

Important Papers for _____

Personal Data:

Full Legal Name:

Name on Birth Certificate:

Other Name(s) Used:

Birth Date:

Birth Place:

Country of Citizenship:

State of Residence:

Home Phone:

Work Phone:

Living Address:

Mother:

Birth Date:

Birth Place:

Date of Death If Deceased:

Present or Last Address:

Phone Number:

Father:

Name:

Birth Date:

Birth Place:

Date of Death If Deceased:

Present or Last Address:

Present Spouse:

Brothers and Sisters:

Name	Age	Address	Comments
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Spouse:

Name:

Name on Birth Certificate:

Birth Date:

Birth Place:

Citizenship:

Date of Marriage:

Child (ren):

Present Name:

Name on Birth Certificate:

Birth Date:

Birth Place:

Adoption Date (If Applicable):

Present Address (If Living Apart:

Name of Spouse:

Name(s) of Children:

Government Identification Data:

Social Security Number:

Medicare Number:

Medical ID Number:

Veterans Administration Number:

Personal Associations Addresses:

Closest Friend and Confidant:

Clergyman and Church:

Attorney:

Physician:

Accountant:

Bookkeeper

Tax Consultant:

Stockbroker:

Banker:

Insurance Agent:

Business Associates:

Important Item Location Data:

Safe Deposit Box Number:

Safe Deposit Box Key(s) or Password:

Original of Last Will:

Copy of Last Will:

Original of Trust Agreements:

Copy of Trust Agreements:

Original of Contractual Papers:

Copy of Contractual Papers:

Power of Attorney:

Drivers License Number and State:

Birth Certificate:

Death Certificates:

Marriage Certificate:

Citizenship:
Adoption Papers:
Real Estate Deeds:
Mortgage Papers:
Financial Records:
Retirement and Pension:
Social Security Records:
Tax Records
Titles, Licenses, and Deeds:
Insurance Policies:
Military Service Records:
Government Papers:
Medical Records:
Directive To Physician (Living Will):
Tax Records:
Other Legal Papers:
Retirement Papers:
Survivor Benefit Papers:

Occupational and Employment Data:

Occupation:
Name of Employer:
Address (If Different From Self):
Phone Of Employer:
Position Held/Duty Title:
Date First Employed:

Prior Address Data:

From	To	Number and Street	City	State	ZIP code
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Insurance (life, medical, auto, long-term care, disability, etc.):

Name of Insurance Company:
Policies carried:
Address:
Effective Date of Policy:
Property Insured:
Type and Amount of Coverage:
Policy Number:

Asset Data:

Checking Account:
ID Number:
Location of Item:
Type of Ownership:
Source of Asset:
Present Value:

Savings Account:
ID Number:
Location of Item:
Type of Ownership:
Source of Asset:
Present Value:

Certificates of Deposit:
Notes and Accounts Receivable:
Securities:
Bonds:
Stock:
Mutual Funds:
Real Estate:
Insurance – cash value

Personal Property:

Automobile(s):
VIN Number:
Furnishings:
Item:
Jewelry and High Value Items:
Item:

Liability Data:

Current Liabilities:
Monthly Rent Payment:
Average Monthly Utilities:
Average Monthly Phone Payment:
Average Monthly Credit Card Payments:
Average Merchant Credit Account Payments:
Automatic Savings:
Other:

Long Term Liabilities:

Home Mortgage and Other Real Estate:

Secured Notes and Loans:

Unsecured Notes And Loans:

Life Insurance Loans:

Contingent Liabilities (Suretor/Co-Signer):

Legal Judgments:

Other:

Financial Statement Data:

Credit References:

Name:

Address:

Phone Number:

Account Number:

Information (date) _____

Signature _____