

WHERE TO FIND MY IMPORTANT PAPERS

Name: _____ Social Security #: _____
 Spouse or Partner name: _____ Social Security #: _____
 Address: _____
 Date prepared: _____ Copies given to: _____

My valuable papers are stored in the following **LOCATIONS**. (Fill in address or where to look.)

A: Residence: _____
B: Safe deposit box: _____
C: Other: _____

ITEM	LOCATIONS			ITEM	LOCATIONS		
	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 (important websites, banking, credit card, social media, computer, wi-fi, 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"/>				
List of important friends/neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Emergency contact: _____
 Doctor(s): _____
 Clergy: _____
 Attorney: _____
 Accountant: _____
 Insurance agent/policy #(s): _____
 Other contacts: _____