

WHERE TO FIND MY IMPORTANT PAPERS

Name: _____ Social Security #: _____

Spouse/Partner name: _____ Social Security #: _____

Address: _____

Date prepared: _____ Copies given to: _____

My valuable papers are stored in these LOCATIONS (address or where to look):

A: Residence: _____

B: Safe Deposit Box: _____

C: Other: _____

ITEM	LOCATION			ITEM	LOCATION		
	A	B	C		A	B	C
My will (original)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retirement papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advance Health Directive/Living Will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retirement accounts (IRA, 401K, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power of Attorney — healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power of Attorney — finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Titles and deeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse's/partner's will (original)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notes (mortgages)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	List of stored and loaned items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auto ownership records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life insurance policy(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birth certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance policy(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Military/veteran's papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term care insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marriage certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car insurance policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children's birth certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeowner/rental policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Divorce/separation records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Passwords (computer, cell phone, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partnership agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe deposit box key	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List of checking, savings account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List of credit cards and numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List of important friends/neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Emergency contact: _____

Doctor(s): _____

Clergy: _____

Attorney: _____

Accountant: _____

Insurance agent/policy #(s): _____

Other contacts: _____