

My Important Papers

Date of this Form:

My Name:

My Address:

<u>My Important Papers</u>	<u>Location</u> <u>(e.g. ECL binder, filing cabinet, other)</u>
Advance Directive/Health Care POA	
Durable Power of Attorney	
Will or Revocable Trust	
Health insurance policy and ID card	
Life insurance policy	
Automobile insurance policy	
Homeowners insurance policy	
Property titles (house, car, boat, etc.)	
Bank account statements	
Brokerage account statements	
Retirement plan statements & beneficiary designations	
Mortgage papers	
Credit card statements	
Medicare card	
Social Security card	
Birth certificate	
Marriage certificate	
Divorce papers	
Armed Forces discharge papers	
Funeral/burial policies & instructions	
Online passwords and PINS	