A FAMILY INFORMATION ORGANIZER

Mr. & Mrs.

Peace-of-Mind File

Important information, document locations, and instructions for our family

Purpose: Keep this organizer with the family binder. Review it at least once each year and after any major financial, legal, medical, or property change.

Prepared by	*[Name(s)]*
Primary person this is for	*Spouse and authorized family members*
Last updated	*[Month / day / year]*
Binder location	*[Exact location of the physical binder]*

SECTION A

How to Use This File

This is a roadmap to the records—not a replacement for the original legal documents.

☐	Fill out one section at a time; it does not need to be completed in one sitting.
☐	Place originals or copies in labeled binder tabs and record the tab number here.
☐	Write account identifiers using only the last four digits unless the full number is truly necessary.
☐	Do not write passwords, PINs, alarm codes, safe combinations, or Social Security numbers in this workbook.
☐	Record where an authorized person can obtain passwords and other secure access information.
☐	Tell your spouse and one trusted backup person where the binder and this file are kept.
☐	Review everything annually and destroy outdated printed pages securely.

Recommended binder tabs

Tab	Contents	Original or copy?
1	*Legal and estate documents*	*[Original / copy]*
2	*Identity and family records*	*[Original / copy]*
3	*Banking, investments, and income*	*[Original / copy]*
4	*Insurance policies*	*[Original / copy]*
5	*Properties and homes*	*[Original / copy]*
6	*Taxes and financial records*	*[Original / copy]*
7	*Medical information*	*[Original / copy]*
8	*Vehicles and other property*	*[Original / copy]*

SECTION B

First Steps for the Family

A short sequence for the first difficult days. This is general guidance; the attorney and financial professionals should direct legal and account actions.

☐	Call the trusted family contact listed in Section 2; do not try to handle everything alone.
☐	Locate the will, powers of attorney, healthcare documents, marriage certificate, property papers, and insurance policies.
☐	Contact the estate attorney before distributing property, closing accounts, or signing unfamiliar documents.
☐	Contact the financial adviser/accountant and confirm which bills must continue immediately.
☐	Notify insurance companies and request written claim instructions.
☐	Order several certified death certificates if applicable; professionals can advise how many are needed.
☐	Protect the home, vehicles, mail, telephone, and important digital accounts.
☐	Keep a dated notebook of every call, name, telephone number, and promise made.

Slow down: No one needs to make every decision immediately. Ask for written instructions, take notes, and consult the attorney before moving or distributing major assets.

SECTION 1

Master Directory

A one-page map showing where each category is documented and where the supporting papers are filed.

Category	Workbook section	Binder tab / document location
Personal and family	*Section 2*	*[Tab or location]*
Original documents	*Section 3*	*[Tab or location]*
Legal and estate planning	*Section 4*	*[Tab or location]*
Bank accounts	*Section 5*	*[Tab or location]*
Investments and retirement	*Section 6*	*[Tab or location]*
Income and deposits	*Section 7*	*[Tab or location]*
Credit, loans, obligations	*Section 8*	*[Tab or location]*
Bills and automatic payments	*Section 9*	*[Tab or location]*
Insurance	*Section 10*	*[Tab or location]*
Properties and homes	*Section 11*	*[Tab or location]*
Vehicles and valuables	*Section 12*	*[Tab or location]*
Taxes and records	*Section 13*	*[Tab or location]*
Medical information	*Section 14*	*[Tab or location]*
Digital access	*Section 15*	*[Tab or location]*
Trusted contacts	*Section 16*	*[Tab or location]*

SECTION 2

Personal and Family Information

Full legal name	*[Enter full legal name]*
Preferred name	*[Enter preferred name]*
Date and place of birth	*[Enter information]*
Primary residence	*[Enter address]*
Second residence / Colombia address	*[Enter address]*
Citizenship / residency records	*[Record document location—not document numbers]*
Spouse	*[Spouse / Partner Name]*
Children / key family	*[Names and telephone numbers]*
Religious community / parish	*[Name and contact]*
Preferred language for assistance	*[English / Spanish / both]*

