The Life Systems Blueprint™

Digital Resource Library

Printable Checklists, Forms, Templates, and Worksheets

By L.P. Henson

The forms, checklists, worksheets, planners, and templates in this Digital Resource Library are provided for educational and informational purposes only. They are designed to help readers organize personal records, household information, emergency plans, digital accounts, maintenance records, life transitions, and legacy-related materials.

This resource does not provide legal, financial, tax, medical, insurance, cybersecurity, or estate planning advice.

Before making decisions involving legal documents, finances, taxes, insurance, healthcare directives, estate planning, digital security, or personal records, consult qualified professionals who understand your specific situation.

Readers are responsible for protecting private information, securing sensitive documents, and deciding how and where to store completed forms.

Store completed pages in a safe and secure location.

Share access only with trusted people.

For permissions, questions, or support, contact:

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Published by: **L.P. Henson**

Welcome to the Life Systems Blueprint™ Digital Resource Library

This resource library was created to help you put *The Life Systems Blueprint™* into action.

The book teaches you the system.
This library gives you the tools.

Inside, you'll find printable checklists, binder templates, emergency forms, maintenance planners, and worksheets designed to help you organize every major area of your life.

You do not have to complete everything at once.

Start with the area that creates the most stress in your life right now. Then build one system at a time.

The goal is not perfection.

The goal is progress, clarity, and peace of mind.

HOW TO USE THIS RESOURCE LIBRARY

Step 1: Print What You Need First

Do not feel pressure to print everything at once. Start with the section that matters most right now.

Good starting points include:

- Personal documents
- Emergency contacts
- Financial records
- Password and account organization
- Medical records
- Legacy planning

Step 2: Create a Life Systems Binder

Use a physical binder, digital folder, or both.

Recommended binder sections:

1. Personal Records
2. Family Information
3. Medical Records
4. Financial Records
5. Home & Vehicle
6. Digital Life
7. Emergency Preparedness
8. Life Transitions
9. Legacy Planning
10. Annual Review

Step 3: Update Your Systems Regularly

Your life changes. Your systems should change with it.

Review your information:

- Monthly for quick updates
- Quarterly for deeper checks
- Annually for a full Life Systems Review
- After major life changes

Step 4: Share Access With Trusted People

A system only protects your loved ones if the right people know it exists.

Choose trusted people who should know where your important information is stored.

PRIVACY & SECURITY NOTE

This Digital Resource Library may include pages where you record sensitive personal, family, medical, financial, household, digital, emergency, and legacy-related information.

Because of that, it is important to protect completed forms carefully.

Blank pages are safe to print, copy, and organize.

Completed pages should be treated as private documents.

Protect Your Completed Forms

After you fill out any page in this resource library, store it in a safe place.

Recommended storage options include:

- A locked file cabinet
- A fire-resistant document safe
- A secure home office location
- A password-protected digital folder
- A trusted cloud storage account with strong security
- A Life Systems Binder™ kept in a private location

Do not leave completed forms in open areas where visitors, workers, or unauthorized people can easily see them.

Be Careful With Passwords

This resource library may help you organize digital accounts, recovery information, and password manager details.

For security, avoid writing full passwords directly in this binder unless the binder is stored in a highly secure location.

A safer option is to record:

- The name of your password manager
- Where emergency access instructions are stored
- Your recovery email
- Your recovery phone number
- The name of your trusted digital contact

Never share your master password casually.

Share Access Only With Trusted People

A Life Systems Binder™ is most useful when the right person knows it exists.

However, not everyone needs access to everything.

Choose trusted people carefully.

You may want to share:

- Where the binder is stored
- Who to contact in an emergency
- Where important documents can be found
- How to access emergency instructions
- What to do if you are unable to manage your affairs

Only give sensitive details to people you trust.

Protect Digital Copies

If you save this resource library digitally, use strong security.

Recommended steps:

□ Use a strong device password
□ Keep your computer or phone updated
□ Use secure cloud storage
□ Turn on two-factor authentication
□ Avoid storing sensitive files on shared devices

□ Back up important files regularly
□ Delete outdated copies when they are no longer needed

Review Security Regularly

Your information changes over time.

Review your privacy and security setup at least once a year.

Update your storage location, trusted contacts, emergency instructions, and digital access plan whenever your life changes.

Final Reminder

The goal of this resource library is to help you create clarity and peace of mind.

That clarity only works when your information is both organized and protected.

Store completed pages carefully.

Share wisely.

Review often.

Protect what matters.

TABLE OF CONTENTS

SECTION 1

Essential Checklists

These checklists help you identify what information, documents, and systems you need to organize first.

Personal Document Checklist

Use this checklist to gather your most important personal documents.

□ Birth certificate
□ Social Security card
□ Driver's license or state ID
□ Passport
□ Marriage certificate
□ Divorce records, if applicable
□ Adoption records, if applicable
□ Military records, if applicable
□ Immigration or citizenship documents
□ Education records
□ Professional licenses
□ Employment records
□ Tax identification documents
□ Legal name change documents
□ Personal identification photos
□ Copies of important IDs
□ Emergency contact information
□ Personal document storage location recorded
□ Digital backup created
□ Trusted person knows where to find documents

Family Information Checklist

Use this checklist to organize important family details in one place.

□ Full legal names of family members
□ Dates of birth
□ Phone numbers
□ Email addresses
□ Home addresses
□ Emergency contacts
□ School information for children
□ Childcare information

□ Elder care information
□ Family medical contacts
□ Important family passwords stored securely
□ Family calendar system created
□ Family emergency plan created
□ Important family routines documented
□ Pet information, if applicable
□ Family insurance information recorded
□ Trusted family contact identified
□ Family information updated annually

Medical Records Checklist

Use this checklist to organize important health information.

□ Primary doctor contact information
□ Specialist contact information
□ Dentist contact information
□ Eye doctor contact information
□ Pharmacy information
□ Current medications
□ Medication dosages
□ Allergies
□ Medical conditions
□ Surgical history
□ Immunization records
□ Health insurance cards
□ Dental insurance cards
□ Vision insurance cards
□ Emergency medical contacts
□ Blood type, if known
□ Family medical history
□ Medical power of attorney, if applicable
□ Advance directive, if applicable
□ Copies stored in emergency file

Financial Records Checklist

Use this checklist to organize your financial life.

□ Checking accounts
□ Savings accounts

□ Credit cards
□ Loans
□ Mortgage information
□ Rent or lease information
□ Investment accounts
□ Retirement accounts
□ Life insurance policies
□ Health insurance policies
□ Auto insurance policies
□ Homeowners or renters insurance
□ Tax returns
□ Pay stubs or income records
□ Business income records
□ Monthly bills
□ Subscription services
□ Debt balances
□ Budget worksheet
□ Financial advisor contact information
□ Trusted person knows where financial records are stored

Household Operations Checklist

Use this checklist to organize the information that keeps your home running.

□ Mortgage or lease information
□ Utility accounts
□ Internet provider
□ Phone provider
□ Trash and recycling schedule
□ Home security information
□ Appliance manuals
□ Warranty information
□ Home repair contacts
□ Cleaning schedule
□ Maintenance schedule
□ Pest control information
□ Lawn care information
□ Home improvement records
□ Contractor contacts
□ Home insurance information
□ Emergency shutoff locations
□ Spare key locations

□ Household routines documented
□ Annual home review completed

Home Inventory Checklist

Use this checklist to document valuable items in your home.

□ Furniture
□ Electronics
□ Appliances
□ Jewelry
□ Artwork
□ Collectibles
□ Tools
□ Computers
□ Phones and tablets
□ Cameras
□ Musical instruments
□ Clothing of high value
□ Sports equipment
□ Outdoor equipment
□ Serial numbers recorded
□ Photos or videos taken
□ Receipts saved
□ Estimated values recorded
□ Insurance coverage reviewed
□ Digital backup created

Vehicle Records Checklist

Use this checklist to organize vehicle information.

□ Vehicle title
□ Vehicle registration
□ Auto insurance card
□ Driver's license copy
□ Loan or lease documents
□ Warranty information
□ Maintenance records
□ Oil change records
□ Tire records
□ Repair receipts

□ Roadside assistance information
□ Mechanic contact information
□ VIN recorded
□ License plate number recorded
□ Inspection records
□ Emissions records
□ Accident reports, if applicable
□ Emergency kit stored in vehicle
□ Vehicle review completed annually

Digital Life Checklist

Use this checklist to organize your digital world.

□ Main email accounts listed
□ Cloud storage accounts listed
□ Banking apps listed
□ Password manager selected
□ Important passwords stored securely
□ Two-factor authentication enabled
□ Phone backup turned on
□ Computer backup turned on
□ Important files organized
□ Digital photos backed up
□ Subscription accounts listed
□ Social media accounts listed
□ Online shopping accounts listed
□ Digital documents backed up
□ Recovery email updated
□ Recovery phone number updated
□ Trusted digital contact chosen
□ Old accounts reviewed
□ Unused accounts closed
□ Annual digital review completed

Password & Online Account Checklist

Use this checklist to strengthen account security.

□ Password manager created
□ Master password chosen securely
□ Two-factor authentication enabled

□ Recovery email updated
□ Recovery phone updated
□ Banking passwords updated
□ Email passwords updated
□ Cloud storage passwords updated
□ Social media passwords updated
□ Shopping account passwords updated
□ Business account passwords updated
□ Passwords not reused
□ Weak passwords replaced
□ Shared passwords removed
□ Trusted contact documented
□ Emergency access instructions created
□ Password review scheduled every 6 months

Emergency Preparedness Checklist

Use this checklist to prepare for unexpected events.

