



ORGANIZE DOCUMENTS

Name: _____

Social Security Number: _____

Date Completed: _____

Primary Doctor: _____

Telephone: _____

Lawyer: _____

Telephone: _____

Health Care Agent: _____

Telephone: _____

Investment Broker: _____

Telephone: _____

Clergy: _____

Telephone: _____

Name of Bank: _____

Acct #: _____

Name of Bank: _____

Acct #: _____

Emergency Contact: _____

Telephone: _____

Emergency Contact: _____

Telephone: _____



Personal Information

Where is it kept? _____

Birth Certificate: _____

Marriage Certificate: _____

Divorce Papers: _____

Military Records: _____

Branch of Service: _____

Military ID #: _____

Dates of Service: _____

Organ Donor Card: _____

Passport/Citizenship Papers: _____

Will: _____

Trusts: _____

Safety Deposit Box: _____

Number: _____

Where are keys kept?: _____

Insurance Information: Where Is It Kept?

Health: _____

Car: _____

Homeowners: _____

Life: _____

Disability: _____

Long-Term Care: _____

Other: _____



Financial Information: Where Is It Kept?

Car Title/Registration: _____

Bank Statements: _____

Bonds: _____

CDs: _____

Bank Account (Checking): _____

Bank Account (Savings): _____

Bank Account (Money Market): _____

401K Account: _____

IRAs: _____

Mortgage Information: _____

Outstanding Loans: _____

Property Deeds/Title: _____

Stock Certificates: _____

Income Tax Records: _____

Pension Records: _____

Medical Information: Where Is It Kept?

Advance Directives: _____

Do Not Resuscitate Papers: _____

Health Care Power of Attorney: _____

Living Will: _____

Final Wishes: Where Is It Kept?

Advance Directives: _____

Cemetery Information: _____

Funeral Home: _____