

ESTATE INVENTORY/DOCUMENT LOCATOR FOR

ITEMS FOR SAFEKEEPING

- Birth Certificate
- Social Security Card
- Marriage Record
- Divorce Decree
- Mortgage or Loan Contracts & Satisfaction Documents
- Real Estate Deeds & Title Policies
- Records of jointly owned property
- Insurance Policies
- Last Will and Testament with any Codicils
- Trust
- Living Will
- Power of Attorney
- Healthcare Proxy
- Most recent Income Tax Returns

PERSONAL DATA

Date of Birth _____

Place of Birth _____

(country, state, city, county, township)

Location of Birth Certificate _____

Naturalization Papers _____

Location of Marriage Certificate _____ Date _____

Location of Divorce Papers _____ Date _____

Social Security Number _____

Name of Spouse _____

Spouse's Social Security No. _____

Spouse's Date of Birth _____

Name of Children/Addresses _____

Name of Father _____

Date of Birth _____ Date of Death _____

Name of Mother _____

Date of Birth _____ Date of Death _____

Name of Brothers/Sisters _____

By maintaining a comprehensive record of your personal affairs, you have immediate access to vital information. In the event of your death, your family members have access to that same information. This booklet can be as comprehensive as you deem necessary. Advise family members of where this record will be kept and remember to update this record with current information.

LAST WILL AND TESTAMENT INFORMATION

I have a WILL, which was prepared on _____ (date)

Located at _____

Executor(s) _____

Address/Telephone _____

HEALTHCARE PROXY/LIVING WILL INFORMATION

I have a HEALTHCARE PROXY/LIVING WILL, which was prepared on _____ (date)

Located at _____

Agent(s) _____

Address/Telephone _____

TRUST (REVOCABLE or IRREVOCABLE)

I have a revocable/irrevocable Trust, which was prepared on _____ (date)

Located at _____

Trustee(s) _____

Address/Telephone _____

POWER OF ATTORNEY INFORMATION

I have a Power of Attorney, which was prepared on _____ (date)

Located at _____

Agent(s) _____

Address/Telephone _____

PROFESSIONAL ADVISORS

Attorney _____

Address _____

Phone _____

Accountant _____

Address _____

Phone _____

Financial Advisor _____

Address _____

Phone _____

BURIAL INFORMATION

Cemetery Plot owned at _____

Deed located at _____

Prepaid burial arrangements as follows _____

TAX RETURNS

Copies of income tax returns are located _____

Current tax information located _____

MILITARY SERVICE

Branch of Service _____

Dates of Services From _____ To _____

Service No.# _____

Discharge Papers Located at _____

G.I. Insurance Policy # _____

VA Claim # _____

Federal Benefits for orphans and widows of veterans are as follows:

- Burial in national cemeteries
- Burial flag for veteran
- Burial expense reimbursement
- Headstone or Grave marker

For information or assistance in applying for Veteran's benefits, contact the local County Director of Veterans' Affairs.

SAFE DEPOSIT BOX

BANK _____

Address _____

Box No. # _____

Key No. # _____

Those having access to box _____

Location of key _____

BANK ACCOUNTS

Name of Financial Institution _____

Address _____

Account No # _____ Location of Book _____

Type of Account _____

Joint Owner _____

Beneficiaries _____

Name of Financial Institution _____

Address _____

Account No # _____ Location of Book _____

Type of Account _____

Joint Owner _____

Beneficiaries _____

Name of Financial Institution _____

Address _____

Type of Account _____

Account No # _____ Location of Book _____

Joint Owner _____

Beneficiaries _____

Name of Financial Institution _____

Address _____

Account No # _____ Location of Book _____

Type of Account _____

Joint Owner _____

Beneficiaries _____

INDIVIDUAL RETIREMENT ACCOUNTS (IRA'S)

