



## My Important Papers

Date of this Form:

My Name:

My Address:

<b><u>My Important Papers</u></b>	<b><u>Location</u></b> <b><u>(e.g. ECL binder, filing cabinet, other)</u></b>
Advance Directive/Health Care POA	
Durable Power of Attorney	
Will and/or Revocable Trust	
Health insurance policy and ID card	
Life insurance policy/ies	
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	