



Your life. Your death. Your choice.

IMPORTANT FACTS

Location of my will _____

Location of Insurance Policies _____

Executor (personal representative) named _____

My attorney is _____

I have Bank Accounts at _____
Location Account number

_____ Location Account number

Safety Deposit Box Numbers _____ Banks _____

Location of Safety Deposit Box Key _____

Real Estate Owned _____

Location of Deeds _____

I have the following stocks, bonds, contracts, or other valuables at

My Social Security Number _____

Other information _____

Signature _____

Address _____

Phone _____

Date compiled _____