

# Important Information and Location Lists For



**Provided by:**

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**A. MY PERSONAL INFORMATION**

<b>My Full Name</b>	
<b>Other Names I've Used</b>	
<b>Date of Birth</b>	
<b>Place of Birth</b>	
<b>Social Security #</b>	
<b>Citizenship</b>	
<b>Spouse</b>	

**B. PERSONS TO CALL IN AN EMERGENCY**

<b>Name</b>	<b>Relationship to Me</b>	<b>Telephones</b>

**C. PERSONS RELATED TO ME (RECENT FAMILY TREE)**

<b>Name of Relative</b>	<b>Relationship to Me</b>	<b>Date Born</b>	<b>Date Died</b>
	Father		
	Mother		

**D. MY CLOSEST FRIENDS**

<b>Name</b>	<b>Address</b>	<b>Telephone</b>	<b>Comments</b>

1

**E. MY PETS**

<b>Name of Pet</b>	<b>Description</b>	<b>Comments</b>

**F. DOCTORS / DENTISTS TREATING ME**

<b>Doctor/Dentist Name</b>	<b>Telephone</b>	<b>Treating Me For</b>

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**G. MY CURRENT MEDICATIONS**

Description	Prescribed By	Comments

**H. INFORMATION ABOUT MY MEDICAL CONDITION**

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**I. MY OTHER ADVISORS: MINISTERS, ATTORNEYS, ACCOUNTANTS,  
TAX PREPARERS, ETC.**

Advisor	Name	Address	Telephone

**J. INSURANCE INFORMATION (LIFE, HEALTH, ACCIDENT, PROPERTY, LIABILITY, AUTO, ETC.)**

Type of Insurance	Insurance Company	Agent's Name	Telephone

**K. EMPLOYERS: CURRENT AND PAST**

My Title	When Employed	Employer Name/Location	Telephone

**L. IRAs, SEPs, KEOGHS, 401-k, RETIREMENT PLANS, ETC.**

Description	Trustee or Administrator	Telephone

**M. MY INCOME SOURCES**

Income Type	Income Source	Amount	Comments
Social Security	U.S. Government	Paid Monthly	

**N. MY CHECKING, SAVINGS AND OTHER BANK ACCOUNTS**

Type Account	Name of Bank/Location	Account Number	Telephone



**Q. BUSINESSES, PARTNERSHIPS, ETC.**

<b>Business Name</b>	<b>My Interest</b>	<b>Comments</b>

**R. MY CREDIT CARDS**

<b>Card Name/Company</b>	<b>Card Number</b>	<b>Telephone</b>

**S. MY OTHER DEBTS AND OBLIGATIONS**

<b>Description</b>	<b>Amount</b>	<b>Owed To</b>

## T. LOCATION OF IMPORTANT DOCUMENTS

<b>Important Document</b>	<b>Located at</b>
Record of Birth	
Record of Citizenship	
Passports	
Marriage Records	
Divorce Records	
Military Service Records	
Family Correspondence	
Other Family Memorabilia	
Friends Correspondence	
Other Friends Memorabilia	
Tax Records	
Medical Records	
ATM Cards	
Banking Records	
Credit Cards	
Credit Card Records	
Property Deeds	
Brokerage Records	
Investment Records	
P.O. Box Records	
Burial Plot Documents	

Important Document	Located at
Funeral / Burial Instructions	
Other Burial Arrangements	
Wills and Codicils	
Living Trusts	
Other Estate Plan Papers	
Powers of Attorney	
Vehicle Registrations	
Boat, plane title papers	
Travelers Checks	
Gift Certificates	
Retirement Plans	
Home Equity Loans	
Property Loans	
Other Loans	
Bill/Payment Records	
Household Inventory	
Important Photos	
Product Warranties	
Product Service Contracts	
Product Instruction Books	
Pet Information	

Important Document	Located at
Other	

**U. MY SAFE DEPOSIT BOX(ES)**

Box Location	Who May Open	Key Location

**V. MY HOME SAFE OR PRIVATE STORAGE PLACE (includes storage lockers)**

Have? (Check applicable box)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Persons Who Know Location</b>		
<b>Persons Who Know Combination or Keys Location</b>		

**W. AUTOMOBILES, MOTORCYCLES, PLANES, BOATS, ETC.**

Description	Location	Registration	Loan

**X. OTHER TREASURED POSSESSIONS (antiques, musical instruments, letters, coins, stamps, etc.)**

Description	Location	Value

