



VITAL INFORMATION

When someone passes away, it is a difficult time for family members. To make this time easier, you can use this form to keep a list of all important documents your family members will need to settle your affairs. Keep this document in a safe place.

NAME _____ SOCIAL SECURITY NUMBER _____

SAFE DEPOSIT BOX

LOCATION _____
BOX NUMBER _____
WHO HAS ACCESS _____
KEYS LOCATED _____
CONTENTS _____

WILL

() YES () NO DATE EXECUTED _____
LOCATION – ORIGINAL _____
LOCATION – COPIES _____
EXECUTOR _____
ADDRESS & PHONE _____
TRUSTEE _____
ADDRESS & PHONE _____
GUARDIANS OF CHILDREN _____
ADDRESS & PHONE _____

POWER OF ATTORNEY

WHOM _____
ADDRESS & PHONE _____

LIFE INSURANCE

COMPANY _____
POLICY NUMBERS _____
NAME(S) OF INSURED _____
BENEFICIARY(IES) _____
LOCATION OF POLICIES _____
AGENT _____
ADDRESS & PHONE _____

HEALTH INSURANCE

COMPANY _____
POLICY NUMBERS _____
NAME(S) OF INSURED _____
BENEFICIARY(IES) _____
LOCATION OF POLICIES _____
AGENT _____
ADDRESS & PHONE _____

HOME AND AUTO INSURANCE

COMPANY _____

POLICY NUMBERS _____

TYPE OF COVERAGE _____

LOCATION OF POLICIES _____

AGENT _____

ADDRESS & PHONE _____

OTHER INSURANCE

COMPANY _____

POLICY NUMBERS _____

WHAT COVERED _____

LOCATION OF POLICIES _____

AGENT _____

ADDRESS & PHONE _____

TITLES AND DEEDS TO PROPERTY

HOMES _____

LOCATION OF PROPERTY _____

LOCATION OF TITLE _____

AUTOS _____

LOCATION OF TITLE _____

OTHER REAL ESTATE _____

LOCATION OF PROPERTY _____

LOCATION OF TITLE _____

() MORTGAGED () ON CONTRACT

COMPANY/PERSON _____

ADDRESS & PHONE _____

VALUABLES

DESCRIPTION _____

VALUE _____

LOCATION _____

IDENTIFYING NUMBER _____

INCOME TAX SUMMARY

	FEDERAL	STATE
YEAR	_____	_____
LOCATION	_____	_____

BANK RECORDS

NAME _____

ADDRESS _____

TYPE OF ACCOUNT _____

ACCOUNT NUMBER _____

NAMES ON ACCOUNT _____

PENSION PLANS

COMPANY _____

NAME _____

ADDRESS & PHONE _____

LOCATION OF PAPERS _____

INVESTMENTS

TYPE _____
ID NUMBER _____
IN WHOSE NAME _____
COMPANY _____
ADDRESS & PHONE _____
LOCATION OF PAPERS _____

CREDIT CARD/CHARGE ACCOUNTS

NAME OF CARD/STORE _____
ID NUMBER _____
IN WHOSE NAME _____
CONTACT _____
PHONE _____

DEBTS

TYPE _____
COMPANY/PERSON OWED _____
ADDRESS & PHONE _____
PAYMENTS _____
DUE DATE _____
PAID OFF WHEN _____

CERTIFICATES/LICENSES/AGREEMENTS

	WHOSE	LOCATION
BIRTH	_____	_____
MARRIAGE	_____	_____
ADOPTION	_____	_____
CITIZENSHIP	_____	_____
PRENUPTIAL	_____	_____
POSTNUPTIAL	_____	_____
DIVORCE	_____	_____
DISCHARGE PAPERS	_____	_____

BURIAL

FUNERAL DIRECTOR _____
ADDRESS & PHONE _____
CEMETERY _____
ADDRESS & PHONE _____
PLOT NUMBER _____
LOCATION OF PAPERS _____
CHURCH/CLERGY _____
ADDRESS & PHONE _____

ORGANIZATIONS I BELONG TO

NAME _____
ADDRESS & PHONE _____
NAME _____
ADDRESS & PHONE _____
NAME _____
ADDRESS & PHONE _____

