



INFORMATION DIARY

If you die or become permanently incapacitated, this packet gives your family the information they will need, in one place, when they need it most.

INSTRUCTIONS

- Complete as much as you wish. Every answer you fill in is one less thing your family has to search for.
- This document has no legal standing. It is a guide to help your family.
- Keep it in a safe place, and make sure your next of kin knows this document exists and where it can be found.
- Review it once a year and after any major change: a new vehicle, account, policy or address.

KEEP THIS DOCUMENT SECURE

This packet will hold Social Security numbers, account numbers and passwords. Treat it like cash: store it in a locked safe or fireproof box, and never email it or leave it in a vehicle. If you fill it in on a computer, save it to a secure location only.

TBL Transitions provides this document as a general planning resource only. TBL Transitions is not a law firm and is not providing legal, financial or tax advice. For questions about wills, trusts, beneficiaries or estate planning, consult a qualified attorney licensed in your state.

PERSONAL INFORMATION

Name and date of birth	
Agency	
Rank	
Serial or badge number	
Date of appointment	
Social Security number	
Address	
Phone number	

KEY CONTACTS

ROLE	NAME	PHONE	EMAIL
Agency HR or benefits office			
Pension or retirement system			
Union or FOP lodge representative			
Insurance agent			
Attorney			
Financial advisor			
Accountant or tax preparer			
Chaplain or peer support			
Supervisor or commander			

CHILDREN AND DEPENDENTS

Do you have minor children or other dependents?	
Who should be contacted regarding guardianship? (name and phone)	
Where are custody, adoption or guardianship papers kept?	
Special needs, medications or routines your family should know about	

NAME	DATE OF BIRTH	SCHOOL	DOCTOR AND PHONE

MEDICAL WISHES AND DIRECTIVES

Do you have a healthcare power of attorney? Who is it?	
Where is it kept?	
Do you have a living will or advance directive?	
Where is it kept?	
Do you have a financial power of attorney? Who is it?	
Are you an organ donor?	
Primary doctor and phone	
Medications and allergies	
Blood type	

VEHICLE INFORMATION

VEHICLE 1

Type (car, truck, motorcycle, boat, etc.)	
Make and model	
License plate and color	
Is there a spare key? Where is it?	
Is there a payment? Who is it through?	
What day of the month is the payment due?	
When is the anticipated payoff date?	
Do you normally keep weapons in it? If so, where?	
If there is a vehicle safe, what is the combination, or where are the keys?	
Does anyone else have keys?	
Anything else the person reading this should know?	

VEHICLE 2

Type (car, truck, motorcycle, boat, etc.)	
Make and model	
License plate and color	
Is there a spare key? Where is it?	

VEHICLE INFORMATION (CONTINUED)

Is there a payment? Who is it through?	
What day of the month is the payment due?	
When is the anticipated payoff date?	
Do you normally keep weapons in it? If so, where?	
If there is a vehicle safe, what is the combination, or where are the keys?	
Does anyone else have keys?	
Anything else the person reading this should know?	

VEHICLE 3

Type (car, truck, motorcycle, boat, etc.)	
Make and model	
License plate and color	
Is there a spare key? Where is it?	
Is there a payment? Who is it through?	
What day of the month is the payment due?	
When is the anticipated payoff date?	
Do you normally keep weapons in it? If so, where?	
If there is a vehicle safe, what is the combination, or where are the keys?	
Does anyone else have keys?	
Anything else the person reading this should know?	

VEHICLE 4

Type (car, truck, motorcycle, boat, etc.)	
Make and model	
License plate and color	
Is there a spare key? Where is it?	
Is there a payment? Who is it through?	
What day of the month is the payment due?	
When is the anticipated payoff date?	
Do you normally keep weapons in it? If so, where?	

VEHICLE INFORMATION (CONTINUED)

If there is a vehicle safe, what is the combination, or where are the keys?	
Does anyone else have keys?	
Anything else the person reading this should know?	
More than four vehicles? Where can that information be found?	

