| DOCUMENT LOCATOR/PERSONAL INFORMATION |              |       |  |  |
|---------------------------------------|--------------|-------|--|--|
| Name:                                 | SS#          |       |  |  |
| Address:                              | •            |       |  |  |
| City                                  | State:       | Zip:  |  |  |
|                                       | <del>_</del> |       |  |  |
| Spouse Name:                          | SS#          |       |  |  |
|                                       |              |       |  |  |
|                                       | ldren        |       |  |  |
| Name:                                 |              |       |  |  |
| Address: Phone:                       |              |       |  |  |
| Name:                                 |              |       |  |  |
| Address:                              |              |       |  |  |
| Phone:                                |              |       |  |  |
| T Holle:                              |              |       |  |  |
| Name of Attorney:                     |              |       |  |  |
| Address:                              |              |       |  |  |
| Phone:                                |              |       |  |  |
|                                       |              |       |  |  |
| Name of Accountant:                   |              |       |  |  |
| Address:                              |              |       |  |  |
| Phone:                                |              |       |  |  |
|                                       |              |       |  |  |
| Name of Insurance Agent:              |              |       |  |  |
| Address:                              |              |       |  |  |
| Phone:                                |              |       |  |  |
| Name of Duagehous                     |              |       |  |  |
| Name of Preacher: Church:             |              |       |  |  |
| Church.                               |              |       |  |  |
| Name of Executor:                     |              |       |  |  |
| Address:                              |              |       |  |  |
| Phone:                                |              |       |  |  |
| THORE                                 |              |       |  |  |
| Immedia                               | ate Family   |       |  |  |
| Mother:                               |              | Phone |  |  |
| Father:                               | P            | Phone |  |  |
| Brother                               | F            | Phone |  |  |
| Brother                               |              | Phone |  |  |
| Brother                               |              | Phone |  |  |
| Sister                                |              | Phone |  |  |
| Sister                                | P            | Phone |  |  |
|                                       |              |       |  |  |
|                                       |              |       |  |  |
|                                       |              |       |  |  |
|                                       |              |       |  |  |

## DOCUMENT LOCATOR/PERSONAL INFORMATION **Close Friends to Contact** Phone: Name: Phone: Name: Name: Phone: Phone Name **LOCATION OF IMPORTANT DOCUMENTS** Document Name or Title Location Deed to Home Will - Codicils to Will Birth Certificate Tax Returns Marriage License or Certificate: **Business Papers** Death Certificates: Mortgage Documents: Stock Certificates: Social Security Cards: Military Records: Passport(s):

| DOCUMENT                | LOCATOR/ | PERSONAL IN | NFORMATION |
|-------------------------|----------|-------------|------------|
| Pre-Nuptial Agreement   |          |             |            |
|                         |          |             |            |
| Insurance Documents:    |          |             |            |
|                         |          |             |            |
| Certificates of Deposit |          |             |            |
|                         |          |             |            |
| Other                   |          |             |            |
|                         |          |             |            |
| Other                   |          |             |            |
|                         |          |             |            |
| Other                   |          |             |            |
|                         |          |             |            |
| Other                   |          |             |            |
|                         |          |             |            |
| Other                   |          |             |            |
|                         |          |             |            |
| Safe Deposit Keys:      |          |             |            |
| Sure Deposit Keysi      |          |             |            |
|                         |          |             |            |
|                         | Insuran  | ce Policies |            |
|                         |          |             |            |
| Type of Policy:         |          | Company:    |            |
| Address:                | _        | Policy #:   |            |
| City:                   | State:   |             | Zip:       |
| Type of Policy:         |          | Company:    |            |
| Address:                |          | Policy #:   |            |
| City:                   | State:   |             | Zip:       |
| Type of Policy:         |          | Company:    |            |
| Address:                |          | Policy #:   |            |
| City:                   | State:   |             | Zip:       |
| Type of Policy:         |          | Company:    |            |
| Address:                |          | Policy #:   |            |
| City:                   | State:   |             | Zip:       |
| Type of Policy:         | •        | Company:    |            |
| Address:                |          | Policy #:   |            |
| City:                   | State:   | , ,         | Zip:       |
| ,                       | <u> </u> |             |            |
|                         |          |             |            |

| DOCUMENT LOCATOR/PERSONAL INFORMATION   |           |              |           |  |
|---|-----------|--------------|-----------|--|
|   |           |              |           |  |
|   |           |              |           |  |
|   |           |              |           |  |
| CarrahamaNama                           | Burial In | formation    |           |  |
| Cemetery Name:                          |           |              |           |  |
| Location of Cemetery:                   |           | Combook Nove |           |  |
| Deed: yes / no                          |           | Contact Nam  | 10:       |  |
| Pall Bearers                            |           |              |           |  |
| Name:                                   | Phone:    |              | Relation: |  |
| Name:                                   | Phone:    |              | Relation: |  |
| Name:                                   | Phone:    |              | Relation: |  |
| Name:                                   | Phone:    |              | Relation: |  |
| Name:                                   | Phone:    |              | Relation: |  |
| Name:                                   | Phone:    |              | Relation: |  |
| Name:                                   | Phone:    |              | Relation: |  |
| Name:                                   | Phone:    |              | Relation: |  |
|   |           |              |           |  |
|   | Funera    | l Home       |           |  |
| Name:                                   |           | Contact:     |           |  |
| Address:                                | 1         | Ţ            |           |  |
| City:                                   | State:    |              | Zip:      |  |
| Phone:                                  |           |              |           |  |
| - I - I - I - I - I - I - I - I - I - I |           |              |           |  |
| Funeral Expense Informa                 | tion:     |              |           |  |
|   |           |              |           |  |
| Funeral Comica Direction                |           |              |           |  |
| Funeral Service Direction               | 5.        |              |           |  |
|   |           |              |           |  |
|   |           |              |           |  |
|   |           |              |           |  |
|   |           |              |           |  |
|   |           |              |           |  |
|   |           |              |           |  |
|   |           |              |           |  |
|   |           |              |           |  |
|   |           |              |           |  |
|   |           |              |           |  |
|   |           |              |           |  |
|   |           |              |           |  |
|   |           |              |           |  |
|   |           |              |           |  |
|   |           |              |           |  |
|   |           |              |           |  |
|   |           |              |           |  |
|   |           |              |           |  |

## DOCUMENT LOCATOR/PERSONAL INFORMATION **List of Assets** Type of Assets Location Value

| DOCUMENT LOCATOR/PERSONAL INFORMATION |
|---------------------------------------|
|                                       |
| Note or Message to Loved Ones:        |
| Note of Message to Loved Offes.       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |
|                                       |