

Name: _____

Where to Find My Keys, Documents, Insurance Policies, Etc.

Keys

You may find it helpful to make an extra set of keys that you will keep in a secure but available location. Please indicate in the space below the location of any of the following set of keys:

Auto Keys: _____

Bank Safety Deposit Box: _____

(If anyone else has bank authorized access to your safety deposit box, please list him/her here.)

File Cabinet: _____

Garage: _____

House Keys: _____

Office Keys: _____

Storage Building: _____

Vacation Home: _____

Other Keys: _____

Other Keys: _____

Life Insurance Policies

Policy Name: _____

Policy Number: _____

Agent: _____

Address: _____

Phone Number: _____

Policy Name: _____

Policy Number: _____

Agent: _____

Address: _____

Phone Number: _____

Location of My Will

Attorney Contact: _____

Bank Account Information

Type of Account: _____

Account Number: _____

Bank: _____

Address: _____

Phone: _____

Type of Account: _____

Account Number: _____

Bank: _____

Address: _____

Phone: _____

Type of Account: _____

Account Number: _____

Bank: _____

Address: _____

Phone: _____

Birth Certificate

Location of Birth Certificate: _____

Investment Information *(stocks, bonds, CDs, mutual funds, etc.)*

Investment #1: _____

Account Number: _____

Address: _____

Phone: _____

Document Location: _____

Investment #2: _____

Account Number: _____

Address: _____

Phone: _____

Document Location: _____

Investment #3: _____

Account Number: _____

Address: _____

Phone: _____

Document Location: _____

Investment #4: _____

Account Number: _____

Address: _____

Phone: _____

Document Location: _____

Investment #5: _____

Account Number: _____

Address: _____

Phone: _____

Document Location: _____

Investment #6: _____

Account Number: _____

Address: _____

Phone: _____

Document Location: _____

Loans

Loan Institution: _____

Account Number: _____

Address: _____

Phone: _____

Loan Institution: _____

Account Number: _____

Address: _____

Phone: _____

Loan Institution: _____

Account Number: _____

Address: _____

Phone: _____

Credit Cards

Name of Company: _____

Account Number: _____

Address: _____

Phone: _____

Name of Company: _____

Account Number: _____

Address: _____

Phone: _____

Name of Company: _____

Account Number: _____

Address: _____

Phone: _____

Name of Company: _____

Account Number: _____

Address: _____

Phone: _____

Home Information

Deed and Plat Information and Location:

Paint Brands/Numbers/Locations:

Names and contact information for people who have provided maintenance and services on the property:

Utility Phone Numbers:

Garbage pickup: _____

Electricity: _____

Natural Gas: _____

Phone: _____

Sewage: _____

Water: _____

Home Loan Information:

Mortgage Company: _____

Account Number: _____

Address: _____

Phone: _____

Mortgage Company: _____

Account Number: _____

Address: _____

Phone: _____

Auto Information

Insurance Information:

Provider: _____

Agent: _____

Address: _____

Phone Number: _____

Policy Number: _____

Location of policy: _____

Loan Records:

Auto 1 Description: _____

VIN #: _____

Provider: _____

Address: _____

Phone Number: _____

Policy Number: _____

Location of loan info: _____

Location of title: _____

Auto 2 Description: _____

VIN #: _____

Provider: _____

Address: _____

Phone Number: _____

Policy Number: _____

Location of loan info: _____

Location of title: _____

Auto 3 Description: _____

VIN #: _____

Provider: _____

Address: _____

Phone Number: _____

Policy Number: _____

Location of loan info: _____

Location of title: _____

Auto 4 Description: _____

VIN #: _____

Provider: _____

Address: _____

Phone Number: _____

Policy Number: _____

Location of loan info: _____

Location of title: _____

Employment Benefits

Company: _____

Contact Person: _____

Address: _____

Phone Number: _____

Description of benefits: _____

*Not a legal document

This worksheet is a ministry of Huguenot Road Baptist Church.

