



**Location of Documents**

Documents in my home are located \_\_\_\_\_  
 \_\_\_\_\_  
 Documents in my office are located \_\_\_\_\_  
 \_\_\_\_\_  
 My safe deposit box is located \_\_\_\_\_  
 Address \_\_\_\_\_  
 Key location \_\_\_\_\_

**Check one of the following locations or write in to identify the location of the following documents.**

**A=Home B=Office C=Safe Deposit Box Other (Specify)**

	<b>A</b>	<b>B</b>	<b>C</b>	<b>OTHER</b>
My current will:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Income tax returns:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Marriage documents:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Birth certificates/ citizenship papers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Business agreements:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Investment certificates/ stocks/bonds:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Deeds and other real estate documents:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outstanding loan/ creditor documentation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Funeral arrangements:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insurance policies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Credit cards/personal valuables:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Education records:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pension/company savings plan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
IRAs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trust funds:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Document details**

**Birth Certificates**

I do \_\_\_ do not \_\_\_ have a birth certificate.  
 My birthplace \_\_\_\_\_  
 Other certificates located:  
 Spouse \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Children \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Social Security Cards**

My number \_\_\_\_\_  
 Location of card \_\_\_\_\_  
 Spouse's number \_\_\_\_\_  
 Children's numbers \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Will & Last Testament**

I have \_\_\_ have not \_\_\_ made a will.  
 Date of current will \_\_\_\_\_  
 Lawyer who drew up will \_\_\_\_\_  
 Lawyer's phone number \_\_\_\_\_  
 Instructions for funeral arrangements are in:  
 my will \_\_\_ a letter \_\_\_ other \_\_\_\_\_  
 A list of people and advisors to notify is located \_\_\_\_\_  
 \_\_\_\_\_

**Military Service**

Military Service No. \_\_\_\_\_  
 Location of discharge papers \_\_\_\_\_  
 \_\_\_\_\_

**Employment Information**

Employer name \_\_\_\_\_  
 I have \_\_\_ don't have \_\_\_ group insurance.  
 Group insurance No. \_\_\_\_\_  
 Location of benefit brochures \_\_\_\_\_  
 Spouse's employer \_\_\_\_\_

**Insurance**

Company	Policy No.
LIFE & ANNUITY	_____
_____	_____
_____	_____
CAR	_____
_____	_____
HOME	_____
_____	_____
DISABILITY & LONG-TERM CARE	_____
_____	_____
MEDICAL/HEALTH	_____
_____	_____
_____	_____

**Bank Records**

Bank/Credit Union	Account No.
SAVINGS	_____
_____	_____
_____	_____
CHECKING	_____
_____	_____
_____	_____
CERTIFICATES OF DEPOSIT	_____
_____	_____
_____	_____
Location of passbooks and certificates	_____
_____	_____