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.
INSURANCE POLICIES

**Health** Insurance Company Name:_______________________________________

Account Number:________________________________________________________

Online: Yes / No  User Name:_______________  Password:_________________

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**Health** Insurance Company Name:_______________________________________

Account Number:________________________________________________________

Online: Yes / No  User Name:_______________  Password:_________________

---

**Health** Insurance Company Name:_______________________________________

Account Number:________________________________________________________

Online: Yes / No  User Name:_______________  Password:_________________

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**Life** Insurance Company Name:_________________________________________

Insurance Type:__________________  Account Number:________________

Death Value:__________________________________________________________

Online: Yes / No  User Name:_______________  Password:_________________
### 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:_________________________  

Other Keys (storage shed, recreation vehicles, etc.)
Item:__________________________  Location:_______________________

Names of others that have keys in their possession:_________________________
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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:____________________