**Location of Important Documents and Information for (Names) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Updated \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Tips: If you have not documented any of this information before, do one page at a time to make it more manageable. If an item does not apply to you, mark it “NA” (not applicable). Keep this document in a safe place, such as a safe deposit box. For an electronic version in Microsoft Word format, visit www.gwadvisors.net. If you save the completed document on your PC, make sure the document is secure.*

| **Item** | **Location of Actual Document or Item** | **Name of Company**  **or Contact Information** | **Policy or Account No.** | **Additional Notes/Beneficiary** |
| --- | --- | --- | --- | --- |
| Will |  | Name of executor or administrator |  |  |
| Medical directives |  |  |  |  |
| Durable power of attorney |  | Person you have given POA |  |  |
| Trust documents |  | Trustee/successor trustee name |  |  |
| Deeds/real estate documents |  |  |  | Property addresses |
| Birth certificates |  |  |  |  |
| Passports |  |  |  |  |
| Marriage license |  |  |  |  |
| Divorce/guardian/ custodian papers |  |  |  |  |
| Children’s records/ deferred tuition records |  |  |  |  |
| Military papers |  |  |  |  |
| Health records |  |  |  |  |
| Vehicle/boat title(s) |  |  |  |  |
| Cancelled Checks/Checkbooks |  |  |  |  |
| Financial Plan |  |  |  |  |
| Tax returns and records |  |  |  |  |
| Business agreements |  |  |  |  |
| Safe deposit box | Location of keys | Financial institution name and branch |  | Box #  Who has access |
| **Insurance Policies:** |  |  |  |  |
| Primary health insurance papers |  |  |  |  |
| Additional health or hospitalization insurance |  |  |  |  |
| Medicare card |  |  |  |  |
| Medicare supplement policy |  |  |  |  |
| Long-term care policy |  |  |  |  |
| Auto insurance policy |  |  |  |  |
| Homeowners policy |  |  |  |  |
| Life insurance policy |  |  |  | Death Benefit Amount |
| Life insurance policy |  |  |  | Death Benefit Amount |
| Accidental death and dismemberment policy |  |  |  |  |
| Disability insurance policy |  |  |  |  |
| Other insurance policy |  |  |  |  |
|  |  |  |  |  |
| **Funeral/Burial:** |  |  |  |  |
| Funeral arrangements |  |  |  |  |
| Cemetery lot deed |  |  |  |  |
|  |  |  |  |  |
| **Professional Services:** |  |  |  |  |
| Financial Advisor |  |  |  |  |
| CPA |  |  |  |  |
| Attorney |  |  |  |  |
|  |  |  |  |  |
| **Credit Union/ Bank Accounts:** |  |  |  |  |
| Checking account |  |  |  |  |
| Savings account |  |  |  |  |
| Other accounts |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Loans/Other Debts:** |  |  |  |  |
| Mortgage |  |  |  |  |
| Vehicle loan |  |  |  |  |
| Other loans/credit cards |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Investments:** |  |  |  |  |
| Bonds |  |  |  |  |
| Brokerage Accounts |  |  |  |  |
| Mutual Funds (held direct) |  |  |  |  |
| Partnership Agreements |  |  |  |  |
| Partnership Accounts |  |  |  |  |
| Stock Certificates |  |  |  |  |
| Stock Option Plans |  |  |  |  |
| Annuity Contracts |  |  |  |  |
|  |  |  |  |  |
| **Retirement/ IRAs/Deferred Compensation Plans:** |  |  |  |  |
| Pension/retirement plan |  |  |  |  |
| 401(k) plan/other deferred compensation plan |  |  |  |  |
| Profit sharing plan |  |  |  |  |
| Individual Retirement Accounts |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Other Assets of Value:** |  |  |  |  |
|  |  |  |  |  |