

ORGANIZE DOCUMENTS

Name:	
Social Security Number:	
Date Completed:	
Drimon, Dooton	
Primary Doctor:	
Telephone:	
Lawyer:	
Telephone:	
Health Care Agent:	
Telephone:	
Investment Broker:	
Telephone:	
Clergy:	
Telephone:	
Name of Bank:	
Acct#:	
Name of Bank:	
Telephone:	
Emergency Contact:	
Telephone:	



Personal Information

Where is it kept?	
Birth Certificate:	
Branch of Service:	
Military ID #:	
Dates of Service:	
Will:	
Trusts:	
Safety Deposit Box:	
Number:	
Where are keys kept?:	
	Information: Where Is It Kept?
Health:	
Car:	
Homeowners:	
Life:	
Disability:	
Long-Term Care:	
Other:	

Financial Information: Where Is It Kept? Car Title/Registration: Bank Statements: Bonds: CDs: Bank Account (Checking): Bank Account (Savings): Bank Account (Money Market): 401K Account: IRAs: ____ Mortgage Information: Outstanding Loans: Property Deeds/Title: Stock Certificates: Income Tax Records: Pension Records: Medical Information: Where Is It Kept? Advance Directives: Do Not Resuscitate Papers: Health Care Power of Attorney: Living Will: Final Wishes: Where Is It Kept? Advance Directives: Cemetery Information: Funeral Home: