

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Important Records

At the minimum, complete the “location” column of the following.

<b>Personal Papers</b>	<b>Location</b>	<b>Name or Identification Information</b>	<b>Contact Information (Phone or Address)</b>	<b>Comments</b>
Birth Certificate				
Marriage Certificate				
Tax Returns and Records				
Mortgage Papers				
Trust Funds				
Safe Deposit Boxes and Keys				
Car Registration(s)				
Passport(s)				
Loan Agreements and Records				
Warranties				
Social Security Number and Records				
Pension Plans				
Cemetery Plot				

<b>Personal Papers</b>	<b>Location</b>	<b>Name or Identification Information</b>	<b>Contact Information (Phone or Address)</b>	<b>Comments</b>
Funeral arrangements if prearranged				
Business Agreements				
Will(s)				
Trust(s)				
Pet care instructions				
Investment Records				
Credit Card(s)				
Bank Account(s)				
Health Insurance Information				List carriers and policy numbers:  Health Supplemental Dental Prescription Long-term care
Life Insurance policies				

Medical Authorizations				
Back up Billing Notification				Who (if anyone) receives copies of bills?
Living Will				
Power of Attorney				
Property Insurance policy				
Auto insurance				
<b>Advisors</b>				
Life Insurance Agent				
Lawyer				
Accountant				
Banker				
Broker/ Financial				
Clergy				
Other:				
Other:				
Comments:				