



## Estate Information Form

*When completed, this form will help you keep track of your important financial and legal documents. A copy should be readily available to your spouse or loved one.*

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### Spouse

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_

<b>Safe Deposit Box</b>
Box # _____
Location of box _____
Location of key _____

Document	Account number (if any)	Home (specify location)	Safe deposit	Office	Attorney
List of assets/liabilities			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth certificate			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social security card			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power of attorney			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power of attorney healthcare			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DNR (Do Not Resuscitate)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living trust			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage certificate			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce/separation papers			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax returns			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life insurance			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car insurance			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title insurance			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability insurance			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid/Medicare			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cemetery plot deed			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burial instructions			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checkbook/savings acct.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment acct.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit card info			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA benefits info			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	Name, address, phone				
Accountant					
Attorney					
Financial advisor					
Insurance agent					