INSURANCE INFORMATION

Who holds your auto policy?	
Auto policy number	
Auto insurer contact number	
Auto insurance agent (name, phone and email)	
Where is the auto policy kept? (safe, file cabinet, etc.)	
Who holds your home or renter policy?	
Home or renter policy number	
Home insurer contact number	
Home insurance agent (name, phone and email)	
Where is the home policy kept?	
Do you have other insurance policies? (not life; see below)	
Other policy number	
Other insurer contact number	
Other policy agent (name, phone and email)	
Where is the other policy kept?	
Do you have life insurance?	
Who holds the life policy?	
Life policy number	
Life insurer contact number	
Life insurance agent (name, phone and email)	
Where is the life policy kept?	
Who is the beneficiary?	

INSURANCE INFORMATION (CONTINUED)

Who holds your healthcare coverage? (outside your agency plan)	
Are other people on the plan?	
Healthcare policy number	
Healthcare contact number	
Healthcare agent or broker, if any (name, phone and email)	

LINE-OF-DUTY DEATH BENEFITS

If you die in the line of duty, your family may qualify for federal, state, agency and union benefits. Families often miss them because they do not know they exist. Record who to contact and where the paperwork is.

Agency benefits coordinator (name and phone)	
Agency-provided life insurance (insurer and policy number)	
Pension or retirement system (contact and member number)	
Federal Public Safety Officers' Benefits (PSOB) program: who at your agency handles the claim?	
State line-of-duty death benefits: who to contact	
Union or FOP lodge benefits: who to contact	
Other survivor benefits (education, health coverage, etc.)	
Where is this paperwork kept?	

MEMBERSHIPS AND SURVIVOR BENEFITS

Many organizations pay accidental-death or survivor benefits that go unclaimed: FOP and other unions, professional associations, credit unions, alumni groups, and for veterans the VA, SGLI or VGLI.

ORGANIZATION	MEMBER NUMBER	BENEFIT	CONTACT

SECONDARY EMPLOYMENT

Off-duty or part-time jobs your family should notify, and any final pay owed.

EMPLOYER	CONTACT	PHONE	FINAL PAY OWED?

RESIDENCE INFORMATION

What is your address?	
Does anyone live with you?	
Does anyone else have keys?	
Does anyone in the home need special assistance? (elderly parents, etc.)	
If so, who?	
Is there someone that person is most comfortable with?	
Who is it, and how can they be contacted?	
Do you have a spare key? Where is it?	

HOME SECURITY AND ACCESS

Alarm company and phone	
Alarm code and account password	
Garage door code	
Gate or community access code	
Smart locks, doorbell or camera accounts (app and login)	
Where are spare keys, fobs and remotes kept?	

HOME BILLING INFORMATION

Gas company	
Gas account number	
Gas company contact number	
Water company	

HOME BILLING INFORMATION (CONTINUED)

Water account number	
Water company contact number	
Power company	
Power account number	
Power company contact number	
Do you own or rent?	
Mortgage company or landlord	
Mortgage or lease account number	
Mortgage company or landlord contact number	
Cell phone carrier	
Cell phone account number	
Cell carrier contact number	

AUTOMATIC PAYMENTS AND SUBSCRIPTIONS

Recurring charges your family may need to keep paying or cancel.

COMPANY	WHAT IT'S FOR	AMOUNT	PAID FROM (ACCOUNT OR CARD)

PETS

Do you have animals?	
What type? (dogs, cats, etc.)	
Are any of them aggressive?	
What are their names?	
Who should take care of them?	

PETS (CONTINUED)

Has that person agreed to it?	
Veterinarian and phone	
Food, feeding schedule and amount	
Medications, conditions or special care	
Where are vaccination and microchip records kept?	

DEVICE INFORMATION

Cell phone passcode or unlock pattern Type the passcode, or print this page and draw your pattern on the dots, numbering the starting point.	Passcode: _____ Pattern: ● ● ● ● ● ● ● ● ●
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DEVICE	PASSCODE OR PASSWORD

DIGITAL ACCESS

Do you use a password manager? Which one?	
Where is the master password kept?	
Where are two-factor backup codes kept?	
Computer or laptop password	
Cryptocurrency or digital assets: which wallet or exchange?	
Where are the wallet keys or recovery phrase kept?	

SAFE INFORMATION

Do you have any safes?	
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SAFE LOCATION	COMBINATION OR KEY LOCATION	WHAT'S INSIDE

SAFE DEPOSIT BOX AND TAXES

Do you have a safe deposit box?	
Bank and branch	
Box number	
Where is the key?	
Who else is authorized to open it?	
Where are past tax returns kept?	
Who prepares your taxes? (name and phone)	

ADDITIONAL PROPERTIES

Do you own any additional properties? (rental homes, land, cabins, timeshares, etc.)	
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ADDRESS	TYPE OF PROPERTY	WHO MANAGES IT	LENDER AND ACCOUNT NUMBER

Where are the deeds, leases and records for these properties kept?	
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FIREARMS

[illegible]

WILL OR TRUST INFORMATION

Do you have a will or trust?	
If so, who has access to it?	
How can that person be contacted?	

It is highly recommended that you get a will or trust. Make sure it's prepared by someone who understands the laws in your state.

FUNERAL WISHES

Do you want to be buried or cremated?	
Buried in uniform, a suit or something else?	
If cremated, what do you want done with your remains?	
Should they go somewhere or to someone specific?	
Do you want specific pallbearers?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
Is there anyone you do not want to take part in the funeral?	
Do you want specific songs played?	
Do you want services held at a specific church or place?	
Do you have a burial plot?	
If so, where?	
Is there anyone specific you want to speak?	
Are you a military veteran?	
Do you qualify for military honors?	
Do you want military honors?	
Religious denomination	
Special requests	

OBITUARY AND SERVICE DETAILS

Preferred funeral home	
Do you have a prepaid funeral plan? Where is the paperwork?	
Which photo do you want used, and where is it?	
Where were you born and raised?	
Education and degrees	

OBITUARY AND SERVICE DETAILS (CONTINUED)

Career highlights, assignments and units

Awards, honors and community involvement

Anything else you want included in your obituary

QUICK-ACCESS MONEY

Accounts can be frozen while an estate is settled. Tell your family how to cover the first few weeks.

Where can your family get cash for the first few weeks?	
Joint accounts, and who is on them	
Emergency fund location or account	
Is any cash kept at home? Where?	

FINANCIAL ACCOUNTS

BANK	ACCOUNT NUMBER	ONLINE USER ID	PASSWORD

FINANCIAL ACCOUNTS (CONTINUED)

CREDIT CARDS	STUDENT LOANS	OTHER DEBTS	MEDICAL BILLS

Do you have military accounts? (TSP, USAA, etc.)

RETIREMENT ACCOUNTS

INSTITUTION	TYPE	ACCOUNT NUMBER	ONLINE ID	PASSWORD

WHERE IMPORTANT DOCUMENTS ARE KEPT

Birth certificate	
Marriage certificate	
Children's birth certificates	
Vehicle titles	
Will or trust	
Powers of attorney (healthcare and financial)	
Military paperwork (DD-214)	
Divorce or custody papers	
Mortgage and warranty paperwork	

SOCIAL MEDIA ACCOUNTS

PLATFORM	USER NAME	PASSWORD	MEMORIALIZE OR DELETE?

Facebook legacy contact set up? Who is it?	
Google Inactive Account Manager set up? Who is it?	
Anyone you want to post an announcement for you?	

EMAIL ACCOUNTS

EMAIL PROVIDER	USER NAME	PASSWORD

OTHER ACCOUNTS (STREAMING, SUBSCRIPTIONS, ETC.)

ACCOUNT	USER NAME	PASSWORD

PERSONAL ITEMS

Sentimental items you want to go to someone specific: a badge, a flag, a watch, jewelry. This is a wish list for your family, not a legal transfer. Firearms and items of significant value belong in your will or trust.

ITEM	WHO SHOULD RECEIVE IT	NOTES



DEAR

ACKNOWLEDGMENT AND SIGNATURE

Date this information was last updated

I understand that this document is not intended to replace a will or trust or supersede any legal document. Its sole purpose is to assist the person who receives it in the event of my death or permanent incapacitation.

PRINTED NAME

SIGNATURE

DATE

REVIEW LOG

Review this packet once a year and after any major change. Record each review here.

DATE REVIEWED	INITIALS	WHAT CHANGED

DISCLAIMER

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