

Important Document & Record Location

	Location	Date of update
Primary Health Insurance	_____	_____
Medical Supplemental Insurance	_____	_____
Long Term Care Insurance	_____	_____
Disability Insurance	_____	_____
Auto Insurance	_____	_____
Homeowners Insurance	_____	_____
Life Insurance (Agent, Beneficiary Assignments)	_____	_____
Safety Deposit Box and Keys	_____	_____
Check Register and Savings Books	_____	_____
Brokerage Accounts, Names & Numbers	_____	_____
Stocks and Bonds	_____	_____
Credit Cards	_____	_____
401k Plans	_____	_____
Profit Sharing/Pension Plans	_____	_____
Outstanding Bills/Loans	_____	_____
Birth Certificate	_____	_____
Marriage Certificate /Divorce Records	_____	_____
Deed to House	_____	_____
Tax Records	_____	_____
Citizenship Papers	_____	_____
Contracts	_____	_____
Partnership Agreements	_____	_____
Military Records	_____	_____
Drivers License	_____	_____
Mortgage Papers	_____	_____
Apartment Lease	_____	_____
Automobile Title	_____	_____
Boat Title	_____	_____
Appraisals and Inventory Lists	_____	_____
Jewelry/Coins	_____	_____
Social Security Records	_____	_____
Company Policies/Pension Plans	_____	_____
Funeral Insurance Policy	_____	_____
Boat Insurance Policy	_____	_____
Accountant Name:	_____	Phone: _____
Attorney Name:	_____	Phone: _____
Executor/Trustee Name:	_____	Phone: _____
Other:	_____	_____