

TOOL FOR YOUR LOVED ONES

1.		NFORMATION Name:
	b.	Address:
	c.	Phone numbers:
	d.	Social Security Number:
	e.	Emergency contact:
2.		IAL INFORMATION Investment counsel:
	b.	Accountant i. Name
		ii. Address
	C.	Bank i. Bank box (name, location, location of key, who has access?)
		ii. Broker
	d.	Safe at home (who has code/key)
	e.	Credit cards:
	f.	Post office box (number, location, keys held by):
	g.	Passwords; who has list/where?:
3.		NFORMATION
	a.	Lawyer's name:

i. Location of the will:



	b.	Executor of will:
	C.	Power of attorney:
	d.	Living will (date/location/powerholder of each document):
	e.	Advance directive for health care, durable powers:
	f.	Real estate records – (esp. if second home or investment property; mortgage/HELOC info.; property tax & insurance info):
4.	INSURANCE INFORMATION	
	a.	Life (company and contact):
	b.	Health:
	C.	Property:
	d.	Car(s) (license plate(s), service, spare key(s):
	e.	Other:
5.	MEDICAL INFORMATION	
	a.	Primary care physician:
	b.	Other physicians:
	c.	Medications:
	d.	Pharmacy:
	e.	Health insurance:
	f.	Allergies and blood type:



		g.	Dentist:
		h.	Who to call in a health emergency:
6.			LANEOUS INFORMATION House repairs:
		b.	Electrician:
		C.	Appliance repairs:
		d.	Neighborhood security (neighbor contact):
		e.	Alarm code (instructions on exit/enter):
	1	f.	Computer passwords (who has list, email address + password, social media accts +password):
		g.	Plumber:
		h.	Yard service:
	1	i.	Irrigation service:
		j.	Handy man:
	ا	k.	Safe or lock code:
	ا	l.	Invisible fence:
	I	m.	Other (pets, vets, boarding contact, roof repair, fence repair, second home (beach, mountains, add new, other etc.):
	I	n.	Spouse or family members (neighbor contact):
		0	Locations of kove tay records other documents: