



Document Checklist & Family Organizer Worksheet

Life's emergency situations require advance preparation and planning. The first step is knowing where your documents are. Our **Document Checklist** will help you identify your important documents and where they are located. Knowing where your official records are located as well as having copies of these important financial, legal and health documents can save you countless hours of time spent tracking down records.

Preparation is key, which is why for years we have encouraged our own families, friends, and clients to use our **Family Organizer Worksheet**. This document is designed to make it easier for your loved ones to manage things when you're gone.

Document Location Checklist

The purpose of this checklist is to organize this information so that you, or others who might have to manage your affairs, know where to find all records and whom to contact

Name: _____

Residence: _____

Safe Deposit Box: _____

	Residence	Safe Deposit Box	Office	Other: _____	Other: _____	Other: _____
Will (original)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powers of attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burial instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouses will (original)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouses will (copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cemetery plot deed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doc. Appointing children's guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List of special bequests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe combination, business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe combination, home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life insurance, group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life insurance, individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property and casualty insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners insurance policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partnership agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List of checking and savings accts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank statements and cancelled checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List of credit cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of deposits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checkbooks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings passbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment securities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brokerage account records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stock certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual fund shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other securities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Document Location Checklist

	Residence	Safe Deposit Box	Office	Other:	Other:	Other:
Corporate retirement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keogh or IRA plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuity contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stock option plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stock purchase plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Profit sharing plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income and gift tax return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Titles and deeds to real estate & land	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental property agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes and other loan agreements, including mortgages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stored and valuable possessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto ownership records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boat ownership records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adoption papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military discharge papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's birth certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce/separation records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Names & addresses of relatives & friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listing of professional & fraternal organization memberships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Organizer Worksheet

Key professionals to be contacted

Accountant _____

Phone _____

Address _____

Attorney _____

Phone _____

Address _____

Life Insurance Agent _____

Phone _____

Address _____

Auto Insurance Agent _____

Phone _____

Address _____

Bank _____

Phone _____

Address _____

Clergyman/Rabbi _____

Phone _____ Church/Synagogue _____

Address _____

Doctor _____

Phone _____ Hospital _____

Address _____

Employer _____

Phone _____ Company _____

Address _____

Financial Advisor _____

Phone _____ Firm _____

Address _____

Family Organizer Worksheet

Life insurance

Insurance Company _____

Policy Number _____ Type* _____

Insured _____

Owner _____

Beneficiary _____

Contingent Beneficiary _____

Death Benefit _____ Policy Date _____

Premium _____

*Term, whole life, variable life, universal life, survivorship, group life, split dollar, annuity

Insurance Company _____

Policy Number _____ Type* _____

Insured _____

Owner _____

Beneficiary _____

Contingent Beneficiary _____

Death Benefit _____ Policy Date _____

Premium _____

*Term, whole life, variable life, universal life, survivorship, group life, split dollar, annuity

Insurance Company _____

Policy Number _____ Type* _____

Insured _____

Owner _____

Beneficiary _____

Contingent Beneficiary _____

Death Benefit _____ Policy Date _____

Premium _____

*Term, whole life, variable life, universal life, survivorship, group life, split dollar, annuity

Family Organizer Worksheet

Life insurance

Company _____

Account Number _____

Type of Account _____

Owner _____

Account Representative _____

Phone Number _____

Company _____

Account Number _____

Type of Account _____

Owner _____

Account Representative _____

Phone Number _____

Company _____

Account Number _____

Type of Account _____

Owner _____

Account Representative _____

Phone Number _____

Company _____

Account Number _____

Type of Account _____

Owner _____

Account Representative _____

Phone Number _____

Company _____

Account Number _____

Type of Account _____

Owner _____

Account Representative _____

Phone Number _____

Family Organizer Worksheet

Bank, brokerage & annuity accounts

Company _____

Account Number _____

Type of Account _____

Owner _____

Account Representative _____

Phone Number _____

Company _____

Account Number _____

Type of Account _____

Owner _____

Account Representative _____

Phone Number _____

Company _____

Account Number _____

Type of Account _____

Owner _____

Account Representative _____

Phone Number _____

Company _____

Account Number _____

Type of Account _____

Owner _____

Account Representative _____

Phone Number _____

Company _____

Account Number _____

Type of Account _____

Owner _____

Account Representative _____

Phone Number _____

Family Organizer Worksheet

Long-term care insurance information

Insurance Company _____

Policy Number _____ Type _____

Insured _____

Owner _____

Beneficiary _____

Contingent Beneficiary _____

Death Benefit _____ Policy Date _____

Premium _____

Disability income insurance

Insurance Company _____

Policy Number _____ Type _____

Insured _____

Owner _____

Beneficiary _____

Contingent Beneficiary _____

Death Benefit _____ Policy Date _____

Premium _____

Funeral expense policy

Insurance Company _____

Policy Number _____ Type _____

Insured _____

Owner _____

Beneficiary _____

Contingent Beneficiary _____

Death Benefit _____ Policy Date _____

Premium _____

Family Organizer Worksheet

Relatives & close friends to be contacted

Name _____

Relationship _____

Phone Number _____

Address _____

Name _____

Relationship _____

Phone Number _____

Address _____

Name _____

Relationship _____

Phone Number _____

Address _____

Name _____

Relationship _____

Phone Number _____

Address _____

Name _____

Relationship _____

Phone Number _____

Address _____

Name _____

Relationship _____

Phone Number _____

Address _____

Name _____

Relationship _____

Phone Number _____

Address _____

Name _____

Relationship _____

Phone Number _____

Address _____

Funeral instructions

I have attached as Exhibit "B" to this letter my personal wishes regarding my last rites and burial services.

Family Organizer Worksheet

Other instructions to my family



C.K. Financial Resources

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This document is not intended to provide tax, legal, investment, or accounting advice. Please consult a qualified professional in regards to a specific situation.
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