

DOCUMENT LOCATOR

Name: _____ Date: _____

Social Security Number: _____ - _____ - _____

Directions:

- Each adult should complete the following questions individually.
- Leave blank any item that does not apply to you.
- Include the location and a brief description of those items that apply to you.
- This record should be kept in a secure location known to your spouse, if married; or to a friend or relative, if not married.
- Complete the information now and bring it up to date at least annually.

Note the following important information:

1) I have written a personal letter to _____

The letter is located _____

2) I have made a living will: Yes No

3) I have a Health Care Proxy: Yes No

My Health Care Agent is: _____

4) I have made arrangements to donate _____
_____ for transplant.

Please call _____
immediately in case of death.

5) Other important document: _____

The following are to be contacted in the event of my death:

Attorney: _____

Phone _____ - _____ - _____

Tax Advisor: _____

Phone _____ - _____ - _____

Executor: _____

Phone _____ - _____ - _____

Trustee: _____

Phone _____ - _____ - _____

Employee Benefit Manager: _____

Phone _____ - _____ - _____

I belong to the following organizations, which I would want notified in the event of my death:

Automobile Papers

Registration #: _____

Bill of Sale: _____

Finance Agreement/Lease: _____

Registration #: _____

Bill of Sale: _____

Finance Agreement/Lease: _____

Bank-Account Books and Papers

Checking Acct.#: _____

Bank & Address: _____

Other Signature: _____

Savings Acct.#: _____

Bank & Address: _____

Other Signature: _____

Savings Acct.#: _____

Bank & Address: _____

Other Signature: _____

Cert. of Deposit _____

Bank & Address: _____

Other Signature: _____

Safe Deposit Box

Location: _____

Box#: _____

Other Persons Having Access to Box: _____

Location of Keys: _____

Contents: _____

Safe Deposit Box

Location: _____

Box#: _____

Other Persons Having Access to Box: _____

Location of Keys: _____

Contents: _____

Employee-Benefit Data

Group-Insurance Plans: _____

Savings/Profit Sharing Plan: _____

Other Employee Benefits: _____

Insurance Policies

Life: (attach schedule if necessary)

Accident/Health: _____

Property/Casualty: _____

Major Medical: _____

Other: _____

Marriage Certificate

Medical and Dental Information

Power of Attorney

Income Tax Returns

Federal: _____

State: _____

Other: _____

Securities Certificates (attach schedule if necessary)

Stocks: _____

Bonds: _____

Money Market Funds: _____

Social Security Cards

Birth Certificates

Baptismal Certificates

Burial Instructions

Deeds

Primary Residence: _____

Secondary Residence: _____

Mortgage Primary: _____

Mortgage Secondary: _____

Leases: _____

Cemetery Plot: _____

Divorce Papers _____
