

Life Planner

notes

To Do Lists

To do right now

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To do this week

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To do this month

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P a s s w o r d K e e p e r

WEBSITE
USERNAME
PASSWORD
NOTES

WEBSITE
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NOTES

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NOTES

WEBSITE
USERNAME
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NOTES

P e r s o n a l C o n t a c t s

NAME
PHONE
ADDRESS
EMAIL
BIRTHDAY

NAME
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EMAIL
BIRTHDAY

NAME
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NAME
PHONE
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BIRTHDAY

NAME
PHONE
ADDRESS
EMAIL
BIRTHDAY

Birthday Tracker

January

February

March

April

May

June

July

August

September

October

November

December

Event Tracker

January

February

March

April

May

June

July

August

September

October

November

December

Special Event Planner

Upcoming event _____

Date and time _____

need to know info

to do list

notes

Month:

S M T W T F S

Personal Goals

Goal

Why is this important?

what steps do i need to make?

Goal

Why is this important?

what steps do i need to make?

Goal

Why is this important?

what steps do i need to make?

Monthly Habit Tracker

Habit

Daily Count

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

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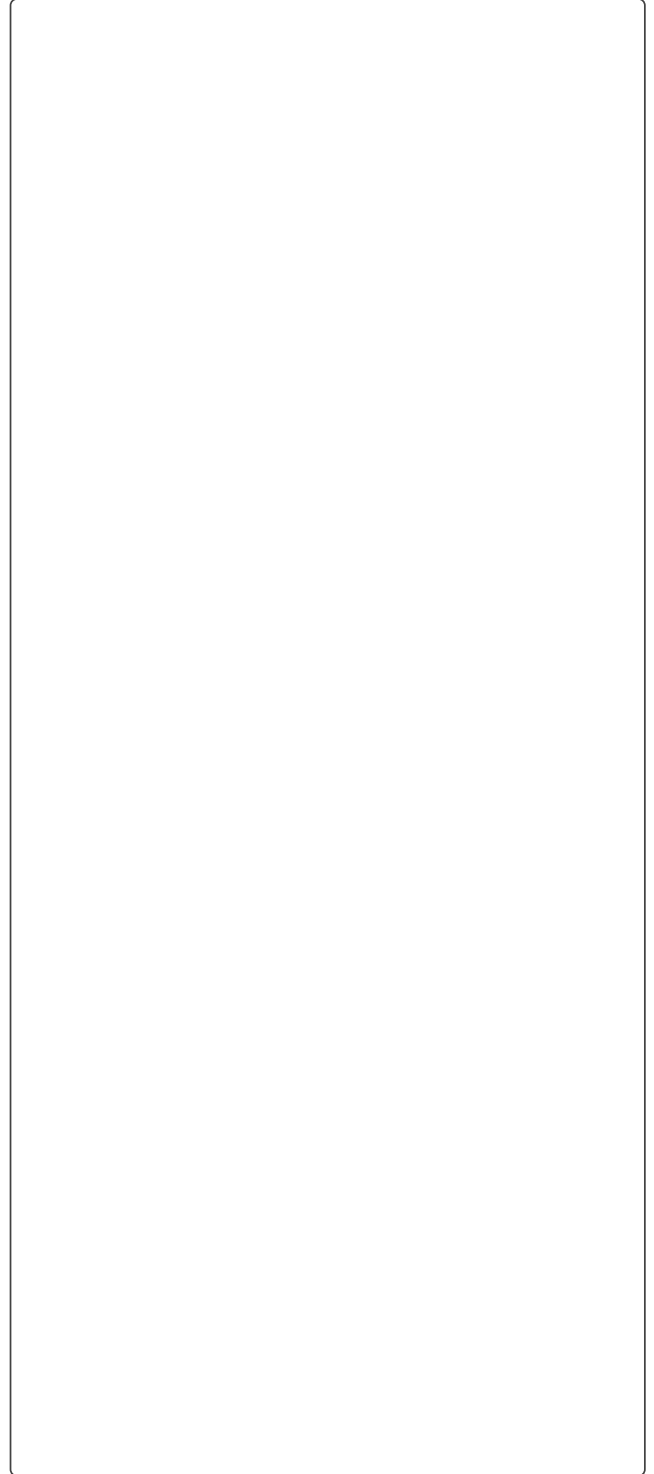
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Wish List

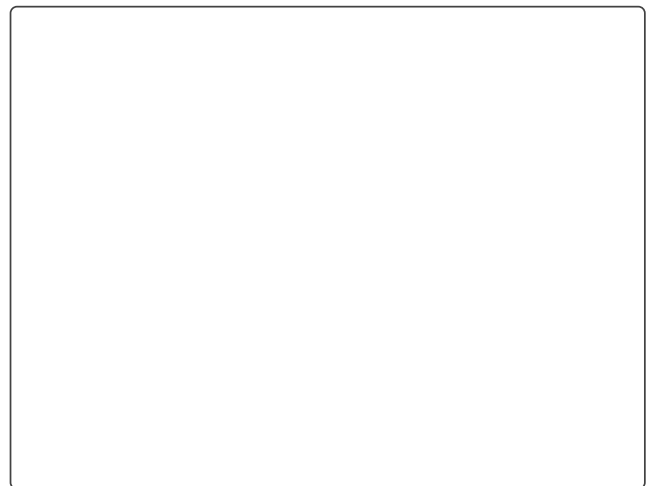
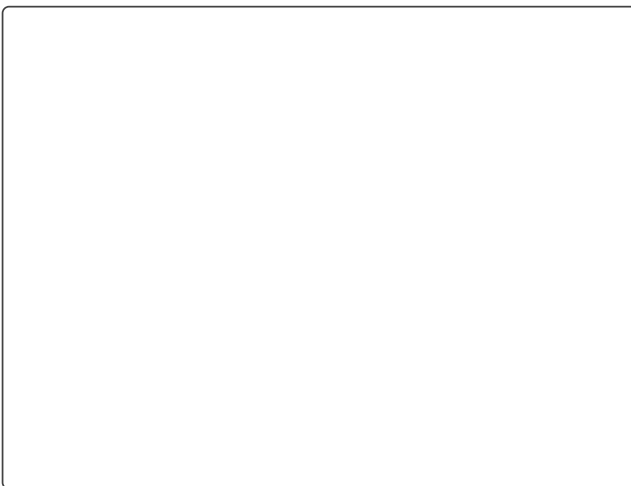
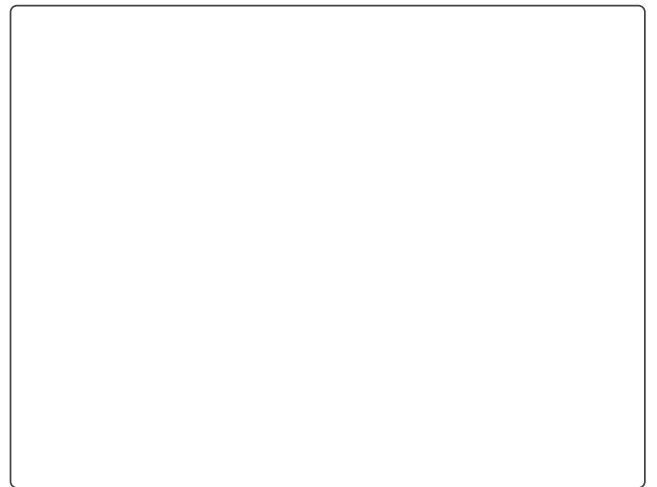
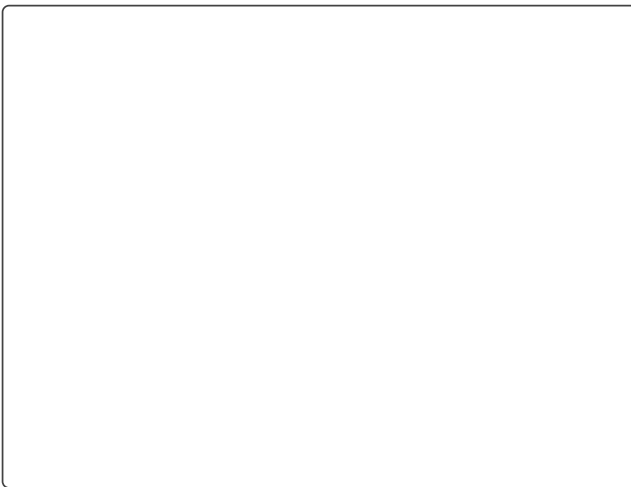
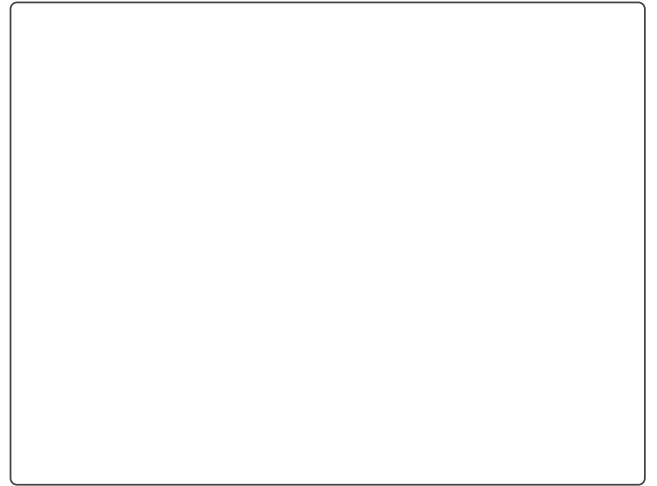
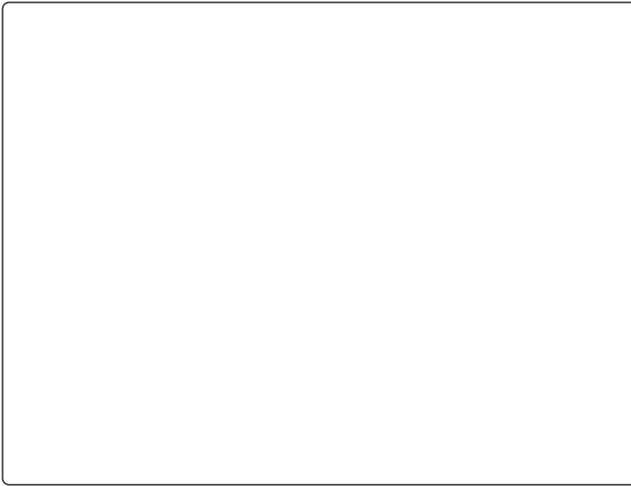
Needs

