

the complete

LIFE BINDER





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VEHICLES



VEHICLES

VEHICLE

year/model:

vin/ID #:

purchased from:

date purchased:

date sold:

owner/title:

insurance company:

VEHICLE

year/model:

vin/ID #:

purchased from:

date purchased:

date sold:

owner/title:

insurance company:

VEHICLE

year/model:

vin/ID #:

purchased from:

date purchased:

date sold:

owner/title:

insurance company:



FINANCES



BANK ACCOUNTS

ACCOUNT

bank:	phone:
account #:	routing #:
account type:	owner(s):
debit card #:	pin #:
website:	username:
beneficiary:	password:

ACCOUNT

bank:	phone:
account #:	routing #:
account type:	owner(s):
debit card #:	pin #:
website:	username:
beneficiary:	password:

ACCOUNT

bank:	phone:
account #:	routing #:
account type:	owner(s):
debit card #:	pin #:
website:	username:
beneficiary:	password:



CREDIT CARDS

CREDIT CARD

company:

lost card phone:

card #:

inquiry phone:

card type:

owner(s):

expiration:

cvv:

pin #:

website:

username:

credit line:

password:

CREDIT CARD

company:

lost card phone:

card #:

inquiry phone:

card type:

owner(s):

expiration:

cvv:

pin #:

website:

username:

credit line:

password:

CREDIT CARD

company:

lost card phone :

card #:

inquiry phone:

card type:

owner(s):

expiration:

cvv:

pin #:

website:

username:

credit line:

password:



CREDIT CARD COPIES

front

back

front

back

front

back

front

back



LOANS

LOAN

type: loan #: paid in full

original loan amount: interest rate:

bank: address:

contact: phone #:

website: username: pw:

email: notes:

LOAN

type: loan #: paid in full

original loan amount: interest rate:

bank: address:

contact: phone #:

website: username: pw:

email: notes:

LOAN

type: loan #: paid in full

original loan amount: interest rate:

bank: address:

contact: phone #:

website: username: pw:

email: notes:



EXPENSE TRACKER

TIME PERIOD

DATE	EXPENSE	CATEGORY	PAYMENT TYPE	AMOUNT



BUDGET TRACKER

TIME PERIOD

INCOME	DATE	SOURCE	BUDGET AMOUNT	ACTUAL AMOUNT

EXPENSES	DATE	EXPENSE	BUDGET AMOUNT	ACTUAL AMOUNT

TOTALS		BUDGETED	ACTUAL	DIFFERENCE
	INCOME			
	EXPENSES			
SAVINGS				



INVESTMENTS

BROKERAGE CONTACT

firm: _____ website: _____
contact: _____ username: _____
phone: _____ password: _____
email: _____ notes: _____

ACCOUNT:

firm: _____ website: _____
contact: _____ username: _____ pw: _____
phone: _____ account #: _____
email: _____ notes: _____
beneficiary: _____

ACCOUNT:

firm: _____ website: _____
contact: _____ username: _____ pw: _____
phone: _____ account #: _____
email: _____ notes: _____
beneficiary: _____

ACCOUNT:

firm: _____ website: _____
contact: _____ username: _____ pw: _____
phone: _____ account #: _____
email: _____ notes: _____
beneficiary: _____

ACCOUNT:

firm: _____ website: _____
contact: _____ username: _____ pw: _____
phone: _____ account #: _____
email: _____ notes: _____
beneficiary: _____



RETIREMENT BENEFITS

EMPLOYER

firm: _____
contact: _____
phone: _____
email: _____

website: _____
username: _____ pw: _____
employer #: _____
notes: _____

ACCOUNT:

firm: _____
contact: _____
phone: _____
email: _____
beneficiary: _____

website: _____
username: _____ pw: _____
account #: _____
payment method: _____
notes: _____

ACCOUNT:

firm: _____
contact: _____
phone: _____
email: _____
beneficiary: _____

website: _____
username: _____ pw: _____
account #: _____
payment method: _____
notes: _____

ACCOUNT:

firm: _____
contact: _____
phone: _____
email: _____
beneficiary: _____

website: _____
username: _____ pw: _____
account #: _____
payment method: _____
notes: _____

ACCOUNT:

firm: _____
contact: _____
phone: _____
email: _____
beneficiary: _____

website: _____
username: _____ pw: _____
account #: _____
payment method: _____
notes: _____



DEBT TRACKER

YEAR

STARTING BALANCE

CREDITOR

1

2

3

4

ACCOUNT #

5

6

7

8

PASSWORD

9

10

11

12

INTEREST RATE

ENDING BALANCE

MINIMUM PAYMENT

PAYOFF DATE

YEAR

STARTING BALANCE

CREDITOR

1

2

3

4

ACCOUNT #

5

6

7

8

PASSWORD

9

10

11

12

INTEREST RATE

ENDING BALANCE

MINIMUM PAYMENT

PAYOFF DATE



INSURANCE



INSURANCE POLICIES

HEALTH

provider: _____
phone: _____
policy #: _____
group #: _____

website: _____
username: _____
password: _____
notes: _____

DENTAL

provider: _____
phone: _____
policy #: _____
group #: _____

website: _____
username: _____
password: _____
notes: _____

VISION

provider: _____
phone: _____
policy #: _____
group #: _____

website: _____
username: _____
password: _____
notes: _____

HOME

provider: _____
phone: _____
policy #: _____
group #: _____

website: _____
username: _____
password: _____
notes: _____

AUTO

provider: _____
phone: _____
policy #: _____
group #: _____

website: _____
username: _____
password: _____
notes: _____

LIABILITY

provider: _____
phone: _____
policy #: _____
group #: _____

website: _____
username: _____
password: _____
notes: _____



INSURANCE POLICIES

LIFE

provider: _____
phone: _____
policy #: _____
group #: _____

website: _____
username: _____
password: _____
notes: _____

LIFE

provider: _____
phone: _____
policy #: _____
group #: _____

website: _____
username: _____
password: _____
notes: _____

DISABILITY

provider: _____
phone: _____
policy #: _____
group #: _____

website: _____
username: _____
password: _____
notes: _____

OTHER

provider: _____
phone: _____
policy #: _____
group #: _____

website: _____
username: _____
password: _____
notes: _____

OTHER

provider: _____
phone: _____
policy #: _____
group #: _____

website: _____
username: _____
password: _____
notes: _____

OTHER

provider: _____
phone: _____
policy #: _____
group #: _____

website: _____
username: _____
password: _____
notes: _____



VALUABLES INVENTORY

INSURANCE

provider _____ website: _____
address: _____ contact: _____
phone: _____ policy #: _____
email: _____ owner: _____

VALUABLES

ITEM	date purchased	NOTES



VITAL RECORDS



PERSONAL INFO

MY INFO

name:

address:

email:

phone:

work/school:

close friend:

emergency contact:

phone:

VITAL INFO

social security #:

drivers license #:

auto registration #:

passport # & expiration:

date of birth:

anniversary:

other:

MEDICAL

physicians name:

physicians phone:

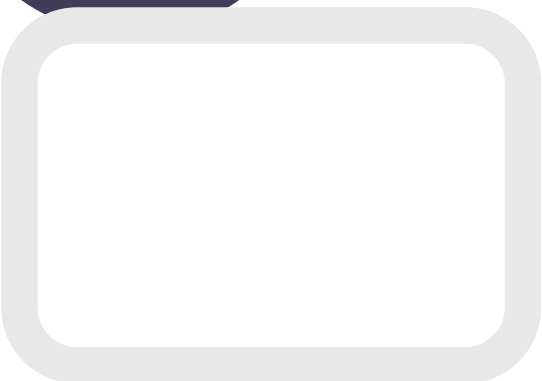
blood type:

allergies:

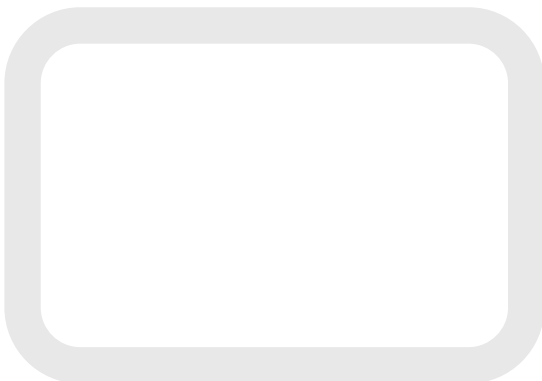
notes:



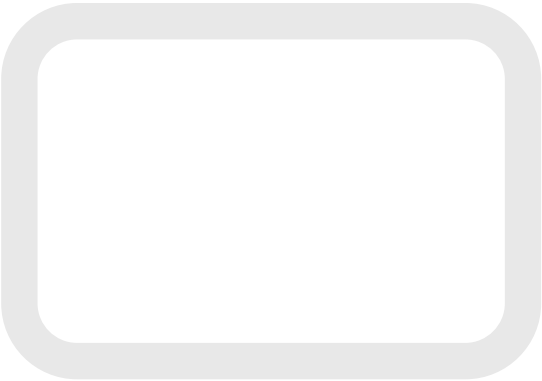
DRIVERS LICENSES



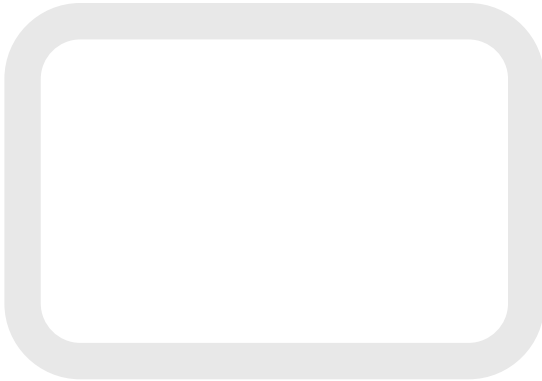
front



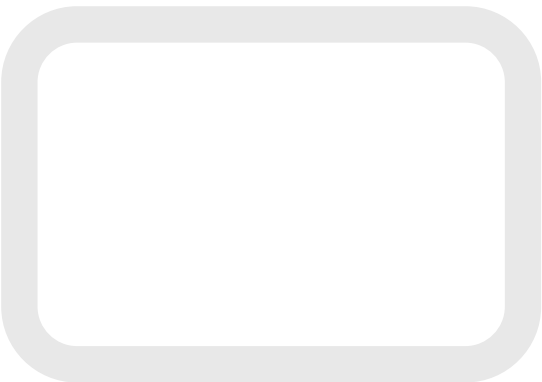
back



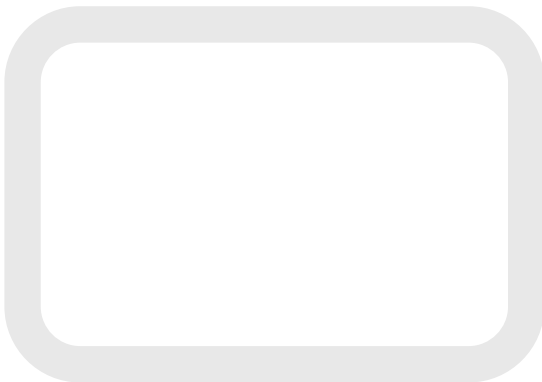
front



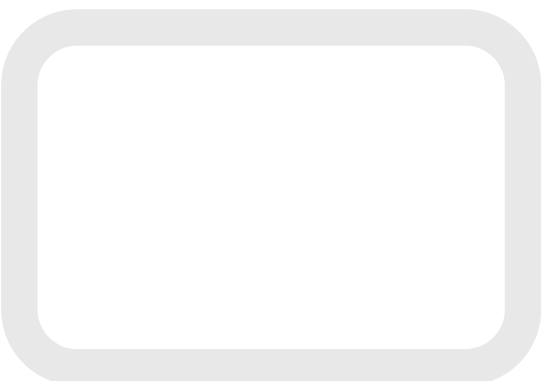
back



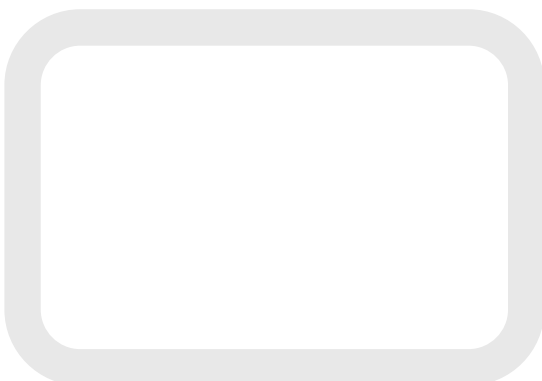
front



back



front



back



PASSPORT

place copies of
your passport here



BIRTH CERTIFICATE

**place copy of your
birth certificate
here**



BAPTISMAL CERTIFICATE

place copy of your
baptismal
certificate here



VOTER REGISTRATION

place copy of your
voter registration
here



MARRIAGE CERTIFICATE

place copy of your
marriage
certificate here



DEGREES + DIPLOMAS

DEGREE

owner:

issued by:

phone:

date of graduation:

degree earned:

location:

notes:

DEGREE

owner:

issued by:

phone:

date of graduation:

degree earned:

location:

notes:

DEGREE

owner:

issued by:

phone:

date of graduation:

degree earned:

location:

notes:



PROPERTIES



REAL ESTATE

PROPERTY

type:

address:

primary residence? Y N

owner/title:

date purchased:

date sold:

total cost:

net proceeds:

sales agent/agency:

phone:

PROPERTY

type:

address:

primary residence? Y N

owner/title:

date purchased:

date sold:

total cost:

net proceeds:

sales agent/agency:

phone:

PROPERTY

type:

address:

primary residence? Y N

owner/title:

date purchased:

date sold:

total cost:

net proceeds:

sales agent/agency:

phone:



HOME IMPROVEMENTS

PROPERTY

type: _____
address: _____
notes: _____

IMPROVEMENTS

IMPROVEMENT	DATE	COST



HOUSE PAINT COLORS

ROOM:

interior exterior

brand:

color:

finish:

notes:

ROOM:

interior exterior

brand:

color:

finish:

notes:

ROOM:

interior exterior

brand:

color:

finish:

notes:

ROOM:

interior exterior

brand:

color:

finish:

notes:

ROOM:

interior exterior

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finish:

notes:

ROOM:

interior exterior

brand:

color:

finish:

notes:



HOME SERVICES

COMPANY:

account #:

phone:

website:

username:

services:

password:

notes:

COMPANY:

account #:

phone:

website:

username:

services:

password:

notes:

COMPANY:

account #:

phone:

website:

username:

services:

password:

notes:



FUTURE HOME PROJECTS

PROJECT:

details:	resources:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

PROJECT:

details:	resources:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

PROJECT:

details:	resources:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



ESTATE



WILLS

WILL

owner:

created by: phone:

date of original will: date last reviewed:

executor: phone:

address:

location of will:

WILL

owner:

created by: phone:

date of original will: date last reviewed:

executor: phone:

address:

location of will:

WILL

owner:

created by: phone:

date of original will: date last reviewed:

executor: phone:

address:

location of will:



DEATH CERTIFICATE

**place copy of
death certificate
here**



ESTATE ORGANIZER

ESTATE OF:

EXECUTOR/EXECUTRIX

name: _____
address: _____
phone: _____
email: _____

location of will: _____
notes: _____

OBITUARY

draft location:

- newspapers to notify: _____
- schools to notify: _____
- other organizations: _____

NOTIFY

- banks
- company
- credit cards
- insurance companies
- investment firms
- military
- safe deposit boxes
- social security
- utilities

FUNERAL ARRANGEMENTS

funeral home: _____
address: _____
contact: _____
phone: _____ email: _____
funeral arrangements:

cemetery: _____
phone: _____ plot location: _____

NOTES



CHILDREN



SCHOOL INFO

SCHOOL:

**CONTACT
INFO**

main office: _____
 office staff: _____
 principal: _____
 school nurse: _____
 address: _____
 other: _____
 notes: _____

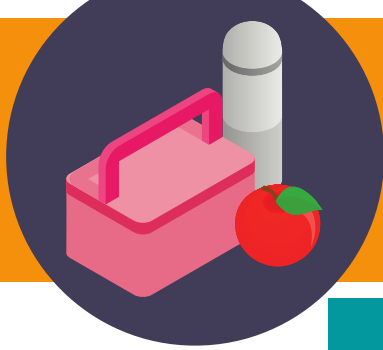
e-mail: _____
 e-mail: _____
 e-mail: _____
 e-mail: _____
 website: _____
 other: _____
 notes: _____

TEACHERS

FRIENDS

teacher	subject	contact

POLICIES:



LUNCHBOX PLANNER

WEEK:

monday

meal

snacks

drink

tuesday

meal

snacks

drink

wednesday

meal

snacks

drink

thursday

meal

snacks

drink

friday

meal

snacks

drink



SITTER NOTES

EMERGENCY NUMBERS

mom cell: _____
dad cell: _____
grandparents: _____
neighbor: _____
pediatrician: _____
poison control: _____
elementary school: _____
middle school: _____
high school: _____

MEDICAL INFO

allergies: _____
medications: _____
fever _____
allergy _____
cold _____
foods to avoid: _____

RULES

PETS

mealtimes: _____
food and portions: _____
treats & activities: _____
quirks: _____
veterinarian: _____

SITTERS NOTES:



CLOTHING SIZES

date:

NAME:

shirt size:

pants size:

shoe size:

collar size:

notes:

NAME:

shirt size:

pants size:

shoe size:

collar size:

notes:

NAME:

shirt size:

pants size:

shoe size:

collar size:

notes:

NAME:

shirt size:

pants size:

shoe size:

collar size:

notes:

NAME:

shirt size:

pants size:

shoe size:

collar size:

notes:

NAME:

shirt size:

pants size:

shoe size:

collar size:

notes:



FINGERPRINTS

CHILD

DATE

address: _____
social security #: _____
date of birth: _____
place of birth: _____
scars: _____
alias: _____
school attended: _____
parent/gaurdian: _____

race: _____
age: _____
eyes: _____
weight: _____
height: _____
sex: _____
complexion: _____
guardian phone: _____

Left Thumb

Left Index

Left Middle

Left Ring

Left Pinky

Right Thumb

Right Index

Right Middle

Right Ring

Right Pinky

left four fingers simultaneously

left thumb

right thumb

right four fingers simultaneously



CHORE CHART

WEEK:

CHORES	SUN	MON	TUE	WED	THU	FRI	SAT



HOUSEHOLD



SECURITY

MONITORING SERVICE

provider: _____ website: _____
address: _____ location: _____
phone: _____ pin #: _____
email: _____ notes: _____

KEYS

spare keys	location	notes

EMERGENCY PLAN



HOUSEKEEPING LOG

SERVICE DETAILS

start time

end time

LIVING AREAS

areas to clean

cleaning notes

KITCHEN

areas to clean

cleaning notes

BEDROOMS

areas to clean

cleaning notes

BATHROOMS

areas to clean

cleaning notes

SUPPLIES NEEDED: _____



CLEANING SCHEDULE

DAILY

- make beds
- wash dishes
- scrub kitchen sink
- wipe kitchen counter
- wipe kitchen table
- de-clutter paper piles
- stain treat laundry
- wash & put away laundry