□ Emergency contact list created
□ Medical emergency information completed
□ Family emergency plan created
□ Evacuation route planned
□ Meeting place selected
□ Emergency supply kit created
□ Flashlights available
□ Batteries stored
□ First aid kit stocked
□ Water stored
□ Nonperishable food stored
□ Important documents copied
□ Cash stored safely
□ Phone chargers ready
□ Power bank charged
□ Insurance documents accessible
□ Pet emergency plan created, if needed
□ Trusted person knows your emergency plan
□ Emergency plan reviewed annually

Life Transition Checklist

Use this checklist during major life changes.

□ Identify the transition
□ List what is changing
□ List what needs to be updated
□ Review personal documents
□ Review financial records
□ Review medical information
□ Review insurance policies
□ Update emergency contacts
□ Update beneficiary information
□ Update household records
□ Update digital accounts
□ Notify important people
□ Create a transition timeline
□ Identify support people
□ Plan next steps
□ Review progress monthly
□ Stabilize new routines
□ Document lessons learned

Legacy Planning Checklist

Use this checklist to organize your legacy information.

□ Will created or reviewed
□ Trust documents reviewed, if applicable
□ Power of attorney created
□ Healthcare directive created
□ Beneficiaries reviewed
□ Life insurance information recorded
□ Financial accounts documented
□ Property records organized
□ Digital accounts documented
□ Password access plan created
□ Funeral wishes documented
□ Family instructions written
□ Important contacts listed
□ Legacy letters started, if desired
□ Family stories preserved
□ Trusted person informed

□ Attorney contact recorded
□ Annual legacy review scheduled

Annual Life Systems Review Checklist

Use this checklist once a year to review your entire life system.

□ Review personal documents
□ Review family information
□ Review medical records
□ Review financial records
□ Review insurance policies
□ Review household systems
□ Review home inventory
□ Review vehicle records
□ Review digital files
□ Review passwords and accounts
□ Review emergency plan
□ Review life transition needs
□ Review legacy documents
□ Remove outdated information
□ Update important contacts
□ Back up digital files
□ Share updates with trusted people
□ Set goals for the next year
□ Schedule next annual review

You Have Started Building Your Life Systems

You do not need to complete every checklist in one day.

Choose one checklist.
Complete one section.
Gather one group of documents.
Update one system.

Small steps create strong systems.

Strong systems create peace of mind.

SECTION 2

Printable Binder Templates

These pages are designed to help readers build a physical **Life Systems Binder™** or use the same structure for a digital folder system.

The purpose of the binder is simple:

Everything important should have a place.
The right people should know where to find it.
Your information should be easy to update when life changes.

LIFE SYSTEMS BINDER™ COVER PAGE

THE LIFE SYSTEMS BINDER™

Organized Information for a Prepared Life

This binder contains important records, contacts, instructions, and planning information for:

Name: _____

Prepared by: _____

Date created: _____

Last updated: _____

Primary trusted contact: _____

Phone: _____

Email: _____

Important Notice

This binder may contain sensitive personal, financial, medical, legal, and digital information.

Store this binder in a secure location.

Only trusted people should know where it is kept.

LIFE SYSTEMS BINDER™ QUICK ACCESS PAGE

In Case of Emergency

If something happens and important information is needed, start here.

Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Email: _____

Medical Emergency Contact

Doctor/Provider: _____

Phone: _____

Preferred hospital: _____

Health insurance provider: _____

Policy/member number: _____

Important Document Location

Physical documents are stored at:

Digital documents are stored at:

Password manager used: _____

Emergency access instructions location:

BINDER SECTION DIVIDER PAGE

SECTION 1

PERSONAL RECORDS

Use this section to store personal identification, legal documents, education records, employment records, and other personal information.

Items to include:

□ Birth certificate
□ Social Security card
□ Driver's license or state ID
□ Passport
□ Marriage certificate
□ Divorce records
□ Adoption records
□ Military records
□ Immigration or citizenship records
□ Education records
□ Professional licenses
□ Employment records
□ Legal name change documents
□ Copies of important IDs

Notes:

PERSONAL RECORDS SUMMARY PAGE

Personal Information

Full legal name: _____

Preferred name: _____

Date of birth: _____

Place of birth: _____

Social Security number location: _____

Driver's license/state ID number: _____

Passport number: _____

Passport expiration date: _____

Marital status: _____

Spouse/partner name: _____

Important Personal Documents

Document	Location	Digital Backup?	Notes
Birth certificate	_____	□ Yes □ No	_____
Social Security card	_____	□ Yes □ No	_____
Driver's license/ID	_____	□ Yes □ No	_____
Passport	_____	□ Yes □ No	_____
Marriage certificate	_____	□ Yes □ No	_____
Legal records	_____	□ Yes □ No	_____

Family Information

Use this section to keep important family information organized in one place.

Items to include:

□ Family contact list
□ Children's information
□ School information
□ Childcare information
□ Elder care information
□ Pet information
□ Family routines
□ Family emergency plan
□ Shared accounts and responsibilities
□ Important family instructions

Notes:

FAMILY INFORMATION PAGE

Family Member 1

Full name: _____

Relationship: _____

Date of birth: _____

Phone: _____

Email: _____

Address: _____

Important notes:

Family Member 2

Full name: _____

Relationship: _____

Date of birth: _____

Phone: _____

Email: _____

Address: _____

Important notes:

Family Member 3

Full name: _____

Relationship: _____

Date of birth: _____

Phone: _____

Email: _____

Address: _____

Important notes:

IMPORTANT CONTACTS PAGE

Trusted Contacts

Primary Trusted Contact

Name: _____

Relationship: _____

Phone: _____

Email: _____

Address: _____

Secondary Trusted Contact

Name: _____

Relationship: _____

Phone: _____

Email: _____

Address: _____

Additional Trusted Contact

Name: _____

Relationship: _____

Phone: _____

Email: _____

Address: _____

PROFESSIONAL CONTACTS PAGE

Key Professional Contacts

Attorney

Name: _____

Firm: _____

Phone: _____

Email: _____

Notes: _____

Financial Advisor

Name: _____

Company: _____

Phone: _____

Email: _____

Notes: _____

Accountant / Tax Professional

Name: _____

Company: _____

Phone: _____

Email: _____

Notes: _____

Insurance Agent

Name: _____

Company: _____

Phone: _____

Email: _____

Notes: _____

SECTION 3
MEDICAL RECORDS

Use this section to organize health information, insurance details, medication lists, medical contacts, and emergency medical instructions.

Items to include:

□ Doctor contacts
□ Specialist contacts
□ Medication list
□ Allergies
□ Medical conditions
□ Surgery history
□ Immunization records
□ Health insurance cards
□ Dental insurance cards
□ Vision insurance cards
□ Medical power of attorney
□ Advance directive
□ Emergency medical instructions

Notes:

MEDICAL INFORMATION PAGE

Primary Medical Information

Primary doctor: _____

Clinic/practice: _____

Phone: _____

Address: _____

Preferred hospital: _____

Pharmacy: _____

Pharmacy phone: _____

Current Medications

Medication	Dosage	Frequency	Prescribing Doctor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allergies

□ No known allergies

Known allergies:

Medical Conditions

Emergency Medical Notes

FINANCIAL RECORDS

Use this section to organize banking, bills, debt, insurance, investments, taxes, income records, and financial contacts.

Items to include:

□ Bank account list
□ Credit card list
□ Loan records
□ Mortgage or lease information
□ Investment records
□ Retirement accounts
□ Insurance policies
□ Tax records
□ Monthly bills
□ Subscription list
□ Budget worksheet
□ Financial advisor contact information

Notes:

FINANCIAL ACCOUNTS PAGE

Bank Accounts

Bank	Account Type	Last 4 Digits	Online Access Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Credit Cards

Company	Last 4 Digits	Payment Due Date	Notes
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Loans and Debts

Lender	Type	Balance	Due Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MONTHLY BILLS PAGE

Monthly Bill Tracker

Bill	Company	Due Date	Amount	Auto Pay?
Mortgage/Rent	_____	_____	_____	□ Yes □ No
Electric	_____	_____	_____	□ Yes □ No
Water	_____	_____	_____	□ Yes □ No
Gas	_____	_____	_____	□ Yes □ No
Internet	_____	_____	_____	□ Yes □ No
Phone	_____	_____	_____	□ Yes □ No
Insurance	_____	_____	_____	□ Yes □ No
Other	_____	_____	_____	□ Yes □ No

HOME & VEHICLE

Use this section to organize household operations, home maintenance, inventory records, vehicle documents, warranties, repairs, and service information.

Items to include:

□ Mortgage or lease information
□ Utility accounts
□ Home insurance
□ Appliance manuals
□ Warranty records
□ Contractor contacts
□ Home repair logs
□ Home inventory
□ Vehicle title
□ Vehicle registration
□ Auto insurance
□ Maintenance records
□ Repair receipts

Notes:

HOUSEHOLD INFORMATION PAGE

Home Information

Home address: _____

Mortgage company or landlord: _____

Phone: _____

Home insurance company: _____

Policy number: _____

Security company: _____

Security code location: _____

Utilities

Service	Company	Account Number	Contact
Electric	_____	_____	_____
Water	_____	_____	_____
Gas	_____	_____	_____
Internet	_____	_____	_____
Trash/Recycling	_____	_____	_____
Phone	_____	_____	_____

Emergency Shutoff Locations

Water shutoff: _____

Gas shutoff: _____

Electric panel: _____

Main breaker: _____

Fire extinguisher location: _____

VEHICLE INFORMATION PAGE

Vehicle 1

Year/make/model: _____

VIN: _____

License plate: _____

Registration expiration: _____

Insurance company: _____

Policy number: _____

Loan/lease company: _____

Mechanic: _____

Mechanic phone: _____

Vehicle 2

Year/make/model: _____

VIN: _____

License plate: _____

Registration expiration: _____

Insurance company: _____

Policy number: _____

Loan/lease company: _____

Mechanic: _____

Mechanic phone: _____

DIGITAL LIFE

Use this section to organize digital accounts, devices, cloud storage, subscriptions, passwords, backups, and online access instructions.

Important Security Note

Do not write full passwords in this binder unless it is stored in a highly secure location.

A safer option is to record:

- Password manager name
- Emergency access instructions
- Recovery email
- Recovery phone
- Trusted digital contact

Items to include:

□ Email accounts
□ Cloud storage accounts
□ Password manager information
□ Device list
□ Backup plan
□ Online accounts
□ Subscriptions
□ Social media accounts
□ Digital asset inventory
□ Emergency digital access instructions

DIGITAL ACCOUNT INVENTORY PAGE

Email Accounts

Email Address	Purpose	Recovery Email	Notes
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Cloud Storage

Service	Purpose	Backup?	Notes
Google Drive	_____	□ Yes □ No	_____
Dropbox	_____	□ Yes □ No	_____
OneDrive	_____	□ Yes □ No	_____
iCloud	_____	□ Yes □ No	_____
Other	_____	□ Yes □ No	_____

Password Manager

Password manager used: _____

Emergency access set up? □ Yes □ No

Trusted digital contact: _____

Emergency instructions location: _____

DEVICE INVENTORY PAGE

Devices

Device	Owner	Serial Number	Backup Status
Phone	_____	_____	□ Backed up □ Not backed up
Laptop	_____	_____	□ Backed up □ Not backed up
Desktop	_____	_____	□ Backed up □ Not backed up
Tablet	_____	_____	□ Backed up □ Not backed up
External Drive	_____	_____	□ Backed up □ Not backed up

Backup Plan

Primary backup location: _____

Secondary backup location: _____

Backup frequency: _____

Last backup date: _____

Next backup review date: _____

EMERGENCY PREPAREDNESS

Use this section to keep emergency contacts, plans, medical details, evacuation routes, supplies, and critical documents easy to find.

Items to include:

□ Emergency contact list
□ Family emergency plan
□ Medical emergency information
□ Evacuation plan
□ Meeting place
□ Emergency supply checklist
□ Important documents list
□ Insurance information
□ Pet emergency plan
□ Crisis communication plan

Notes:

EMERGENCY CONTACTS PAGE

Emergency Contacts

Contact 1

Name: _____

Relationship: _____

Phone: _____

Email: _____

Contact 2

Name: _____

Relationship: _____

Phone: _____

Email: _____

Contact 3

Name: _____

Relationship: _____

Phone: _____

Email: _____

Emergency Services

Police: _____

Fire department: _____

Nearest hospital: _____

Poison control: _____

Insurance emergency line: _____

Roadside assistance: _____

FAMILY EMERGENCY PLAN PAGE

Emergency Meeting Places

Inside the home: _____

Outside the home: _____

Outside the neighborhood: _____

Out-of-town contact: _____

Phone: _____

Evacuation Plan

Primary exit route: _____

Secondary exit route: _____

Where we will go: _____

Important Instructions

LIFE TRANSITIONS

Use this section to prepare for major life changes before they become overwhelming.

Common transitions:

□ Moving
□ New job
□ Job loss
□ Marriage
□ Divorce
□ New baby
□ Children leaving home
□ Retirement
□ Health changes
□ Loss of a loved one
□ Starting a business
□ Major financial change

Notes:

LIFE TRANSITION PLANNING PAGE

Transition Overview

Transition: _____

Date or expected timeline: _____

Who is affected: _____

What Needs to Change?

□ Personal documents
□ Family information
□ Medical records
□ Financial records
□ Insurance policies
□ Household records
□ Vehicle records
□ Digital accounts
□ Emergency contacts
□ Legacy documents
□ Daily routines
□ Support network

Action Plan

Action Step	Deadline	Person Responsible	Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LEGACY PLANNING

Use this section to organize the information, wishes, instructions, and documents your loved ones may need in the future.

Items to include:

□ Will
□ Trust documents
□ Power of attorney
□ Healthcare directive
□ Beneficiary information
□ Life insurance
□ Property records
□ Digital access instructions
□ Funeral wishes
□ Family instructions
□ Legacy letters
□ Important contacts
□ Personal stories
□ Final arrangements

Notes:

LEGACY INFORMATION PAGE

Legacy Overview

My most important values are:

What I want my loved ones to know:

What I want to protect:

Important Legacy Documents

Document	Location	Contact Person	Last Updated
Will	_____	_____	_____
Trust	_____	_____	_____
Power of attorney	_____	_____	_____
Healthcare directive	_____	_____	_____
Life insurance	_____	_____	_____
Funeral wishes	_____	_____	_____

FINAL WISHES SUMMARY PAGE

Final Instructions

Preferred funeral home: _____

Funeral home phone: _____

Burial or cremation preference: _____

Cemetery or memorial location: _____

Religious, cultural, or personal wishes:

People to Notify

Name	Relationship	Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ANNUAL REVIEW

Use this section to keep your Life Systems Binder™ current.

Your life changes. Your binder should change with it.

Review this binder:

□ Once a year
□ After a move
□ After a marriage or divorce
□ After a birth or adoption
□ After a job change
□ After a major financial change
□ After a medical change
□ After buying or selling property
□ After a loss in the family
□ After creating or changing legal documents

ANNUAL BINDER REVIEW PAGE

Annual Review

Review date: _____

Reviewed by: _____

Next review date: _____

Sections Reviewed

□ Personal Records
□ Family Information
□ Medical Records
□ Financial Records
□ Home & Vehicle
□ Digital Life
□ Emergency Preparedness
□ Life Transitions
□ Legacy Planning
□ Annual Review

Updates Needed

Completed Updates

□ Personal information updated
□ Emergency contacts updated
□ Medical information updated
□ Financial records updated
□ Insurance information updated
□ Digital accounts reviewed
□ Password manager reviewed
□ Emergency plan reviewed
□ Legacy documents reviewed
□ Trusted contact informed of updates

EMERGENCY FORMS

Section Purpose

This section helps you prepare the information your household may need during an emergency.

Emergencies are stressful because decisions often have to be made quickly. These forms are designed to reduce confusion by putting important contacts, medical details, evacuation plans, supply lists, and communication instructions in one place.

Complete the forms that apply to your life. Print them, store them in your **Life Systems Binder™**, and keep a digital backup in a secure location.

HOW TO USE THIS SECTION

Use these forms to prepare for:

- Medical emergencies
- Power outages
- Severe weather
- Evacuations
- Family separation
- Home emergencies
- Pet emergencies
- Important document access
- Crisis communication

Recommended storage locations:

- Life Systems Binder™
- Emergency grab-and-go folder
- Secure digital folder
- Fireproof safe
- Trusted family contact, if appropriate

Review these forms at least once a year or whenever your household, health, address, phone number, insurance, or emergency contacts change.

EMERGENCY CONTACT FORM

Primary Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Alternate phone: _____

Email: _____

Address: _____

Secondary Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Alternate phone: _____

Email: _____

Address: _____

Out-of-Town Emergency Contact

Choose someone outside your local area who can help communicate with family members during a larger emergency.

Name: _____

Relationship: _____

Phone: _____

Email: _____

City/State: _____

Notes

HOUSEHOLD EMERGENCY CONTACT LIST

Emergency Services

Police: _____

Fire Department: _____

Ambulance / EMS: _____

Nearest Hospital: _____

Poison Control: _____

Local Emergency Management Office: _____

Utility Emergency Contacts

Service	Company	Emergency Phone	Account Number
Electric	_____	_____	_____
Gas	_____	_____	_____
Water	_____	_____	_____
Internet	_____	_____	_____
Home Security	_____	_____	_____
Insurance	_____	_____	_____

Home Emergency Contacts

Landlord / Property Manager: _____

Phone: _____

Plumber: _____

Phone: _____

Electrician: _____

Phone: _____

HVAC Company: _____

Phone: _____

Trusted Neighbor: _____

Phone: _____

MEDICAL EMERGENCY INFORMATION FORM

Personal Information

Full Legal Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Blood Type, if known: _____

Medical Contacts

Primary Doctor: _____

Phone: _____

Clinic / Practice: _____

Preferred Hospital: _____

Pharmacy: _____

Pharmacy Phone: _____

HEALTH INSURANCE

Insurance Provider: _____

Member ID: _____

Group Number: _____

Policyholder Name: _____

Insurance Phone: _____

Medical Conditions

List any medical conditions emergency responders or caregivers should know.

Allergies

□ No known allergies

Known allergies:

Current Medications

Medication	Dosage	Frequency	Prescribing Doctor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Medical Instructions

FAMILY EMERGENCY PLAN

Household Members

Name	Phone	Important Medical Notes
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Meeting Places

Inside the Home:

Outside the Home:

Outside the Neighborhood:

Out-of-Town Location:

Emergency Communication Plan

If family members are separated, we will contact:

Primary Contact: _____

Phone: _____

Backup Contact: _____

Phone: _____

Out-of-Town Contact: _____

Phone: _____

Family Emergency Instructions

HOME EVACUATION PLAN

Primary Exit Route

Main exit route:

Secondary Exit Route

Backup exit route:

Emergency Meeting Place

Family meeting place outside the home:

Evacuation Destination

Where we will go if we must leave the area:

Important Items to Take

□ Emergency grab-and-go folder
□ Wallet or purse
□ Identification
□ Keys
□ Phone
□ Phone charger
□ Power bank
□ Medications
□ Glasses or contacts
□ Cash
□ Emergency contact list
□ Medical information
□ Insurance documents
□ Important documents
□ Pet supplies, if needed
□ Baby supplies, if needed
□ Assistive devices, if needed

Special Instructions

EMERGENCY SUPPLY CHECKLIST

Water and Food

□ Bottled water
□ Nonperishable food
□ Manual can opener
□ Baby formula, if needed
□ Pet food, if needed
□ Disposable plates, cups, and utensils

Light and Power

□ Flashlights
□ Extra batteries
□ Battery-powered lantern
□ Portable phone charger
□ Power bank
□ Solar charger, optional
□ Battery-powered radio

Medical and Safety Supplies

□ First aid kit
□ Prescription medications
□ Pain reliever
□ Allergy medication
□ Gloves
□ Masks
□ Hand sanitizer
□ Disinfecting wipes
□ Emergency blanket
□ Whistle
□ Multipurpose tool

Personal Items

□ Copies of IDs
□ Cash
□ Hygiene items
□ Change of clothes
□ Warm blanket
□ Important phone numbers
□ Notebook and pen
□ Copies of insurance cards
□ Copies of medical information

Home and Vehicle Items

□ Fire extinguisher
□ Extra keys
□ Jumper cables

□ Tire pressure gauge
□ Basic tools
□ Duct tape
□ Plastic bags
□ Matches or lighter in waterproof container

IMPORTANT DOCUMENTS GRAB-AND-GO LIST

Use this list to prepare a small folder or envelope of critical documents.

Identification Documents

□ Driver's license or state ID copy
□ Passport copy
□ Birth certificate copy
□ Social Security card copy
□ Marriage certificate copy
□ Immigration or citizenship documents, if applicable

Financial and Insurance Documents

□ Health insurance card copy
□ Auto insurance card copy
□ Homeowners or renters insurance copy
□ Life insurance policy summary
□ Bank contact information
□ Credit card contact information
□ Emergency cash

Medical Documents

□ Medication list
□ Allergy list
□ Medical conditions list
□ Doctor contact information
□ Pharmacy information
□ Advance directive, if applicable
□ Medical power of attorney, if applicable

Household and Family Documents

□ Emergency contact list
□ Family emergency plan
□ Pet information, if applicable
□ School or childcare contacts
□ Important household instructions
□ Trusted contact information

POWER OUTAGE PREPARATION CHECKLIST

Before a Power Outage

□ Charge phones
□ Charge power banks
□ Locate flashlights
□ Check batteries
□ Fill water bottles
□ Check emergency food
□ Know how to manually open the garage door
□ Save utility emergency phone numbers
□ Review generator safety, if applicable

During a Power Outage

□ Use flashlights instead of candles when possible
□ Keep refrigerator closed
□ Keep freezer closed
□ Unplug sensitive electronics
□ Check on elderly or vulnerable family members
□ Use generators outdoors only
□ Do not use ovens or grills for heat
□ Listen for emergency updates

After a Power Outage

□ Check food safety
□ Reset clocks and devices
□ Restart electronics safely
□ Restock used supplies
□ Report damage if needed
□ Update emergency plan based on lessons learned

CRISIS COMMUNICATION PLAN

Main Communication Method

Primary method: _____

Examples: phone call, text message, group chat, or email.

Backup Communication Method

Backup method: _____

Family Group Contact

Group chat name or contact list location:

Out-of-Town Contact

Name: _____

Phone: _____

Email: _____

Communication Rules

During an emergency, our household will:

□ Send short updates
□ Use text messages when calls do not go through
□ Contact the out-of-town contact if separated
□ Share location when possible
□ Avoid unnecessary phone use to save battery
□ Check in at agreed times
□ Notify trusted contacts once safe

Emergency Message Template

Use this message when time is limited:

"I am safe. I am currently at _____. My phone battery is _____%. I will check in again at _____."

PET EMERGENCY INFORMATION FORM

Pet Information

Pet Name: _____

Type / Breed: _____

Color / Markings: _____

Age: _____

Microchip Number: _____

Veterinarian: _____

Veterinarian Phone: _____

Pet Medical Information

Medications:

Allergies:

Special Needs:

Pet Emergency Supplies

□ Food
□ Water
□ Bowls
□ Leash
□ Collar
□ Carrier
□ Medication
□ Vaccination records
□ Waste bags or litter
□ Comfort item
□ Recent photo

Pet Care Instructions

EMERGENCY WALLET CARD

Cut out or copy this information and keep it in your wallet.

Emergency Wallet Card

Name: _____

Emergency Contact: _____

Phone: _____

Doctor: _____

Doctor Phone: _____

Insurance Provider: _____

Member ID: _____

Allergies: _____

Medical Conditions: _____

Current Medications: _____

Blood Type, if known: _____

EMERGENCY REVIEW PAGE

Emergency Plan Review

Date Reviewed: _____

Reviewed By: _____

Next Review Date: _____

What Was Reviewed?

□ Emergency contacts
□ Medical information
□ Insurance information
□ Emergency supply kit
□ Evacuation plan
□ Family communication plan
□ Pet emergency plan
□ Important documents
□ Power outage plan
□ Grab-and-go folder

Supplies to Replace

Information to Update

Notes for Next Review

SECTION 4
HOME & VEHICLE MAINTENANCE PLANNERS

Section Purpose

This section helps you keep your home and vehicle systems organized before small issues become expensive problems.

A well-maintained home protects your comfort, safety, and investment.

A well-maintained vehicle protects your transportation, your finances, and your peace of mind.

Use these planners to track maintenance tasks, repairs, service dates, warranties, inspections, and important provider information.

HOW TO USE THIS SECTION

Use this section to:

- Track monthly home maintenance
- Plan seasonal home tasks
- Record appliance repairs
- Track contractor work
- Document home improvements
- Record vehicle service history
- Track oil changes and tire rotations
- Monitor registration, insurance, and inspection dates
- Prepare for annual home and vehicle reviews

Print the pages you need and place them inside your **Life Systems Binder™** under the **Home & Vehicle** section.

Review these planners monthly, seasonally, and annually.

MONTHLY HOME MAINTENANCE PLANNER

Month: _____

Year: _____

Use this page to track basic home maintenance tasks for the month.

Monthly Maintenance Checklist

□ Check smoke detectors
□ Check carbon monoxide detectors
□ Replace HVAC filter, if needed
□ Check fire extinguishers
□ Test home security system
□ Inspect plumbing for leaks
□ Check under sinks
□ Clean garbage disposal
□ Clean kitchen appliances
□ Check refrigerator temperature
□ Clean dryer lint trap and vent area
□ Inspect windows and doors
□ Check outdoor lights
□ Review utility bills for unusual changes
□ Walk around exterior of home
□ Check for pest activity
□ Review upcoming home projects
□ Update home maintenance records

Repairs Needed This Month

Supplies to Buy

Notes

SEASONAL HOME MAINTENANCE CHECKLIST

Season: _____

Year: _____

Use this checklist at the beginning of each season.

Spring Maintenance

□ Inspect roof for visible damage
□ Clean gutters and downspouts
□ Check exterior drainage
□ Inspect windows and screens
□ Service air conditioning system
□ Check outdoor faucets
□ Inspect foundation for cracks
□ Clean outdoor furniture
□ Prepare lawn equipment
□ Check sprinkler system, if applicable
□ Review pest control needs
□ Inspect driveway and walkways

Summer Maintenance

□ Check air conditioning performance
□ Clean or replace HVAC filter
□ Inspect outdoor lighting
□ Check deck, patio, or porch
□ Trim trees and shrubs away from home
□ Inspect garage door operation
□ Check attic ventilation
□ Monitor water usage
□ Inspect pool equipment, if applicable
□ Review storm preparedness supplies

Fall Maintenance

□ Clean gutters and downspouts
□ Inspect roof before winter
□ Service heating system
□ Replace HVAC filter
□ Check weather stripping
□ Seal gaps around doors and windows
□ Drain outdoor hoses
□ Winterize outdoor faucets
□ Test smoke and carbon monoxide detectors
□ Inspect fireplace or chimney, if applicable
□ Prepare emergency supplies

Winter Maintenance

□ Check heating system regularly
□ Monitor pipes during freezing weather
□ Keep walkways clear
□ Check for drafts
□ Review power outage supplies
□ Inspect attic or basement for moisture
□ Check indoor air quality
□ Clean humidifier, if used
□ Watch for ice buildup
□ Review home insurance coverage

Seasonal Notes

HOME REPAIR LOG

Use this page to track repairs completed in your home.

Date	Repair	Company / Person	Cost	Notes
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Receipts Stored At

Warranty or Follow-Up Needed

HOME IMPROVEMENT PROJECT PLANNER

Project Name

Project Area

□ Kitchen
□ Bathroom
□ Bedroom
□ Living room
□ Basement
□ Garage

□ Exterior
□ Yard
□ Roof
□ Flooring
□ Electrical
□ Plumbing
□ Other: _____

Project Goal

What do you want this project to accomplish?

Budget

Estimated budget: _____

Actual cost: _____

Funding source: _____

Project Timeline

Start date: _____

Target completion date: _____

Actual completion date: _____

Contractor / Service Provider

Name: _____

Company: _____

Phone: _____

Email: _____

Project Checklist

□ Define project goal
□ Set budget
□ Get estimates
□ Choose contractor or plan DIY work
□ Purchase materials
□ Schedule work
□ Take before photos
□ Save receipts
□ Save warranty information
□ Take after photos
□ Update home inventory
□ Update insurance if needed

Notes

APPLIANCE MAINTENANCE LOG

Use this page to track important appliances, service dates, warranties, and repairs.

Appliance Information

Appliance	Brand / Model	Serial Number	Purchase Date	Warranty Ends
Refrigerator	_____	_____	_____	_____
Stove / Oven	_____	_____	_____	_____
Dishwasher	_____	_____	_____	_____
Washer	_____	_____	_____	_____
Dryer	_____	_____	_____	_____
Water Heater	_____	_____	_____	_____

Appliance	Brand / Model	Serial Number	Purchase Date	Warranty Ends
HVAC System	_____	_____	_____	_____
Other	_____	_____	_____	_____

Appliance Service Record

Date	Appliance	Service / Repair	Company	Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Manuals and Receipts Stored At

HOME WARRANTY TRACKER

Use this page to track warranties before they expire.

Item	Company	Warranty Start	Warranty End	Contact / Claim Info
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Warranty Documents Stored At

Upcoming Warranty Expirations

CONTRACTOR CONTACT LIST

Use this page to keep trusted home service contacts in one place.

Service	Company / Person	Phone	Email	Notes
Plumber				
Electrician				
HVAC				
Roofer				
Landscaper				
Pest Control				
Handyman				
Cleaner				
Locksmith				
Other				

Preferred Contractor Notes

HOME INVENTORY UPDATE PAGE

Use this page when you add, remove, replace, or document important household items.

Inventory Update Date

Items Added

Item	Location	Estimated Value	Photo Taken?	Receipt Saved?
_____	_____	_____	□ Yes □ No	□ Yes □ No
_____	_____	_____	□ Yes □ No	□ Yes □ No
_____	_____	_____	□ Yes □ No	□ Yes □ No
_____	_____	_____	□ Yes □ No	□ Yes □ No

Items Removed or Replaced

Item	Reason	Replacement Item	Notes
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Insurance Update Needed?

□ Yes
□ No
□ Not sure

Notes:

VEHICLE INFORMATION PLANNER

Vehicle 1

Year / Make / Model: _____

VIN: _____

License Plate: _____

Registration Expiration: _____

Insurance Company: _____

Policy Number: _____

Loan / Lease Company: _____

Roadside Assistance: _____

Preferred Mechanic: _____

Mechanic Phone: _____

Vehicle 2

Year / Make / Model: _____

VIN: _____

License Plate: _____

Registration Expiration: _____

Insurance Company: _____

Policy Number: _____

Loan / Lease Company: _____

Roadside Assistance: _____

Preferred Mechanic: _____

Mechanic Phone: _____

VEHICLE MAINTENANCE LOG

Use this page to record service and repairs.

Date	Mileage	Service / Repair	Company	Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Receipts Stored At

Notes

OIL CHANGE & SERVICE RECORD

Vehicle

Year / Make / Model: _____

VIN: _____

Oil Change Record

Date	Mileage	Oil Type	Service Location	Next Due
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Routine Service

□ Air filter replaced
□ Cabin filter replaced
□ Wiper blades replaced
□ Battery checked
□ Brakes inspected
□ Tires inspected
□ Fluids checked
□ Alignment checked
□ Lights checked

Notes

TIRE ROTATION TRACKER

Vehicle

Year / Make / Model: _____

Tire Information

Tire brand: _____

Tire size: _____

Purchase date: _____

Warranty information: _____

Rotation Record

Date	Mileage	Service Location	Notes
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Tire Replacement Notes

VEHICLE REGISTRATION & INSURANCE TRACKER

Use this page to track important renewal dates.

Item	Provider / Agency	Expiration Date	Renewal Reminder Set?
Registration	_____	_____	□ Yes □ No
Auto Insurance	_____	_____	□ Yes □ No
Inspection	_____	_____	□ Yes □ No
Emissions	_____	_____	□ Yes □ No
Driver's License	_____	_____	□ Yes □ No

Item	Provider / Agency	Expiration Date	Renewal Reminder Set?
Roadside Assistance	_____	_____	□ Yes □ No
Warranty	_____	_____	□ Yes □ No

Renewal Notes

VEHICLE EMERGENCY KIT CHECKLIST

Keep emergency supplies in each vehicle.

□ Jumper cables
□ Flashlight
□ Extra batteries
□ First aid kit
□ Tire pressure gauge
□ Portable air compressor, if available
□ Spare tire or tire repair kit
□ Jack and lug wrench
□ Phone charger
□ Power bank
□ Blanket
□ Bottled water
□ Nonperishable snacks
□ Gloves
□ Reflective vest
□ Emergency triangles or flares
□ Ice scraper, if needed
□ Umbrella or rain poncho
□ Basic tools
□ Roadside assistance information
□ Copy of insurance card
□ Emergency contact card

Items to Add or Replace

ANNUAL HOME & VEHICLE REVIEW PAGE

Complete this page once a year.

Review Date

Home Review

□ Home insurance reviewed
□ Utility accounts reviewed
□ Appliance records updated
□ Warranty records updated
□ Contractor contacts updated
□ Home repair log updated
□ Home inventory updated
□ Emergency shutoff locations reviewed
□ Safety equipment checked
□ Seasonal maintenance schedule reviewed

Vehicle Review

□ Registration reviewed
□ Insurance reviewed
□ Inspection date reviewed
□ Maintenance records updated
□ Oil change records updated
□ Tire records updated
□ Warranty information reviewed
□ Emergency kit checked
□ Roadside assistance reviewed
□ Mechanic contact updated

Updates Needed

Completed Updates

Notes for Next Year

Maintenance Creates Stability

A home and a vehicle both need attention before problems become emergencies.

Small maintenance habits can prevent major stress later.

This section helps you:

- Stay ahead of repairs
- Track service history
- Protect warranties
- Organize records
- Prepare for renewals
- Reduce surprise expenses
- Keep your home and vehicle systems running smoothly

You do not need to complete every page at once.

Start with the **Monthly Home Maintenance Planner**, the **Vehicle Maintenance Log**, and the **Annual Home & Vehicle Review Page**.

Those three tools will give you a strong foundation.

SECTION 5
LIFE SYSTEMS WORKSHEETS

Section Purpose

This section helps you think through your life systems before, during, and after you build them.

The checklists help you gather information.
The binder templates help you organize information.
The emergency forms help you prepare for crisis situations.

These worksheets help you make decisions.

Use them to identify what needs attention, choose your next steps, create routines, and build systems that fit your real life.

HOW TO USE THIS SECTION

Use these worksheets when you need to:

- Evaluate what areas of your life feel disorganized
- Choose which system to build first
- Set priorities
- Create weekly, monthly, and quarterly review habits
- Plan for major life transitions
- Clarify your legacy goals
- Build your personal Life Systems Master Plan™

You do not have to complete every worksheet at once.

Start with the **Life Systems Assessment Worksheet** and the **Life Systems Priority Planner**. Those two pages will help you decide where to begin.

LIFE SYSTEMS ASSESSMENT WORKSHEET

Use this worksheet to rate how organized each area of your life feels right now.

Rate each area from 1 to 5.

1 = Very disorganized
2 = Needs major attention
3 = Somewhat organized
4 = Mostly organized
5 = Very organized

Personal Records

Rating: 1 2 3 4 5

What is working well?

What needs improvement?

Family Information

Rating: 1 2 3 4 5

What is working well?

What needs improvement?

Medical Records

Rating: 1 2 3 4 5

What is working well?

What needs improvement?

Financial Records

Rating: 1 2 3 4 5

What is working well?

What needs improvement?

Household Operations

Rating: 1 2 3 4 5

What is working well?

What needs improvement?

Home Inventory

Rating: 1 2 3 4 5

What is working well?

What needs improvement?

Vehicle Records

Rating: 1 2 3 4 5

What is working well?

What needs improvement?

Digital Life

Rating: 1 2 3 4 5

What is working well?

What needs improvement?

Passwords and Online Accounts

Rating: 1 2 3 4 5

What is working well?

What needs improvement?

Emergency Preparedness

Rating: 1 2 3 4 5

What is working well?

What needs improvement?

Life Transitions

Rating: 1 2 3 4 5

What is working well?

What needs improvement?

Legacy Planning

Rating: 1 2 3 4 5

What is working well?

What needs improvement?

Assessment Summary

Which three areas need the most attention right now?

1.
2.
3.

Which area would create the most peace of mind if it were organized first?

Why?

LIFE SYSTEMS PRIORITY PLANNER

Use this worksheet to decide which system to build first.

My Top Priority Area

The life system I want to work on first is:

Why This Area Matters

This area matters because:

Current Problem

Right now, the biggest problem in this area is:

Desired Outcome

When this system is organized, I want to feel:

□ Clear
□ Prepared
□ Confident
□ Less stressed
□ More in control
□ Safer
□ More focused
□ More peaceful
□ Other: _____

First Three Action Steps

1.
2.
3.

Deadline

I want to complete the first version of this system by:

Support Needed

Who or what could help me complete this?

