

Home File Organization Categories PLANNING WORKSHEET

HOME
Insurance
Bills
<input type="checkbox"/> Hydro
<input type="checkbox"/> Gas
<input type="checkbox"/> Water
<input type="checkbox"/> Phone
<input type="checkbox"/> TV/Streaming
<input type="checkbox"/> Maintenance Costs
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
Mortgage or Rental Agreement
Personal Home Inventory <i>(Keep a copy outside the home too)</i>
Home Services
<input type="checkbox"/> Maintenance <i>(electrician, plumber, etc.)</i>
<input type="checkbox"/> Cleaners
<input type="checkbox"/> Landscaping
<input type="checkbox"/> Lawn Services
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
Manuals
<input type="checkbox"/> Appliances
<input type="checkbox"/> Electronics
<input type="checkbox"/> Computers and Phones
<input type="checkbox"/> Outdoor Equipment
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
Warranties
<input type="checkbox"/> Appliances
<input type="checkbox"/> Electronics
<input type="checkbox"/> Computers and Phones
<input type="checkbox"/> Outdoor Equipment
<input type="checkbox"/> Software
Other:
Other:
Other:
Other:
Other:
Other:

PRIORITY
Upcoming Bills
Upcoming Appointments
Other:
Other:
Other:

AUTO
Insurance
Bills/Maintenance Costs
Leases
Manuals
Previous Vehicles
Other:
Other:

BANKING
Mortgage
Loan Documents
Credit Card Agreement
Investment Records
Bank Statements
Taxes <i>(Sort by Business or Family Member)</i>
<input type="checkbox"/> Current Tax Year
<input type="checkbox"/> Previous Tax Year(s)
Other:
Other:

HEALTH
Health Insurance
Medical Documents
Doctor's Contact
Dental Documents
Other:
Other:
Other:

FAMILY
Family Member: _____
<input type="checkbox"/> Identification Documents
<input type="checkbox"/> Life Insurance
<input type="checkbox"/> Medical Documents
<input type="checkbox"/> Employment Documents
<input type="checkbox"/> _____
<input type="checkbox"/> _____
Family Member: _____
<input type="checkbox"/> Identification Documents
<input type="checkbox"/> Life Insurance
<input type="checkbox"/> Medical Documents
<input type="checkbox"/> Employment Documents
<input type="checkbox"/> _____
<input type="checkbox"/> _____
Child: _____
<input type="checkbox"/> Identification Documents
<input type="checkbox"/> Medical Documents
<input type="checkbox"/> Teachers (names, school, contact)
<input type="checkbox"/> Report Cards
<input type="checkbox"/> _____
<input type="checkbox"/> _____
Child: _____
<input type="checkbox"/> Identification Documents
<input type="checkbox"/> Medical Documents
<input type="checkbox"/> Teachers (names, school, contact)
<input type="checkbox"/> Report Cards
<input type="checkbox"/> _____
<input type="checkbox"/> _____
Pet(s): _____
<input type="checkbox"/> Vet information
<input type="checkbox"/> Animal Licenses
<input type="checkbox"/> _____
<input type="checkbox"/> _____
Other:
Other:
Other:

OTHER: _____