

CRITICAL INFORMATION FOR:

1. ESTATE PLANNING DOCUMENTS: I have the following Estate Planning Documents:

- a. Revocable Living Trust dated _____
- b. Last Will and Testament dated _____ and the Personal Representative (Executor) is: _____.
- c. Durable Power of Attorney for Finances dated _____
- d. Durable Power of Attorney for Health Care dated _____
- e. Health Care Directive (aka Living Will, Directive to Physicians, or Advance Directive) dated _____
- f. Community Property Agreement dated _____
- g. Other: _____

The ORIGINAL copies of my Estate Planning documents are located: _____ . They were prepared by _____ .

I also have the following documents:

- h. POLST Form dated _____ . Original is located _____ ; and
- i. DO NOT RESUCITATE Form dated _____ . Original is located _____ .

2. BANK/SAFE DEPOSIT: I have the following accounts/deposit box(es) at the following financial institutions:

a. Checking/Savings/CDs/Money Market Accounts:

- i. Financial Institution: _____
Account Number (list last 4 digits): 1. _____
2. _____
3. _____
- ii. Financial Institution: _____
Account Number (list last 4 digits): 1. _____
2. _____
3. _____

iii. Financial Institution: _____
Account Number (list last 4 digits): 1. _____
2. _____
3. _____

iv. Financial Institution: _____
Account Number (list last 4 digits): 1. _____
2. _____
3. _____

v. Financial Institution: _____
Account Number (list last 4 digits): 1. _____
2. _____
3. _____

b. Safe Deposit Box(es):

i. Financial Institution and Address: _____
_____;

ii. Financial Institution and Address: _____

3. OTHER IMPORTANT DOCUMENTS are located:

- a. Birth Certificate: _____
- b. Marriage Certificate: _____
- c. Divorce Decree: _____
- d. Social Security Card: _____
- e. Medicare Card: _____
- f. Deed to Real Property: _____
- g. Vehicle Title: _____

4. INSURANCE:

a. Life Insurance:

POLICY NO.	LOCATION

b. Auto, fire, casualty, health and other insurance policies:

POLICY NO.	LOCATION
Auto:	
Fire:	
Health:	
Casualty:	
Other:	

5. INVESTMENT ACCOUNTS, RETIREMENT ACCOUNTS, ANNUITIES, ETC:

Name and address of Brokerage Firm(s):

6. REAL ESTATE OWNED:

PARCEL ADDRESS:	CITY & STATE

7. UTILITIES:

List Company Name and Account Number:

Gas - _____
 Water – _____
 Sewer – _____
 Trash – _____
 Phone – _____
 Cable - _____

8. LOANS, MEDICAL BILLS, AND OTHER DEBT:

List Name of Creditor and Amount Owed:

9. FOR INFORMATION REGARDING ALL MY AFFAIRS AND FILING OF WILL, PLEASE CONTACT:

List Type of Information, Name of Contact and his/her Phone Number:

10. CRITICAL PASSWORD AND INTERNET ACCOUNTS:

TYPE	COMPANY NAME	LOGIN/USER	PASSWORD