

CHECKLIST OF DOCUMENTS*

LEGAL DOCUMENTS	COMPLETED	LOCATION
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Living Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Beneficiary Designation Forms	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Durable Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Advanced Healthcare Directive	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Healthcare Proxy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIPAA Release	<input type="checkbox"/> Yes <input type="checkbox"/> No	

INSURANCE POLICIES

COMPANY	AMOUNT	BENEFICIARY DESIGNATION†	LOCATION

RETIREMENT ACCOUNTS

TYPE	INSTITUTION	BENEFICIARY DESIGNATION†

INVESTMENT AND SAVINGS ACCOUNTS

TYPE	INSTITUTION	BENEFICIARY DESIGNATION†

SAFE DEPOSIT BOX

INSTITUTION

IMPORTANT CONTACTS

	NAME	ADDRESS	PHONE
Attorney			
Accountant			
Tax Preparer			
Financial Planner			
Other			

*This form has been provided for your convenience and is not intended to provide legal, tax, or financial advice. For more detailed information, please see your corresponding professional.

†Review all beneficiary designations to confirm they match your desires and wishes.

