

The Document Locator

Where are
your
important papers?

Document Locator

People usually keep their important records scattered in a variety of different places. Some may be kept in a file cabinet, others in a safety deposit box, while other vital information may be kept on file at our attorney's office.

With the use of a Document Locator tool, you and your loved ones will be able to locate medical information, insurance papers, wills, and other important personal documents quickly and easily when the need arises.

How to Use a Document Locator

Simply fill in the information requested on the following pages. If any item does not apply to you mark the *Not Applicable* (NA) box. This is important because it will let the reader know that you did not forget to address the item.

If you are married or have a significant other/partner, this record should be kept in a secure location known to that person. If you are not married or have a significant other/partner, keep it in a location known to a close friend or relative.

You should update this form once a year. It is a good idea to mark your calendar to ensure that you make updates at the same time each year; time tends to go by quickly!

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Identification

Date: _____

Name: _____

Address: _____

Phone: _____

Spouses Name: _____

The following people have been notified of the location of this document:

Name: _____ **Phone:** _____

Address: _____

Name: _____ **Phone:** _____

Address: _____

Additional Notes:

Event of Death

- 1) I have a(n): Original will: ___ Yes ___ No.
 Trusts: ___ Yes ___ No.
 Living Will & Health Care Directives: ___ Yes ___ No.

Copies reside with:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

- 2) I have written (a) personal letter(s) to:

Name: _____

Location of Letter: _____

Name: _____

Location of Letter: _____

- 3) I have made arrangements to donate the following organs for transplant:

Organ: _____ Donate to: _____

Organ: _____ Donate to: _____

In the event of death, please contact immediately:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

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Personal Documents

Please indicate the location of the following items:

| <u>Item</u> | <u>Location</u> | <u>Not Applicable</u> |
|---|-----------------|--------------------------|
| Social Security Cards | | <input type="checkbox"/> |
| Birth / Adoption Certificates | | <input type="checkbox"/> |
| Marriage Certificate Divorce/Separation Papers | | <input type="checkbox"/> |
| Power of Attorney | | <input type="checkbox"/> |
| Original Will/Trusts Living Will & Health Care Directives | | <input type="checkbox"/> |
| Passports | | <input type="checkbox"/> |
| Medical Records | | <input type="checkbox"/> |
| Vehicle Titles | | <input type="checkbox"/> |
| Military Records | | <input type="checkbox"/> |
| Medical Records | | <input type="checkbox"/> |
| Property Deeds | | <input type="checkbox"/> |

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Personal Documents

Please indicate the location of the following items:

| <u>Item</u> | <u>Location</u> | <u>Not Applicable</u> |
|-----------------------------|-----------------|--------------------------|
| Funeral/Burial Instructions | | <input type="checkbox"/> |
| Cemetery Plot Papers | | <input type="checkbox"/> |
| Post Office Box | | <input type="checkbox"/> |
| Safety Deposit Box | | <input type="checkbox"/> |
| Security Codes / Passwords | | <input type="checkbox"/> |
| Keys (house, car, etc.) | | <input type="checkbox"/> |
| Other: | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

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Insurance

Please indicate the location of the following items:

| <u>Item</u> | <u>Location</u> | <u>Not Applicable</u> |
|-------------------|-----------------|--------------------------|
| Medical | | <input type="checkbox"/> |
| Life | | <input type="checkbox"/> |
| Vehicle | | <input type="checkbox"/> |
| Homeowners/Rental | | <input type="checkbox"/> |
| Long Term Care | | <input type="checkbox"/> |
| Disability | | <input type="checkbox"/> |
| _____ (other) | | <input type="checkbox"/> |
| _____ (other) | | <input type="checkbox"/> |
| _____ (other) | | <input type="checkbox"/> |

Financial Assets

Please indicate the location of the following items:

| <u>Item</u> | <u>Location</u> | <u>Not Applicable</u> |
|-------------------------|-----------------|--------------------------|
| Checking Accounts | | <input type="checkbox"/> |
| Savings Accounts | | <input type="checkbox"/> |
| Credit Union Accounts | | <input type="checkbox"/> |
| Certificates of Deposit | | <input type="checkbox"/> |
| Mutual Funds | | <input type="checkbox"/> |
| Stocks & Bonds | | <input type="checkbox"/> |
| Money Market Accounts | | <input type="checkbox"/> |
| _____ (other) | | <input type="checkbox"/> |
| _____ (other) | | <input type="checkbox"/> |
| _____ (other) | | <input type="checkbox"/> |

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Retirement

Please indicate the location of the following items:

| Item | <u>Location</u> | <u>Not Applicable</u> |
|-------------------|------------------------|------------------------------|
| 401K, IRA, (etc.) | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| Pensions | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| Social Security | | <input type="checkbox"/> |
| _____ | | <input type="checkbox"/> |
| (other) | | <input type="checkbox"/> |
| _____ | | <input type="checkbox"/> |
| (other) | | <input type="checkbox"/> |

Financial Liabilities

Please indicate the location of the following items:

| Item | <u>Location</u> | <u>Not Applicable</u> |
|--------------------|------------------------|------------------------------|
| Mortgage | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| Auto/Vehicle Loans | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| Personal Loans | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| Credit Cards | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| _____ | | <input type="checkbox"/> |
| (other) | | <input type="checkbox"/> |
| _____ | | <input type="checkbox"/> |
| (other) | | <input type="checkbox"/> |
| _____ | | <input type="checkbox"/> |
| (other) | | <input type="checkbox"/> |

Important Contacts

Physicians

| | | |
|-------|----------|--------|
| Name: | Address: | Phone: |
| Name: | Address: | Phone: |
| Name: | Address: | Phone: |
| Name: | Address: | Phone: |

Clergy

| | | |
|-------|----------|--------|
| Name: | Address: | Phone: |
|-------|----------|--------|

Attorney

| | | |
|-------|----------|--------|
| Name: | Address: | Phone: |
| Name: | Address: | Phone: |

Insurance Agents

| | | |
|-------|----------|--------|
| Name: | Address: | Phone: |
| Name: | Address: | Phone: |

Stock Brokers

| | | |
|-------|----------|--------|
| Name: | Address: | Phone: |
| Name: | Address: | Phone: |

Update Schedule

| | |
|------------|---------|
| Signature: | Date: |
| Signature: | Update: |
| Signature: | Update: |
| Signature: | Update: |
| Signature: | Update: |
| Signature: | Update: |

Please remember to update yearly and keep copy

Notes: