FAMILIES & MONEY DOCUMENT LOCATOR 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 other loved one.	

Name	Social Security
Date of Birth	_ Place of Birth
Spouse's Name	Social Security #
Date of Birth	_ Place of Birth
Dlace a sheek in the location where each decument is stored. V	ou should also list account numbers, if applicable

Place a check in the location where each document is stored. You should also list account numbers, if applicable.

Document	Acct. Number (if any)	Home (specify location)	Safety Deposit Box	Office	Attorney
List of Assets/Liabilities					
Will					
Birth Certificate					
Social Security Card					
Power of Attorney					
Living Will					
Marriage Certificate					
Divorce/Separation Papers					
Tax Returns					
Life Insurance					
Car Insurance					
Title Insurance					
Disability Insurance					
Health Insurance					
Medicaid/Medicare					
Cemetery Plot Deed					
Burial Instructions					
Checkbook/Savings Acct.					
Investment Acct.					
Credit Card Info					
VA Renefits Info					

Professional	Name	Street Address	City	State/ Zip Code	Phone
Accountant					
Attornev					
Financial Advisor					
Insurance Agent					