

My Important Papers

Date Completed or Updated: _____

My Name: _____

My Mailing Address: _____

My Residential Address: _____

My Home Phone #	My Cell Phone #	My E-Mail	My Fax # (home)
My Work Phone #	My Work Cell #	My Work E-Mail	My Fax # (work)

My Important Papers

Location
(home, safe deposit, other)

1. Living Will/Advanced Directive	
2. Medical Power of Attorney	
3. Health Insurance Policy (copy of ID Card)	
4. Life Insurance Policy	
5. Other Insurance (auto, house, etc.)	
6. Will	
7. Bank Accounts (dual names?)	
8. Property Titles (home, auto, boat, etc.)	
9. Mortgage Information	
10. Social Security #	
11. Medicare #	
12. Military Discharge papers	
13. Funeral Instructions	
14. Birth Certificate	
15. Pension/Retirement Benefits/IRAs	
16. Credit Cards	
17. Safe Combination:	
18. Financial Power of Attorney	
19. Records (marriage/divorce, children's birth)	
20.	
21.	
22.	