



UNIVERSITY  
CONCERT HALL  
LIMERICK

# Record Book

A helpful guide to planning

This record book is intended to function as a comprehensive directive to record important information and alleviate the concerns of loved ones, by laying out your plans in advance. It records information pertaining to your burial plans, financial information, passwords, and legal documents. It is not to be interpreted as a will. As you proceed with your planning, your solicitor will offer guidance on all pertinent matters and will undertake the drafting of all legally binding documentation.

Additionally, we are available to assist with your philanthropic inclinations, either at the inception of this process or upon completion of your record.

*It is recommended that you update this record periodically as your circumstances change and ensure a close and trusted person is aware of its existence and location.*

*(This is to be used solely as a guide, please refer to your solicitor regarding any legal documentation)*

Created on \_\_/\_\_/\_\_

# Personal Info

## You and Your Family

---

**Full name** (Please print above and include all aliases.)

---

Address

City,

Eircode,

Phone number

Email

---

PPS number

Social Welfare Pension Claim No (if applicable)

---

Date of birth

Birthplace

---

---

## Spouse/Partner Information

---

**Current spouse or partner's full name**

Date of birth

---

Address

City, Eircode

Phone

Email

---

PPS number

---

Date of marriage (if applicable)

Location of certificate (if applicable)

---

Location of prenuptial agreement document (if applicable)

---

Date of death (if applicable)

Resting place

---

Location of death certificate

---

**Former spouse or partner's full name**

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Date of marriage (if applicable)

Location of certificate (if applicable)

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Location of prenuptial agreement document (if applicable)

---

Date of divorce, annulment, legal separation or death (Specify event.)

---

Location of documents pertaining to divorce, annulment, legal separation or death (Specify event.)

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## Family History

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**Parent 1 full name**

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Address

Phone

---

Email

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Date of death (if applicable)

Resting place

---

Location of death certificate

---

**Parent 2 full name**

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Address

Phone

---

Email

---

Date of death (if applicable)

Resting place

---

Location of death certificate

---

**Sibling's full name**

---

Address

Phone

---

Phone

Email

---

**Sibling's full name**

---

Address

---

Phone

Email

---

**Sibling's full name**

---

Address

---

Phone

Email

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# Your Pets

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**Pet's name/type of animal/breed**

Microchip/license number

---

Food/medical/other care

---

**Pet's name/type of animal/breed**

Microchip/license number

---

Food/medical/other care

---

**Pet's name/type of animal/breed**

Microchip/license number

---

Food/medical/other care

---

Veterinarian's contact information

---

Pet caretaker's name

Pets they will care for

---

Phone

Email

---

Address

---

# Your Medical Information

## Emergency Contacts

---

**Name/relationship**

Phone

---

Email

---

**Name/relationship**

Phone

---

Email

---

**Name/relationship**

Phone

---

Email

## Medical Professionals

---

**Primary Doctor**

Phone

---

Address

---

**Dentist**

Phone

---

Address

---

**Consultant** (include specialty.)

Phone

---

**Consultant** (include specialty.)

Phone

---

# Employment Information

## Current Employment

Are you retired?  Yes  No

---

Company name

Phone

---

Address

---

Supervisor

---

Current benefits and location of documents

---

Position

Start date (and end date, if retired)

Ownership interest  Yes  No

## Prior Employment

---

Previous employer company name and position

From

To

---

Address

Phone

---

Life insurance or retirement benefits that remain effective

---

Benefits and location of documents

---

---

Previous employer company name and position

From

To

---

Address

Phone

---

Life insurance or retirement benefits that remain effective

---

Benefits and location of documents

---

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## Charitable Affiliations

Full Name of Organisation.

Method of Involvement  
(donor, volunteer, etc.)

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## Your Finances

Income Sources (may include Social Security,  
retirement plans, pensions or securities)

Amount of Annual Income

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---

---

---

---

---

---

---

€ \_\_\_\_\_

€ \_\_\_\_\_

€ \_\_\_\_\_

€ \_\_\_\_\_

€ \_\_\_\_\_

€ \_\_\_\_\_

€ \_\_\_\_\_

€ \_\_\_\_\_

## Tax Records

---

Location

Tax advisor/Broker

---

Address

Phone

## Safe-deposit Box or Safe

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---

Location/address \_\_\_\_\_ Box Number \_\_\_\_\_

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# Passwords and Digital Instructions

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## Mobile phone password / Computer password / Alarm Code

Account Type	Important Usernames	Passwords or Location of Passwords
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Helpful Information

Gas / Electric Provider	Phone	Account number
Water company	Phone	Account number
Phone/Mobile Provider	Phone	Account number
Waste Provider	Phone	Account number
Internet provider	Phone	Account number
Cable/satellite company	Phone	Account number
Home security company	Phone	Account number
Private Health Provider	Phone	Account number
Subscriptions		Account number
_____		_____
_____		_____
_____		_____
_____		_____

# Your Assets

## Cash (savings, and bank account details)

Type of account	Financial institution	Owned by you alone	Jointly owned with your partner
_____	_____	€ _____	€ _____
_____	_____	€ _____	€ _____
_____	_____	€ _____	€ _____
_____	_____	€ _____	€ _____
_____	_____	€ _____	€ _____
_____	_____	€ _____	€ _____
_____	_____	€ _____	€ _____
_____	_____	€ _____	€ _____

## Property

Description and location of property	Date of purchase	Valuation	Mortgage Remaining	Lender
_____	_____	€ _____	€ _____	_____
_____	_____	€ _____	€ _____	_____
_____	_____	€ _____	€ _____	_____

## Retirement Benefits (pension, profit sharing, including amounts of life insurance owned in the retirement plan)

Description	Beneficiary	Owned by you alone	Jointly Owned with partner
_____	_____	€ _____	€ _____
_____	_____	€ _____	€ _____
_____	_____	€ _____	€ _____

# Your Assets

## Broker

Firm name	Amount
_____	€ _____
_____	€ _____
_____	€ _____
_____	€ _____

## Personal Assets (automobiles, jewelry, furniture, boats, paintings, collections, etc.)

Description	Date of purchase	Valuation	Location
_____	_____	€ _____	_____
_____	_____	€ _____	_____
_____	_____	€ _____	_____
_____	_____	€ _____	_____
_____	_____	€ _____	_____
_____	_____	€ _____	_____
_____	_____	€ _____	_____
_____	_____	€ _____	_____
_____	_____	€ _____	_____
_____	_____	€ _____	_____

## Life Insurance

Face amount (note any policy loans)

## Pensions

Present value

Description	Annuitant	Beneficiary	Cost basis	Owned by you alone	Jointly Owned
_____	_____	_____	€ _____	€ _____	€ _____
_____	_____	_____	€ _____	€ _____	€ _____
_____	_____	_____	€ _____	€ _____	€ _____

# Your Assets

## Business Interests Owned (proprietorship, partnership, corporation) Value of interest

Business name and address	Cost basis	Owned by you alone	Jointly Owned
_____	€ _____	€ _____	€ _____
_____	€ _____	€ _____	€ _____
_____	€ _____	€ _____	€ _____
_____	€ _____	€ _____	€ _____
_____	€ _____	€ _____	€ _____
_____	€ _____	€ _____	€ _____
_____	€ _____	€ _____	€ _____
_____	€ _____	€ _____	€ _____

## Obligations Due to Me (mortgages held, notes receivable, accounts receivable)

Name of debtor	Address	Owned by you alone	Jointly Owned
_____	_____	€ _____	€ _____
_____	_____	€ _____	€ _____
_____	_____	€ _____	€ _____
_____	_____	€ _____	€ _____
_____	_____	€ _____	€ _____

## Other Assets Potentially Includable in Estate Current value

(interest in a trust or estate, shares, royalties, patents, \_\_\_\_\_)

Description	Value/Cost basis	Owned by you alone	Jointly Owned
_____	€ _____	€ _____	€ _____
_____	€ _____	€ _____	€ _____
_____	€ _____	€ _____	€ _____
_____	€ _____	€ _____	€ _____
_____	€ _____	€ _____	€ _____
_____	€ _____	€ _____	€ _____

**Total of all assets:** € \_\_\_\_\_ € \_\_\_\_\_

**Current Cards** (Store cards, credit cards, etc.)

Description	Name of creditor	Owed by you alone	Location of card & code
_____	_____	€ _____	_____
_____	_____	€ _____	_____
_____	_____	€ _____	_____
_____	_____	€ _____	_____
_____	_____	€ _____	_____

## Your Will

\_\_\_\_\_

Location

\_\_\_\_\_

Date of will

Date of last review

\_\_\_\_\_

Date(s) of any codicils

\_\_\_\_\_

**Executor or personal representative**

Address

Phone

\_\_\_\_\_

**Alternate personal representative**

Address

Phone

\_\_\_\_\_

**Solicitor**

Address

Phone

\_\_\_\_\_

## Health Care Directives

Do you have an advanced health care directive or living will?  Yes  No

---

**Document title**

---

Date prepared

---

Prepared by (name, title, contact information)

---

Location of original document

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Locations of copies (We suggest attaching a copy to this record book.)

## Long-Term Care

Do you have a long-term care insurance policy?  Yes  No

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Insurance agent's name/phone number/email address

---

---

Company name:

Policy number:

## Body, Organ and Tissue Donations

Do you wish to donate your body, organs or tissues?  Yes  No

---

**First donation (identify organ or tissue, or indicate entire body)**

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Receiving organisation's name/phone number/email address

---

Location of documents

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**\* Please note: This is not intended as a legal form. Consult with your doctor and solicitor to create the appropriate documents.**

# End-of-Life Planning

## Funeral Arrangements

It is not unusual to plan your funeral arrangements, the below information may help guide you and provide some comfort and support to your loved ones.

---

Funeral Director and/or church

---

Address

**Type of service**

Religious

non-religious

Memorial service with no casket present

**Funeral instructions**

Closed coffin

Open coffin

Other: \_\_\_\_\_

Phone

Instructions

---

Burial

Cremation

Donation of the body (see above)

---

Gravesite/Crematorium information

Location

---

Arrangements made by

Phone

---

Favorite hymns/songs

---

Favorite scripture/poems/quotes

---

Favorite flowers

---

Charity(ies) instead of flowers.

## Persons to Notify in the Event of My Death

Name/relationship

Phone

Address

Name/relationship

Phone

Address

Name/relationship

Phone

Address

## Charitable Organisations Included in My Will

### 3. To charitable organisations

Name and address of the charitable organisation.	Percentage of net estate	Euro amount
_____	_____ % OR	€ _____
_____	_____ % OR	€ _____
_____	_____ % OR	€ _____
_____	_____ % OR	€ _____

Name and address of the charitable organisation.	Description of specific asset
_____	_____
_____	_____
_____	_____
_____	_____

*Please ensure that you update this record book as your circumstances change*



**University Concert Hall  
Foundation Building  
Streelane  
Castletroy  
Co Limerick.  
V94 PX58  
Registered Charity Number: 20028398  
Contact: 061-213306**