

Vital Documents

Location of Important Items

| | | | |
|---|---|------------------|------|
| Bank Accounts: *List Additional policies on back | 1. Bank Name: | Name on Account: | |
| | Location: | Account #: | Pin: |
| | 2. Bank Name: | Name on Account: | |
| | Location: | Account #: | Pin: |
| | 3. Bank Name: | Name on Account: | |
| | Location: | Account #: | Pin: |
| Safe Deposit Box: | Bank Name: | | |
| | Location: | Box #: | |
| Health Insurance Policy: | Provider: | Policy #: | |
| | Location: | | |
| Secondary Health Insurance Policy: | Provider: | Policy #: | |
| | Location: | | |
| Life Insurance Policy: *List Additional policies on back | Provider: | Policy #: | |
| | Location: | | |
| Home Owners Insurance Policy: *List Additional policies on back | Provider: | Policy #: | |
| | Location: | | |
| Property & Casualty Insurance Policy (Auto): | Provider: | Policy #: | |
| | Location: | | |
| Living Will & Testament: | (Make a copy for this binder. Place copy behind this page.) | | |
| Last Will and Testament: | (Make a copy for this binder. Place copy behind this page.) | | |
| Driver's License's: | (Make a copy for this binder. Place copy behind this page.) | | |
| Military ID's: | (Make a copy for this binder. Place copy behind this page.) | | |
| Social Security Cards: | (Make a copy for this binder. Place copy behind this page.) | | |
| Birth Cert.: | (Make a copy for this binder. Place copy behind this page.) | | |
| Deed's to Houses/Property: | (Make a copy for this binder. Place copy behind this page.) | | |
| Car Title's: | (Make a copy for this binder. Place copy behind this page.) | | |
| Car Keys: | Location: | | |
| Cemetery Lots: | Cemetery Name: | Lot #: | |
| | Location & Phone # for Cemetery: | | |

*Do not worry if you are missing any of these items. We will cover all of these items throughout the program.

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Date Completed ____/____/____