

WHERE ARE
YOUR
VALUABLE
PAPERS
?

You may have many important papers relating to personal records, property ownership, insurance, finances, and other business affairs. This publication will help you inventory your important papers, locate papers when needed, direct others in an emergency, and evaluate your family business affairs.

Fill in this publication and keep it at home. Review it at least once a year. Bring it up to date whenever significant changes occur. You may wish to prepare a copy for a relative or close friend for use in an emergency.

Your name _____

Address _____

Date prepared _____



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Family Record

List all family members including children married and/or living away from home. Under **Comments**, include such information as health conditions, membership in organizations, etc., that would be useful in cases of emergency.

| Name | Date of Birth | Where Birth is Recorded | Comments |
|--------------------------|----------------------|--------------------------------|-----------------|
| Husband | | | |
| Wife | | | |
| Children/Addresses/Phone | | | |
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Close Relatives or Friends

List those persons who should be notified when serious emergencies occur.

| Name | Address • Phone Number |
|-------------|-------------------------------|
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Power of Attorney

If you have given someone the written legal power to act for you in case you become unable to handle your own financial affairs, indicate below.

| Name | Address • Phone Number |
|-------------|-------------------------------|
| | |

Family Advisers

Write names and addresses of any advisers you depend on in your personal and business affairs.

| Name | Address • Phone Number |
|-------------------|-------------------------------|
| Clergy | |
| Doctor | |
| Accountant | |
| Banker | |
| Broker | |
| Insurance agents | |
| Lawyer | |
| Financial Planner | |

Location of Your Valuable Papers

Being able to find your valuable papers quickly is important to you or your survivors. Under **Location**, clearly identify the specific desk and drawer, closet, box, etc.

| Valuable Papers | Location | Valuable Papers | Location |
|--------------------------------------|-----------------|------------------------------------|-----------------|
| Wills and Instructions | | Personal Property Papers | |
| Husband's will | | Checkbooks | |
| Wife's will | | Savings passbooks and certificates | |
| Copies of wills | | Insurance (life, health, accident) | |
| Funeral directions—cremation, burial | | Stock certificates | |
| Memorial Society membership | | Savings bonds | |
| Special letters of instruction | | Safe deposit box and key | |
| Power of attorney | | Income tax records | |
| | | Canceled checks and stubs | |
| Personal Papers | | Inventory of household goods | |
| Birth certificates | | Automobile title | |
| Baptismal certificates | | Registrations—auto, dog, etc. | |
| Marriage certificates | | Guarantees on appliances | |
| Adoption certificates | | Appliance instruction books | |
| Divorce certificates | | Credit cards (List them) | |
| Death certificates | | | |
| Naturalization papers | | Real Estate Papers | |
| Diplomas | | Deed to your house | |
| Passports | | Deed to other real estate | |
| Social Security cards | | Record of improvements | |
| Employment records | | Mortgage papers | |
| Armed Forces records | | Mortgage payment receipts | |
| Family health records | | Insurance policies | |
| | | | |
| Oregon Advance Directive | | | |

Banking Services

List services you are using.

| Name and Address of Financial Firm | Identification Number | In Whose Name(s) |
|---|-----------------------|------------------|
| Checking accounts: | | |
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| Savings accounts: | | |
| | | |
| Certificates of deposit: | | |
| | | |
| Money market certificates: | | |
| | | |
| Trust accounts: | | |
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| Safe-deposit box: | | |
| Other services (incl. financial planner): | | |
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Real Estate and Business Interests

List real property and business interests owned by the family. Also include mortgages held. **Kind of Ownership** refers to tenancy in common or joint tenancy, etc.

| Kind of Property | Location (address) | Name(s) of Owner(s) | Kind of Ownership | Date Acquired | Purchase Price |
|------------------|--------------------|---------------------|-------------------|---------------|----------------|
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Stocks, Bonds, and Securities

List any United States Savings Bonds, Treasury securities, government agency securities, corporate and governmental stock certificates, and other securities you own.

| Name of Asset | Serial Number | Date Purchased | Purchase Price | Other Useful Information (name of owner, no. of shares, maturity date) |
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Mutual Funds

List any mutual funds and money-market funds you own.

| Company Name and Fund Type | Identification Number | Date Acquired | Original Amount | Other Useful Information (name of owner, no. of shares, maturity date) |
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Other Personal Property

List autos, boats, mobile home, and other items of value (jewelry, antiques, books, collections, royalties, patents, etc.).

| Name of Asset | Date Acquired | Purchase Price or Value | Other Useful Information (name of owner, no. of shares, maturity date) |
|---------------|---------------|-------------------------|---|
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Property Insurance

In this section, inventory your insurance policies.

| Description of Property Insured | Kind of Risk Insured | Amount of Coverage | Policy Number | Name of Company |
|---------------------------------|----------------------|--------------------|---------------|-----------------|
| Real estate: | | | | |
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| Automobiles: | | | | |
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| Other personal property: | | | | |
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| Personal liability: | | | | |
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| Other: | | | | |

Life Insurance and Annuities

Inventory all life insurance policies and annuities carried on members of the family. Indicate kind of policy such as term, whole life, endowment, family income, etc. If owner of policy is not the person insured, give both names.

| Person Insured | Kind of Policy | Face Value | Policy Number | Beneficiary | Name of Company |
|----------------|----------------|------------|---------------|-------------|-----------------|
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Health Insurance—Accident, Disability, Hospital

Include Blue Cross, Blue Shield, Major Medical, other employers' insurance, Medicare, and/or individual policies on family members.

| Person(s) Insured | Kind of Policy | Amount of Coverage | Policy Number | Name of Group or Company Providing Insurance |
|-------------------|----------------|--------------------|---------------|--|
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Social Security, Retirement, and Employment

Information concerning these items is often needed in filing applications, checking records, settling estates, etc.

| Social Security | | Employment Record | | |
|---|------------------------|-------------------|---------------------|------------------|
| Name of Insured | Social Security Number | Family Member | Dates of Employment | Name of Employer |
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| Retirement, Pension, or Profit-Sharing Plan | | | | |
| Person in System | Name of System | | | |
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Money Owed

This list can help you realize how much debt you have, and would be extremely helpful to those who handle your affairs during serious illness or after your death.

| Person or Company Owed | Address | Amount of Original Debt | Terms of Payment |
|------------------------|---------|-------------------------|------------------|
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