

FAMILY DOCUMENT CHECKLIST

It's important to know how to access important documents when the need arises. A copy of this checklist should be readily available to your spouse, partner or other loved ones and should be stored in a safe location. For items stored in the home, you may want to list the specific location of the documents for easy retrieval.

Important Phone Numbers:

Professional	Name	Phone Number
Accountant	_____	_____
Attorney	_____	_____
Financial Advisor	_____	_____
Insurance Agent	_____	_____

Emergency Papers Location

Power of Attorney	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home	_____
Safe Deposit Box Key	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home	_____
Living Will	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home	_____
Health Care Proxy	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home	_____
Organ Donor Card	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home	_____
Burial Instructions	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home	_____
Cemetery Plot Deed	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home	_____
Other: _____	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home	_____

Investment Documents Location

Investment Statements	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home	_____
Annuity Statements	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home	_____
Annuity Policies	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home	_____
Stock Certificates	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home	_____
Other: _____	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home	_____

Bank & Credit Accounts Location

Credit Cards	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home	_____
Bank Statements	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home	_____
Checks	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home	_____
Certificates of Deposits	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home	_____
Savings Bonds	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home	_____
Other: _____	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home	_____

Non-Financial Papers **Location**

Birth Certificate(s)	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Adoption Papers	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Citizenship Papers	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Military Discharge Papers	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Social Security Cards(s)	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Marriage Certificate	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Medicaid/Medicare Info	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Prescription Plan Card	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Other: _____	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____

Financial Papers **Location**

Real Estate Deed	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Mortgage Documents	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Income Tax Returns	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Automobile Titles	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Rental Agreements	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Lease Agreements	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Partnership Agreements	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Employer Comp Plans	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Promissory Notes	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Trust Documents	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Last Will & Testament	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Other: _____	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____

Insurance Documents **Location**

Life Insurance Policy(ies)	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Group Life Policy(ies)	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Long-Term Care Policy	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Disability Policy	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Veterans Administration	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Travel Insurance Policy	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Mortgage Insurance Policy	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Auto Insurance Policy	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Homeowners Policy	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____
Other: _____	<input type="checkbox"/> Office	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Attorney	<input type="checkbox"/> Home _____

Additional Notes: _____

