

PERSONAL DOCUMENT ORGANIZER WORKBOOK

*“Planning is bringing the future into the present
so that you can do something about it now.”*

-Alan Lakein

Information Current as of _____

PROVIDED BY:



TruNorth
INVESTMENT MANAGEMENT

Securities and investment advisory services offered through Silver Oak Securities, Inc. (SOSI), member FINRA/SIPC and a registered investment advisor. TruNorth Investment Management and SOSI are separate entities.

TABLE OF CONTENTS

PERSONAL INFORMATION



Primary Individual and Spouse/Significant Other	3
Children, Dependants, and Grandchildren	4
Pets	7

MEDICAL DETAILS



Allergies, Medications, Medical Instructions	8
Doctor Contact Information	9

INSURANCE DATA



Insurance Information for Primary Individual	10
Insurance Information for Spouse/Significant Other	12

ESSENTIAL DOCUMENTS



Location of Important Documents	14
---------------------------------	----

FINANCES



Bank Accounts	15
Investment Accounts	16
Financial and Legal Contacts	17

LETTERS OF INSTRUCTION



Letters of Instructions and Love Letters	18
--	----



Primary Person

Full Name

Date Of Birth

Primary Address

Home Phone Number

Cell Phone Number

Email

Occupation

Employer's Address

Spouse/Significant Other

Full Name

Date Of Birth

Primary Address

Home Phone Number

Cell Phone Number

Email

Occupation

Employer's Address



Child #1

Full Name

Date Of Birth

Primary Address

Home Phone Number

Cell Phone Number

Email

School Name and Address

Married ? Yes/No _____ Spouse's Name: _____

Child(ren) ? Yes/No _____ Name(s): _____

Child #2

Full Name

Date Of Birth

Primary Address

Home Phone Number

Cell Phone Number

Email

School Name and Address

Married ? Yes/No _____ Spouse's Name: _____

Child(ren) ? Yes/No _____ Name(s): _____



Child #3

Full Name

Date Of Birth

Primary Address

Home Phone Number

Cell Phone Number

Email

School Name and Address

Married ? Yes/No _____ Spouse's Name: _____

Child(ren) ? Yes/No _____ Name(s): _____

Child #4

Full Name

Date Of Birth

Primary Address

Home Phone Number

Cell Phone Number

Email

School Name and Address

Married ? Yes/No _____ Spouse's Name: _____

Child(ren) ? Yes/No _____ Name(s): _____



Grandchildren

Full Name	Date Of Birth
Full Name	Date Of Birth
Full Name	Date Of Birth
Full Name	Date Of Birth
Full Name	Date Of Birth
Full Name	Date Of Birth
Full Name	Date Of Birth
Full Name	Date Of Birth
Full Name	Date Of Birth
Full Name	Date Of Birth
Full Name	Date Of Birth

Additional Information



Pet #1

Name

Breed

Veterinary Contact Info

Any Important Dietary Information/ Medications

Pet #2

Name

Breed

Veterinary Contact Info

Any Important Dietary Information/ Medications

Pet #3

Name

Breed

Veterinary Contact Info

Any Important Dietary Information/ Medications

Who Cares for Your Pets In Case of an Emergency?

Name

Phone Number

Secondary Name

Phone Number



Doctor Information-Self

Name/Specialty	Phone Number
Name/Specialty	Phone Number
Name/Specialty	Phone Number
Name/Specialty	Phone Number

Doctor Information-Spouse/Significant Other

Name/Specialty	Phone Number
Name/Specialty	Phone Number
Name/Specialty	Phone Number
Name/Specialty	Phone Number

Doctor Information-Children

Name/Specialty	Phone Number
Name/Specialty	Phone Number
Name/Specialty	Phone Number
Name/Specialty	Phone Number



Medical Insurance-Self

Company	Contact Phone Number
Policy #	

Life Insurance Insurance-Self

Company A	Contact Phone Number
Policy #	Amount
Company B	Contact Phone Number
Policy #	Amount
Company C	Contact Phone Number
Policy #	Amount

Disability Insurance-Self

Company	Contact Phone Number
Policy #	

Long-Term Care Insurance-Self

Company	Contact Phone Number
Policy #	



Property/Casualty (Real Estate/Cars)-Self

Company

Contact Phone Number

Policy #

Medicare Supplemental Policy-Self

Company

Contact Phone Number

Policy #

Life Insurance Insurance-Self

Company A

Contact Phone Number

Policy #

Company B

Contact Phone Number

Policy #

Company C

Contact Phone Number

Policy #



Medical Insurance-Spouse/Significant Other

Company	Contact Phone Number
Policy #	

Life Insurance Insurance-Spouse/Significant Other

Company A	Contact Phone Number
Policy #	Amount
Company B	Contact Phone Number
Policy #	Amount
Company C	Contact Phone Number
Policy #	Amount

Disability Insurance-Spouse/Significant Other

Company	Contact Phone Number
Policy #	

Long-Term Care Insurance-Spouse/Significant Other

Company	Contact Phone Number
Policy #	



Property/Casualty (Real Estate/Cars)-Spouse/Significant Other

Company

Contact Phone Number

Policy #

Medicare Supplemental Policy-Spouse/Significant Other

Company

Contact Phone Number

Policy #

Life Insurance Insurance-Spouse/Significant Other

Company A

Contact Phone Number

Policy #

Company B

Contact Phone Number

Policy #

Company C

Contact Phone Number

Policy #



Location of the following documents

Original Will (Self)	Original Will (Spouse)
Special Estate Instructions	
Financial Instructions	
Mortgage Documents	
Trust Documents	
Power of Attorney (Self)	Power of Attorney (Spouse)
Health Care Power of Attorney (Self)	Health Care Power of Attorney (Spouse)
Birth Certificate (Self)	Birth Certificate (Spouse)
Marriage Certificate	Passports
Bank Safe-Deposit Box	
HIPAA Authorization, Durable Medical Power of Attorney for Children over 18	
Guardianship Instructions	

Additional Documents (Military Records, Business Documents, Access to Safes, Death Certificate, Divorce Decree, etc.)



Bank Accounts

Bank Name	Phone Number
Account Number	Online Access Username and Password
Bank Name	Phone Number
Account Number	Online Access Username and Password
Bank Name	Phone Number
Account Number	Online Access Username and Password
Bank Name	Phone Number
Account Number	Online Access Username and Password
Bank Name	Phone Number
Account Number	Online Access Username and Password
Bank Name	Phone Number
Account Number	Online Access Username and Password

Bank Safe-Deposit Box

Location	Box #
Location of Key	



Investment Accounts- Including Employer Plan

Company	Phone Number
Account Number	Contact Person
Company	Phone Number
Account Number	Contact Person
Company	Phone Number
Account Number	Contact Person
Company	Phone Number
Account Number	Contact Person
Company	Phone Number
Account Number	Contact Person
Company	Phone Number
Account Number	Contact Person

Other Financial Information



Investment Advisor

TruNorth Investment
Management
Company

Sharon Melville
Name

801-889-1599
Phone Number

Sharon@TruNorthInvest.com
Email

Tax Specialist

Company

Name

Phone Number

Email

Insurance Professional

Company

Name

Phone Number

Email

Attorney

Company

Name

Phone Number

Email

Trust Attorney

Company

Name

Phone Number

Email

LETTER OF INSTRUCTIONS



In a personal emergency who should be notified?

Name	Phone Number
Name	Phone Number
Name	Phone Number
Name	Phone Number

Have you written down your wishes for funeral arrangements?

Written Funeral Arrangements? Yes/No You: _____
Spouse: _____
Location of written funeral instructions: _____

Other instructions not covered in you will



Take a few minutes to write to your loved ones. Important messages can be written or recorded to memorialize your thoughts, feelings, and wishes.

Name of the Person

Where their message is

Name of the Person

Where their message is

Name of the Person

Where their message is

Name of the Person

Where their message is

Name of the Person

Where their message is

Name of the Person

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Name of the Person

Where their message is



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This workbook is intended to help you gather and organize your information and is not a substitute for professional legal and financial advice. Please consult your financial, tax, and law professionals to evaluate your personal situation. This workbook does not constitute entering into an agreement.

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Child #5

Full Name

Date Of Birth

Primary Address

Home Phone Number

Cell Phone Number

Email

School Name and Address

Married ? Yes/No _____ Spouse's Name: _____

Child(ren) ? Yes/No _____ Name(s): _____

Child #6

Full Name

Date Of Birth

Primary Address

Home Phone Number

Cell Phone Number

Email

School Name and Address

Married ? Yes/No _____ Spouse's Name: _____

Child(ren) ? Yes/No _____ Name(s): _____

PERSONAL INFORMATION- CHILDREN/DEPENDENTS



Child #7

Full Name

Date Of Birth

Primary Address

Home Phone Number

Cell Phone Number

Email

School Name and Address

Married ? Yes/No _____ Spouse's Name: _____

Child(ren) ? Yes/No _____ Name(s): _____

Child #8

Full Name

Date Of Birth

Primary Address

Home Phone Number

Cell Phone Number

Email

School Name and Address

Married ? Yes/No _____ Spouse's Name: _____

Child(ren) ? Yes/No _____ Name(s): _____



Child #9

Full Name

Date Of Birth

Primary Address

Home Phone Number

Cell Phone Number

Email

School Name and Address

Married ? Yes/No _____ Spouse's Name: _____

Child(ren) ? Yes/No _____ Name(s): _____

Child #10

Full Name

Date Of Birth

Primary Address

Home Phone Number

Cell Phone Number

Email

School Name and Address

Married ? Yes/No _____ Spouse's Name: _____

Child(ren) ? Yes/No _____ Name(s): _____



Child #11

Full Name

Date Of Birth

Primary Address

Home Phone Number

Cell Phone Number

Email

School Name and Address

Married ? Yes/No _____ Spouse's Name: _____

Child(ren) ? Yes/No _____ Name(s): _____

Child #12

Full Name

Date Of Birth

Primary Address

Home Phone Number

Cell Phone Number

Email

School Name and Address

Married ? Yes/No _____ Spouse's Name: _____

Child(ren) ? Yes/No _____ Name(s): _____



Grandchildren

Full Name	Date Of Birth
Full Name	Date Of Birth
Full Name	Date Of Birth
Full Name	Date Of Birth
Full Name	Date Of Birth
Full Name	Date Of Birth
Full Name	Date Of Birth
Full Name	Date Of Birth
Full Name	Date Of Birth
Full Name	Date Of Birth
Full Name	Date Of Birth

Additional Information

PERSONAL INFORMATION- PETS



Pet #4

Name

Breed

Veterinary Contact Info

Any Important Dietary Information/ Medications

Pet#5

Name

Breed

Veterinary Contact Info

Any Important Dietary Information/ Medications

Pet #6

Name

Breed

Veterinary Contact Info

Any Important Dietary Information/ Medications