



## Final Details Worksheet

Name \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DOB \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DOB \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Location of Living Will/Advance Directives

-A written statement of a person's wishes regarding medical treatment, often including a living will, made to ensure those wishes are carried out should the person be unable to communicate them to a doctor.

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Location of Personal Will \_\_\_\_\_

Location of Marriage Certificate \_\_\_\_\_

### Power of Attorney

Name \_\_\_\_\_

Relation \_\_\_\_\_

Telephone # (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Policy # \_\_\_\_\_

### Life Insurance Policy

Company \_\_\_\_\_

Telephone # \_\_\_\_\_

Company \_\_\_\_\_

Telephone # \_\_\_\_\_

Company \_\_\_\_\_

Telephone # \_\_\_\_\_

Banking Accounts:

Bank Name \_\_\_\_\_

Savings Account # \_\_\_\_\_

Checking Account # \_\_\_\_\_

Certificate of Deposit (CD) \_\_\_\_\_

Safety Deposit Box \_\_\_\_\_

Location of Key \_\_\_\_\_

Bank Name \_\_\_\_\_

Savings Account # \_\_\_\_\_

Checking Account # \_\_\_\_\_

Certificate of Deposit (CD) \_\_\_\_\_

Safety Deposit Box \_\_\_\_\_

Location of Key \_\_\_\_\_

Individual Retirement Account (IRA) \_\_\_\_\_

Mortgage Loan

Bank Name \_\_\_\_\_

Account # \_\_\_\_\_

Automobile

Location of Title \_\_\_\_\_

Car Loan

Bank Name \_\_\_\_\_

Accountant

Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Lawyer

Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Brokerage Account

Company \_\_\_\_\_

Telephone # \_\_\_\_\_

If a Veteran, Location of Discharge Papers \_\_\_\_\_

Personal Gifts

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Household Goods

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