A large, empty rectangular box with a thin black border, intended for listing needs.

Wants

A large, empty rectangular box with a thin black border, intended for listing wants.

Gift Ideas



Bills & Budget

Monthly Expenses Tracker

Month:

Bills

Monthly total:

Groceries

Monthly total:

Monthly total:

Eating Out

Monthly total:

Monthly total:

Misc. Shopping

Monthly total:

Annual Expenses

January

February

March

April

May

June

July

August

September

October

November

December

Financial Goals

Goal

Why is this important?

what steps do i need to make?

Goal

Why is this important?

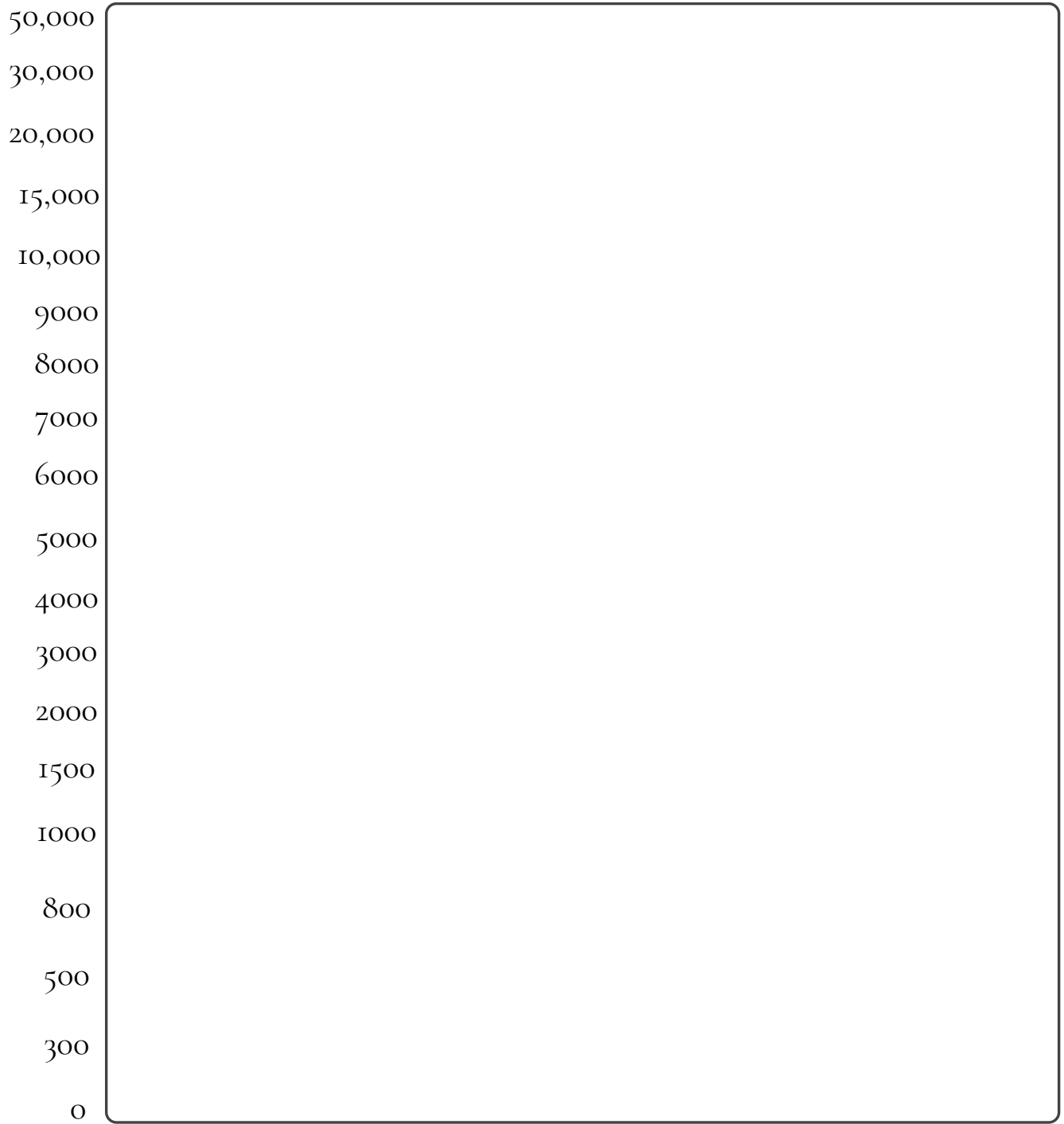
what steps do i need to make?

Goal

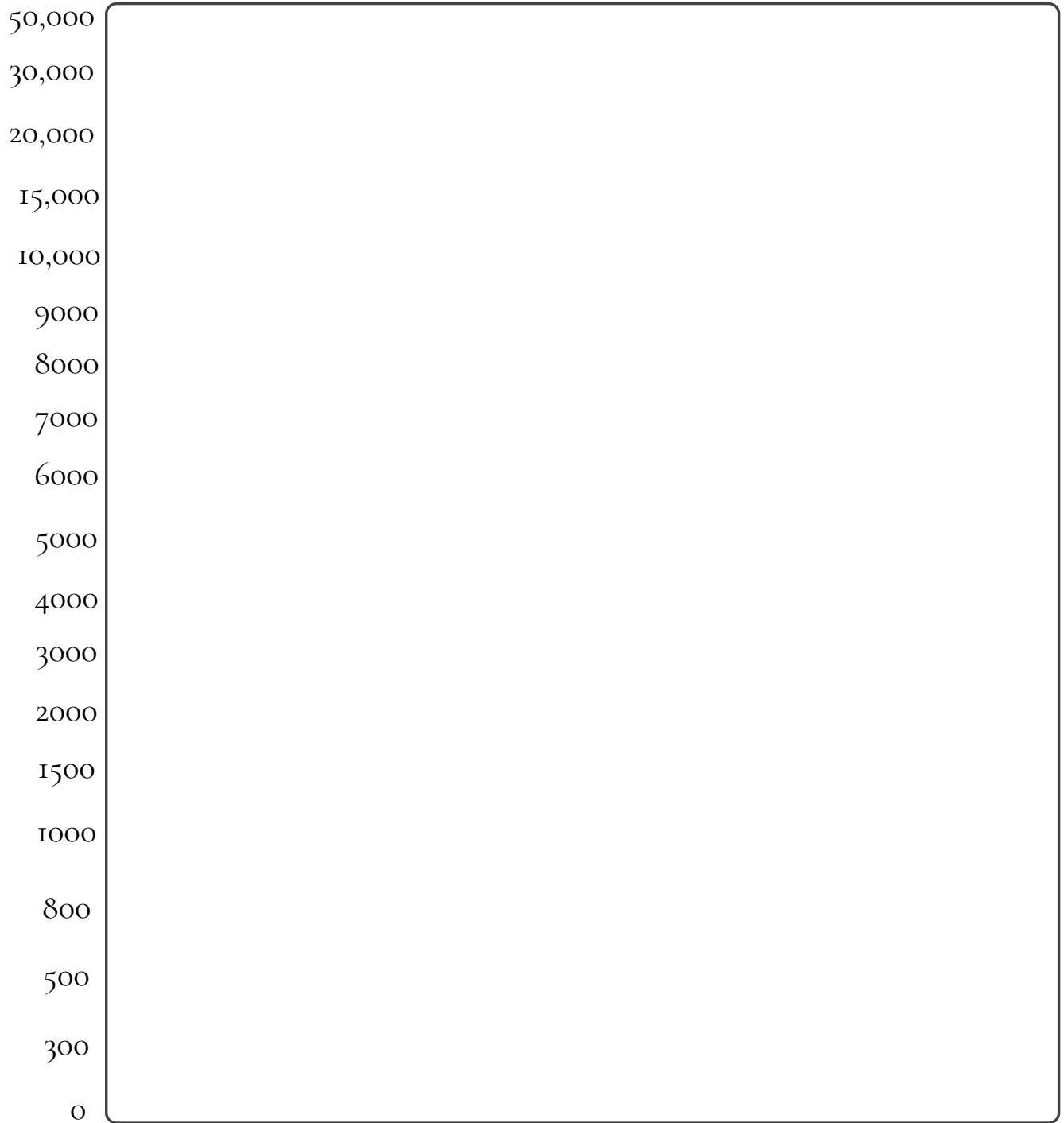
Why is this important?

what steps do i need to make?

Savings Tracker



Debt Payoff Tracker



Credit Score Tracker

Month

Score

300-579: Poor
580-669: Fair
670-739: Good
740-799: Very good
800-850: Excellent



Home Management

H o m e C o n t a c t s

SERVICE
PHONE
NAME
ADDRESS
EMAIL

SERVICE
PHONE
NAME
ADDRESS
EMAIL

SERVICE
PHONE
NAME
ADDRESS
EMAIL

SERVICE
PHONE
NAME
ADDRESS
EMAIL

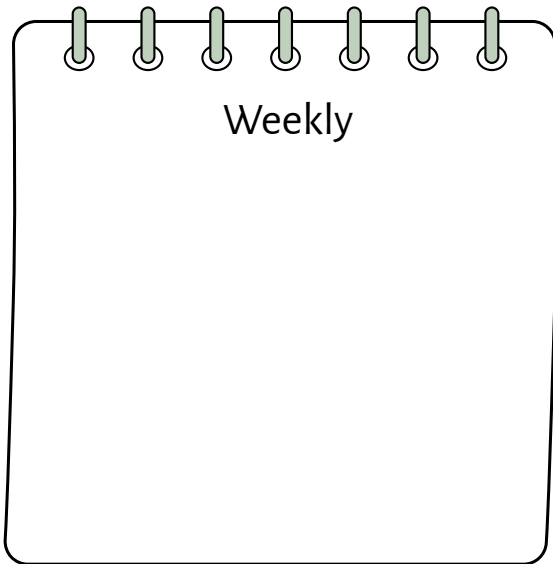
SERVICE
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SERVICE
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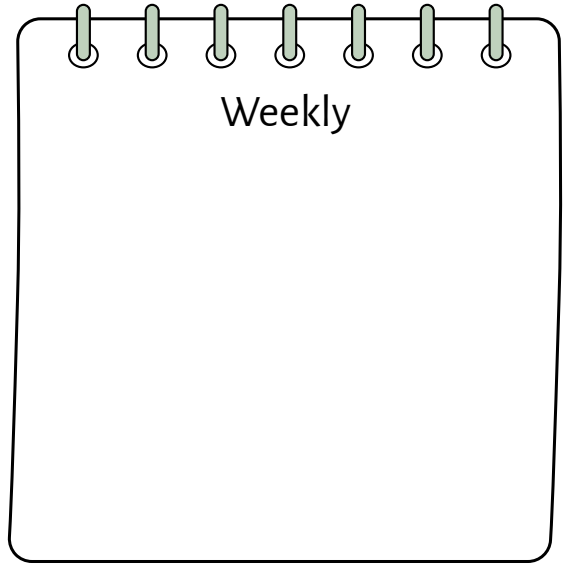
SERVICE
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SERVICE
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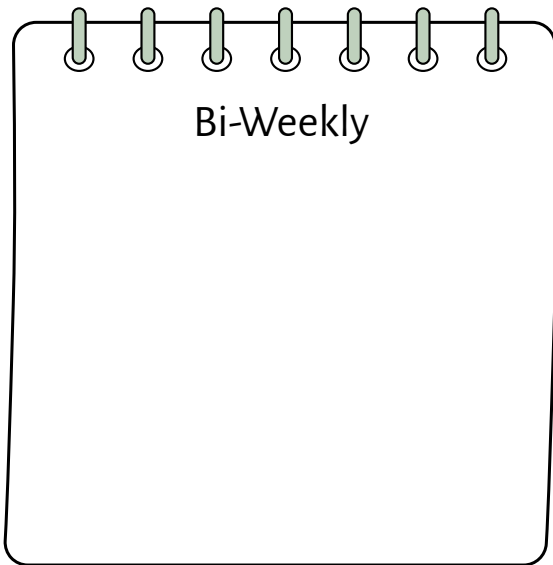
Home Maintenance



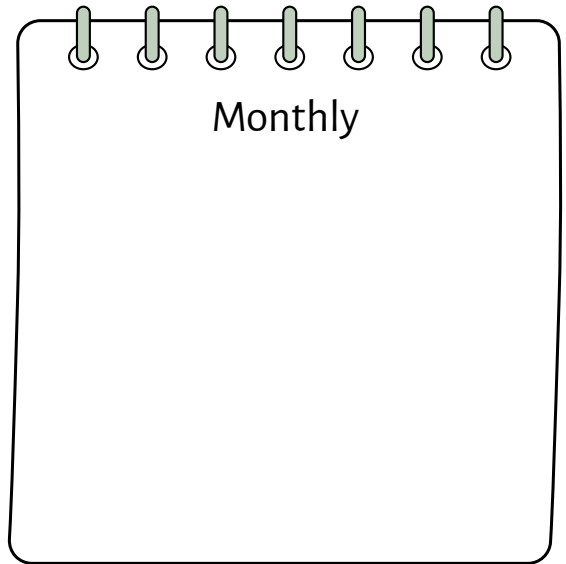
Weekly



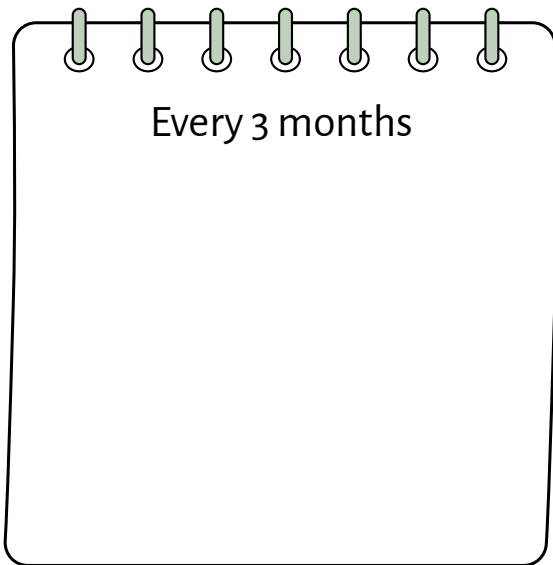
Weekly



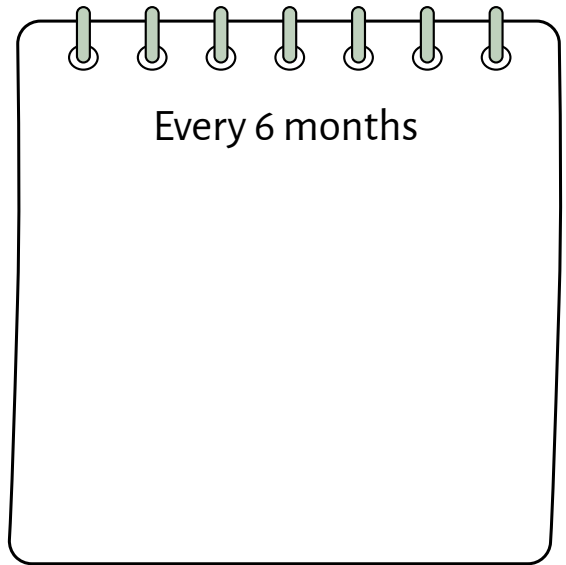
Bi-Weekly



Monthly



Every 3 months



Every 6 months

Cleaning Chore Chart Per Room

Kitchen

Living Room

Master Bedroom

Master Bathroom

Cleaning Chore Chart Per Room

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Monthly Cleaning Schedule:

S M T W T F S

Home Project To Do Lists

Supplies Needed

Supplies Needed

Supplies Needed

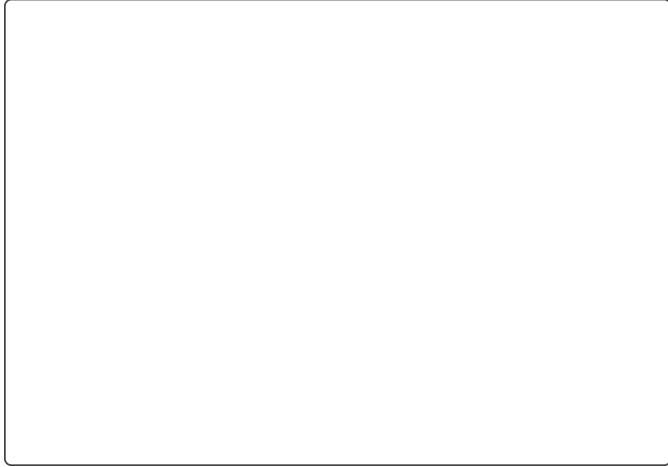
Supplies Needed



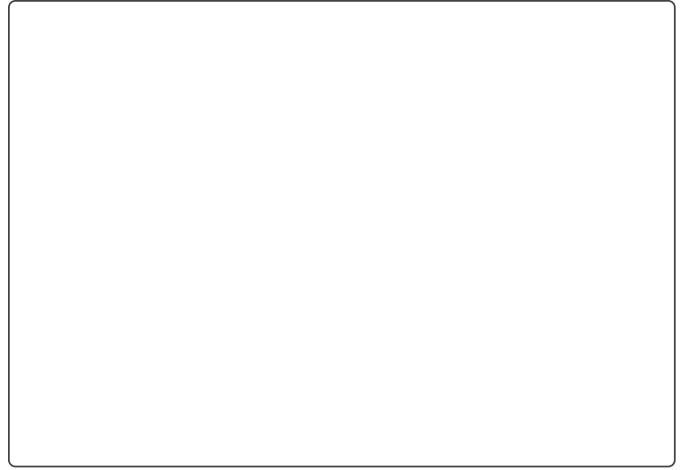
Meal Planner

Grocery List

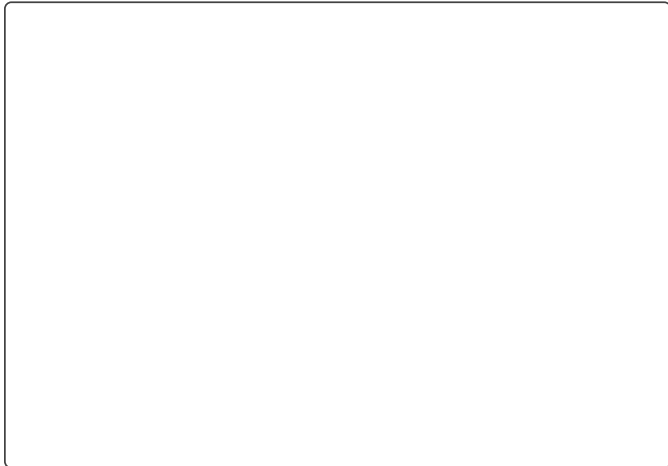
dairy



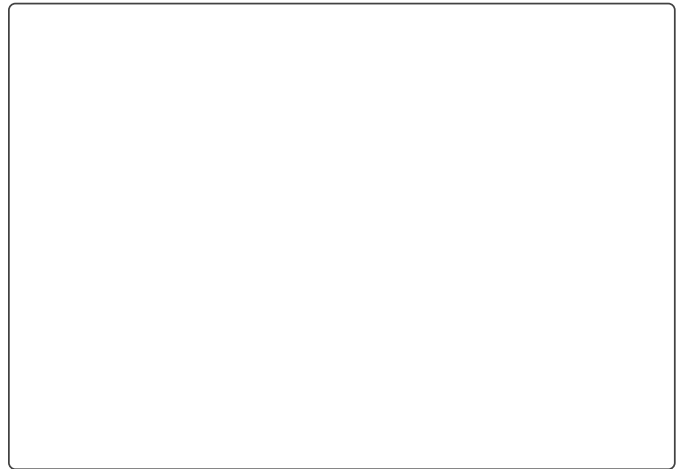
produce



meat



pantry



sundries




misc.



Monthly Meal Planner:

S M T W T F S



Important Records

In Case of Emergency

Our address:

Emergency Meetup Place:

Closest Hospital:

Our Pharmacy:

Family member phone numbers:

Close by family:

Emergency pet care:

Family allergies & medical care:

Medical
Insurance:

Auto
Insurance:

Home
Insurance:

Vehicle Information

YEAR, MAKE, & MODEL:

PURCHASED ON:

VIN #:

NEED TO KNOW INFO:

YEAR, MAKE, & MODEL:

PURCHASED ON:

VIN #:

NEED TO KNOW INFO:

YEAR, MAKE, & MODEL:

PURCHASED ON:

VIN #:

NEED TO KNOW INFO:

YEAR, MAKE, & MODEL:

PURCHASED ON:

VIN #:

NEED TO KNOW INFO:

Passports and ID's

FAMILY MEMBER:
PASSPORT INFO:
SOCIAL SECURITY #:
DRIVERS LICENSE #:
DL ISS DATE:
DL EXP DATE:

FAMILY MEMBER:
PASSPORT INFO:
SOCIAL SECURITY #:
DRIVERS LICENSE #:
DL ISS DATE:
DL EXP DATE:

FAMILY MEMBER:
PASSPORT INFO:
SOCIAL SECURITY #:
DRIVERS LICENSE #:
DL ISS DATE:
DL EXP DATE:

FAMILY MEMBER:
PASSPORT INFO:
SOCIAL SECURITY #:
DRIVERS LICENSE #:
DL ISS DATE:
DL EXP DATE:

Previous Addresses

ADDRESS:
DATES:

ADDRESS:
DATES:

ADDRESS:
DATES:

ADDRESS:
DATES:

ADDRESS:
DATES:

ADDRESS:
DATES:

ADDRESS:
DATES:

Previous Work History

COMPANY:
POSITION:
DATES WORKED:
SALARY:
PHONE:
ADDRESS:
BOSS NAME:

COMPANY:
POSITION:
DATES WORKED:
SALARY:
PHONE:
ADDRESS:
BOSS NAME:

COMPANY:
POSITION:
DATES WORKED:
SALARY:
PHONE:
ADDRESS:
BOSS NAME:

COMPANY:
POSITION:
DATES WORKED:
SALARY:
PHONE:
ADDRESS:
BOSS NAME:

Certificates & Licenses

CERTIFICATE:
YEAR AWARDED:
EXPIRES:
NEED TO KNOW INFO:

CERTIFICATE:
YEAR AWARDED:
EXPIRES:
NEED TO KNOW INFO:

CERTIFICATE:
YEAR AWARDED:
EXPIRES:
NEED TO KNOW INFO:

CERTIFICATE:
YEAR AWARDED:
EXPIRES:
NEED TO KNOW INFO:

School Transcripts

FAMILY MEMBER:
SCHOOL NAME & INFO:
DATES ATTENDED:
GRADUATION DATE:
GPA:
NEED TO KNOW INFO:

FAMILY MEMBER:
SCHOOL NAME & INFO:
DATES ATTENDED:
GRADUATION DATE:
GPA:
NEED TO KNOW INFO:

FAMILY MEMBER:
SCHOOL NAME & INFO:
DATES ATTENDED:
GRADUATION DATE:
GPA:
NEED TO KNOW INFO:

FAMILY MEMBER:
SCHOOL NAME & INFO:
DATES ATTENDED:
GRADUATION DATE:
GPA:
NEED TO KNOW INFO:

Wills, Medical Directives, POA's

FAMILY MEMBER:
POWER OF ATTORNEY:
NEED TO KNOW INFO:

FAMILY MEMBER:
POWER OF ATTORNEY:
NEED TO KNOW INFO:

FAMILY MEMBER:
POWER OF ATTORNEY:
NEED TO KNOW INFO:

FAMILY MEMBER:
POWER OF ATTORNEY:
NEED TO KNOW INFO:

Tax Information

TAX YEAR:
AGI:
REFUND/TAXES DUE:
NEED TO KNOW INFO:

TAX YEAR:
AGI:
REFUND/TAXES DUE:
NEED TO KNOW INFO:

TAX YEAR:
AGI:
REFUND/TAXES DUE:
NEED TO KNOW INFO:

TAX YEAR:
AGI:
REFUND/TAXES DUE:
NEED TO KNOW INFO:

Pet Records

PET NAME:
BREED:
BIRTHDAY:
MEDICAL ISSUES:
NEED TO KNOW INFO:

PET NAME:
BREED:
BIRTHDAY:
MEDICAL ISSUES:
NEED TO KNOW INFO:

PET NAME:
BREED:
BIRTHDAY:
MEDICAL ISSUES:
NEED TO KNOW INFO:

PET NAME:
BREED:
BIRTHDAY:
MEDICAL ISSUES:
NEED TO KNOW INFO:

