

CHECKLIST:
IMPORTANT INFORMATION
for

(Your Name)

WHAT do I have?

WHERE is it?

WHO needs to know?

HOW do I want things done?

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IMPORTANT INFORMATION

Name in full	
Social Security #	
Address of nearest Social Security Office	
Phone # of nearest office	

1	Power of attorney	
	Dated	
	Agents	
	Location	
2	Health care proxy/ living will	
	Dated	
	Agents	
	Location	
3	Irrevocable Trust	
	Name	
	Dated	
	Grantors	
	Trustees	
	Location	
4	Will	
	Dated	
	Executor	
	Location	

WHERE IS...?

Birth certificate	
Children's birth certificates	
Marriage certificate	
Military discharge	
Deeds & titles	
Mortgages & notes	
Income tax records	
Valuables	
Safe deposit box	
Bank	
Box	#
Location of key	
Location of deed and/or Certificate for cemetery property	

LIFE INSURANCE POLICY LIST

1	Name of insured	
	Type	
	Policy #	
	Primary beneficiary	
	Contingency beneficiary	
	Location of policy	
	Company	
	Telephone	
	Agent	

2	Name of insured	
	Type	
	Policy #	
	Primary beneficiary	
	Contingency beneficiary	
	Location of policy	
	Company	
	Telephone	
	Agent	

PROPERTY AND CAR INSURANCE

	Name of insured	
	Policy #	
	Amount of coverage	
	Property covered	
	Company	
	Agent	
	Telephone #	
	Location of Policy	

2	Name of insured	
	Policy #	
	Amount of coverage	
	Property covered	
	Company	
	Agent	
	Telephone #	
	Location of Policy	

3	Name of insured	
	Policy #	
	Amount of coverage	
	Property covered	
	Company	
	Agent	
	Telephone #	
	Location of Policy	

LONG TERM CARE INSURANCE

1	Name of insured	
	Type of policy	
	Policy #	
	Beneficiary	
	Death benefit amount	
	Company	
	Agent	
	Telephone #	
	Location of Policy	

BANK ACCOUNTS

1	Name of bank	
	Bank address	
	Branch address	
	Account type	
	Account #	
	Names on account	

2	Name of bank	
	Bank address	
	Branch address	
	Account type	
	Account #	
	Names on account	

3	Name of bank	
	Bank address	
	Branch address	
	Account type	
	Account #	
	Names on account	

INVESTMENTS

1	Name on account	
	Name of investment	
	Account #	
	Agent	
	Company	
	Telephone #	

2	Name on account	
	Name of investment	
	Account #	
	Agent	
	Company	
	Telephone #	

3	Name on account	
	Name of investment	
	Account #	
	Agent	
	Company	
	Telephone #	

CREDIT CARDS

1	Name on card	
	Company	
	Account #	
	Telephone #	

2	Name on card	
	Company	
	Account #	
	Telephone #	

3	Name on card	
	Company	
	Account #	
	Telephone #	

4	Name on card	
	Company	
	Account #	
	Telephone #	

5	Name on card	
	Company	
	Account #	
	Telephone #	

PERSONAL HISTORY

Name	
Address	
Birthplace	
County	
Birthdate	
Social Security #	
Citizen of	
Occupation	
If veteran, which war?	
Dates of service	
Branch	
Year residence established in this state	
Year residence established in this community	
Marital status	
Name of spouse	
Birthplace	
County	
Birthdate	
Name of father	
Birthplace	
Birthdate	
Mother's maiden name	
Birthplace	
Birthdate	

*Please note: The above information is necessary for the preparation of a death certificate.
The funeral director will record this information and have certified copies made for you.
You will need six or more copies for various reasons.*

MEMORIAL INSTRUCTIONS

The following arrangements are in accordance with my wishes:

Place of interment:	
Ground burial or cremation?	
Memorial marker	
Executor of my will	
Phone	
If executor can not serve, my next choice is	
Phone	
Special requests	

