

IMPORTANT PAPERWORK ORGANIZER

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Organize your thoughts and important documents -- and plan for the future with these handy printables. Download and use my worksheets as helpful organizational guides. Put all your important papers in a 3-ring binder and store everything in one place in a safe location. (Be sure to share access with a trusted person, and review your binder annually.) These worksheets are a starting place to help get your affairs in order.

Personal Situations

- Family/Beneficiaries
- Business Interests

Every person's situation has its own set of responsibilities. Protect yourself and those you love by pre-planning.

Pre-Need Planning and Elder Care

- Health Care Choices
- Final Wishes

Consider your current health situation in your planning and begin to organize your records, including any wishes regarding funeral and burial.

Financial Details

- Investments/Accounts
- Tangible Items

Review your assets, such as real property, brokerage accounts, automobiles, and other investments.

Insurance, Wills, Trusts, and Gifts

- Estate Documents
- Policies

Whether you already have a will or not, make plans to ensure that your wishes are carried out orderly.

Resource Index

- Advisors
- Other Documents

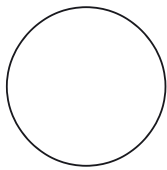
Keep all your contact information together. Add notes and any essential documents from family meetings.

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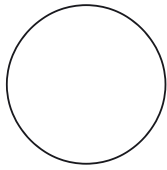
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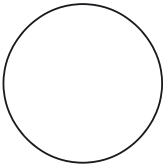
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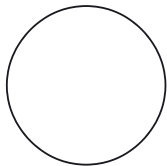
Personal Situations



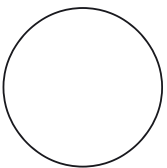
Financial Details



Pre-Need Planning and Elder Care



Insurance, Wills, Trusts, and Gifts



Resource Index

Personal Situations

Section Information

- Legal Residence Address
- Date and Place of Birth
- Spouse's Name and Contact Information/Anniversary Date
- Key Contacts and/or Children's Names and Information
- Beneficiaries and/or Anyone Named in Estate Documents
- Child Adoption Papers
- Genealogy/Family Tree Information
- Marriage License or Domestic Partnership Agreement or Prenuptial Agreement
- Divorce Decree
- Business Ownership or Interests and Associates
- Rental Agreements

Notes

Document Locations

■	_____
■	_____
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■	_____

Reviews/Updates

Financial Details

Section Information

- Pension Plan/Retirement Accounts, IRAs, 401(k)s, Annuities, Etc.
- Property Records
- Stock and Bond Certificates
- Brokerage Accounts
- Financial Contracts
- Loans or Promissory Notes (indicating whether forgiven on death)
- Bank Account Information and Account Numbers, including Online Access Information
- Safe Deposit Box Location and Key Location
- Passwords
- Credit Card Information

Notes

Document Locations

- _____
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Reviews/Updates

Property Records

Suggestion: Make additional copies of this printable worksheet for each piece of real estate, then complete and insert this page where necessary in your organizational binder as it is assembled. This worksheet is to keep a running record of real estate property information.

Date / Cost	Date / Current Value	Liability / Debt	Net / Equity

Description and Documentation

- Valuation and/or Appraisal Attached
- Plat Attached
- Photos Attached
- Insurance Information Attached

Account Information

Suggestion: Make additional copies of this printable worksheet to keep track of important account information, then complete and insert this page where necessary in your organizational binder as it is assembled. This worksheet is for listing all important banking/financial account information. Take the appropriate precautions to store this information in a secure location.

Account: Checking/Savings/Other _____
Bank Location: _____
Address: _____
Account Number: _____
Signatories: _____
Payable on Death/Beneficiaries: _____

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Bank Location: _____
Address: _____
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Account: Checking/Savings/Other _____
Bank Location: _____
Address: _____
Account Number: _____
Signatories: _____
Payable on Death/Beneficiaries: _____

Pre-Need Planning and Elder Care

Section Information

- Advance Care Directive or Living Will with Health Care Proxy
- Health Care Power-of-Attorney or Durable Power-of-Attorney
- Medication List
- Health Insurance Policy and Policy Number
- Medicare Card and Health Insurance Card (copy)
- Medical, Vision, and Dental Records
- Organ or Tissue Donor Designation
- Disability Insurance Policy and Policy Number
- Urgent Care Plan re Advance Permissions to Communicate, Pet Care, Etc.
- End-of-Life Preferences
- Funeral Plan and Burial, Cremation, or Other Disposition Arrangements

Notes

Document Locations

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■	_____

Reviews/Updates

Insurance, Wills, Trusts, and Gifts

Section Information

- Life Insurance Policy and Policy Number
- Long-Term Care Insurance Policy and Policy Number
- Last Will and Testament, including Executor Information
- Living Trust Documents, including Trustee Information
- Guardian Contact Information
- General Power-of-Attorney and/or Durable Power-of-Attorney
- Legacy Gifts
- Religious and Social Organizations Contacts

Notes

Document Locations

■	_____
■	_____
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■	_____

Reviews/Updates

IN THE EVENT OF DEATH

I, _____ (FULL LEGAL NAME),
HAVE MADE THE FOLLOWING ARRANGEMENTS AND/OR HAVE THE FOLLOWING FINAL
WISHES:

Funeral Home: _____
Funeral Home Address: _____
Cemetery: _____
Burial Plot Number: _____
Person(s) to Perform Service: _____

Prepayment Arrangements: _____

- I want to be cremated. Crematorium: _____
- I do not want to be cremated.
- Special burial requests: _____
- Obituary requests: _____
- Donations to: _____

My legacy/ethical will and personal notes:

Resource Index

Section Information

- Professional Advisors Contact Information, i.e., Attorneys, Physicians, Brokers, Etc.
- Income Tax Returns
- Birth Certificate
- Social Security Card
- Citizenship Papers
- Driver's License (copy)
- Passport
- Employer Information
- Military Service Documents: Retirement, Benefits, Discharge Papers
- Other Contracts or Notarized Documents

Notes

Document Locations

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Reviews/Updates

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Important Documents

Suggestion: Make additional copies of this printable worksheet to keep track of important documents, then complete and insert this page where necessary in your organizational binder as it is assembled.

DESCRIPTION:

<input type="checkbox"/> Copy Attached
Location of Original:
Location Contact:

DESCRIPTION:

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DESCRIPTION:

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Location of Original:
Location Contact:

Who To Call First

List emergency contacts to call first if the need should arise. Include insurance contact information in the event pre-approval is required for emergency procedures. Add up-to-date prescriptions under physicians' contact information.

CONTACT:
Name:
Relationship:
Telephone:
Email:
Address:
Notes:

CONTACT:
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Contact Information

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Address:
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