

# The Document Locator

Where are  
your  
important papers?

## Document Locator

People usually keep their important records scattered in a variety of different places. Some may be kept in a file cabinet, others in a safety deposit box, while other vital information may be kept on file at our attorney's office.

With the use of a Document Locator tool, you and your loved ones will be able to locate medical information, insurance papers, wills, and other important personal documents quickly and easily when the need arises.

### **How to Use a Document Locator**

Simply fill in the information requested on the following pages. If any item does not apply to you mark the *Not Applicable* (NA) box. This is important because it will let the reader know that you did not forget to address the item.

If you are married or have a significant other/partner, this record should be kept in a secure location known to that person. If you are not married or have a significant other/partner, keep it in a location known to a close friend or relative.

You should update this form once a year. It is a good idea to mark your calendar to ensure that you make updates at the same time each year; time tends to go by quickly!

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**Identification**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Spouses Name:** \_\_\_\_\_

*The following people have been notified of the location of this document:*

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Additional Notes:**

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**Event of Death**

- 1) I have a(n): Original will: \_\_\_\_ Yes \_\_\_\_ No.  
 Trusts: \_\_\_\_ Yes \_\_\_\_ No.  
 Living Will & Health Care Directives: \_\_\_\_ Yes \_\_\_\_ No.

*Copies reside with:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

- 2) I have written (a) personal letter(s) to:

Name: \_\_\_\_\_

Location of Letter: \_\_\_\_\_

Name: \_\_\_\_\_

Location of Letter: \_\_\_\_\_

- 3) I have made arrangements to donate the following organs for transplant:

Organ: \_\_\_\_\_ Donate to: \_\_\_\_\_

Organ: \_\_\_\_\_ Donate to: \_\_\_\_\_

**In the event of death, please contact immediately:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Personal Documents**

# Document Locator

Please indicate the location of the following items:

<u>Item</u>	<u>Location</u>	<u>Not Applicable</u>
Social Security Cards		<input type="checkbox"/>
Birth / Adoption Certificates		<input type="checkbox"/>
Marriage Certificate Divorce/Separation Papers		<input type="checkbox"/>
Power of Attorney		<input type="checkbox"/>
Original Will/Trusts Living Will & Health Care Directives		<input type="checkbox"/>
Passports		<input type="checkbox"/>
Medical Records		<input type="checkbox"/>
Vehicle Titles		<input type="checkbox"/>
Military Records		<input type="checkbox"/>
Medical Records		<input type="checkbox"/>
Property Deeds		<input type="checkbox"/>

**Personal Documents**

*Please indicate the location of the following items:*

<u>Item</u>	<u>Location</u>	<u>Not Applicable</u>
Funeral/Burial Instructions		<input type="checkbox"/>
Cemetery Plot Papers		<input type="checkbox"/>
Post Office Box		<input type="checkbox"/>
Safety Deposit Box		<input type="checkbox"/>
Security Codes / Passwords		<input type="checkbox"/>
Keys (house, car, etc.)		<input type="checkbox"/>
Other:		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**Insurance**

*Please indicate the location of the following items:*

<u>Item</u>	<u>Location</u>	<u>Not Applicable</u>
Medical		<input type="checkbox"/>
Life		<input type="checkbox"/>
Vehicle		<input type="checkbox"/>
Homeowners/Rental		<input type="checkbox"/>
Long Term Care		<input type="checkbox"/>
Disability		<input type="checkbox"/>
_____ (other)		<input type="checkbox"/>
_____ (other)		<input type="checkbox"/>
_____ (other)		<input type="checkbox"/>



**Financial Assets**

**Document Locator**

*Please indicate the location of the following items:*

<u>Item</u>	<u>Location</u>	<u>Not Applicable</u>
Checking Accounts		<input type="checkbox"/>
Savings Accounts		<input type="checkbox"/>
Credit Union Accounts		<input type="checkbox"/>
Certificates of Deposit		<input type="checkbox"/>
Mutual Funds		<input type="checkbox"/>
Stocks & Bonds		<input type="checkbox"/>
Money Market Accounts		<input type="checkbox"/>
_____ (other)		<input type="checkbox"/>
_____ (other)		<input type="checkbox"/>
_____ (other)		<input type="checkbox"/>

**Retirement**

*Please indicate the location of the following items:*

<b>Item</b>	<b><u>Location</u></b>	<b><u>Not Applicable</u></b>
401K, IRA, (etc.)		<input type="checkbox"/>
		<input type="checkbox"/>
Pensions		<input type="checkbox"/>
		<input type="checkbox"/>
Social Security		<input type="checkbox"/>
		<input type="checkbox"/>
_____ (other)		<input type="checkbox"/>
		<input type="checkbox"/>
_____ (other)		<input type="checkbox"/>
		<input type="checkbox"/>

**Financial Liabilities**

*Please indicate the location of the following items:*

<b>Item</b>	<b><u>Location</u></b>	<b><u>Not Applicable</u></b>
Mortgage		<input type="checkbox"/>
		<input type="checkbox"/>
Auto/Vehicle Loans		<input type="checkbox"/>
		<input type="checkbox"/>
Personal Loans		<input type="checkbox"/>
		<input type="checkbox"/>
Credit Cards		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
_____		<input type="checkbox"/>
(other)		<input type="checkbox"/>
_____		<input type="checkbox"/>
(other)		<input type="checkbox"/>
_____		<input type="checkbox"/>
(other)		<input type="checkbox"/>



**Important Contacts**

Physicians

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

Clergy

Name:	Address:	Phone:
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Attorney

Name:	Address:	Phone:
Name:	Address:	Phone:

Insurance Agents

Name:	Address:	Phone:
Name:	Address:	Phone:

Stock Brokers

Name:	Address:	Phone:
Name:	Address:	Phone:

**Update Schedule**

**Document Locator**

Signature:	Date:
Signature:	Update:
Signature:	Update:
Signature:	Update:
Signature:	Update:
Signature:	Update:

*\*Please remember to update yearly and keep copy\**

*Notes:*