

PERSONAL INFORMATION AND DOCUMENT LOCATOR

NAME: _____ DATE: _____

Social Security # _____ (Husband) Phone: _____
 _____ (Wife) Email: _____

PART I: ADVISORS (attorney, accountant, banker, broker, insurance agent(s), employee benefits counselor, others)

Name	Address	Phone	Service Provided

PART II: INSURANCE POLICIES

Type of Policy	Company Name/Address/ Phone Number	Policy Number	Location of Policy
Auto			
Life			
Homeowners			
Medical			
(Please attach copies of all medical cards.)			
Disability			
Umbrella			
Long-Term Care			

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PART III: CASH/INVESTMENTS/RETIREMENT ACCOUNTS (contd.)

Name and Address of Institution	Names on the Account	Account Number	Type of Account	Date Opened	Beneficiary
Retirement Accounts					

PART IV: DEBT (mortgage, lines of credit, auto loans, personal loans, investment loans)

Issuer	Address	Phone Number	Account Number

PART V: SAFE DEPOSIT BOX (Please attach a complete inventory of its contents.)

Location of Box: _____

Name(s) Registered: _____

Location of Keys: _____

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PART VI: LOCATION OF PERMANENT RECORDS

Recent Income Tax Returns _____

Social Security Card(s) _____

Birth Certificate(s) _____

Marriage Certificate _____

Military Discharge Papers _____

Passports _____

House Deed _____

Other Deed(s) _____

Mortgage _____

Car Titles and Registrations _____

Wills, Living Trusts, Powers
of Attorney _____

List of All Passwords for
Electronic Access _____

Other Important Papers _____

PART VII: MISCELLANEOUS INFORMATION

Please document any additional information, documentation, or location of other personal property not addressed elsewhere.

Copies Made for: Home _____ Date Last Updated: _____
Executor _____
Safe Deposit Box _____