

Valuable Documents at Your Fingertips

Adapted from the AARP publication, "Caring for Those You Care About."

A written record of the location of important personal documents and accounts will help you and those close to you in the event that you are to provide or be provided this information due to illness or death. Contact information requested on this form should minimally include the name and phone numbers of the persons or organizations indicated. Additional identifying and contact information, such as mailing addresses, e-mail addresses, and fax numbers are recommended. For an electronic copy of this form contact: ccerap@comcast.net or go to www.ccerap.org and click on "Newsletters" and then "End-of-Life Decisions."

Name: _____ Date completed: _____

Useful Information:

Social Security Number _____

Emergency Contact Person(s) Name & Phone Number(s):

1. _____
2. _____

Where are the following documents kept?

Birth Certificate: _____

Marriage Certificate: _____

Divorce Papers: _____

Military Records: _____

Branch of Service: _____ Military ID#: _____ Dates of Service: _____

Passport/Citizenship Papers: _____

Financial and Legal Information:

Accountant (name and company): _____

Contact information: _____

Lawyer (name and firm): _____

Contact information: _____

Investment Brokers (name and company): _____

Contact information: _____

Power of Attorney: _____

Contact information: _____

Bank/Investment Firm Name	Phone	Account #	Checking	Savings	Money Market	Investment	Other (describe)

Where are Financial and Legal documents kept?

Bank Statements: _____

Bonds: _____

CDs: _____

401K Account: _____

IRAs: _____

Mortgage Information: _____

Property Deeds/Title: _____

Automobile Title/Registration: _____

Outstanding Loans: _____

Stock Certificates: _____
Income Tax Records: _____
Pension Records: _____
Will: _____
Trusts: _____
Safety Deposit Box: _____ Box Number: _____
Location of Keys: _____

Insurance Information:

Where are Insurance documents kept?

Automobile: _____
Company & contact information: _____
Homeowners: _____
Company & contact information: _____
Life: _____
Company & contact information: _____
Health: _____
Company & contact information: _____
Medicare verification: _____ Medicaid verification: _____
Long-Term Care: _____
Company & contact information: _____
Disability: _____
Company & contact information: _____
Other: _____
Company & contact information: _____

Medical Information:

Primary Doctor: _____
Contact information: _____
Healthcare Agent: _____
Contact information: _____
Healthcare Power of Attorney: _____
Contact information: _____

Where are Medical documents kept?

Medical Durable Power of Attorney: _____
Living Will: _____
Do Not Resuscitate Papers: _____
Organ Donor Card: _____

Internment:

Clergy: _____
Contact information: _____
Funeral Home: _____
Contact information: _____

Where are Internment documents kept?

Burial/Cremation Arrangements: _____
Company and contact information: _____
Cemetery Information: _____
Contact information: _____

To protect yourself from identity theft, never e-mail this form if it includes your personal information.