, grand children, great-grand children, etc. Life passions, service, and impact achievements. Visitation and service times and locations. Where memorial gifts can be given.

RECOLLECTIONS & LEARNINGS

Share some of your best memories and learnings of your lifetime.

TEN BEST THINGS LIST

What is your list of the ten best things in life?

BURIAL OR CREMATION PREFERENCES

What is your preference for burial or cremation?

MEMORIAL OR CELEBRATION OF LIFE SERVICE PREFERENCES

What are your desires for your memorial or celebration of life service?

GRAVE LOCATION PREFERENCE

City, State, Location, or none desired, etc.

HEADSTONE EPITAPH PREFERENCE

Design type, Words or Scripture, or none desired, etc.

NOTES TO LOVED ONES

Record any notes you would like shared with loved ones. If a video note, share location or link and password.

DIGITAL

DIGITAL INFORMATION

Password management, email accounts, devices, social media accounts, gaming, software, login information, instructions, etc..

PASSWORD MANAGEMENT

Name of Software or Location of Passwords, Account Owner, Website, Phone

Username, Password, 2-Step Authentication, Security Question/Answer,

Notes

Repeat for each additional Account

EMAIL ACCOUNT(S)

Total number of email accounts

List in order of use and importance

Email Address Name abc@, Account Owner, Website,

Username, Password, 2-Step Authentication, Security Question/Answer,

Notes

Repeat for each additional Account

DIGITAL DEVICES

Total number of computers, tablets, phones, watches, etc.

List in order of use and importance

Name of item, Serial Number, Primary Use

Username, Password, 2-Step Authentication, Security Question/Answer,

Notes

Repeat for each additional Account

SOCIAL MEDIA ACCOUNT(S)

Total number of accounts

List in order of use and importance

Name of Account, Web Address, Primary Use, Do you want this account deleted, memorialized, or other?

Username, Password, 2-Step Authentication, Security Question/Answer,

Notes

Repeat for each additional Account

GAMING ACCOUNT(S)

Total number of accounts

List in order of use and importance

Name of Account, Web Address, Primary Use, Do you want this account deleted, memorialized, or other?

Username, Password, 2-Step Authentication, Security Question/Answer,

Notes

Repeat for each additional Account

SOFTWARE ACCOUNT(S)

Total number of accounts

List in order of use and importance

Name of Account, Web Address, Primary Use, Do you want this account deleted, memorialized, or other?

Username, Password, 2-Step Authentication, Security Question/Answer,

Notes

Repeat for each additional Account

LOCATION OF DOCUMENTS

LOCATION OF DOCUMENTS INFORMATION

Locations where your digital and physical documents reside.

LOCATION OF DOCUMENTS

Location of where essential physical documents are located i.e. wills, powers of attorney, trusts, titles, deeds, etc.

List in order of use and importance

Name the documents and where they can be found.

Username, Password, 2-Step Authentication, Security Question/Answer, Key, or Passcode, etc.

Notes

Repeat for each additional Account

OPTIONAL DIGITAL STORAGE RESOURCE SERVICES

EVERPLANS

Everplans is a simple and secure digital storage subscription service designed specifically for storing important documents. You can review this service at: <https://www.everplans.com>

RAMSEY VAULT

A digital way to organize and protect your most important information all in one place. <https://www.ramseysolutions.com/store/digital-products/ramsey-vault>

1PASSWORD

1Password is primarily a digital password storage service. However, they do have an area where you can keep some secure notes. You can review this service at: <https://1password.com>

SAVE YOUR DOCUMENT ENCRYPTED ON A SECURE CLOUD SERVER

There are secure ways to save your file on popular services like Apple iCloud, Google Drive, Microsoft OneDrive, Dropbox, etc. Just do your research and take the steps to password protect your Essential Family Documents File. You will also find it helpful and insightful to discuss the most current secure, and simple ways with your loved ones to see their recommendations, and preferences for gaining access to this important information.



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STEWARDSHIP
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