LIFE SYSTEMS ACTION PLAN

Use this page to turn one goal into a simple plan.

System Area

Examples: medical records, financial records, emergency preparedness, digital files.

Goal

What do you want to organize, fix, create, or improve?

Why This Goal Matters

Action Steps

Step	Action	Deadline	Status
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

Possible Obstacles

What could slow you down?

Solution Plan

How will you handle those obstacles?

Completion Date

WEEKLY SYSTEMS REVIEW PAGE

Use this worksheet once a week to stay organized.

Week Of

This Week's Main Focus

The life system I will focus on this week is:

Top Three Priorities

1.
2.
3.

Documents or Information to Gather

□ Personal documents
□ Family information
□ Medical records
□ Financial records
□ Household records
□ Vehicle records
□ Digital files

□ Emergency information
□ Legacy documents
□ Other: _____

Tasks to Complete This Week

Task	Day	Completed?
_____	_____	□ Yes □ No
_____	_____	□ Yes □ No
_____	_____	□ Yes □ No
_____	_____	□ Yes □ No
_____	_____	□ Yes □ No

End-of-Week Reflection

What did I complete?

What still needs attention?

What will I focus on next week?

MONTHLY SYSTEMS REVIEW PAGE

Use this worksheet once a month to keep your systems current.

Month

Year

Systems Reviewed This Month

□ Personal Records
□ Family Information
□ Medical Records
□ Financial Records
□ Household Operations
□ Home Inventory
□ Vehicle Records
□ Digital Life
□ Passwords and Online Accounts
□ Emergency Preparedness
□ Life Transitions
□ Legacy Planning

What Changed This Month?

Examples: new job, address change, new account, new doctor, insurance update, major purchase, repair, family change.

What Needs to Be Updated?

Documents Added

Documents Removed or Replaced

Next Month's Focus

QUARTERLY LIFE SYSTEMS REVIEW PAGE

Use this worksheet every three months for a deeper review.

Quarter

□ Quarter 1
□ Quarter 2
□ Quarter 3
□ Quarter 4

Year

Systems That Are Working Well

Systems That Need Attention

Top Three Updates Needed

1.
2.

3. _____

Important Contacts to Update

□ Emergency contacts
□ Doctor contacts
□ Financial contacts
□ Insurance contacts
□ Contractor contacts
□ Family contacts
□ Professional contacts
□ Trusted contacts

Notes:

Digital Updates Needed

□ Back up files
□ Review passwords
□ Update recovery email
□ Update recovery phone
□ Close unused accounts
□ Organize digital folders
□ Review subscriptions
□ Update password manager

Notes:

Next Quarter's Focus

LIFE TRANSITION PLANNING WORKSHEET

Use this worksheet when you are preparing for a major life change.

Transition Type

□ Moving
□ New job
□ Job loss
□ Marriage
□ Divorce
□ New baby
□ Retirement
□ Health change
□ Loss of a loved one
□ Starting a business
□ Major financial change
□ Other: _____

Transition Timeline

Start date or expected date: _____

Important deadline: _____

Expected completion or stabilization date: _____

What Is Changing?

Who Is Affected?

Systems That Need Updating

□ Personal documents
□ Family information
□ Medical records
□ Financial records
□ Insurance policies
□ Household records
□ Vehicle records
□ Digital accounts
□ Emergency contacts
□ Beneficiaries
□ Legal documents
□ Daily routines
□ Support network

People to Notify

Person / Organization	Contact Info	Date Notified
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Transition Action Steps

Action Step	Deadline	Status
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Support Needed

Stabilization Plan

What routines, documents, or systems need to be in place after the transition?

LEGACY VISION WORKSHEET

Use this worksheet to think beyond documents and begin clarifying the legacy you want to leave.

What Matters Most to Me?

Values I Want to Pass Down

□ Faith
□ Family
□ Education
□ Service
□ Courage
□ Discipline
□ Creativity
□ Wisdom
□ Generosity
□ Responsibility
□ Resilience
□ Love
□ Other: _____

What I Want My Loved Ones to Know

Stories I Want to Preserve

Lessons I Have Learned

People I Want to Bless, Support, or Remember

Legacy Actions I Can Take Now

□ Organize important documents
□ Update beneficiaries
□ Write a personal letter
□ Record family stories
□ Share important instructions
□ Create or update legal documents
□ Preserve photos and memories
□ Review life insurance
□ Talk with trusted loved ones
□ Create a legacy folder

LIFE SYSTEMS MASTER PLAN WORKSHEET

Use this worksheet to bring your major life systems together into one plan.

My Life Systems Goal

My goal is to build systems that help me:

My Core Life Systems

Personal Records

Current status:

□ Not started
□ Started
□ Mostly organized
□ Complete
□ Needs review

Next step:

Family Information

Current status:

□ Not started
□ Started
□ Mostly organized
□ Complete
□ Needs review

Next step:

Medical Records

Current status:

□ Not started
□ Started
□ Mostly organized
□ Complete
□ Needs review

Next step:

Financial Records

Current status:

□ Not started
□ Started
□ Mostly organized
□ Complete
□ Needs review

Next step:

Household Operations

Current status:

□ Not started
□ Started
□ Mostly organized
□ Complete
□ Needs review

Next step:

Digital Life

Current status:

□ Not started
□ Started
□ Mostly organized

□ Complete
□ Needs review

Next step:

Emergency Preparedness

Current status:

□ Not started
□ Started
□ Mostly organized
□ Complete
□ Needs review

Next step:

Life Transitions

Current status:

□ Not started
□ Started
□ Mostly organized
□ Complete
□ Needs review

Next step:

Legacy Planning

Current status:

□ Not started
□ Started
□ Mostly organized
□ Complete
□ Needs review

Next step:

My Top Three Life Systems Priorities

1.
2.
3.

My 30-Day Action Plan

In the next 30 days, I will:

1.
2.
3.

My 90-Day Action Plan

In the next 90 days, I will:

1.
2.
3.

My Annual Life Systems Goal

By the end of this year, I want my life systems to feel:

LIFE SYSTEMS PROGRESS TRACKER

Use this page to track your progress over time.

Life System	Not Started	Started	Organized	Needs Review
Personal Records	☐	☐	☐	☐
Family Information	☐	☐	☐	☐
Medical Records	☐	☐	☐	☐
Financial Records	☐	☐	☐	☐
Household Operations	☐	☐	☐	☐
Home Inventory	☐	☐	☐	☐
Vehicle Records	☐	☐	☐	☐
Digital Life	☐	☐	☐	☐
Passwords & Accounts	☐	☐	☐	☐
Emergency Preparedness	☐	☐	☐	☐
Life Transitions	☐	☐	☐	☐
Legacy Planning	☐	☐	☐	☐

Progress Notes

Next System to Build

Systems Are Built One Decision at a Time

A life system is not built in one day.

It is built through small decisions, repeated actions, and regular reviews.

These worksheets help you slow down, think clearly, and choose what matters most.

You do not have to organize your entire life all at once.

Choose one system.
Take one step.
Complete one worksheet.
Make one area easier to manage.

Progress creates confidence.

Confidence creates momentum.

Momentum creates a life that feels more organized, prepared, and intentional.

SECTION 6
ANNUAL REVIEW PAGES

Section Purpose

This section helps you review your Life Systems once a year so your information stays current, useful, and easy to find.

A system is only helpful if it reflects your real life.

Your documents, accounts, contacts, passwords, insurance, medical information, household details, and legacy plans may change from year to year. The Annual Review Pages help you catch those changes before they become problems.

Use this section once a year, or anytime your life changes in a major way.

HOW TO USE THIS SECTION

Set aside time once a year to review your major life systems.

Choose a date that is easy to remember, such as:

- Your birthday month
- The beginning of the year
- Tax season
- The anniversary of creating your Life Systems Binder™
- The end of the year

You do not have to complete the full review in one day.

You can review one section at a time over several days or weeks.

ANNUAL LIFE SYSTEMS REVIEW COVER PAGE

Annual Review Year

Review Started On

Review Completed On

Reviewed By

Next Review Date

Main Goal for This Review

What do you want this review to accomplish?

This Year, I Want My Life Systems To Feel:

□ Clear
□ Organized
□ Updated
□ Secure
□ Easier to use
□ Less stressful
□ More complete
□ More protected
□ More helpful for my family
□ Other: _____

ANNUAL REVIEW MASTER CHECKLIST

Use this checklist to review every major section of your Life Systems Binder™ or digital folder system.