Emergency family contacts

Name	Relationship	Phone / email	Role in an emergency
[Name]	*[Relationship]*	*[Contact]*	*[What this person can help with]*
[Name]	*[Relationship]*	*[Contact]*	*[What this person can help with]*
[Name]	*[Relationship]*	*[Contact]*	*[What this person can help with]*
[Name]	*[Relationship]*	*[Contact]*	*[What this person can help with]*
[Name]	*[Relationship]*	*[Contact]*	*[What this person can help with]*
[Name]	*[Relationship]*	*[Contact]*	*[What this person can help with]*

SECTION 3

Location of Important Original Documents

Document	Original / copy	Exact location	Binder tab
Will	*[Original / copy]*	*[Safe, attorney, drawer, etc.]*	*[Tab]*
Trust	*[Original / copy]*	*[Safe, attorney, drawer, etc.]*	*[Tab]*
Financial power of attorney	*[Original / copy]*	*[Safe, attorney, drawer, etc.]*	*[Tab]*
Healthcare proxy	*[Original / copy]*	*[Safe, attorney, drawer, etc.]*	*[Tab]*
Living will / advance directive	*[Original / copy]*	*[Safe, attorney, drawer, etc.]*	*[Tab]*
Marriage certificate	*[Original / copy]*	*[Safe, attorney, drawer, etc.]*	*[Tab]*
Birth / citizenship records	*[Original / copy]*	*[Safe, attorney, drawer, etc.]*	*[Tab]*
Passports	*[Original / copy]*	*[Safe, attorney, drawer, etc.]*	*[Tab]*
Property deeds	*[Original / copy]*	*[Safe, attorney, drawer, etc.]*	*[Tab]*
Vehicle titles	*[Original / copy]*	*[Safe, attorney, drawer, etc.]*	*[Tab]*
Life insurance policies	*[Original / copy]*	*[Safe, attorney, drawer, etc.]*	*[Tab]*
Other insurance policies	*[Original / copy]*	*[Safe, attorney, drawer, etc.]*	*[Tab]*
Recent tax returns	*[Original / copy]*	*[Safe, attorney, drawer, etc.]*	*[Tab]*
Other important document	*[Original / copy]*	*[Safe, attorney, drawer, etc.]*	*[Tab]*

Important: List the location of passports, marriage certificate, birth/citizenship records, deeds, titles, powers of attorney, healthcare directives, military records if any, and insurance policies. Do not photocopy documents whose security could be compromised unless needed.

SECTION 4

Legal and Estate Planning

Estate attorney	*[Name, firm, telephone, email]*
Will date	*[Date signed]*
Original will location	*[Exact location]*
Personal representative / executor	*[Name and contact]*
Successor representative	*[Name and contact]*
Trust name and date	*[If applicable]*
Financial power of attorney	*[Agent, date, original location]*
Healthcare surrogate / proxy	*[Name, date, original location]*
Living will / advance directive	*[Date and location]*
Beneficiary review completed	*[Date last reviewed]*

Special instructions or questions for the attorney

Topic	Instruction / question
Property in Colombia	*[Enter note]*
Beneficiaries	*[Enter note]*
Powers of attorney	*[Enter note]*
Real-estate ownership	*[Enter note]*
Other	*[Enter note]*

SECTION 5

Bank Accounts

Institution	Account type	Last 4 digits	Ownership	Contact / branch
[Bank]	*Checking*	*1234*	*Joint / individual*	*[Phone or adviser]*
[Bank]	*Checking*	*1234*	*Joint / individual*	*[Phone or adviser]*
[Bank]	*Checking*	*1234*	*Joint / individual*	*[Phone or adviser]*
[Bank]	*Checking*	*1234*	*Joint / individual*	*[Phone or adviser]*
[Bank]	*Checking*	*1234*	*Joint / individual*	*[Phone or adviser]*
[Bank]	*Checking*	*1234*	*Joint / individual*	*[Phone or adviser]*
[Bank]	*Checking*	*1234*	*Joint / individual*	*[Phone or adviser]*
[Bank]	*Checking*	*1234*	*Joint / individual*	*[Phone or adviser]*

Online access instructions	*[Where authorized access instructions are stored—not the password]*
Safe-deposit box	*[Bank, box location, authorized person, key location]*
Cash kept for emergencies	*[Location and approximate amount, if desired]*

SECTION 6

Investments, Retirement, and Benefits

Institution / plan	Type	Last 4	Beneficiary reviewed	Adviser / contact
[Institution]	*IRA / 401(k) / brokerage*	*[Last 4]*	*[Date]*	*[Name and phone]*
[Institution]	*IRA / 401(k) / brokerage*	*[Last 4]*	*[Date]*	*[Name and phone]*
[Institution]	*IRA / 401(k) / brokerage*	*[Last 4]*	*[Date]*	*[Name and phone]*
[Institution]	*IRA / 401(k) / brokerage*	*[Last 4]*	*[Date]*	*[Name and phone]*
[Institution]	*IRA / 401(k) / brokerage*	*[Last 4]*	*[Date]*	*[Name and phone]*
[Institution]	*IRA / 401(k) / brokerage*	*[Last 4]*	*[Date]*	*[Name and phone]*
[Institution]	*IRA / 401(k) / brokerage*	*[Last 4]*	*[Date]*	*[Name and phone]*
[Institution]	*IRA / 401(k) / brokerage*	*[Last 4]*	*[Date]*	*[Name and phone]*

Pension information	*[Source, amount, survivor benefit, contact]*
Social Security	*[Benefit type and contact; do not enter full SSN]*
Stock certificates / special holdings	*[Description and location]*
Beneficiary documents	*[Binder tab / online location]*

SECTION 7

Income and Regular Deposits

Source	Approx. amount	Frequency	Deposited to	Contact
Social Security	*[Amount]*	*[Frequency]*	*[Bank / last 4]*	*[Contact]*
Pension	*[Amount]*	*[Frequency]*	*[Bank / last 4]*	*[Contact]*
Investment income	*[Amount]*	*[Frequency]*	*[Bank / last 4]*	*[Contact]*
Rental income	*[Amount]*	*[Frequency]*	*[Bank / last 4]*	*[Contact]*
Annuity	*[Amount]*	*[Frequency]*	*[Bank / last 4]*	*[Contact]*
Employment / business	*[Amount]*	*[Frequency]*	*[Bank / last 4]*	*[Contact]*
Other	*[Amount]*	*[Frequency]*	*[Bank / last 4]*	*[Contact]*

Important: This section helps your spouse or family see what income should continue, what may stop, and whom to contact about survivor benefits.

SECTION 8

Credit Cards, Loans, and Other Obligations

Company / lender	Type	Last 4	Balance / payment	Autopay from	Contact
[Company]	*Credit card / loan*	*[Last 4]*	*[Amount]*	*[Bank / last 4]*	*[Phone]*
[Company]	*Credit card / loan*	*[Last 4]*	*[Amount]*	*[Bank / last 4]*	*[Phone]*
[Company]	*Credit card / loan*	*[Last 4]*	*[Amount]*	*[Bank / last 4]*	*[Phone]*
[Company]	*Credit card / loan*	*[Last 4]*	*[Amount]*	*[Bank / last 4]*	*[Phone]*
[Company]	*Credit card / loan*	*[Last 4]*	*[Amount]*	*[Bank / last 4]*	*[Phone]*
[Company]	*Credit card / loan*	*[Last 4]*	*[Amount]*	*[Bank / last 4]*	*[Phone]*
[Company]	*Credit card / loan*	*[Last 4]*	*[Amount]*	*[Bank / last 4]*	*[Phone]*
[Company]	*Credit card / loan*	*[Last 4]*	*[Amount]*	*[Bank / last 4]*	*[Phone]*
[Company]	*Credit card / loan*	*[Last 4]*	*[Amount]*	*[Bank / last 4]*	*[Phone]*

Important: Do not cancel accounts or pay unfamiliar claims until the attorney or authorized representative confirms the proper procedure.

SECTION 9

Monthly Bills and Automatic Payments

Bill	Approx. amount	Due date	Paid from	How to change / cancel
Electricity	*[Amount]*	*[Date]*	*[Bank / last 4]*	*[Phone / website]*
Water / sewer	*[Amount]*	*[Date]*	*[Bank / last 4]*	*[Phone / website]*
Telephone / mobile	*[Amount]*	*[Date]*	*[Bank / last 4]*	*[Phone / website]*
Internet / cable	*[Amount]*	*[Date]*	*[Bank / last 4]*	*[Phone / website]*
Property insurance	*[Amount]*	*[Date]*	*[Bank / last 4]*	*[Phone / website]*
Auto insurance	*[Amount]*	*[Date]*	*[Bank / last 4]*	*[Phone / website]*
Health insurance	*[Amount]*	*[Date]*	*[Bank / last 4]*	*[Phone / website]*
HOA / condominium	*[Amount]*	*[Date]*	*[Bank / last 4]*	*[Phone / website]*
Property taxes	*[Amount]*	*[Date]*	*[Bank / last 4]*	*[Phone / website]*
Credit cards	*[Amount]*	*[Date]*	*[Bank / last 4]*	*[Phone / website]*
Subscriptions	*[Amount]*	*[Date]*	*[Bank / last 4]*	*[Phone / website]*
Other	*[Amount]*	*[Date]*	*[Bank / last 4]*	*[Phone / website]*

Bills requiring immediate continuation	*[Home, insurance, utilities, medical, etc.]*
Subscriptions that can be cancelled	*[List or reference]*

SECTION 10

Insurance

Coverage	Company	Policy last 4	Insured / beneficiary	Agent / claims contact
Life	*[Company]*	*[Last 4]*	*[Names]*	*[Phone / email]*
Health / Medicare	*[Company]*	*[Last 4]*	*[Names]*	*[Phone / email]*
Homeowners	*[Company]*	*[Last 4]*	*[Names]*	*[Phone / email]*
Flood	*[Company]*	*[Last 4]*	*[Names]*	*[Phone / email]*
Auto	*[Company]*	*[Last 4]*	*[Names]*	*[Phone / email]*
Umbrella / liability	*[Company]*	*[Last 4]*	*[Names]*	*[Phone / email]*
Long-term care	*[Company]*	*[Last 4]*	*[Names]*	*[Phone / email]*
Travel	*[Company]*	*[Last 4]*	*[Names]*	*[Phone / email]*
Other	*[Company]*	*[Last 4]*	*[Names]*	*[Phone / email]*

Policy originals	*[Binder tab or exact location]*
Premium payment method	*[Bank / last 4 and frequency]*
Insurance agent	*[Name, phone, email]*

SECTION 11

Properties and Homes

Property	Ownership	Deed / papers	Taxes / HOA	Utilities / caretaker
Florida home	*[Names on title]*	*[Binder tab]*	*[Contacts / due dates]*	*[Contacts]*
Colombia residence	*[Names on title]*	*[Binder tab]*	*[Contacts / due dates]*	*[Contacts]*
Rental property	*[Names on title]*	*[Binder tab]*	*[Contacts / due dates]*	*[Contacts]*
Land / lot	*[Names on title]*	*[Binder tab]*	*[Contacts / due dates]*	*[Contacts]*
Other	*[Names on title]*	*[Binder tab]*	*[Contacts / due dates]*	*[Contacts]*

Property details

Mortgages or liens	*[Lender, last 4, payment, contact]*
Colombia property documents	*[Exact location and local professional contact]*
Keys / access	*[Who has keys; location of sealed access instructions]*
Maintenance contacts	*[Names and telephone numbers]*

SECTION 12

Vehicles and Other Valuable Property

Item	Year / description	Ownership	Title / receipt location	Insurance / contact
Primary vehicle	*[Year / description]*	*[Owner]*	*[Binder tab]*	*[Policy / phone]*
Second vehicle	*[Year / description]*	*[Owner]*	*[Binder tab]*	*[Policy / phone]*
Motorcycle / recreational	*[Year / description]*	*[Owner]*	*[Binder tab]*	*[Policy / phone]*
Jewelry	*[Year / description]*	*[Owner]*	*[Binder tab]*	*[Policy / phone]*
Collectibles	*[Year / description]*	*[Owner]*	*[Binder tab]*	*[Policy / phone]*
Household valuables	*[Year / description]*	*[Owner]*	*[Binder tab]*	*[Policy / phone]*
Other	*[Year / description]*	*[Owner]*	*[Binder tab]*	*[Policy / phone]*

Spare keys	*[Location / person]*
Items with special family meaning	*[Description and intended recipient; confirm with estate documents]*

SECTION 13

Taxes and Financial Records

Tax preparer / accountant	*[Name, firm, phone, email]*
Location of recent tax returns	*[Binder tab / secure digital location]*
Property-tax records	*[Locations and due dates]*
Estimated-tax payments	*[If applicable]*
Records retention notes	*[Enter accountant's guidance]*

Tax items requiring follow-up

Item	Jurisdiction	Due date	Contact / location
Federal income tax	*United States*	*[Date]*	*[Contact]*
State income tax	*State*	*[Date]*	*[Contact]*
Colombia income tax	*Colombia*	*[Date]*	*[Contact]*
Property tax—Florida	*Florida*	*[Date]*	*[Contact]*
Property tax—Colombia	*Colombia*	*[Date]*	*[Contact]*
Other	*[Jurisdiction]*	*[Date]*	*[Contact]*

SECTION 14

Medical Information and Care Contacts

Primary physician	*[Name, phone, address]*
Key specialists	*[Names and specialties]*
Preferred hospital	*[Name and location]*
Health insurance	*[Company, member ID location, phone]*
Pharmacy	*[Name, phone, address]*
Medication list location	*[Binder tab / wallet card / patient portal]*
Advance directive location	*[Exact location]*

Important: Keep a current medication and allergy list with medical records or in a wallet card. Do not rely on this estate organizer as the only medical record.

SECTION 15

Digital Access and Security

Security rule: Do not write passwords, PINs, safe combinations, alarm codes, or full recovery codes in this workbook. Record only where authorized access information is securely maintained.

Password manager	*[Name of service; emergency-access instructions]*
Master access instructions	*[Location of sealed instructions—not the password]*
Primary email	*[Email address and recovery-contact method]*
Mobile telephone account	*[Carrier, account last 4, authorized contact]*
Computer / device access	*[Who can assist and where instructions are stored]*
Cloud storage	*[Service and authorized-access method]*
Home alarm / safe	*[Location of sealed code sheet and authorized person]*

Important digital accounts

Account / service	Purpose	Authorized-access method	What should happen
Primary email	*Main communications*	*[Password manager / trusted contact]*	*[Maintain / archive / close]*
Secondary email	*Backup communications*	*[Password manager / trusted contact]*	*[Maintain / archive / close]*
Mobile carrier	*Telephone service*	*[Password manager / trusted contact]*	*[Maintain / archive / close]*
Banking portals	*Financial accounts*	*[Password manager / trusted contact]*	*[Maintain / archive / close]*
Investment portals	*Investments / retirement*	*[Password manager / trusted contact]*	*[Maintain / archive / close]*
Cloud storage	*Documents and photos*	*[Password manager / trusted contact]*	*[Maintain / archive / close]*

SECTION 16

Professional and Trusted Contacts

Role	Name / firm	Phone / email	What they handle
Estate attorney	*[Name / firm]*	*[Contact]*	*[What they handle]*
Accountant / tax preparer	*[Name / firm]*	*[Contact]*	*[What they handle]*
Financial adviser	*[Name / firm]*	*[Contact]*	*[What they handle]*
Insurance agent	*[Name / firm]*	*[Contact]*	*[What they handle]*
Banker	*[Name / firm]*	*[Contact]*	*[What they handle]*
Property manager	*[Name / firm]*	*[Contact]*	*[What they handle]*
Colombia professional	*[Name / firm]*	*[Contact]*	*[What they handle]*
Clergy	*[Name / firm]*	*[Contact]*	*[What they handle]*
Trusted family member	*[Name / firm]*	*[Contact]*	*[What they handle]*
Other	*[Name / firm]*	*[Contact]*	*[What they handle]*

Important: Include the attorney, accountant, financial adviser, insurance agent, banker, property manager, Colombia contact, clergy, and one trusted family member.

SECTION 17

Personal Wishes and Family Instructions

Funeral / memorial preferences	*[General wishes; legal instructions should be in the proper document]*
Religious preferences	*[Church, clergy, readings, music, burial/cremation wishes]*
People to notify	*[Names or reference to contact list]*
Obituary / biographical notes	*[Location or short instructions]*
Personal items and keepsakes	*[General guidance; confirm with will or memorandum]*
Messages or letters for family	*[Location]*

What I most want my spouse and family to know

Personal note
[Type or write here]
[Type or write here]
[Type or write here]
[Type or write here]
[Type or write here]

SECTION 18

Annual Review Checklist

☐	Review bank, investment, retirement, and credit accounts.
☐	Confirm beneficiaries on life insurance and financial accounts.
☐	Review wills, powers of attorney, healthcare documents, and trusted representatives.
☐	Update property, vehicle, insurance, and tax information.
☐	Update monthly bills, automatic payments, and regular income.
☐	Confirm professional and family contact information.
☐	Confirm your spouse and the backup person know where the binder is located.
☐	Confirm secure digital-access instructions are current without copying passwords here.
☐	Remove outdated pages and documents securely.
☐	Write the new review date on the cover and below.

Review history

Date reviewed	Reviewed by	Major changes made	Next review
[Date]	*[Name]*	*[Summary]*	*[Date]*
[Date]	*[Name]*	*[Summary]*	*[Date]*
[Date]	*[Name]*	*[Summary]*	*[Date]*
[Date]	*[Name]*	*[Summary]*	*[Date]*
[Date]	*[Name]*	*[Summary]*	*[Date]*
[Date]	*[Name]*	*[Summary]*	*[Date]*

SECTION 19

Notes and Follow-Up

Date	Question / task	Person responsible	Status / answer
[Date]	*[Note]*	*[Name]*	*[Status]*
[Date]	*[Note]*	*[Name]*	*[Status]*
[Date]	*[Note]*	*[Name]*	*[Status]*
[Date]	*[Note]*	*[Name]*	*[Status]*
[Date]	*[Note]*	*[Name]*	*[Status]*
[Date]	*[Note]*	*[Name]*	*[Status]*
[Date]	*[Note]*	*[Name]*	*[Status]*
[Date]	*[Note]*	*[Name]*	*[Status]*
[Date]	*[Note]*	*[Name]*	*[Status]*
[Date]	*[Note]*	*[Name]*	*[Status]*
[Date]	*[Note]*	*[Name]*	*[Status]*
[Date]	*[Note]*	*[Name]*	*[Status]*
[Date]	*[Note]*	*[Name]*	*[Status]*
[Date]	*[Note]*	*[Name]*	*[Status]*

Final reminder: This organizer is an information roadmap. It does not create legal authority, replace a will, change beneficiaries, or substitute for advice from an attorney, accountant, financial adviser, insurance professional, or physician.