

IMPORTANT INFORMATION

PERSONAL DETAILS:

Full Legal Name: _____

Date/Place of Birth: _____

Social Security Number: _____

PASSWORDS: (phone, banking, social media, or where to find passwords)

Site: _____ Password: _____

Site: _____ Password: _____

Site: _____ Password: _____

Site: _____ Password: _____

Site: _____ Password: _____

Site: _____ Password: _____

LIFE INSURANCE/LONG TERM CARE POLICIES:

Company: _____ Policy #: _____

Company: _____ Policy #: _____

FINANCIAL ACCOUNTS: (banks, credit cards, investments)

Institution: _____ Acct #: _____

Institution: _____ Acct #: _____

Institution: _____ Acct #: _____

Institution: _____ Acct #: _____

Institution: _____ Acct #: _____

AUTOMOBILES: (Include copy of title or location of document)

Make/Model: _____ VIN #: _____

Make/Model: _____ VIN #: _____

Make/Model: _____ VIN #: _____

REAL PROPERTY OWNED: (Include copy of Deed or location of document)

Address: _____

Address: _____

Address: _____

SAFE DEPOSIT BOX:

Institution: _____ Location of key: _____

OTHER HELPFUL INFORMATION

PERSONAL CONTACTS TO NOTIFY: (named in your estate planning, spouse, children, parents, siblings, etc.)

Name/Relation: _____ Phone #: _____

Name/Relation: _____ Phone #: _____

Name/Relation: _____ Phone #: _____

Name/Relation: _____ Phone #: _____

Name/Relation: _____ Phone #: _____

Name/Relation: _____ Phone #: _____

Name/Relation: _____ Phone #: _____

LOCATION OF IMPORTANT DOCUMENTATION:

(birth/death certificates; marriage/divorce; citizenship; adoption)

Document(s): _____ Location: _____

Document(s): _____ Location: _____

Document(s): _____ Location: _____

Document(s): _____ Location: _____

Document(s): _____ Location: _____

Document(s): _____ Location: _____

Document(s): _____ Location: _____

MOST RECENT EMPLOYMENT:

EDUCATION/MILITARY RECORDS:

RELIGIOUS CONTACTS:

MEMBERSHIPS IN GROUPS/AWARDS RECEIVED:

IMPORTANT CONTACTS:

Doctor: _____ Phone #: _____
Doctor: _____ Phone #: _____
Doctor: _____ Phone #: _____
Lawyer: _____ Phone #: _____
Financial Advisor: _____ Phone #: _____
Financial Advisor: _____ Phone #: _____
Accountant: _____ Phone #: _____

SOURCES OF INCOME: (IRA, 401(k); pension, social security, etc.)

MORTGAGE(S) & DEBTS: (how are they paid?)

Creditor: _____
Creditor: _____
Creditor: _____
Creditor: _____
Creditor: _____

TAX RETURNS: (include copies and/or location)

Year Filed: _____ Preparer: _____
Year Filed: _____ Preparer: _____
Year Filed: _____ Preparer: _____