Personal Records

□ Birth certificate location confirmed
□ Social Security card location confirmed
□ Driver's license or ID reviewed
□ Passport reviewed
□ Marriage or divorce records reviewed
□ Education records reviewed

□ Employment records reviewed
□ Legal name documents reviewed
□ Copies of important IDs updated
□ Digital backups checked

Family Information

□ Family contact information updated
□ Children's information updated
□ School information updated
□ Childcare information updated
□ Elder care information updated
□ Pet information updated
□ Family routines reviewed
□ Family emergency plan reviewed
□ Trusted contacts reviewed

Medical Records

□ Doctor contacts updated
□ Specialist contacts updated
□ Pharmacy information updated
□ Medication list updated
□ Allergies updated
□ Medical conditions updated
□ Insurance cards updated
□ Dental and vision insurance reviewed
□ Medical power of attorney reviewed
□ Advance directive reviewed

Financial Records

□ Bank account list reviewed
□ Credit card list reviewed
□ Loan information reviewed
□ Mortgage or lease records reviewed
□ Investment accounts reviewed
□ Retirement accounts reviewed
□ Insurance policies reviewed
□ Tax records organized

□ Monthly bills reviewed
□ Subscriptions reviewed
□ Financial contact information updated

Home and Vehicle

□ Home insurance reviewed
□ Utility account information updated
□ Appliance records updated
□ Warranty records updated
□ Contractor contacts updated
□ Home repair log updated
□ Home inventory updated
□ Vehicle registration reviewed
□ Vehicle insurance reviewed
□ Vehicle maintenance records updated
□ Roadside assistance reviewed

Digital Life

□ Email accounts reviewed
□ Cloud storage accounts reviewed
□ Password manager reviewed
□ Recovery email updated
□ Recovery phone number updated
□ Two-factor authentication reviewed
□ Important files backed up
□ Digital photos backed up
□ Subscriptions reviewed
□ Old accounts reviewed
□ Unused accounts closed

Emergency Preparedness

□ Emergency contacts updated
□ Medical emergency information updated
□ Family emergency plan reviewed
□ Evacuation plan reviewed
□ Emergency supply kit checked
□ Grab-and-go document list reviewed

□ Power outage plan reviewed
□ Crisis communication plan reviewed
□ Pet emergency plan reviewed, if applicable

Life Transitions

□ Major life changes reviewed
□ Address changes updated
□ Job changes updated
□ Family changes updated
□ Health changes updated
□ Financial changes updated
□ Insurance needs reviewed
□ Legal documents reviewed
□ New responsibilities documented

Legacy Planning

□ Will reviewed
□ Trust reviewed, if applicable
□ Power of attorney reviewed
□ Healthcare directive reviewed
□ Beneficiaries reviewed
□ Life insurance reviewed
□ Digital access instructions reviewed
□ Funeral wishes reviewed
□ Important contacts updated
□ Legacy letters or family instructions reviewed

PERSONAL RECORDS ANNUAL REVIEW

Review Date

What Changed This Year?

□ Name
□ Address
□ Marital status
□ Employment
□ Education

□ Identification
□ Passport
□ Legal documents
□ Nothing changed
□ Other: _____

Documents to Update

Documents to Add

Documents to Remove or Replace

Digital Backup Updated?

□ Yes
□ No
□ Needs attention

Notes:

FAMILY INFORMATION ANNUAL REVIEW

Review Date

Family Information Reviewed

□ Family contact list
□ Emergency contacts
□ School information
□ Childcare information
□ Elder care information
□ Pet information
□ Family routines
□ Family emergency plan
□ Important family instructions

What Changed This Year?

Updates Needed

Trusted Family Contact Updated?

□ Yes
□ No
□ Needs attention

Notes:

MEDICAL RECORDS ANNUAL REVIEW

Review Date

Medical Information Reviewed

□ Primary doctor
□ Specialists
□ Dentist
□ Eye doctor
□ Pharmacy
□ Medications
□ Allergies
□ Medical conditions
□ Medical history
□ Health insurance
□ Dental insurance
□ Vision insurance
□ Emergency medical instructions

Health Changes This Year

Medication Updates

Insurance Updates

Medical Documents to Add or Update

FINANCIAL RECORDS ANNUAL REVIEW

Review Date

Financial Areas Reviewed

□ Checking accounts
□ Savings accounts
□ Credit cards
□ Loans
□ Mortgage or rent
□ Investments
□ Retirement accounts
□ Insurance policies
□ Tax documents
□ Monthly bills
□ Subscriptions
□ Budget
□ Financial contacts

Financial Changes This Year

□ New bank account
□ Closed bank account
□ New credit card
□ Closed credit card
□ New loan
□ Paid-off debt
□ New job or income source
□ Major purchase
□ Insurance change
□ Tax change
□ New subscription

□ Canceled subscription
□ Other: _____

Accounts to Add, Remove, or Update

Bills or Subscriptions to Review

Financial Documents to Organize

HOME & VEHICLE ANNUAL REVIEW

Review Date

Home Review

□ Home insurance reviewed
□ Mortgage or lease information reviewed
□ Utility accounts reviewed
□ Appliance records updated
□ Warranty records updated
□ Contractor contacts updated
□ Home repair log updated
□ Home inventory updated
□ Emergency shutoff locations reviewed

□ Safety equipment checked
□ Seasonal maintenance schedule reviewed

Vehicle Review

□ Vehicle registration reviewed
□ Auto insurance reviewed
□ Inspection date reviewed
□ Emissions date reviewed
□ Maintenance records updated
□ Oil change records updated
□ Tire records updated
□ Warranty information reviewed
□ Emergency kit checked
□ Roadside assistance reviewed
□ Mechanic contact updated

Home Updates Needed

Vehicle Updates Needed

Maintenance Priorities for the New Year

1. ---
2. ---
3. ---

DIGITAL LIFE ANNUAL REVIEW

Review Date

Digital Accounts Reviewed

□ Main email accounts
□ Cloud storage accounts
□ Banking apps
□ Password manager
□ Social media accounts
□ Shopping accounts
□ Subscription accounts
□ Business accounts
□ Device backups
□ Digital photos
□ Important digital files

Security Review

□ Password manager reviewed
□ Weak passwords replaced
□ Reused passwords removed
□ Two-factor authentication reviewed
□ Recovery email updated
□ Recovery phone updated
□ Trusted digital contact reviewed
□ Emergency access instructions reviewed

Accounts to Close

Files to Organize or Back Up

Subscriptions to Cancel or Review

EMERGENCY PREPAREDNESS ANNUAL REVIEW

Review Date

Emergency Information Reviewed

□ Emergency contacts
□ Household emergency contacts
□ Medical emergency information
□ Family emergency plan
□ Evacuation plan
□ Emergency supply checklist
□ Grab-and-go document list
□ Power outage checklist
□ Crisis communication plan
□ Pet emergency information
□ Emergency wallet card

Emergency Supplies to Replace

Emergency Contacts to Update

Emergency Plan Changes Needed

Next Emergency Review Date

LIFE TRANSITION ANNUAL REVIEW

Review Date

Major Life Changes This Year

□ Move
□ Job change
□ Job loss
□ Marriage
□ Divorce
□ Birth or adoption
□ Child leaving home
□ Retirement
□ Health change
□ Loss of loved one
□ Business change
□ Financial change
□ Property purchase or sale
□ Other: _____

Systems Affected by These Changes

□ Personal records
□ Family information
□ Medical records
□ Financial records
□ Insurance policies

□ Household records
□ Vehicle records
□ Digital accounts
□ Emergency contacts
□ Beneficiaries
□ Legal documents
□ Legacy documents

Updates Needed Because of Life Changes

New Responsibilities to Document

LEGACY PLANNING ANNUAL REVIEW

Review Date

Legacy Documents Reviewed

□ Will
□ Trust, if applicable
□ Power of attorney
□ Healthcare directive
□ Beneficiary forms
□ Life insurance policy
□ Property records
□ Funeral wishes
□ Family instructions
□ Digital access instructions
□ Legacy letters
□ Important contacts

Beneficiaries Reviewed?

□ Yes
□ No
□ Needs attention

Notes:

Legal Documents Need Professional Review?

□ Yes
□ No
□ Not sure

Notes:

Legacy Information to Update

Trusted Person Informed?

□ Yes
□ No
□ Needs attention

Notes:

ANNUAL REVIEW SUMMARY PAGE

Review Year

Systems That Are Working Well

Systems That Need the Most Attention

1.
2.
3.

Updates Completed During This Review

Updates Still Needed

Top Three Priorities for the Next 90 Days

1.
2.
3.

Top Three Priorities for the Next Year

1. _____
2. _____
3. _____

ANNUAL REVIEW ACTION PLAN

Action Plan Date

_____

Main Focus Area

_____

_____

Action Steps

Action Step	Deadline	Person Responsible	Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

People to Contact

Person / Organization	Reason	Contacted?
_____	_____	□ Yes □ No
_____	_____	□ Yes □ No
_____	_____	□ Yes □ No
_____	_____	□ Yes □ No

Documents to Gather

Next Check-In Date

NEXT YEAR PREPARATION PAGE

Next Annual Review Date

Where This Binder Is Stored

Where Digital Backups Are Stored

Trusted Person Who Knows Where to Find It

Name: _____

Relationship: _____

Phone: _____

Email: _____

Notes for Next Year

A System That Gets Reviewed Stays Useful

Your Life Systems are not meant to stay frozen in time.

They should grow as your life grows.

The annual review gives you a chance to pause, update, simplify, protect, and prepare for the next season of life.

You do not have to fix everything at once.

Review one section.
Update one document.
Remove one outdated item.
Add one missing piece of information.

A yearly review keeps your systems alive.

A living system creates lasting peace of mind.

SECTION 7
MASTER LIFE SYSTEMS PLAN

Section Purpose

This final section brings everything together.

The Master Life Systems Plan is where you create one clear overview of your personal, family, financial, household, digital, emergency, transition, and legacy systems.

This section helps you answer three important questions:

1. What systems have I already built?
2. What systems still need attention?
3. What is my plan for keeping everything updated over time?

The goal is not perfection.

The goal is to create a simple, usable plan that gives you clarity, confidence, and control.

HOW TO USE THIS SECTION

Use this section after completing the checklists, binder templates, emergency forms, maintenance planners, worksheets, and annual review pages.

This section should become the summary page for your entire Life Systems Binder™ or digital folder.

Complete it once, then update it whenever your life changes.

