

Roadmap for Important Papers

Copy 1 of this record is stored at _____

Copy 2 of this record is stored at _____

Safe deposit box (number _____) is at _____

Safe deposit box key is kept at _____

Home office current records are kept at _____

Permanent records are kept at _____

PERSONAL INFORMATION	SELF	SPOUSE
Full Legal Name		
Social Security Number		
Birth Date		
Birth Place		
Employment Site		
Human Resources Telephone #		

CHILDREN, GRANDCHILDREN, AND SIGNIFICANT OTHERS				
FULL LEGAL NAME	SOC. SEC. #	BIRTH DATE	ADDRESS	TELEPHONE #

Advisors and other contacts for: _____ *(people who have additional information)*

ADVISOR/CONTACT	NAME	ADDRESS	TELEPHONE # & EMAIL ADDRESS
Accountant			
Attorney			
Power of Attorney (financial)			
Health Care Agent			
Executor of Estate			
Guardian(s) Appointed			
Banker			
Financial Planner			
Insurance Agent			
Child Care Provider			
Doctor(s)			
Dentist			
Clergy			
Veterinarian			
Have Keys to My House			
Funeral Director			
Key Family Contact			

Advisors and other contacts for: _____ *(people who have additional information)*

ADVISOR/CONTACT	NAME	ADDRESS	TELEPHONE # & EMAIL ADDRESS
Accountant			
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Child Care Provider			
Doctor(s)			
Dentist			
Clergy			
Veterinarian			
Have Keys to My House			
Funeral Director			
Key Family Contact			

Insurance Policies

TYPE OF POLICY	COMPANY AND ADDRESS	POLICY NUMBER	EFFECTIVE DATE	POLICY AMOUNT	LOCATION OF POLICY
Life					
Health (Medicare, etc.)					
Supplemental					
Long Term Care					
Other medical					
Disability					
Vehicles					
Homeowner's					

Bank Accounts, Savings, and Credit Union Accounts

TYPE OF ACCOUNT	NAME AND ADDRESS	NAME ON ACCOUNT	ACCOUNT #	LOCATION OF RECORDS
Checking				
Checking				
Savings				
Savings				

Investments (Stocks, Bonds, and Mutual Funds)

TYPE OF INVESTMENT	COMPANY AND CONTACT	ACCOUNT #	DATE PURCHASED	LOCATION OF RECORDS

Employee Savings, Pension, and Retirement Plans

TYPE OF PLAN	COMPANY AND CONTACT	VALUE	LOCATION OF RECORDS

Social Security Records

IF CURRENTLY EMPLOYED

Location of annual Social Security Statement:

IF CURRENTLY RECEIVING A SOCIAL SECURITY PAYMENT

Monthly payment amount: _____ Location of statements/records:

U.S. Savings Bonds, Certificates of Deposit, Treasury Bills, Bonds, and Notes

SERIAL #	OWNER(S)	PURCHASE PRICE	DATE OF PURCHASE	MATURITY DATE	VALUE AT MATURITY	BENEFICIARY	LOCATION OF RECORDS

Real Estate

TYPE	LOCATION AND ADDRESS	PURCHASE PRICE	MORTGAGE AMOUNT	MORTGAGE HOLDER	LOCATION OF RECORDS

Vehicles (Cars, Trucks, Recreational Vehicles, Campers, etc.)

MAKE	MODEL AND YEAR	VIN	LICENSE PLATE #	REG. OWNER	LOCATION OF TITLES

Rentals (Post Office Boxes, Storage Units, Office Space, Other Rented Property/Furnishings, etc.)

RENTAL PROPERTY	NAME AND ADDRESS	RENT DUE DATE	AMOUNT DUE	REFUNDABLE DEPOSIT	LOCATION OF RECORDS/KEYS/ COMBINATIONS

Credit Accounts, Loan Payments, and/or Monthly Household Expense Payments

CREDITOR/ COMPANY	ADDRESS AND PHONE #	ACCOUNT #	DUE DATE	AMOUNT DUE	LOCATION OF RECORDS

Safe Deposit Box or Fireproof Safe

Location: _____ Box #: _____ Location of Keys: _____

Name(s) of those who have access: _____

CONTENTS OF SAFE DEPOSIT BOX OR FIREPROOF SAFE

Check those included; add details/attach items as needed

- | | |
|--|---|
| <input type="checkbox"/> Birth certificates | <input type="checkbox"/> Employment records |
| <input type="checkbox"/> Adoption papers | <input type="checkbox"/> Wills (<i>copy</i>) |
| <input type="checkbox"/> Death certificates | <input type="checkbox"/> Trusts |
| <input type="checkbox"/> Marriage certificates | <input type="checkbox"/> Powers of Attorney (<i>copy</i>) |
| <input type="checkbox"/> Divorce documents | <input type="checkbox"/> Household inventory |
| <input type="checkbox"/> Baptismal certificates | <input type="checkbox"/> Inventory of: _____ |
| <input type="checkbox"/> College transcripts | <input type="checkbox"/> Summary of investments and retirement accounts |
| <input type="checkbox"/> Passports | <input type="checkbox"/> Certificates of Deposit |
| <input type="checkbox"/> Citizenship papers | <input type="checkbox"/> Government bonds |
| <input type="checkbox"/> Military discharge documents | <input type="checkbox"/> Abstract for real estate |
| <input type="checkbox"/> List of insurance policies | <input type="checkbox"/> Deeds and mortgages |
| <input type="checkbox"/> Vehicle titles | <input type="checkbox"/> Burial lot deed |
| <input type="checkbox"/> Copy of all documents/cards in wallet | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Social Security card(s) | |

ITEMS TO ATTACH TO THIS FORM

- | | |
|--|--|
| <input type="checkbox"/> Minnesota health care directive | <input type="checkbox"/> Funeral preferences (pre-planning) |
| <input type="checkbox"/> Copy of all documents/cards in wallet | <input type="checkbox"/> Medical information (prescriptions, therapies, allergies, etc.) |
| <input type="checkbox"/> Household inventory | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Powers of Attorney (<i>copy</i>) | |