

Name: _____ SSN: _____
 Spouse/Partner's Name: _____ SSN: _____
 Address: _____
 Date Prepared: _____ Email: _____
 Copies given to: _____

My valuable papers are stored in these locations (address & where to look)

A: Residence _____
 B: Safe Deposit Box _____
 C: Other _____

Item	A	B	C
Our Wills (originals) (including Living Wills)			
Power of attorney--healthcare & finance			
Medical Directives			
Safe combination			
Trust agreement			
Life insurance policy			
Health insurance policy			
Homeowners policy			
Car insurance policy			
Employment contracts			
Partnership agreements			
List of checking, saving accounts			
List of credit cards			
Retirement papers			
Stocks, IRAs, Pension paperwork			
Funeral arrangements & requests of loved ones			
Titles (house & cars) & deeds			
Notes (mortgages & car loans)			
List of stored & loaned items			
Birth Certificate			
Military/veterans papers			
Marriage certificate			
Children's birth certificates			
Divorce/separation records			
List of passwords and IDs			
Instructions for Pets			
Other			

	Name	Phone #
Emergency Contact:		
Doctor		
Clergy		
Attorney		
Accountant		
Insurance Agent		
Stock Broker		
Pet Sitter		
Veterinarian		