You can review this section:

- Monthly for quick progress
- Quarterly for deeper updates
- Annually during your full Life Systems Review
- After major life transitions

MY LIFE SYSTEMS MASTER PLAN

Name

_____

Date Created

_____

Last Updated

_____

Next Review Date

_____

_____

My Main Life Systems Goal

The main reason I am building my Life Systems is:

_____

_____

_____

_____

I Want My Life to Feel:

□ Organized
□ Prepared
□ Peaceful
□ Protected
□ Clear
□ Less stressful
□ Easier to manage

□ More intentional
□ More secure
□ More helpful to my family
□ Other: _____

LIFE SYSTEMS OVERVIEW PAGE

Use this page to track the current status of each major Life System.

Life System	Not Started	Started	Mostly Organized	Complete	Needs Review
Personal Records	□	□	□	□	□
Family Information	□	□	□	□	□
Medical Records	□	□	□	□	□
Financial Records	□	□	□	□	□
Household Operations	□	□	□	□	□
Home Inventory	□	□	□	□	□
Vehicle Records	□	□	□	□	□
Digital Life	□	□	□	□	□
Passwords & Accounts	□	□	□	□	□
Emergency Preparedness	□	□	□	□	□
Life Transitions	□	□	□	□	□
Legacy Planning	□	□	□	□	□
Annual Review System	□	□	□	□	□

Overall Progress

My Life Systems are currently:

□ Just beginning
□ Partially organized
□ Mostly organized
□ Strong but still improving
□ Fully organized and ready for review

Notes

MY TOP LIFE SYSTEMS PRIORITIES

Use this page to choose the most important areas to focus on first.

Priority 1

Life System: _____

Why this matters now:

First action step:

Target completion date: _____

Priority 2

Life System: _____

Why this matters now:

First action step:

Target completion date: _____

Priority 3

Life System: _____

Why this matters now:

First action step:

Target completion date: _____

30-DAY LIFE SYSTEMS PLAN

Use this page to create your first 30-day action plan.

Main Focus for the Next 30 Days

What I Will Complete This Month

□ Gather important documents
□ Create or update my Life Systems Binder™
□ Organize personal records
□ Organize medical records
□ Organize financial records
□ Create emergency contact forms
□ Build a home or vehicle maintenance tracker
□ Review digital accounts
□ Set up or update password manager
□ Begin legacy planning
□ Complete annual review pages
□ Other: _____

My Top 5 Action Steps

Action Step	Deadline	Completed?
1. _____	_____	□ Yes □ No
2. _____	_____	□ Yes □ No
3. _____	_____	□ Yes □ No

Action Step	Deadline	Completed?
4. _____	_____	□ Yes □ No
5. _____	_____	□ Yes □ No

End-of-Month Reflection

What did I complete?

What still needs work?

What is my next step?

90-DAY LIFE SYSTEMS PLAN

Use this page to create a stronger three-month plan.

My 90-Day Goal

By the end of the next 90 days, I want to have:

Month 1 Focus

Main tasks:

1.
2.

3. _____

Month 2 Focus

Main tasks:

1. _____
2. _____
3. _____

Month 3 Focus

Main tasks:

1. _____
2. _____
3. _____

90-Day Progress Check

□ I completed my main goal
□ I completed part of my goal
□ I need more time
□ My priorities changed
□ I need support

Notes:

LIFE SYSTEMS REVIEW CALENDAR

Use this page to schedule regular reviews.

Weekly Review

Preferred day: _____

Preferred time: _____

Weekly review focus:

□ Gather loose papers
□ Update to-do list
□ File documents
□ Review upcoming appointments
□ Review bills or deadlines
□ Check family calendar
□ Other: _____

Monthly Review

Preferred day of month: _____

Monthly review focus:

□ Review documents added this month
□ Update financial records
□ Update medical information
□ Review home and vehicle tasks
□ Review digital files
□ Review emergency information
□ Check upcoming renewals
□ Other: _____

Quarterly Review

Preferred months: _____

Quarterly review focus:

□ Review all major systems
□ Update contacts
□ Check passwords and accounts
□ Review subscriptions
□ Review insurance documents

□ Review emergency supplies
□ Review progress toward goals
□ Other: _____

Annual Review

Annual review month: _____

Annual review focus:

□ Complete Annual Life Systems Review
□ Update Life Systems Binder™
□ Update digital backups
□ Review legal documents
□ Review beneficiaries
□ Review emergency plan
□ Review legacy documents
□ Inform trusted contact of major updates

TRUSTED ACCESS PLAN

Use this page to document who should know where important information is stored.

Primary Trusted Contact

Name: _____

Relationship: _____

Phone: _____

Email: _____

What this person should know:

Secondary Trusted Contact

Name: _____

Relationship: _____

Phone: _____

Email: _____

What this person should know:

Where My Life Systems Binder™ Is Stored

Where My Digital Backup Is Stored

Password Manager Information

Password manager used: _____

Emergency access set up? □ Yes □ No

Emergency access instructions stored at:

IMPORTANT SYSTEM LOCATIONS

Use this page as a quick reference for where important information is stored.

Information Type	Physical Location	Digital Location
Personal documents	_____	_____
Family information	_____	_____
Medical records	_____	_____
Financial records	_____	_____

Information Type	Physical Location	Digital Location
Insurance documents	_____	_____
Home records	_____	_____
Vehicle records	_____	_____
Digital account inventory	_____	_____
Emergency forms	_____	_____
Legacy documents	_____	_____
Annual review pages	_____	_____

Notes

LIFE SYSTEMS MAINTENANCE PLAN

A system only works if it is maintained.

Use this page to decide how you will keep your Life Systems updated.

My Maintenance Routine

I will review my Life Systems:

□ Weekly
□ Monthly
□ Quarterly
□ Annually
□ After major life changes

My Review Triggers

I will update my Life Systems when:

□ I move
□ I change jobs
□ My family changes
□ My health changes
□ My finances change
□ I open or close major accounts
□ I buy or sell property
□ I buy or sell a vehicle
□ I update insurance
□ I update legal documents
□ I experience a major life transition
□ Other: _____

My Maintenance Promise

To keep my systems useful, I will:

LIFE SYSTEMS COMPLETION TRACKER

Use this page to mark your progress as each system becomes organized.

System	Date Started	Date Completed	Review Date
Personal Records	_____	_____	_____
Family Information	_____	_____	_____
Medical Records	_____	_____	_____
Financial Records	_____	_____	_____
Household Operations	_____	_____	_____
Home Inventory	_____	_____	_____
Vehicle Records	_____	_____	_____
Digital Life	_____	_____	_____

System	Date Started	Date Completed	Review Date
Passwords & Accounts	_____	_____	_____
Emergency Preparedness	_____	_____	_____
Life Transitions	_____	_____	_____
Legacy Planning	_____	_____	_____
Annual Review System	_____	_____	_____

MY LIFE SYSTEMS COMMITMENT

Building a Life System is not about being perfect.

It is about being prepared.

It is about making life easier for yourself and the people who depend on you.

It is about creating order where there was confusion.

It is about protecting what matters.

It is about building peace of mind one system at a time.

My Commitment Statement

I am building my Life Systems because:

The People I Want to Protect and Support

The Future I Am Preparing For

Signature

Date

FINAL COMPLETION PAGE

You Are Becoming a Life Systems Architect™

You have reached the final section of the **Life Systems Blueprint™ Digital Resource Library**.

By working through these pages, you are no longer just collecting papers, filling out forms, or organizing folders.

You are building a system.

A system that protects your time.
A system that supports your family.
A system that prepares you for emergencies.
A system that keeps your information clear.
A system that helps your loved ones when they need guidance.
A system that turns confusion into confidence.

You do not need to complete everything at once.

Start where you are.
Build one section at a time.
Review your systems regularly.
Update them as your life changes.
Keep improving.

A well-designed life does not happen by accident.

It is built with intention.

It is protected by systems.

It is strengthened through review.

It is passed forward through legacy.

You are the architect.

This is your blueprint.

FINAL NOTE

You have completed the **Life Systems Blueprint™ Digital Resource Library**.

These pages were created to help you take action.

Print what you need.
Use what applies to your life.
Update your systems as life changes.
Review your information regularly.

The goal is not to complete every page at once.

The goal is to build a life that feels more organized, prepared, and protected one system at a time.

ABOUT THE LIFE SYSTEMS BLUEPRINT™

The Life Systems Blueprint™ is a practical life-organization system created to help readers organize important documents, digital information, emergency plans, household records, family information, and legacy details.

The book teaches the full system.

This Digital Resource Library gives you the printable tools to put that system into action.

ABOUT THE AUTHOR

L.P. Henson is an author, creative professional, and practical life-systems thinker known for writing clear, real-world nonfiction designed to help readers organize their lives, build stronger habits, and create practical systems that last.

OTHER BOOKS BY L.P. HENSON

- *The Extra 500 Stack*
- *The Screen Detox Blueprint*
- *AI Side Hustles for Absolute Beginners*

More books and resources may be available through the author's official website.

https://www.amazon.com/author/lphenson

DISCLAIMER

This Digital Resource Library is provided for educational and informational purposes only.

The forms, checklists, worksheets, and templates are designed to help readers organize personal information, household records, emergency plans, digital accounts, and legacy-related materials.

This resource does not provide legal, financial, tax, medical, insurance, cybersecurity, or estate planning advice.

Before making decisions involving legal documents, finances, taxes, insurance, healthcare directives, estate planning, or personal security, consult qualified professionals who understand your specific situation.

Readers are responsible for protecting private information, securing sensitive documents, and deciding how and where to store completed forms.