Owner _____

COMPANY/BANK NAME _____

Address _____

Date Established _____ Account# _____

Primary Beneficiary _____

Contingent Beneficiary _____

Owner _____

COMPANY/BANK NAME _____

Address _____

Date Established _____ Account# _____

Primary Beneficiary _____

Contingent Beneficiary _____

Owner _____

COMPANY/BANK NAME _____

Address _____

Date Established _____ Account# _____

Primary Beneficiary _____

Contingent Beneficiary _____

Owner _____

COMPANY/BANK NAME _____

Address _____

Date Established _____ Account # _____

Primary Beneficiary _____

Contingent Beneficiary _____

MUTUAL FUNDS/STOCKS

COMPANY NAME _____

Date Bought _____ Account # _____

Shares _____ Price \$ _____ Amount \$ _____

Broker Name & Address _____

Custodian Bank _____

Address _____

Date Sold _____

Shares _____ Price \$ _____ Amount \$ _____

COMPANY NAME _____

Date Bought _____ Account # _____

Shares _____ Price \$ _____ Amount \$ _____

Broker Name & Address _____

Custodian Bank _____

Address _____

Date Sold _____

Shares _____ Price \$ _____ Amount \$ _____

COMPANY NAME _____

Date Bought _____ Account # _____

Shares _____ Price \$ _____ Amount \$ _____

Broker Name & Address _____

Custodian Bank _____

Address _____

Date Sold _____

Shares _____ Price \$ _____ Amount \$ _____

COMPANY NAME _____

Date Bought _____ Account # _____

Shares _____ Price \$ _____ Amount \$ _____

Broker Name & Address _____

Custodian Bank _____

Address _____

Date Sold _____

Shares _____ Price \$ _____ Amount \$ _____

INSURANCE
(HOME, AUTO, LIFE, ACCIDENT, DISABILITY)

COMPANY _____

Policy # _____

Face Value _____

Beneficiary(s) _____

Location of Policy _____

Agent/Address/Phone _____

Loans Against Policy _____

COMPANY _____

Policy # _____

Face Value _____

Beneficiary(s) _____

Location of Policy _____

Agent/Address/Phone _____

Loans Against Policy _____

COMPANY _____

Policy # _____

Face Value _____

Beneficiary(s) _____

Location of Policy _____

Agent/Address/Phone _____

Loans Against Policy _____

I belong to the following organizations which provide insurance benefits:

BUSINESS INFORMATION

Name of Business _____

Address _____

Principals _____

Association _____

Owner/Partner/Employee _____

Position _____

Length of Service: From _____ to _____

Income _____

Pension Benefits _____

Insurance Benefits _____

Other Benefits _____

Additional information available from: _____

EMPLOYMENT BENEFIT ARRANGEMENTS

Employer _____

Address _____

Telephone _____

Date of Employment _____

Date of Retirement/Termination _____

Employee Benefits _____

Retirement Plans _____

Health Coverage _____

Health Plan # _____

Name of Company Benefits Specialist _____

Address _____

Telephone _____

Employer _____

Address _____

Telephone _____

Date of Employment _____

Date of Retirement/Termination _____

Employee Benefits _____

Retirement Plans _____

Health Coverage _____

Health Plan # _____

Name of Company Benefits Specialist _____

Address _____

Telephone _____

REAL ESTATE

DESCRIPTION _____

Location of Property _____

Purchase Price _____ Date _____

Amount of Mortgage _____

Name of Mortgagor _____

Address _____

Property Leased to _____

Date of Lease _____

Insurance on Property _____

DESCRIPTION _____

Location of Property _____

Purchase Price _____ Date _____

Amount of Mortgage _____

Name of Mortgagor _____

Address _____

Property Leased to _____

Date of Lease _____

Insurance on Property _____

DESCRIPTION _____

Location of Property _____

Purchase Price _____ Date _____

Amount of Mortgage _____

Name of Mortgagor _____

Address _____

Property Leased to _____

Date of Lease _____

Insurance on Property _____

STOCKS/SECURITIES

COMPANY NAME _____

Common Preferred Bond Debenture

Date Bought _____ Certificate # _____

Unit Price \$ _____ # Shares _____ Amount \$ _____

Location of Certificate _____

Broker _____

Address _____ Phone _____

COMPANY NAME _____

Common Preferred Bond Debenture

Date Bought _____ Certificate # _____

Unit Price \$ _____ # Shares _____ Amount \$ _____

Location of Certificate _____

Broker _____

Address _____ Phone _____

COMPANY NAME _____

Common Preferred Bond Debenture

Date Bought _____ Certificate # _____

Unit Price \$ _____ # Shares _____ Amount \$ _____

Location of Certificate _____

Broker _____

Address _____ Phone _____

