YOUR LAST BEST GIFT
An End of Life Workbook

St. Francis Episcopal Church
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Web Page: www.stfrancisgoldsboro.org

December 12, 2007
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EDITORS’ NOTE

The "My Last Best Gift" workbook has been prepared by St. Francis Episcopal Church, Goldsboro, NC, using a variety of open source materials as reference. It is not intended to substitute for professional legal or other advice.

Your information in this workbook is very private and sensitive and should be kept in a secure location to avoid identity theft. In our view the first three sections (Personal Burial Plan, Immediate Tasks and People to Contact, and the Document Locator) are less sensitive and, in fact, should be easily accessible to your survivors. You should inform anyone who will need to know, including your lawyer, of the existence and location of this information. The Personal Burial Plan should also be filed at your church. The Document Locator will direct those with a need to know to the location of the rest of the information.

You will want to update some of this information periodically, perhaps on your birthday. Also, be sure to continue to check the church website for updated links to pertinent information.

This workbook is also available on line at www.stfrancisgoldsboro.org in a format to print and one to use to record your information. For your identity protection, we suggest you store this information in a secure manner, for example, on a CD or USB drive.

You may reproduce "My Last Best Gift" for your own use or for non-profit workshops. Please include an acknowledgement of St. Francis Episcopal Church. Commercial use is strictly prohibited. We welcome your comments and suggestions.

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Web Page: www.stfrancisgoldsboro.org
MY PERSONAL BURIAL PLAN

NAME: _________________________________________________________________

Date of Original Plan: _____________________________________________________

Date(s) of Review and initials: ______________________________________________
_______________________________________________________________________
_______________________________________________________________________

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Planning ahead for your funeral can be one of the greatest gifts to your family and friends when death comes. Also, planning ahead assures that your final wishes are carried out.

Please read and consider this document. Then make an appointment with the Rector (clergy) to discuss your plans with him/her.

File one copy of your Personal Burial Plan with your personal papers and leave one copy in the church office where it will be filed. (All information should be kept confidential.)

Tell your executor and family of the existence and location of this document. Keep it in a secure place.

You may want to review and update it every few years.

I have/have not prepared “The Last Best Gift Notebook.”

Location ________________________

Last updated on ________________
OBITUARY INFORMATION

Most papers are now charging to publish long obituaries.

Full Name________________________________________________________

Date and place of birth _____________________________________________

I DO / DO NOT want the cause of death listed.

I DO / DO NOT want a photograph in my obituary. (Specific photo: ____________)

Name of High School graduated from / attended and location:

_________________________________________________________________

Name of College graduated from / attended:

_________________________________________________________________

Military Service/Medals:

_________________________________________________________________

Profession: ________________________________________________________

Church affiliation and activities:

_________________________________________________________________

_________________________________________________________________

Community Service:

_________________________________________________________________

_________________________________________________________________

Awards:

_________________________________________________________________

_________________________________________________________________

Relatives preceding me in death (fill in where applicable):

Parents __________________________________________________________

Spouse __________________________________________________________

Children __________________________________________________________

Grandchildren ____________________________________________________

Siblings __________________________________________________________

Last updated on ________________
Surviving relatives and city of residence:

Parents

Spouse

Children and spouses

__________________________________________________________________

Grandchildren

__________________________________________________________________

Great-grandchildren (number)

Any other relatives I wish to list

__________________________________________________________________

Place obituary in the following newspapers:

__________________________________________________________________

I DO / DO NOT want to designate a memorial fund or charity in lieu of flowers. Which one(s)

I HAVE / HAVE NOT made a bequest in my will to St. Francis Episcopal Church.

LIVING WILL / ADVANCE DIRECTIVE

I have a Living Will/Health Care Advance Directive. YES / NO

Location(s) of this document

You may want to file one at the church with your Personal Burial Plan.

ORGAN DONATION

I DO / DO NOT want to be an Organ Donor.

If so, please be sure to make your wishes known on your Driver’s License and to your family.

Check the response below that expresses your wishes.

I wish to donate:

___ All possible organs

___ All possible organs except: __________________________

___ Only the following organs (please list): __________________________
There are several options regarding the disposition of your remains. Some of the most typical include burial, cremation, and donation to science. In this section, please check the box by your choice and answer only the questions that apply to that section. If you have other ideas, or if you need more space, add them at the end of this plan.

**Burial of Remains**

Funeral Home________________Address_______________Telephone_________

I DO / DO NOT have a funeral plan at this establishment.

I HAVE / HAVE NOT prepaid any expenses.

Location of documents__________________________________________

(If not, you may wish to consider the following questions and entrust someone close to you with the answers.)

I want the casket OPEN / CLOSED.

I WOULD / WOULD NOT want a picture taken of me in the casket.

I DO / DO NOT have a certain outfit that I want to be buried in.

Is there anything that you would like to have placed in the coffin with you?

Cemetery of choice___________________________________________________

Address _____________________________________Telephone______________

I own a plot. YES / NO

Location of documents__________________________________________

**Cremation**

Crematory of choice: _____________________________Telephone___________

I HAVE / HAVE NOT pre-paid any costs.

Location of documents__________________________________________

I DO / DO NOT want a viewing before cremation.

I want my ashes to go to the following location:

Columbarium Location

I HAVE / HAVE NOT purchased a site there.

Location of documents__________________________________________

Other Site(Specify)_____________________________________________

**Donation to Science**

Name and location of Medical School, Hospital or Research Lab:

I HAVE / HAVE NOT contacted them about my wishes:

Name and phone number of contact at the time of death

Please consider contacting them and updating your plan with the information they give to you.

Last updated on _______________
FUNERAL PLANS

The Book of Common Prayer (BCP) contains two funeral rites: Rite I and Rite II. The questions below apply only to these two services. There are many opportunities to personalize the service. The BCP suggests appropriate readings and prayers. Read through the designated readings and/or discuss your choices with the Rector; then record your choices below. You only need to fill in the areas that correspond to the Rite of your choice. You may designate a specific lector, psalmist or singer for your choices. If these persons are not from the local area, provide a phone number to aid in contacting them. It would be helpful for you to contact these people now and let them know your wishes. Alternative funeral service arrangements should be discussed with the Rector.

General Plans

Celebrant (if other than Rector) and phone number

__________________________________________________________________

Pallbearers and phone numbers

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Altar flower preferences_____________________________________________

__________________________________________________________________

Musician preferences if other than church organist______________________

Music I would like before the service:____________________________________

__________________________________________________________________

__________________________________________________________________

Items for service bulletin: _____________________________________________

__________________________________________________________________

I WOULD / WOULD NOT like visitation at ________________________________

I WOULD / WOULD NOT like a reception after the funeral at

__________________________________________________________________

Items for display at visitation or reception (photos, etc.)____________________

__________________________________________________________________

Other general requests (add page if necessary)___________________________________
Old Testament Reading: ________________________________
Lector: ____________________________________________
Psalm #: ___________________ Psalmist: _______________________
New Testament Reading: _________________________________
Lector: ____________________________________________
[Optional] Hymn or Psalm number: _______________________
Read or sung by: _________________________________
Gospel Reading: ______________________________________

Who should deliver the [optional] Homily or Eulogy (if other than Rector)?

______________________________

I DO / DO NOT want to have the Holy Eucharist celebrated.

[Optional] Commendation hymn (if body present): ________________
By _______________________________________________________

[Optional] Recessional Hymn number _________________________
Sung by congregation ____ or __________________________________

Committal Prayer (first lines): ________________________________

______________________________
[Optional] Hymn # ________________________________________________

Sung by congregation  YES / NO  or ________________________________

Old Testament reading: ____________________________________________

Lector: ______________________________________________________

[Optional] Psalm, Hymn or Canticle _________________ by ________________

New Testament reading: __________________________________________

Lector: ______________________________________________________

[Optional] Psalm, Hymn or Canticle _________________ by ________________

Gospel Reading: ________________________________________________

Who should deliver the [optional] Homily or Eulogy (if other than Rector)?
________________________________________________________________

I DO / DO NOT want to have the Holy Eucharist celebrated.

[Optional] Commendation Hymn (If body is present): ___________________

Sung by congregation  YES / NO  or ________________________________

[Optional] Recessional Hymn # or Canticle __________________________

Sung by congregation  YES / NO  or ________________________________

Committal Prayer(first lines): ______________________________________
________________________________________________________________

Do you have any other requests that were not addressed in this form?  Please use the space below, the back of this page, or insert a page to detail them, and be as specific as possible.
IMMEDIATE TASKS AT TIME OF DEATH

Note to survivors: Many of these will not be necessary for those who pre-planned, so check the Personal Burial Plan closely before beginning to check off this list.

☐ Contact church/rector.
☐ Contact funeral director, crematorium, or institution for donation to science.
☐ Notify relatives, friends, organizations, employer, and former employers.
   (See list in "My Last Best Gift" notebook and update periodically.)
☐ Locate any special instructions such as “My Last Best Gift” notebook and/or the "Personal Burial Plan" forms at St. Francis.
☐ Meet with funeral director and/or church staff.
   o Obtain 10-15 copies of Certified Death Certificate.
   o Arrange service including type and location.
   o Select casket/vault/urn.
   o Plan funeral if not preplanned:
      ▪ Select clergy to officiate at service.
      ▪ Select readings.
      ▪ Select music and musicians.
      ▪ Arrange for Military Honors at service (if eligible and desired).
      ▪ Select pall bearers.
   o Contact cemetery/crematory.
      ▪ Purchase plot or niche if not preplanned.
   o Number of reserved seats for family in church_________
   o If church is providing a meal, number of persons expected_________
   o Provide written obituary or information for obituary.
   o Arrange visitation time and place.
☐ Select/purchase flowers. (Consult with flower guild.)
☐ Arrange for someone to stay in home for security during funeral.
☐ Locate important papers. (See "My Last Best Gift" notebook Document Locator.)
☐ Contact your attorney for legal advice.
☐ Gather and pay all current bills; cancel credit cards.
☐ Contact CPA, financial advisors, business associates.
☐ If a veteran, contact the nearest Veterans Administration office or regional office.
☐ Notify current employer’s human resources office.
☐ If receiving retirement benefits, notify the retirement plan.
☐ If receiving Social Security payments, contact the nearest Social Security office.
☐ Contact local life insurance agent or home office of insurance company.
☐ Make photocopies of all forms, documents or letters sent out.
☐ Send all correspondence by “Certified Mail-Return Receipt Requested.”
☐ Send acknowledgment notes for flowers, memorial gifts, and other gifts or services.
☐ Purchase grave marker.
LATER
☐ Notify health insurance, Medicare, Medicaid, other insurances.
☐ Cancel credit cards, if not already done.
☐ Transfer property and handle court proceedings.
☐ Handle tax reporting for final income tax return and for estate tax return, if needed.
☐ Take care of other estate and trust duties.
☐ Amend estate plans of survivors.

IMPORTANT TELEPHONE CONTACTS

Emergency
________________________________#______________
________________________________#______________
________________________________#______________
________________________________#______________
________________________________#______________
________________________________#______________
________________________________#______________

Family
________________________________#______________
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Neighbors
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Friends
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Other lists or address book location(s), including your personal computer
________________________________________________
________________________________________________
________________________________________________
________________________________________________
________________________________________________
DOCUMENT LOCATOR

This record should be kept in an easily accessible place. Therefore, do not include here any sensitive information, such as bank account numbers, but just the location of such information.

IDENTITY DOCUMENTS

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<th>REVIEW DATE</th>
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<td>Birth Certificate</td>
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<tr>
<td>Baptismal Certificate</td>
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<td>Confirmation Certificate</td>
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<tr>
<td>Citizenship Papers</td>
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<tr>
<td>Marriage Certificate</td>
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<td>Premarital Agreement</td>
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<td>Divorce/Separation</td>
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<td>Adoption Papers</td>
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<td>Social Security Card</td>
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<td>Passport</td>
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<td>Educational Records</td>
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<td>Military/Veteran Records</td>
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<td>Employment Records</td>
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<td>Medical Records</td>
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<td>Health Insurance Records</td>
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<tr>
<td>Safe Deposit Box #</td>
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<td>key location:</td>
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<td>Personal Safe</td>
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ASSET-RELATED DOCUMENTS

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<tbody>
<tr>
<td>Real Estate</td>
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<tr>
<td>deeds, trusts, home improvement records, etc.</td>
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<tr>
<td>Banking</td>
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<td>acct. #s, bank books, CDs, current statements, etc.</td>
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<tr>
<td>Investments</td>
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<td>stocks, mutual funds, bonds, annuities, savings bonds, etc.</td>
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<tr>
<td>Retirement Accts.</td>
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<tr>
<td>pensions, IRAs, 401-Ks, etc.</td>
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<tr>
<td>Employee Benefit Info.</td>
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<tr>
<td>Vehicle Papers</td>
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<tr>
<td>Personal Property</td>
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<tr>
<td>Loan Information</td>
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<tr>
<td>lines of credit, outstanding loans, etc.</td>
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<tr>
<td>Mortgage Statements</td>
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<td>Credit Card Information</td>
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<td>Bank Debit Information</td>
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<td>Outstanding bills</td>
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# OTHER IMPORTANT DOCUMENTS

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<td>Past returns</td>
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<td>Insurance Policies</td>
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<td>Life</td>
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<td>Vehicle</td>
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<td>Health</td>
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<td>Estate Planning</td>
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<td>Will</td>
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<td>Trust(s)</td>
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<td>Financial POA</td>
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<td>Health care POA</td>
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<tr>
<td>Living Will</td>
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<td>Organ Donor Card</td>
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<tr>
<td>Memorandum of Distribution of Personal Effects</td>
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<td>Funeral Documents</td>
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<td>Personal Burial Plan</td>
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<td>Important Contacts</td>
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<td>E-mail accounts/passwords</td>
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<tr>
<td>Other</td>
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</table>
PERSONAL INFORMATION

FULL LEGAL NAME_____________________________________________________

Home Address:   ______________________________________________________

Business Address:   ______________________________________________________

State of Legal Residence/"Domicile":  ____________________________________

Persons to Notify in an Emergency:

1.  Name: _______________________________________________________________
    Address: _____________________________________________________________
    Telephone: (_____)_____________________________________________________

2.  Name: _______________________________________________________________
    Address: _____________________________________________________________
    Telephone: (_____)_____________________________________________________

My date of birth is:  _______________________________________________________

My city, county, state and country of birth are: __________________________________
________________________________________________________________________

Location of my birth certificate: __________________________________________

I am a citizen of what country: ____________________________________________

Citizenship by: ___Birth   ___Naturalization   ___Marriage

Social Security Number: ____________________________________________________

Passport Number/Issue Date: _______________________________________________
    City and State of Issue: _______________________________________________
    Location of Passport: _______________________________________________

_Last updated on _______________ 14_
MARITAL INFORMATION

Present marital status:     ____Single
                     ____Married
                     ____Divorced
                     ____Separated
                     ____Widow/Widower

I am married to: ______________________________________________________

Date/Place of marriage: __________________________________________

Spouse’s Social Security number: ____________________________________

Previously married to: _____________________________________________

Dates/Places of prior marriages:_____________________________________

Marriages terminated by:       ____Death       ____Divorce       ____Separation

Dates/Places of termination: _________________________________________

Location of termination papers: _____________________________________

Name of attorney who drafted these papers or assisted with divorce/separation.
__________________________________________________________________

I DO / DO NOT have a premarital agreement.

Where is it located? ________________________________

Who prepared it? ___________________________________
FAMILY RECORDS

It may be helpful to include in parentheses the nickname or called name of family members.

Father’s full name: _________________________________________________
Place/Date of birth: _____________________________________________
Place/Date of death: ____________________________________________

Mother’s maiden name: ______________________________________________
Place/Date of birth: ______________________________________________
Place/Date of death: _____________________________________________

CHILDREN

Name _______________________________________________________________
Address _____________________________________________________________
DOB ___________________   SSN ____________________

Name _______________________________________________________________
Address _____________________________________________________________
DOB ___________________   SSN ____________________

Name _______________________________________________________________
Address _____________________________________________________________
DOB ___________________   SSN ____________________

Name _______________________________________________________________
Address _____________________________________________________________
DOB ___________________   SSN ____________________

Name _______________________________________________________________
Address _____________________________________________________________
DOB ___________________   SSN ____________________

Name _______________________________________________________________
Address _____________________________________________________________
DOB ___________________   SSN ____________________

Last updated on _________________
GRANDCHILDREN

Name _______________________________________________________________
Address _____________________________________________________________
DOB ___________________   SSN ____________________

Name _______________________________________________________________
Address _____________________________________________________________
DOB ___________________   SSN ____________________

Name _______________________________________________________________
Address _____________________________________________________________
DOB ___________________   SSN ____________________

Name _______________________________________________________________
Address _____________________________________________________________
DOB ___________________   SSN ____________________

Name _______________________________________________________________
Address _____________________________________________________________
DOB ___________________   SSN ____________________

Were any children adopted?  YES / NO
Location of papers:  _______________________________________________

Other Close Relatives: _____________________________________________

Child care arrangements:  _________________________________________

Last updated on ___________________
Persons with signed emergency care authorization forms.

Pet care arrangements:

I HAVE / HAVE NOT written about genealogy, family history and/or stories.

Location of family information or insert in this notebook.

Location of family photos, albums, videos, etc.

MILITARY SERVICE

I have served in the military: YES / NO
From ______________ to ______________ Branch: ______________________
Serial Number: _______________________ Grade: ______________________

I have a service-connected disability: YES / NO Claim number: _______________

Military Honors or Decorations:

Location of Discharge, Disability and Honors papers:

I HAVE / HAVE NOT selected the Survivor Benefit Plan.

I DO / DO NOT want a service with Military Honors.

EDUCATION

High School: ____________________________________________________________

College: ________________________________________________________________

Diplomas, Degrees, Dates: ____________________________________________

Graduate work: __________________________________________________________

Diplomas, Degrees, Dates: ____________________________________________

Special Honors: _________________________________________________________

Last updated on ________________
ORGANIZATIONS

Church: _________________________________________________________________

Address: ______________________________________________________________

Clergy: ________________________________________________________________

Civic Clubs:  _____________________________________________________________

_______________________________________________________________________

Other:  __________________________________________________________________

________________________________________________________________________

________________________________________________________________________

EMPLOYMENT

CURRENT EMPLOYMENT
I am employed by: ________________________________________________________

Date employed: _____________________

Title: ______________________________

PREVIOUS EMPLOYMENT
Employer: _______________________________________________________________

Address:_________________________________________________________________

From: _____________________ to: _______________________

Location of records: _______________________________________________________

Employer: _______________________________________________________________

Address:_________________________________________________________________

From: _____________________ to: _______________________

Location of records:________________________________________________________
MEDICAL INFORMATION

Name ________________________________________________________________

Address __________________________________________________________________

Telephone(s) (_____)_______________________________________________________

Social Security Number_______________________

Medicare Number_________________________________________________________

Medicaid Number_________________________________________________________

Medigap (Carrier and Number) ______________________________________________

Health Insurance__________________________________________________________

Dental Insurance__________________________________________________________

Health Savings Account____________________________________________________

Long Term Care Insurance__________________________________________________

Other Insurance (Carrier and Number)_________________________________________

Blood Type___________ Allergies____________________________________________

________________________________________________________________________

Emergency Contact________________________________________________________

Address ________________________________________________________________

Telephone (____)__________________________________________________________

Primary Caregiver__________________________________________________________

Address ________________________________________________________________

Telephone (____)__________________________________________________________

Health Care Power of Attorney (Name) _______________________________________

Address __________________________________________________________________

Telephone (____)__________________________________________________________

Health Care Advance Directive (Living Will) YES / NO Location __________________

Is there a Do Not Resuscitate Order in effect? YES / NO

Last updated on _________________
HEALTH CARE PROVIDERS

*Include primary care physician, specialists, social workers, physical therapists, home health care workers, home care aides.*

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Address 1</th>
<th>Telephone 1</th>
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</tbody>
</table>
MEDICAL SUMMARY

*You can ask your physicians for a summary of your medical condition and insert it in the notebook.*

**Prior hospitalizations and surgeries**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Date</th>
<th>Physician</th>
<th>Procedure/Treatment Plan</th>
</tr>
</thead>
<tbody>
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<tr>
<td>Medication</td>
<td>Purpose</td>
<td>Prescribing Physician</td>
<td>Telephone</td>
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</table>

*Last updated on ________________*
SUMMARY OF FAMILY MEDICAL HISTORY

Write down what you know about the health history of your immediate family members, including conditions they have/had and how they died, if applicable. Pay special attention to conditions that may have a genetic component, such as high blood pressure and neurological illnesses.
FINANCIAL INFORMATION

FINANCIAL STATEMENT
Insert in notebook. (Revise annually.)

CURRENT MONTHLY INCOME
(Include Trust Fund; Expected Inheritances; Royalties, etc.)

Source: _____________________________________ Amount: $__________
Address: _____________________________________________
Telephone: _________________________
Direct deposit  YES / NO  Date due:___________________

Source: _____________________________________ Amount: $__________
Address: _____________________________________________
Telephone: _________________________
Direct deposit  YES / NO  Date due:___________________

Source: _____________________________________ Amount: $__________
Address: _____________________________________________
Telephone: _________________________
Direct deposit  YES / NO  Date due:___________________

Source: _____________________________________ Amount: $__________
Address: _____________________________________________
Telephone: _________________________
Direct deposit  YES / NO  Date due:___________________

Source: _____________________________________ Amount: $__________
Address: _____________________________________________
Telephone: _________________________
Direct deposit  YES / NO  Date due:___________________

Last updated on _______________
BANK ACCOUNTS

*If you deal with a particular banker, include that name here.*

1. Bank name/address: _______________________________________________
   _________________________________________________
   Name(s) on account: _____________________________________________
   Account type and number: _______________________________________

2. Bank name/address: _______________________________________________
   _________________________________________________
   Name(s) on account: _____________________________________________
   Account type and number: _______________________________________

3. Bank name/address: _______________________________________________
   _________________________________________________
   Name(s) on account: _____________________________________________
   Account type and number: _______________________________________

4. Bank name/address: _______________________________________________
   _________________________________________________
   Name(s) on account: _____________________________________________
   Account type and number: _______________________________________

5. Bank name/address: _______________________________________________
   _________________________________________________
   Name(s) on account: _____________________________________________
   Account type and number: _______________________________________

6. Bank name/address: _______________________________________________
   _________________________________________________
   Name(s) on account: _____________________________________________
   Account type and number: _______________________________________

Last updated on __________________
AUTOMATIC DEBIT AUTHORIZATIONS (DRAFTS)

Paid to: ________________________________________________
Paid from: ____________________________ Account _______________
Date of draft: ______________________

Paid to: ________________________________________________
Paid from: ____________________________ Account _______________
Date of draft: ______________________

Paid to: ________________________________________________
Paid from: ____________________________ Account _______________
Date of draft: ______________________

Paid to: ________________________________________________
Paid from: ____________________________ Account _______________
Date of draft: ______________________

Paid to: ________________________________________________
Paid from: ____________________________ Account _______________
Date of draft: ______________________

Paid to: ________________________________________________
Paid from: ____________________________ Account _______________
Date of draft: ______________________

Paid to: ________________________________________________
Paid from: ____________________________ Account _______________
Date of draft: ______________________

Paid to: ________________________________________________
Paid from: ____________________________ Account _______________
Date of draft: ______________________
CREDIT CARD INFORMATION

Card name ___________________________ Number ___________________________
Telephone number ______________________
Automatic debits for ___________________________________________________

Card name ___________________________ Number ___________________________
Telephone number ______________________
Automatic debits for ___________________________________________________

Card name ___________________________ Number ___________________________
Telephone number ______________________
Automatic debits for ___________________________________________________

Card name ___________________________ Number ___________________________
Telephone number ______________________
Automatic debits for ___________________________________________________

Card name ___________________________ Number ___________________________
Telephone number ______________________
Automatic debits for ___________________________________________________

Card name ___________________________ Number ___________________________
Telephone number ______________________
Automatic debits for ___________________________________________________

You may want to copy the cards front and back and put in this notebook.

CREDIT REPORTS
Annual free credit reports are available from Equifax, Experion, and Transunion. See websites.

Last updated on _______________
ELECTRONIC ACCESS CODES
List the codes here or give location of the codes to the following, depending on the security of this document:

Bank Accounts ___________________________________________________________
________________________________________________________________________

Credit Cards _____________________________________________________________
________________________________________________________________________

Storage Units ____________________________________________________________
________________________________________________________________________

Computer Access ___________________________ __________________________________
________________________________________________________________________

On Line Accounts _________________________________________________________
________________________________________________________________________

Other passwords or access codes ____________________________________________
________________________________________________________________________

STOCKS AND BONDS

I own stocks, mutual funds, education savings accounts and/or bonds: YES / NO
(Include list if desired.) (Include other assets.)

If not in street name, location of certificates:
________________________________________________________________________

Type of Account ___________________________ Account number: ___________________
Name(s) on account: _______________________________________________________
Stockbroker Name: _________________________________________________________
Address: _________________________________________________________________
Telephone: _______________________________________________________________
<table>
<thead>
<tr>
<th><strong>Type of Account</strong></th>
<th><strong>Account number:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name(s) on account:</td>
<td></td>
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<tr>
<td>Stockbroker Name:</td>
<td></td>
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<tr>
<td>Address:</td>
<td></td>
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<tr>
<td>Telephone:</td>
<td></td>
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</tbody>
</table>

**REAL ESTATE**
(Including timeshares or RV park memberships)

| Residence address: |                     |
| County and state:  |                     |
| Names on Deed:     |                     |
| Deed Book:         |                     |
| Location of Deed:  |                     |
| Tax Value:         |                     |
| (If Rented) Landlord: | Telephone          |

| Secondary residence: |                     |
| County and state:    |                     |
| Names on Deed:       |                     |
| Deed Book:           |                     |
| Location of Deed:    |                     |
| Tax Value:           |                     |

| Property:            |                     |
| County and state:    |                     |
| Names on Deed:       |                     |
| Deed Book:           |                     |
| Location of Deed:    |                     |
| Tax Value:           |                     |
Property: ________________________________________________________________
County and state:    _________________________________________________________
Names on Deed:     _________________________________________________________
Deed Book:           _________________________________________________________
Location of Deed: _________________________________________________________
Tax Value:            _________________________________________________________

Property: ________________________________________________________________
County and state:    _________________________________________________________
Names on Deed:     _________________________________________________________
Deed Book:           _________________________________________________________
Location of Deed: _________________________________________________________
Tax Value:            _________________________________________________________

SAFE DEPOSIT BOX
Location (Bank/Address): ___________________________________________________
Name of box holder(s):     ___________________________________________________
Box number:  ______________________________________________________________
Location of key:  _____________________________________________________________

PERSONAL SAFE  YES / NO
Location___________________________________________________________
Key location__________________or Combination #________________________

NOTES RECEIVABLE
Person owing me money:  _________________________________________________
Location of Promissory Note: _____________________________________________
Is it secured: How?  ______________________________________________________

Person owing me money:  _________________________________________________
Location of Promissory Note: _____________________________________________
Is it secured: How?  ______________________________________________________

Last updated on ________________
Person owing me money: __________________________________________________

Location of Promissory Note: ____________________________________________

Is it secured: How? _______________________________________________________

Refunds due: _____________________________________________________________

**LIABILITIES**

I owe the following:

Home Mortgage Company: _________________________________________________
Account number: _________________________________________________________

Second Home Mortgage: _________________________________________________
Account number: _________________________________________________________

Home Equity Line: _________________________________________________________
Account number: _________________________________________________________

Vehicle Loans: __________________________________________________________
________________________________________________________________________

Personal Loans: _________________________________________________________

Lines of Credit: _________________________________________________________

Student Loans: _________________________________________________________

Credit Cards (See separate listing) __________________________________________
Loans Co-signed: _________________________________________________________

Other: __________________________________________________________________
________________________________________________________________________

Last updated on ________________
BUSINESS INFORMATION:

Buy/Sell Agreements

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Business Loans:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Lines of Credit:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Other information:

Last updated on ________________
INSURANCE INFORMATION

Location of policies: _______________________________________________________

*If you know the life insurance agent’s name, include it here after “Policy number.”*

