

Summary of Important Personal Documents

A filing system for important documents is usually designed to suit the personal needs of a particular individual and therefore may not be as clear to someone else as it is to the 'creator' of the system. To assist, begin by identifying exactly where in your home, office or elsewhere your important files are located. Then specify in which location each particular document will be found. Only use 'Other' if one of the other 3 locations does not apply, and then add in the name and contact details of the person who has those particular papers or documents in their possession. Most importantly, give a copy of the completed form to your Executor or a close friend. Remember, you probably won't be around to assist.

My full name: _____ **Date:** / /

Documents in my home are located: _____

Documents in my office are located: _____

My safety deposit box is located at: _____ Financial Institution: _____

Branch address: _____

Tick one of the following 4 locations to indicate where your important documents will be found.

A = Home B = Office C = Safety Deposit Box D = Other (identify exactly where)

	A	B	C	D	
My Will dated / /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Power of Attorney dated / /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
My 'Living Will' dated / /	<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"/>	_____
Marriage Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Divorce documents	<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"/>	_____
Passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Income tax returns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Life & income insurance policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mortgage documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Loan & creditor agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Superannuation papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Investment records & statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Property insurance policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Property deeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Business Agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Personal Guarantees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bank statements & passbooks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Receipts for valuables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

People to contact in the event of a medical emergency or death:

Next of kin: _____ Relationship: _____ Phone: _____

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Next of kin: _____ Relationship: _____ Phone: _____

Next of kin: _____ Relationship: _____ Phone: _____

Next of kin: _____ Relationship: _____ Phone: _____

Doctor: _____ Practice: _____ Phone: _____

Executor of Will: _____ Phone: _____

Solicitor: _____ Practice: _____ Phone: _____

Accountant: _____ Practice: _____ Phone: _____

Insurance Adviser (Life): _____ Phone: _____

Insurance Adviser (Income): _____ Phone: _____

Financial Planner: _____ Phone: _____

Insurance Broker: _____ Phone: _____