KEY INFORMATION WORKSHEET

Documents to Have in Designated Locations: Below is a suggested list of important information to gather and organize for the person or people who will be handling your affairs after your death.

* It is important you keep originals in a safe and protected place and keep a copy of everything for yourself.
* Another good option is to scan the information into your computer and transfer it to an encrypted and password protected stick or disk that you give to your executor or other persons designated to handle your business matters after your death.

It is important to protect yourself from identity theft.

* *Identity theft is a real and serious problem and you need to be responsible for having your key information and important papers in a place that is safe and secure.*
* *Be very careful where you store this form and whom you give it to. Make sure those people keep it either in a safe, locked place. In general, keep original and one-of-a-kind documents in a safe deposit box or some secure location where a passcode or key is required or password protected on their computer.*
* *It is also recommended that certain original papers such as your passport, birth certificate, and social security card/number not all be in the same location in order to make it harder for someone to steal your identity.*

Use the tab key to fill out this form.

Name:

Address:

Date of Birth:       Place of Birth:

Mother’s maiden name:

SSN#:       Drivers License #:

**Location of your end-of-life papers (Advance Directive, Living Will, Power of Attorney, Last Will, Trust) and who has copies:**

Location of your passport:

E-mail address and computer password:

Cell phone # and password:

Spouse (name/address/phone number/ssn#):

Parents if alive (names/address/phone number):

Children (names/addresses/phone numbers):

Siblings (name/address/phone numbers):

Executor or Attorney (name/address/phone numbers):

Job information

Occupation:

Name of Company:

Address:

Phone number of contact person:

Computer/voicemail/other password:

Military history if applicable

Dates of service:

Location of discharge papers:

College/postgraduate school:

Name of school:

Dates Attended:

Address of Alumni office to send death notice:

Name of school:

Dates Attended:

Address of Alumni office to send death notice:

Automobile

Make and model:

Year:

VIN number:

Location of title:

Location of registration:

Location of spare key:

Auto Insurance:

Name of company:

Policy #:

Phone number:

Credit cards, outstanding debts, loan information (include auto)

Name of company:

Account number(s):

Contact Information:

Name of company:

Account number(s):

Contact Information:

Name of company:

Account number(s):

Contact Information:

Name of company:

Account number(s):

Contact Information:

Name of company:

Account number(s):

Contact Information:

Name of company:

Account number(s):

Contact Information:

Health Insurance including long term care

Health Insurance Company:

Policy number:

Name of primary physician:

Phone number:

Location of policy:

Long Term Care company:

Policy Number:

Phone Number:

Location of policy:

Life Insurance

Name(s) of company:

Address:

Policy Number:

Location of policy:

Retirement/Pension Income

Social Security Information:

Other:

Other:

Other:

IRA accounts

Name:       Number:

Name:       Number:

Keough/401K/Other retirement accounts

Name:       Number:

Name:       Number:

Bank Account(s)

Type:

Name of Bank:

Account number:

Type:

Name of Bank:

Account number:

Type:

Name of Bank:

Account number:

Investments

Stocks and Bonds Information:

Mutual Funds Information:

Other

Safe Deposit Box Location/Location of Keys:

Name/address of CPA:

Location of last five years IRS returns:

Any other important information someone would need to know: