Organizational Tool Kit

To get organized, place each of these documents into a file folder with this checklist. Place a check next to the item when you have added it to your tool kit. Then, be sure to store this organizational tool kit in an easily accessible, safe location, know to as few people as practical and secure.

My Vital Information

Full Name
Birth Date
□ Place of Birth
□ Spouse's Full Name
□ Spouse's Birth Date
□ Adddress
Phone Number
Mobile Phone
Emergency Contact Person and Number

□ Other_____

Other Personal Information

Family Members (Names, Contact Information)		
Spouse		
Child		

Religious (Affiliation, Location and Contact)

□ Other	

□ Other_____

□ Other_____

My Identification Documents

Certified Birth Certificate
Copy of My Driver's License
Passport
Certified Marriage Certificate
Certified Divorce Decree
Certified Naturalization Document
Other

My Federal Documents

Social Security Card
Certified DD214 or Certified Discharge
Civil Service ID Card
Military ID Card
VA Benefits Decision Letter
Other______

My Income Sources

My Financial Documents

Banking (list institutions & account numbers for each)
Checking
□ Savings
□ Other
□ Other
□ Other
□ Safe Deposit Key and Location
□ Copy of Credit Cards (Front Only)
□ Pension (list company and contact information)
Investment Accounts
(list institution and account numbers for each)
□ Retirement (401k, 403B, 457)
□ IRAS
□ Money Market Account
□ Other Investment Account
Loans (list institutions & account numbers for each)
□ Home Mortgage
□ Second Mortgage
Automobile
Second Automobile
□ Student Loans
□ Other Loans (including any as co-signer)
Insurance
(list institution & account numbers for each)
□ Home
Automobile

□ Life_____

Disability Insurance_____

□ Other_____

My Property Documents

□ Titles - Vehicles

Deeds - Property

□ Household Inventories (Lists/Photos - Household items, Antiques, Jewelry, Heirlooms, etc.)

□ Burial Plot (Cemetery & plot number - Contract/Deed)

 \Box Safety Deposit Box Inventory

□ Other_____

Other____

Other Legal Documents

Will, Including:Name of Attorney & Law Firm/Contact Info

 \Box Name of Executor & Contact Info

□ Codicil



 \Box Living Will/Advanced Medical Directive

 \Box Power of Attorney Documents

□ Spouse's Death Certificate

□ Other_____

□ Other_____

Medical Information and Documents

□ Primary Physician's Name and Contact Info

Durable Power of Attorney for Health Purposes
Primary Medical Insurance Card
Secondary Medical Insurance Card
Federal Employee Health Benefit Card
Medicare Card
Medicare Part D Card
Tricare Card
VA (Veterans Affairs) ID Card
Prescription Drug Card

- Long-Term Care Insurance Policy
- □ Dental Insurance
- □ Vision Insurance
- □ Other_____

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