

Gear at a Glance

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January 2016

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June 2016

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Notes:									

Birthday Tracker

JANUARY	FEBURARY	MARCH
APRIL	MAY	JUNE
JULY	AUGUST	SEPTEMBER
OCTOBER	NOVEMBER	DECEMBER

Weekly To Do List

MONDAY	TUESDAY	WEDNESDAY
THURSDAY	FRIDAY	SATURDAY
	SUNDAY	

2016 Meal Planner

January 2016

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March 2016

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May 2016

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October 2016

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Shopping List: _____

November 2016

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Weekly Meal Planner

MONDAY	TUESDAY	WEDNESDAY
THURSDAY	FRIDAY	SATURDAY
	SUNDAY	

Weekly Meal Planner

PRODUCE	CANNED GOODS	CONDIMENTS
		PERSONAL GOODS
DAIDY		
DAIRY		
	FROZEN	
		OTHER
MEAT	DRINKS	

Grocery Inventory

PANTRY	FRIDGE/ FREEZER	NEED TO PURCHASE

2016 Fitness Planner

Workout Motivations

BEFORE		AFTER
MOTIVATIONS	SONGS	QUOTES
	NOTES	

Monthly Fitness

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Water Intake

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Workout Planner

MONDAY	TUESDAY	WEDNESDAY
THURSDAY	FRIDAY	SATURDAY
	SUNDAY	

Monthly Meal Planner

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2016 Financial Planner www.simplystacie.net

Bill Tracker

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Monthly Budget

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WATER		
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TRASH		
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INTERNET		
CABLE		
FOOD		
CREDIT CARDS		
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INSURANCES		

Morthly Bill Pay

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Daily Spending

DATE	EXPENSE	AMOUNT	BALANCE	NOTE

Account Tracker

ACCOUNT LOCATION	ADDRESS	PHONE NUMBER
ACCOUNT TYPE	ROUTING NUMBER	URL
BANK ACCT#	USER NAME	PASSWORD
ACCOUNT LOCATION	ADDRESS	PHONE NUMBER
ACCOUNT TYPE	ROUTING NUMBER	URL
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Debt Payoff

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DEBT	JAN	FED	IVIAK	AFRIL	IVIAT	JUNE	BAL

Debt Payoff

DEBT	JULY	AUG	SEPT	OCT	NOV	DEC	ENDING BAL
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Saving	Tracker

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2016 Household Manner www.simplystacie.net

Password Tracker

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SUNDAY					
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TUESDAY					
WEDNES					
THURSDAY					
FRIDAY					
SATURDAY					
		www.simplys	stacie.net		

De-Clutter List

KITCHEN	LIVING ROOM	DINING ROOM/OFFICE
• • •	•	•
BEDROOM	BATHROOM	CLOSET
•	•	•
GARAGE	• • OTHER	• • OTHER
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Cleaning Planner

DAILY	WEEKLY	MONTHLY
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Cleaning Planner

KITCHEN	LIVING ROOM	DINING ROOM/OFFICE
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BEDROOM	BATHROOM	CLOSET
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Family Medical Tracker

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octor's phone #:
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4-1-1 For Emergency

PERSONAL INFORMATION
NAME:
ADDRESS:
PHONE #:
EMAIL:
SPECIAL NOTE:
IN CASE OF AN EMERGENCY CALL 9-1-1
POLICE DEPARTMENT:
FIRE DEPARTMENT:
SECURITY COMPANY:
DOCTOR NAME:
POISON CONTROL:
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EN TERROENTON CONTACT
EMERGENCY CONTACT:
ADDRESS:
PHONE #:
relationship:
EMERGENCY CONTACT:
ADDRESS:
PHONE #:
relationship:
insurance:
INSURANCE :
PHARMACY:
MEDICATION:
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MEDICATION:
ALLERGIES:

Important Contacts

NAME: ADDRESS: PHONE #: EMAIL: OTHER: NAME: ADDRESS: PHONE #: EMAIL: OTHER:
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Company Information

NAME: ADDRESS: PHONE #: EMAIL: OTHER:	NAME:			
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Medication Tracker

MEDICATION	DOSAGE	FREQUENCY	NOTE
	www.simply	itacia hat	

Baby Sitter Information

PERSONAL INFORMATION						
NAME:						
address:						
PHONE #:						
EMAIL:						
SPECIAL NOTE:_						
		AN EMERGENC				
POLICE DEDART						
FIRE DEPARTME	NIT.					
SECURITY COME	PANY [,]					
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address :						
PHONE #:						
relationship:_						
EMERGENCY C	ONTACT:					
ADDRESS:	<u></u>					
PHONE #:	ADDRESS :					
RELATIONSHIP:_						
CHILD	MEAL	ROUTINE	BEDTIME	NOTE		

School Information

PERSONAL INFORMATION NAME:					
address:					
ASST. PRINCIPAI TEACHER:	L:				
BUS # /TIMES A LOCATION:	M/PM:				
PHONE #: CLASS MATE:					
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	

Notes

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