

## **My Important Papers**

Date of this Form:		
My Name:		
My Address:		
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<del>-</del>		
		Location
My Important	Papers	Location (e.g. Binder, filing cabinet, other)
Advance Directive/Health Care POA		<u>, e.g. =g e</u>
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		
Online passwords and PINS		