WEEKLY

- water plants
- wash door knobs
- wash mirrors & glass
- empty & wipe trash cans
- scrub toilets
- wash all hard floors
- wash bathroom counters
- wash towels
- clean tubs/shower
- dust
- vacuum/wash couches
- vacuum carpets
- wash sheets
- wipe down appliances
- clean out fridge
- grocery shop

MONTHLY

- wipe down doors
- dust ceiling fans
- vacuum baseboards
- wash switchplates
- wash railings
- tidy cupboards/pantry
- wash throw blankets
- clean out freezer
- wipe down cabinets
- dust air returns

SEMI-ANNUALLY

- vacuum exhaust fans
- vacuum under furniture
- wash rugs & throw pillows
- launder comforters
- wash baseboards
- spot clean walls
- clean closets
- wash blinds/curtains
- clean oven
- wash decorative towels
- sort/store/donate clothing

ANNUALLY

- wash windows
- vacuum behind appliances
- clean dryer vent
- remove & wash floor vents
- clean carpets
- clean fireplace
- clean out attic & basement



MEDICAL



MEDICAL RECORDS

INFO

name:

insurance:

allergies:

conditions:

DOCTORS

NAME

SPECIALTY

PHONE

NOTES

PRESCRIPTION

DOSE

NOTES

RXS



SUPPLEMENTS TRACKER

SUPPLEMENT	SUPPLEMENT	SUPPLEMENT	SUPPLEMENT	SUPPLEMENT
dose: _____ note: _____ _____ _____	dose: _____ note: _____ _____ _____	dose: _____ note: _____ _____ _____	dose: _____ note: _____ _____ _____	dose: _____ note: _____ _____ _____

DATE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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PRESCRIPTION TRACKER

RX:
dose: _____
note: _____

RX:
dose: _____
note: _____

RX:
dose: _____
note: _____

RX:
dose: _____
note: _____

RX:
dose: _____
note: _____

DATE

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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MEDICAL INSURANCE CARDS

place copy of
insurance cards
here



EXERCISE LOG

WEEK:

DAY 1

ACTIVITY	SETS	REPS	WEIGHT	TIME	DISTANCE

DAY 2

ACTIVITY	SETS	REPS	WEIGHT	TIME	DISTANCE

DAY 3

ACTIVITY	SETS	REPS	WEIGHT	TIME	DISTANCE

DAY 4

ACTIVITY	SETS	REPS	WEIGHT	TIME	DISTANCE

DAY 5

ACTIVITY	SETS	REPS	WEIGHT	TIME	DISTANCE



FOOD LOG

DAY:

breakfast	food	calories	carbs	protein	fat	sugar	source

lunch	food	calories	carbs	protein	fat	sugar	source

dinner	food	calories	carbs	protein	fat	sugar	source

snacks	food	calories	carbs	protein	fat	sugar	source

water



viatmins



notes



EXTRAS



MILITARY

MEMBER

name:

location:

title:

branch:

number:

contact:

phone:

address:

location of military records:

BENEFITS

office:

ID number:

address:

phone:

contact:

email:

website:

coverage:

notes:

MEDICAL

office:

ID number:

address:

phone:

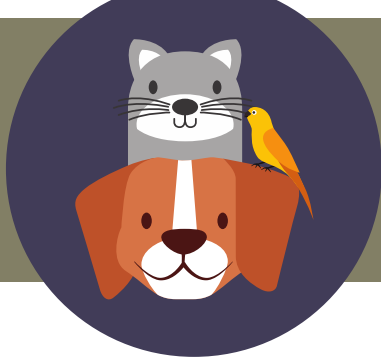
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email:

website:

coverage:

notes:



PETS

PET

name:

birthday:

registration #:

date of adoption:

veteranarian:

phone:

address:

notes:

INNOCULATIONS

Blank area for recording inoculations, consisting of seven horizontal light blue bars.

NOTES