**Life Insurance Company:** ________________________________________________

Policy number: __________________________________________________________

Insured: ________________________________________________________________

Face amount: ___________________ Cash value: _____________________________

Owner: _________________________________________________________________

Primary beneficiary: _______________________________________________________

Secondary beneficiary: ____________________________________________________

**Life Insurance Company:** ________________________________________________

Policy number: __________________________________________________________

Insured: ________________________________________________________________

Face amount: ___________________ Cash value: _____________________________

Owner: _________________________________________________________________

Primary beneficiary: _______________________________________________________

Secondary beneficiary: ____________________________________________________

**Life Insurance Company:** ________________________________________________

Policy number: __________________________________________________________

Insured: ________________________________________________________________

Face amount: ___________________ Cash value: _____________________________

Owner: _________________________________________________________________

Primary beneficiary: _______________________________________________________

Secondary beneficiary: ____________________________________________________

Last updated on ________________
Life Insurance Trust: _____________________________________________________
Policy number: _______________________________________________________
Insured: ______________________________________________________________
Face amount: ___________________________ Cash value: ______________________
Owner: ________________________________________________________________
Primary beneficiary: ______________________________________________________
Secondary beneficiary: __________________________________________________

Disability Insurance

Company: ______________________________________________________________
Address: _______________________________________________________________
Policy number: _________________________________________________________
Age: _______________________________ Telephone _________________________

Long Term Care Insurance

Company: ______________________________________________________________
Address: _______________________________________________________________
Policy number: _________________________________________________________
Agent: __________________________________________ Telephone

Homeowner’s/Renter’s Insurance

Company: ______________________________________________________________
Address: _______________________________________________________________
Policy number: _________________________________________________________
Agent: __________________________________________ Telephone

Automobile Insurance

Company: ______________________________________________________________
Address: _______________________________________________________________
Policy number: _________________________________________________________
Agent: __________________________________________ Telephone
Personal Property Insurance
Company: ________________________________________________________________
Address: ________________________________________________________________
Policy number: ___________________________________________________________
Agent: _______________________________ Telephone _________________________

Umbrella Liability Insurance
Company: ________________________________________________________________
Address: ________________________________________________________________
Policy number: ___________________________________________________________
Agent: _______________________________ Telephone _________________________

Medical, Dental, Medicare, Medicaid Insurance: (See Medical Information section.)

Other Insurance Policies
Company: ________________________________________________________________
Address: ________________________________________________________________
Policy number: ___________________________________________________________
Agent: _______________________________ Telephone _________________________

Other Insurance Policies
Company: ________________________________________________________________
Address: ________________________________________________________________
Policy number: ___________________________________________________________
Agent: _______________________________ Telephone _________________________

Last updated on ________________
RETIREMENT INFORMATION

Pension Plan (Company): __________________________________________________
Primary Beneficiary: ______________________________________________________
Contingent Beneficiary: ____________________________________________________

Pension Plan (Company): __________________________________________________
Primary Beneficiary: ______________________________________________________
Contingent Beneficiary: ____________________________________________________

Profit Sharing (Company): _________________________________________________
Primary Beneficiary: ______________________________________________________
Contingent Beneficiary: ____________________________________________________

IRA #1 (Company, Acct #): _________________________________________________
Primary Beneficiary: ______________________________________________________
Contingent Beneficiary: ____________________________________________________

IRA #2 (Company, Acct #): _________________________________________________
Primary Beneficiary: ______________________________________________________
Contingent Beneficiary: ____________________________________________________

Roth IRA (Company, Acct #): ______________________________________________
Primary Beneficiary: ______________________________________________________
Contingent Beneficiary: ____________________________________________________

Stock Options: ___________________________________________________________

__________________________________________________________
Other benefit programs______________________________________
ANNUITIES

Company: _______________________________________________________________
Account number: __________________________________________________________
Salesman: _______________________________________________________________
Beneficiary: ______________________________________________________________

Company: _______________________________________________________________
Account number: __________________________________________________________
Salesman: _______________________________________________________________
Beneficiary: ______________________________________________________________

Company: _______________________________________________________________
Account number: __________________________________________________________
Salesman: _______________________________________________________________
Beneficiary: ______________________________________________________________

Location of Documents:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Membership in organizations that offer survivor benefits:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
LEGAL INFORMATION

PROFESSIONAL ADVISORS

Attorney’s Name:__________________________________________________________
Address:_________________________________________________________________
Telephone:_______________________________________________________________
FAX: ___________________________________________________________________

Accountant’s Name:________________________________________________________
Address: _________________________________________________________________
Telephone: _______________________________________________________________
FAX:____________________________________________________________________

Other:___________________________________________________________________
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Other:___________________________________________________________________
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Other:___________________________________________________________________
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________________________________________________________________________
________________________________________________________________________
LAST WILL AND TESTAMENT

I DO / DO NOT have a will.

Date of my Last Will and Testament: ____________________________________________

Location of Will: ____________________________________________________________

Attorney who prepared my will: ______________________________________________

Executor: _________________________________________________________________
   Address:________________________________________________________________
   Telephone:______________________________________________________________

Co-Executor or Contingent Executor: __________________________________________
   Address:________________________________________________________________
   Telephone:______________________________________________________________

Keep will in a safe, fireproof place, such as a safe deposit box, your own fireproof safe or your attorney’s safe. Your executor needs to know its location. A copy is not sufficient.

