



# Important Documents and Personal Assets Form

Use this form to record the location of your (and your partner's) most important documents and assets.

## Identification

(Write down the location of the following documents.)

Social Security card(s):

Passport(s):

Birth certificate(s) (original):

Adoption papers (original):

Marriage certificate(s) (original):

Divorce records (original):

Immigration papers (original):

Citizenship papers (original):

Military discharge papers (original):

Other military records/veterans papers:

Legal guardianship records:

## **Finances**

### ***Investment company or financial advisor***

Name:

Address:

Phone number:

### ***Accountant/CPA/Tax advisor***

Name:

Address:

Phone number:

Location of past income tax returns:

**Banks**

Bank name:

Address:

Phone number:

Type of account

Account number

Authorized signers

Location of bankbooks or bank statements:

Bank name:

Address:

Phone number:

Type of account

Account number

Authorized signers

Location of bankbooks or bank statements:

Bank name:

Address:

Phone number:

Type of account

Account number

Authorized signers

Location of bankbooks or bank statements:

***Pension plans***

Plan name:

Employer:

Phone number for pension plan:

Beneficiary information:

Plan name:

Employer:

Phone number for pension plan:

Beneficiary information:

Plan name:

Employer:

Phone number for pension plan:

Beneficiary information:

***Employer-sponsored retirement savings plans, e.g., 401(k), 403(b), 457***

Plan name:

Employer:

Phone number for plan:

Beneficiary information:

Plan name:

Employer:

Phone number for plan:

Beneficiary information:

Plan name:

Employer:

Phone number for plan:

Beneficiary information:

***Social Security benefits***

Program type (retirement, Social Security, disability, SSDI, survivor's benefits, adult disabled child):

Social Security claim number (number on checks or direct deposit):

SSI monthly income:

### ***U.S. savings bonds***

Location of bonds ([www.treasurydirect.gov](http://www.treasurydirect.gov)):

I am beneficiary at death of:

Deceased owner's address:

Beneficiary at my death:

Beneficiary's address and phone number:

### ***Securities***

Location of stock certificates and bonds:

Location of records of purchase and sale:

Name of broker:

Address and phone number:

### ***Stock portfolio information***

Company name	Shares purchased	Date of purchase	Purchase price
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*Annuities*

*Individual retirement accounts (IRAs)*

*Mutual funds*

*Other investments*

**Active credit cards**

<b>Credit card Type</b>	<b>Credit card number</b>	<b>Expiration date</b>	<b>Customer service phone number</b>

**Open mortgages**

Name of mortgage company:

Address:

Phone number:

Mortgage is for property at this address:

Term of mortgage:

Monthly payments and due date:

Mortgage will be fully paid off on this date:

Location of mortgage paperwork:



Name of mortgage company:

Address:

Phone number:

Mortgage is for property at this address:

Term of mortgage:

Monthly payments and due date:

Mortgage will be fully paid off on this date:

Location of mortgage paperwork:

***Other outstanding debts***

Where I keep any current, unpaid bills:

***Property***

Record the location of the following property:

Safe deposit box:

Safe deposit box key:

Home safe/lockbox:

Key location or combination:

Home or property title, surveys, and deed of sale:

Car title(s):

Other property ownership information:

Below, you may also want to list the identifying information and location of any valuables that others might not recognize. These would include works of art, rare books, antique furniture, and collectibles. You might also identify items of family importance (such as photographs, letters, and jewelry) or items that would be valuable to a museum or historical society (such as old photographs, letters, and newspapers, or antique tools, toys, or quilts).

Item

Location

## Insurance

### ***Homeowner's insurance company:***

Address and phone number:

Policy number:

Address of insured property:

Location of policy:

### ***Renter's insurance company:***

Address and phone number:

Policy number:

Address of insured property:

Location of policy:

***Fire insurance company:***

Address and phone number:

Policy number:

Address of insured property:

Location of policy:

***Flood insurance provider:***

Address and phone number:

Policy number:

Address of insured property:

Location of policy:

***Automobile insurance company:***

Address and phone number:

Policy number:

Make(s) and model(s) of insured vehicles:

Location of policy:

### ***Health insurance***

Remember to list employer plans, Medicare, Medicaid, Medicare supplemental insurance (Medigap), and Veterans Administration benefits.

Provider:

Agent's name:

Address and phone number:

Policy number:

Location of policy:

Location of ID card:

Provider:

Agent's name:

Address and phone number:

Policy number:

Location of policy:

Location of ID card:

Provider:

Agent's name:

Address and phone number:

Policy number:

Location of policy:

Location of ID card:

***Disability and long-term care insurance***

Provider:

Agent's name:

Address and phone number:

Policy number:

Location of policy:

Location of ID card:

Beneficiary information:

Waiting period/restrictions:

Provider:

Agent's name:

Address and phone number:

Policy number:

Location of policy:

Location of ID card:

Beneficiary information:

Waiting period/restrictions:

Provider:

Agent's name:

Address and phone number:

Policy number:

Location of policy:

Location of ID card:

Beneficiary information:

Waiting period/restrictions:

***Life insurance***

Insurer:

Agent's name:

Address and phone number:

Policy number:

Location of policy:

Beneficiary information:

Loans on policy?	YES	NO	Assigned?	YES	NO
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Insurer:

Agent's name:

Address and phone number:

Policy number:

Location of policy:

Beneficiary information:

Loans on policy?	YES	NO	Assigned?	YES	NO
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Insurer:

Agent's name:

Address and phone number:

Policy number:

Location of policy:

Beneficiary information:

Loans on policy?	YES	NO	Assigned?	YES	NO
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**Other insurance**

Type of insurance and insurer:

Agent's name:

Address and phone number:

Policy number:

Location of policy and ID card:

Beneficiary information:

Loans on policy?    YES    NO    Assigned?    YES    NO

Type of insurance and insurer:

Agent's name:

Address and phone number:

Policy number:

Location of policy and ID card:

Beneficiary information:

Loans on policy?    YES    NO    Assigned?    YES    NO

Type of insurance and insurer:

Agent's name:

Address and phone number:

Policy number:

Location of policy and ID card:

Beneficiary information:

Loans on policy?    YES    NO    Assigned?    YES    NO



Type of insurance and insurer:

Agent's name:

Address and phone number:

Policy number:

Location of policy and ID card:

Beneficiary information:

Loans on policy?	YES	NO	Assigned?	YES	NO
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Type of insurance and insurer:

Agent's name:

Address and phone number:

Policy number:

Location of policy and ID card:

Beneficiary information:

Loans on policy?	YES	NO	Assigned?	YES	NO
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## **End-of-life issues**

### ***Attorney***

Name:

Address:

Phone number:

***Trust funds***

A living trust or special needs trust has been established for the benefit of:

Date established:

Located at:

Trustees:

Attorney:

A living trust or special needs trust has been established for the benefit of:

Date established:

Located at:

Trustees:

Attorney:

I am beneficiary of trust funds established by

Location of trust papers:

**Will**

Execution date of original will:

Location of original copy:

Location of second and third copies:

Name of executor of will:

Address and phone number:

Name of estate trustee:

Address and phone number:

Children's guardians:

Address and phone number:

Will was drawn byK

Changes and codicils:

Date: Prepared by

Date: Prepared by

Date: Prepared by

Date: Prepared by

Date: Prepared by

### ***Power of attorney***

Location of original power of attorney forms:

The following person is named to have financial power of attorney:

Name:

Address and phone number:

The following person is named to have health care power of attorney:

Name:

Address and phone number:

### ***Living will***

Location of original living will(s) and advance directives:

The following people have copies of this living will:

Name:

Address and phone number:

Name:

Address and phone number:

Note: Information regarding my burial and funeral wishes is located in the [Final Wishes and Funeral Planning Form](#). (Make a copy of that form and attach it to any copies of this Important Documents and Personal Assets Form.)