

PERSONAL DOCUMENT RECORDS

This document is a supplemental aid for organizing your financial and personal documents.

The categories are separated by individual pages so additional pages can be printed for specific categories if needed.

The categories are as follows:

- Financial Accounts
- Credit Card Accounts
- Insurance Policies
- User Names and Passwords
- Security
- Vital Documents

Attaching a current statement for financial accounts, credit cards, monthly expenses, etc. provides further clarity.



FINANCIAL ACCOUNTS

Bank/Investment Firm Name: _____

Account Type: _____

Account Number: _____

Online: Yes / No User Name: _____

Password: _____

Bank/Investment Firm Name: _____

Account Type: _____

Account Number: _____

Online: Yes / No User Name: _____

Password: _____

Bank/Investment Firm Name: _____

Account Type: _____

Account Number: _____

Online: Yes / No User Name: _____

Password: _____

Bank/Investment Firm Name: _____

Account Type: _____

Account Number: _____

Online: Yes / No User Name: _____

Password: _____

Bank/Investment Firm Name: _____

Account Type: _____

Account Number: _____

Online: Yes / No User Name: _____

Password: _____

Bank/Investment Firm Name: _____

Account Type: _____

Account Number: _____

Online: Yes / No User Name: _____

Password: _____

CREDIT CARD ACCOUNTS

Type of Card: _____

Credit Card Number: _____

Online: Yes / No User Name: _____ Password: _____

Type of Card: _____

Credit Card Number: _____

Online: Yes / No User Name: _____ Password: _____

Type of Card: _____

Credit Card Number: _____

Online: Yes / No User Name: _____ Password: _____

Type of Card: _____

Credit Card Number: _____

Online: Yes / No User Name: _____ Password: _____

Type of Card: _____

Credit Card Number: _____

Online: Yes / No User Name: _____ Password: _____

Type of Card: _____

Credit Card Number: _____

Online: Yes / No User Name: _____ Password: _____

INSURANCE POLICIES

Health Insurance Company Name: _____

Account Number: _____

Online: Yes / No User Name: _____ Password: _____

Health Insurance Company Name: _____

Account Number: _____

Online: Yes / No User Name: _____ Password: _____

Health Insurance Company Name: _____

Account Number: _____

Online: Yes / No User Name: _____ Password: _____

Health Insurance Company Name: _____

Account Number: _____

Online: Yes / No User Name: _____ Password: _____

Life Insurance Company Name: _____

Insurance Type: _____ Account Number: _____

Death Value: _____

Online: Yes / No User Name: _____ Password: _____

INSURANCE POLICIES CONTINUED

Vehicle Insurance Company Name: _____

Vehicle Make: _____ Account Number: _____

Online: Yes / No User Name: _____ Password: _____

Vehicle Insurance Company Name: _____

Vehicle Make: _____ Account Number: _____

Online: Yes / No User Name: _____ Password: _____

Homeowner Insurance Company Name: _____

Account Number: _____

Online: Yes / No User Name: _____ Password: _____

Umbrella Insurance Company Name: _____

Account Number: _____

Online: Yes / No User Name: _____ Password: _____

Rental Insurance Company Name: _____

Account Number: _____

Online: Yes / No User Name: _____ Password: _____

Other Insurance Company Name: _____

Type: _____ Account Number: _____

Online: Yes / No User Name: _____ Password: _____

USER NAMES AND PASSWORDS

Computer Access

User Name: _____ Password: _____

Cell Phone Access

User Name: _____ Password: _____

Social Media Site Name (E-mail, Facebook, Twitter, etc.):

User Name: _____ Password: _____

Social Media Site Name (E-mail, Facebook, twitter, etc.):

User Name: _____ Password: _____

Social Media Site Name (E-mail, Facebook, twitter, etc.):

User Name: _____ Password: _____

Other Technology:

User Name: _____ Password: _____

Other Technology:

User Name: _____ Password: _____

Other Technology:

User Name: _____ Password: _____

SECURITY

Key to House

Location: _____

Names of others that have keys in their possession: _____

Key to Garage

Location: _____

Names of others that have keys in their possession: _____

Personal Safe

Location: _____ Combination: _____

Safety Deposit Box Location: _____

Box #: _____ Key Location: _____

Other Keys (storage shed, recreation vehicles, etc.)

Item: _____ Location: _____

Names of others that have keys in their possession: _____

Other Keys (storage shed, recreation vehicles, etc.)

Item: _____ Location: _____

Names of others that have keys in their possession: _____

Other Keys (storage shed, recreation vehicles, etc.)

Item: _____ Location: _____

Names of others that have keys in their possession: _____

VITAL DOCUMENTS

Birth Certificate Location: _____

Social Security Card Location: _____ SS Number: _____

Health Insurance Card(s) Location: _____

Medicare Insurance Card(s) Location: _____

Vehicle Title(s) Location: _____

Property Deed(s) Location: _____

Marriage Certificate Location: _____

Divorce Decree Location: _____

Military Records Location: _____

Tax Returns Location: _____

Accounting Firm Name: _____ Accountant Name: _____

Business or Partnership Agreement(s)

Type: _____ Location: _____

Other physical items such as stock certificates, gold, silver, bonds, etc.

Type(s): _____ Location(s): _____

VITAL DOCUMENTS CONTINUED

Financial Power of Attorney

Primary Name: _____ Secondary Name: _____

Healthcare Power of Attorney

Primary Name: _____ Secondary Name: _____

Will

Location:

Executor Name: _____ Legal Firm Name: _____

Trust

Location:

Executor Name: _____ Legal Firm Name: _____

Funeral or memorial arrangements

Location: _____