POWERS OF ATTORNEY

I have given my Financial Power of Attorney to: _________________________________
   Address_____________________________________Telephone ____________________
   ________________________________________________________________________

Location of document:______________________________________________________

I have given my Health Care Power of Attorney / Advance Directive to:
   ________________________________________________________________________
   ________________________________________________________________________

Location of document:______________________________________________________

Last updated on __________________
HEALTH CARE ADVANCE DIRECTIVE / LIVING WILL

I HAVE / HAVE NOT made a Living Will.

Date of Living Will:_______________________________________________________
Draftsman: ______________________________________________________________
Location(s) of Living Will: _________________________________________________
_______________________________________________________
_______________________________________________________

A Living Will is a document that authorizes the withholding of life support in certain situations. It is better not to use pre-printed forms or those supplied by health care agencies since the witnesses are often not permissible and can actually void the document.

Consider keeping copies of the Living Will in all of the following: this notebook; your physician’s office; your file of arrangements at your church; with your Health Care Power of Attorney.

ORGAN DONOR

Do you want to be an Organ Donor?  YES / NO

If yes, please be sure to make your wishes known on your Driver’s License and to your family. In North Carolina, you may obtain a document from the office of the Department of State.

Check the response below that expresses your wishes.
I wish to donate:

___ All possible organs
___ All possible organs except: ______________________________________________
___ Only the following organs (please list): ______________________________________
____________________________________________

TRUSTS

I HAVE / HAVE NOT created trusts in my lifetime.

I AM / AM NOT the beneficiary of trusts created for me.

I AM / AM NOT the trustee for trusts created by others.

Last updated on ________________
IRREVOCABLE LIFE INSURANCE TRUST

Grantor: _____________________________________________________________
Trustee: _____________________________________________________________
Date of Trust: _________________________________________________________
Location of Document: _________________________________________________

Life Insurance Policies in Trust:
Insured: __________________________________________________________
Policy #: _______________________________

Insured: __________________________________________________________
Policy #: _______________________________

Insured: __________________________________________________________
Policy #: _______________________________

Insured: __________________________________________________________
Policy #: _______________________________

Insured: __________________________________________________________
Policy #: _______________________________

LIVING TRUST

Grantor: _____________________________________________________________
Trustee: _____________________________________________________________
Date of Trust: _________________________________________________________
Location of Document: _________________________________________________

OTHER TRUSTS

Grantor: _____________________________________________________________
Trustee: _____________________________________________________________
Date of Trust: _________________________________________________________
Location of Document: _________________________________________________

Last updated on _______________
PERSONAL PROPERTY

I HAVE / HAVE NOT made a video or written inventory of my household possessions. Location of inventory: __________________________________________________________

*Store a copy of the inventory outside of your home.*

Valuable personal property

I HAVE / HAVE NOT made a separate inventory of other valuable personal property. Location of inventory: __________________________________________________________

*Include appraisals, if any.*

I HAVE / HAVE NOT made a memorandum of the distribution of my personal effects. Location of memorandum: __________________________________________________________

*Include family memorabilia and stories.*

Personal Property stored off-site:

Location___________________ Key (location)________________ Code________

Home improvement records: YES / NO Location____________________________

Location of warranties, receipts, instruction manuals, etc. __________________________

Personal possessions loaned to others that you would like to have returned:

________________________________________________________________________
________________________________________________________________________

Items I have borrowed to be returned: _________________________________________

________________________________________________________________________
________________________________________________________________________

LOCATION OF OTHER IMPORTANT PAPERS:

Automobile Make:_________________________________________________________

Name(s) on Title: _________________________________________________________

Location of Title: _________________________________________________________

Registration # __________________________ License # ______________________

Outstanding loan? _______________________________________________________

Last updated on _________________
Automobile Make: ________________________________________________________
Name(s) on Title: _________________________________________________________
Location of Title: _________________________________________________________
Registration # ______________________________ License # _____________________
Outstanding loan?_________________________________________________________

Automobile Make: ________________________________________________________
Name(s) on Title: _________________________________________________________
Location of Title: _________________________________________________________
Registration # ______________________________ License # _____________________
Outstanding loan?_________________________________________________________

Boat/Airplane Make: ______________________________________________________
Name(s) on Title: _________________________________________________________
Location of Registration: _________________________________________________
Registration # ______________________________ License # _____________________
Outstanding loan?_________________________________________________________

LOCATION OF ANY OTHER IMPORTANT PAPERS NOT INCLUDED ELSEWHERE IN THIS NOTEBOOK.

INCOME TAX RETURNS-Location:
Ask your accountant or attorney for advice as to how long to keep returns.

Current tax information -Location: ___________________________________________
<table>
<thead>
<tr>
<th>LIST OF SERVICE PROVIDERS</th>
<th>telephone</th>
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<tbody>
<tr>
<td>Electrician</td>
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<td>Plumber</td>
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<td>HVAC</td>
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<td>Repairs</td>
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<td>Realtor</td>
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<td>Cleaning Service</td>
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<td>Exterminator</td>
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<td>Painter</td>
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