

# DOCUMENT LOCATOR

Insurance Documents: \_\_\_\_\_

Birth Certificate: \_\_\_\_\_

Letters of Instruction in Case of Death: \_\_\_\_\_

Deeds and Proof of Ownership: \_\_\_\_\_

Marriage License or Certificate: \_\_\_\_\_

Social Security Cards: \_\_\_\_\_

Military Records: \_\_\_\_\_

Divorce Decree: \_\_\_\_\_

Mortgage Documents: \_\_\_\_\_

Bank Passbooks: \_\_\_\_\_

Passport(s): \_\_\_\_\_

Tax Returns: \_\_\_\_\_

Will(s) and Trust(s): \_\_\_\_\_

Prenuptial Agreement: \_\_\_\_\_

Business Papers: \_\_\_\_\_

Death Certificates: \_\_\_\_\_

Warranties: \_\_\_\_\_

Stock Certificates: \_\_\_\_\_

Other Investment Certificates: \_\_\_\_\_

Letters of Final Request: \_\_\_\_\_

Anatomical Gift Authorization: \_\_\_\_\_

Citizenship Papers: \_\_\_\_\_

Safe Deposit Keys: \_\_\_\_\_

Financial Records: \_\_\_\_\_

# PERSONAL INFORMATION

FULL LEGAL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

S.S. NO. \_\_\_\_\_ SPOUSE \_\_\_\_\_

MEDICARE NO. \_\_\_\_\_ SPOUSE \_\_\_\_\_

ARMED FORCES SERVICE NO. \_\_\_\_\_

DATE & LOCATION OF DISCHARGE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ MARRIAGE DATE \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_

MOTHER'S FULL MAIDEN NAME \_\_\_\_\_

WIDOWED \_\_\_ SEPARATED \_\_\_ DIVORCED \_\_\_ DATE \_\_\_\_\_

LOCATION OF SEPARATION AGREEMENT/DIVORCE DECREE \_\_\_\_\_

REMARRIED? YES \_\_\_ NO \_\_\_ DATE \_\_\_\_\_

CHILDREN FROM PREVIOUS MARRIAGE(S)? YES \_\_\_ NO \_\_\_

LIST:

NAME	ADDRESS	BIRTH DATE
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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## WILL

LOCATION OF ORIGINAL LAST WILL \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_

CODICIL COMPLETED? YES \_\_\_ NO \_\_\_ IF YES, LOCATION \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_

LOCATION OF ANY DOCUMENTS MENTIONED IN WILL \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_

# FUNERAL ARRANGEMENTS

FUNERAL HOME/PLAN \_\_\_\_\_

DIRECTOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

SERVICE TYPE: RELIGIOUS \_\_\_\_\_ MILITARY \_\_\_\_\_ FRATERNAL \_\_\_\_\_

PERSON OFFICIATING \_\_\_\_\_ TELEPHONE \_\_\_\_\_

MUSIC SELECTIONS \_\_\_\_\_

READING SELECTIONS \_\_\_\_\_

FLOWERS \_\_\_\_\_

MEMORIALS \_\_\_\_\_

PALLBEARERS \_\_\_\_\_

TELEPHONE NOS. \_\_\_\_\_

DISPOSITION: BURIAL \_\_\_\_\_ CREMATION \_\_\_\_\_

OTHER INSTRUCTIONS \_\_\_\_\_

## **BURIAL**

CEMETARY \_\_\_\_\_

LOCATION \_\_\_\_\_

SECTION \_\_\_\_\_ PLOT NO. \_\_\_\_\_ BLOCK \_\_\_\_\_

LOCATION OF DEED \_\_\_\_\_

SPECIAL INSTRUCTIONS \_\_\_\_\_

## **FUNERAL EXPENSES COVERAGE**

LIFE INSURANCE \_\_\_\_\_

SOCIAL SECURITY \_\_\_\_\_ VETERAN'S ADMINISTRATION \_\_\_\_\_

UNION BENEFIT \_\_\_\_\_ FRATERNAL ORGANIZATION(S) \_\_\_\_\_

PENSION BENEFIT \_\_\_\_\_

BURIAL INSURANCE \_\_\_\_\_

MILITARY \_\_\_\_\_

# NOTIFICATION LIST

Relatives & Friends Full Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
ACCOUNTANT _____	_____	_____
_____	_____	_____
ATTORNEY _____	_____	_____
_____	_____	_____
BANKER _____	_____	_____
_____	_____	_____
CLERGYMAN _____	_____	_____
_____	_____	_____
EXECUTOR _____	_____	_____
_____	_____	_____
CONTINGENT EXECUTOR _____	_____	_____
_____	_____	_____
FUNERAL DIRECTOR _____	_____	_____
_____	_____	_____
GUARDIAN _____	_____	_____
_____	_____	_____
CONTINGENT GUARDIAN _____	_____	_____
_____	_____	_____
INSURANCE AGENT _____	_____	_____
_____	_____	_____
INSURANCE UNDERWRITER _____	_____	_____
_____	_____	_____

# INSURANCE/PENSION DATA

## LIFE INSURANCE POLICIES

COMPANY \_\_\_\_\_

AGENT \_\_\_\_\_ PHONE \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

AMOUNT \_\_\_\_\_ OWNER \_\_\_\_\_

LOCATION OF POLICY \_\_\_\_\_

BENEFICIARY \_\_\_\_\_

COMPANY \_\_\_\_\_

AGENT \_\_\_\_\_ PHONE \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

AMOUNT \_\_\_\_\_ OWNER \_\_\_\_\_

LOCATION OF POLICY \_\_\_\_\_

BENEFICIARY \_\_\_\_\_

COMPANY \_\_\_\_\_

AGENT \_\_\_\_\_ PHONE \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

AMOUNT \_\_\_\_\_ OWNER \_\_\_\_\_

LOCATION OF POLICY \_\_\_\_\_

BENEFICIARY \_\_\_\_\_

## PENSIONS/ANNUITIES

COMPANY \_\_\_\_\_

CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

AGREEMENT NO. \_\_\_\_\_ DATE \_\_\_\_\_

AMOUNT \_\_\_\_\_ OWNER \_\_\_\_\_

LOCATION OF AGREEMENT \_\_\_\_\_