Give copies of this form to your loved ones, executor, lawyer and anyone else who will need this information. You should review and update this information at least yearly.

Personal Affairs Organizer

Name _____Social Security Number_____

Spouse_____Social Security Number_____

My (Our) valuable papers and assets are stored in these locations:

Document	Location	Document	Location
My will		Retirement plans	
My Power of attorney		Deferred compensation/IRA	
Spouses Will		Titles and deeds	
Spouses Power of attorney		Mortgage(s)	
Safe combination		Auto ownership records	
Trust agreements		Birth certificate(s)	
Life insurance		Marriage certificate	
Health insurance policy		Children's birth certificates	
Homeowners policy		List of stored & loaned items	
Car insurance policy		Health care proxy	
Employment contracts		Military discharge papers	
Partnership agreements		Divorce/separation records	
Checking/savings accounts		Other	
List of credit cards		Other	
Brokerage account records		Other	

IMPORTANT NAMES, ADDRESSES AND PHONE NUMBERS

Name	Address	Contact Information
Attorney		
Accountant		
Insurance Agent		
Other		
Other		
Other		
Copies given to		
Date prepared		