

Document Locator

Provided by

SiteBrandBuilder.com

Why Use A Document Locator

People usually keep their important records scattered in a variety of different places. Some records may be kept in a file cabinet, others in a safety deposit box, while other vital information may be kept on file at your attorney's office.

With the use of a Document Locator tool, you and your loved ones will be able to locate medical information, insurance papers, wills, and other important personal documents quickly and easily when the need arises.

How To Use A Document Locator

Complete the questions on page 1, and any other items that may apply on the remaining pages. If any item does not apply to you, mark the *Not Applicable* box. This is important because it will let the reader know that you did not forget to address the item.

If you are married or have a significant other/partner, this record should be kept in a secure location known to that person. If you are not married or have a significant other/partner, keep it in a location known to a close friend or relative.

You should update this form once a year. It is a good idea to mark your calendar to ensure that you make updates at the same time each year; time tends to go by quickly!

Document Locator

Name: _____ Date: _____

Spouses Name: _____

The following information is important in the event you become incapacitated or experience an unforeseen death:

1) I have a last will: ____ Yes ____ No. I have a living trust: ____ Yes ____ No.

The following people have copies of this document:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

2) I have written (a) personal letter(s) to: _____ The letter(s) is/are located: _____

3) I have made arrangements to donate the following organs for transplant:

Organ: _____ Donate to: _____

Organ: _____ Donate to: _____

In the event of death, please contact immediately:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Document Locator

Personal Documents

Please indicate the location of the following items:

<u>Item</u>	<u>Location</u>	<u>Not Applicable</u>
Social Security Cards		<input type="checkbox"/>
Birth Certificates		<input type="checkbox"/>
Adoption Certificates		<input type="checkbox"/>
Marriage Certificate		<input type="checkbox"/>
Divorce/Separation Papers		<input type="checkbox"/>
Power of Attorney		<input type="checkbox"/>
Living Will		<input type="checkbox"/>
Original Will		<input type="checkbox"/>
Passports		<input type="checkbox"/>
Medical Records		<input type="checkbox"/>
Military Records		<input type="checkbox"/>

Personal Documents and Misc. Items

Please indicate the location of the following items:

<u>Item</u>	<u>Location</u>	<u>Not Applicable</u>
Auto/Vehicle Title		<input type="checkbox"/>
Property Deeds		<input type="checkbox"/>
Cemetery Plot Papers		<input type="checkbox"/>
Funeral/Burial Instructions		<input type="checkbox"/>
Post Office Box		<input type="checkbox"/>
Safety Deposit Box		<input type="checkbox"/>
Keys (house, car, etc.)		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Insurance

Please indicate the location of the following items:

<u>Item</u>	<u>Location</u>	<u>Not Applicable</u>
Medical Insurance		<input type="checkbox"/>
Life Insurance		<input type="checkbox"/>
Car/Vehicle		<input type="checkbox"/>
Homeowners/Rental		<input type="checkbox"/>
Long Term Care		<input type="checkbox"/>
Disability		<input type="checkbox"/>
_____ (other)		<input type="checkbox"/>
_____ (other)		<input type="checkbox"/>
_____ (other)		<input type="checkbox"/>

Financial

Please indicate the location of the following items:

<u>Item</u>	<u>Location</u>	<u>Not Applicable</u>
Checking Accounts		<input type="checkbox"/>
Savings Accounts		<input type="checkbox"/>
Credit Union Accounts		<input type="checkbox"/>
Certificates of Deposit		<input type="checkbox"/>
Mutual Funds		<input type="checkbox"/>
Stocks & Bonds		<input type="checkbox"/>
Money Market Accounts		<input type="checkbox"/>
_____ (other)		<input type="checkbox"/>
_____ (other)		<input type="checkbox"/>
_____ (other)		<input type="checkbox"/>

Retirement

Please indicate the location of the following items:

Item	<u>Location</u>	<u>Not Applicable</u>
401K, IRA, (etc.)		<input type="checkbox"/>
		<input type="checkbox"/>
Pensions		<input type="checkbox"/>
		<input type="checkbox"/>
Social Security		<input type="checkbox"/>
_____		<input type="checkbox"/>
(other)		<input type="checkbox"/>
_____		<input type="checkbox"/>
(other)		<input type="checkbox"/>

Financial / Liabilities

Please indicate the location of the following items:

Item	<u>Location</u>	<u>Not Applicable</u>
Mortgage		<input type="checkbox"/>
		<input type="checkbox"/>
Auto/Vehicle Loans		<input type="checkbox"/>
		<input type="checkbox"/>
Personal Loans		<input type="checkbox"/>
		<input type="checkbox"/>
Credit Cards		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
_____		<input type="checkbox"/>
(other)		<input type="checkbox"/>
_____		<input type="checkbox"/>
(other)		<input type="checkbox"/>
_____		<input type="checkbox"/>
(other)		<input type="checkbox"/>

Tax Returns & Records

Please indicate the location of the following items:

<u>Item</u>	<u>Location</u>	<u>Not Applicable</u>
Tax Returns & Records		
Year:		
Year:		
Year:		
Year:		
Year:		
Year:		
Year:		

Important Names & Numbers

Physicians

Name:	Phone:	
Name:	Phone:	
Name:	Phone:	
Name:	Phone:	

Clergy

Name:	Phone:	
-------	--------	--

Attorney

Name:	Phone:	
Name:	Phone:	

Document Locator

Insurance Agents

Name:	Phone:	
Name:	Phone:	

Stock Brokers

Name:	Phone:	
Name:	Phone:	

Signature:	Date:
Signature:	Update:
Signature:	Update:
Signature:	Update:
Signature:	Update:
Signature:	Update:

Please remember to update yearly and keep copy

Is Your Website Working For You?

Visit us at SiteBrandBuilder.com

Do-It Yourself Website Builder

Create a complete and functional website and change whatever you want on the site:

- ✓ Add or remove a page
- ✓ Upload your own image
- ✓ Change navigation
- ✓ Add links, PDF's and other files

SEO - Search Engine Optimization

Get found on Google, Yahoo, etc...

E-Database Manager Tool

- ✓ Send message to your email list
- ✓ Manage Groups

Form Builder Tool

Ready-made forms to:

- ✓ Register or sign up
- ✓ Pay your bill online
- ✓ Contact Us
- ✓ Request an appointment
- ✓ Ask a question

Contests, Surveys, etc...

Create your own forms

Shopping Cart

Sell your products and services online