

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**I. LOCATION OF IMPORTANT DOCUMENTS**

(provide physical location or electronic information such as username, password, & security questions/answers)

- 1. Birth Certificate(s) \_\_\_\_\_
- 2. Marriage Certificate(s) \_\_\_\_\_
- 3. Last Will  
Date of Will /Prepared by \_\_\_\_\_
- 4. Trust Agreements \_\_\_\_\_
- 5. Durable Powers of Attorney  
and Health Care Proxies \_\_\_\_\_
- 6. Income Tax Returns and  
supporting documents \_\_\_\_\_
- 7. Gift Tax Returns  
Date last return filed \_\_\_\_\_
- 8. Bank Account(s) \_\_\_\_\_
- 9. Life Insurance Policies \_\_\_\_\_
- 10. Safe Deposit Box(s)  
Number(s) / Access by \_\_\_\_\_
- 11. Investment Account Statements: \_\_\_\_\_

**II. FAMILY ADVISORS, PHYSICIANS AND AGENTS**

	<u>Name and Address</u>	<u>Telephone</u>	<u>Email</u>
1. Estate Planning Attorney	_____	_____	_____
2. Other Attorney	_____	_____	_____
3. Accountant	_____	_____	_____
4. Banker	_____	_____	_____
5. Financial Advisor	_____	_____	_____
6. Investment Advisor(s)	_____	_____	_____
7. Physician(s)			
Husband	_____	_____	_____
Wife	_____	_____	_____
8. Insurance Agents (Specify insurance type)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____