

Organize Document Checklist

Date: _____

Personal Information

Name	
Social Security Number	
Primary Doctor	
Phone	
Lawyer	
Phone	
Accountant	
Phone	
Power of Attorney	
Phone	
Investment Broker	
Phone	
Clergy	
Phone	
Name of Bank	
Account #	
Emergency Contact	
Emergency Contact Phone	

Identification Information

Where Is It Kept

Birth Certificate	
Marriage Certificate	
Divorce Papers	
Military Records	
Organ Donor Card	
Will	
Trusts	
Safety Deposit Box	
Safety Deposit Box Keys	

Insurance Information

Automobile	
Disability	
Homeowners	
Life	
Health	
Long-Term Care	

Financials

Auto Title	
Bank Statement	
Bonds/CDs	
Checking Account #	
Savings Account #	
401k Account	
IRAs	
Outstanding Loans	
Stocks	
Property Deed	
Pension	

Location of Medical Records

Advance Directives	
DNR	
Health Care Power of Attorney	
Living Will	

Final Wishes

Burial Arrangements	
Cemetery Information	
Funeral Home	