



# ROADMAP FOR IMPORTANT PAPERS



SAFETY. SECURITY. OPPORTUNITY.

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## ROAD MAP FOR IMPORTANT PAPERS

Have you ever wondered what you would do if you suddenly became a victim of a natural disaster, terrorist attack, fire, or other unexpected event? Would you know what to grab if you only had minutes to escape your home? The plans you've made in advance and what you choose to take with you will influence how quickly you rebound from disaster (whether you have the information to file claims, contact information for accounts, etc.).

### Grab and Go File

National agencies that work with disasters recommend gathering important items in a file case or binder stored in a place where all family members could quickly grab it and go. Make sure that your file case or binder is small enough to easily fit in a backpack or other small travel bag and keep it in a waterproof container. The following information should be in your grab and go file.

### List of Vital Information

Contact information (family members, financial advisors, attorneys, accountants, bankers, employers, doctors, etc.)

Insurance policy information (homeowners, renters, vehicle, health, etc.)

Bank, credit union, and credit card account information and phone numbers

Use this Road map for Important Papers to help you organize this information.

### Photocopies of Important Papers

Birth and marriage certificates and/or divorce decrees

Social Security cards of household members

Driver's license and other wallet cards

Will and/or trust documents; Powers of Attorney

Recent income tax return

Passports and/or other identity documents

Military discharge papers

List of prescriptions (name of medication, dosage, pharmacy, etc.)

### Other Items

Safe deposit box keys and/or safe combination

Computer user names and passwords

CD with relevant personal, financial, and legal files

Some emergency cash

Remember that you will still want to store original hard copies of your documents in a safe place

## CONTACTS

Copy(1) of this record is stored at \_\_\_\_\_ Copy(2) of this record is stored at \_\_\_\_\_  
Safe deposit box (# \_\_\_\_\_) is stored at \_\_\_\_\_ Safe deposit key is stored at \_\_\_\_\_  
Home office current records are located at \_\_\_\_\_ Permanent records are stored at \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PERSONAL INFO

Full Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Human Resources Phone # \_\_\_\_\_

### SPOUSE INFO

Full Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Human Resources Phone # \_\_\_\_\_

### SIGNIFICANT OTHER, CHILDREN, GRANDCHILDREN INFO

Full Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact # \_\_\_\_\_ Relationship \_\_\_\_\_

Full Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact # \_\_\_\_\_ Relationship \_\_\_\_\_

Full Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact # \_\_\_\_\_ Relationship \_\_\_\_\_

## CONTACTS

### SIGNIFICANT OTHER, CHILDREN, GRANDCHILDREN INFO

Full Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact # \_\_\_\_\_ Relationship \_\_\_\_\_

Full Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact # \_\_\_\_\_ Relationship \_\_\_\_\_

Full Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact # \_\_\_\_\_ Relationship \_\_\_\_\_

Full Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact # \_\_\_\_\_ Relationship \_\_\_\_\_

Full Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact # \_\_\_\_\_ Relationship \_\_\_\_\_

## ADVISORS & OTHER CONTACTS

ADVISORS AND OTHER CONTACTS FOR: \_\_\_\_\_

### ACCESS KEY TO HOME

Full Name \_\_\_\_\_ Contact # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

### ACCOUNTANT

Full Name \_\_\_\_\_ Contact # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

### BANKER

Full Name \_\_\_\_\_ Contact # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

## ADVISORS & OTHER CONTACTS

### CHILD CARE PROVIDER

Full Name \_\_\_\_\_ Contact # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

### CLERGY

Full Name \_\_\_\_\_ Contact # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

### DENTIST

Full Name \_\_\_\_\_ Contact # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

### DENTIST

Full Name \_\_\_\_\_ Contact # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

### DOCTOR

Full Name \_\_\_\_\_ Contact # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

### EXECUTOR OF ESTATE

Full Name \_\_\_\_\_ Contact # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

### FINANCIAL PLANNER

Full Name \_\_\_\_\_ Contact # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

### FUNERAL DIRECTOR

Full Name \_\_\_\_\_ Contact # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

### HEALTH CARE AGENT

Full Name \_\_\_\_\_ Contact # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

## ADVISORS & OTHER CONTACTS

### INSURANCE AGENT

Full Name \_\_\_\_\_ Contact # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

### POWER OF ATTORNEY (FINANCIAL)

Full Name \_\_\_\_\_ Contact # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

### VETERINARIAN

Full Name \_\_\_\_\_ Contact # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

### KEY FAMILY CONTACT

Full Name \_\_\_\_\_ Contact # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Relationship \_\_\_\_\_

### GUARDIAN(S) APPOINTED

Full Name \_\_\_\_\_ Contact # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Relationship \_\_\_\_\_

Full Name \_\_\_\_\_ Contact # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Relationship \_\_\_\_\_

OTHER: \_\_\_\_\_

Full Name \_\_\_\_\_ Contact # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Relationship \_\_\_\_\_

OTHER: \_\_\_\_\_

Full Name \_\_\_\_\_ Contact # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Relationship \_\_\_\_\_

OTHER: \_\_\_\_\_

Full Name \_\_\_\_\_ Contact # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Relationship \_\_\_\_\_

## INSURANCE POLICIES

### DISABILITY

Company Name \_\_\_\_\_ Policy # \_\_\_\_\_ Effective Date \_\_\_\_\_  
Policy Amount \_\_\_\_\_ Location of Policy \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

### HEALTH CARE

Company Name \_\_\_\_\_ Policy # \_\_\_\_\_ Effective Date \_\_\_\_\_  
Policy Amount \_\_\_\_\_ Location of Policy \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

### HOMEOWNERS

Company Name \_\_\_\_\_ Policy # \_\_\_\_\_ Effective Date \_\_\_\_\_  
Policy Amount \_\_\_\_\_ Location of Policy \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

### LIFE

Company Name \_\_\_\_\_ Policy # \_\_\_\_\_ Effective Date \_\_\_\_\_  
Policy Amount \_\_\_\_\_ Location of Policy \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

### OTHER MEDICAL

Company Name \_\_\_\_\_ Policy # \_\_\_\_\_ Effective Date \_\_\_\_\_  
Policy Amount \_\_\_\_\_ Location of Policy \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

### VEHICLES

Company Name \_\_\_\_\_ Policy # \_\_\_\_\_ Effective Date \_\_\_\_\_  
Policy Amount \_\_\_\_\_ Location of Policy \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

### OTHER

Company Name \_\_\_\_\_ Policy # \_\_\_\_\_ Effective Date \_\_\_\_\_  
Policy Amount \_\_\_\_\_ Location of Policy \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

## BANK ACCOUNTS

### CHECKING

Bank Name \_\_\_\_\_ Name of Account \_\_\_\_\_

Account # \_\_\_\_\_ Location of Records \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### SAVINGS

Bank Name \_\_\_\_\_ Name of Account \_\_\_\_\_

Account # \_\_\_\_\_ Location of Records \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### CHECKING

Bank Name \_\_\_\_\_ Name of Account \_\_\_\_\_

Account # \_\_\_\_\_ Location of Records \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### SAVINGS

Bank Name \_\_\_\_\_ Name of Account \_\_\_\_\_

Account # \_\_\_\_\_ Location of Records \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## INVESTMENTS: STOCKS, BONDS, MUTUAL FUNDS, VARIABLE ANNUITY, ETC.

INVESTMENT TYPE: \_\_\_\_\_

Company Name \_\_\_\_\_ Location of Records \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Account # \_\_\_\_\_ Purchase Date \_\_\_\_\_

INVESTMENT TYPE: \_\_\_\_\_

Company Name \_\_\_\_\_ Location of Records \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Account # \_\_\_\_\_ Purchase Date \_\_\_\_\_

INVESTMENT TYPE: \_\_\_\_\_

Company Name \_\_\_\_\_ Location of Records \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Account # \_\_\_\_\_ Purchase Date \_\_\_\_\_

INVESTMENT TYPE: \_\_\_\_\_

Company Name \_\_\_\_\_ Location of Records \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Account # \_\_\_\_\_ Purchase Date \_\_\_\_\_

## RETIREMENT PLANS, EMPLOYEE SAVINGS, & PENSION

PLAN TYPE: \_\_\_\_\_

Company Name \_\_\_\_\_ Location of Records \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Value \_\_\_\_\_

PLAN TYPE: \_\_\_\_\_

Company Name \_\_\_\_\_ Location of Records \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Value \_\_\_\_\_

PLAN TYPE: \_\_\_\_\_

Company Name \_\_\_\_\_ Location of Records \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Value \_\_\_\_\_

## SOCIAL SECURITY

If you are currently employed:

Location of annual Social Security Statement: \_\_\_\_\_

If you are currently receiving a Social Security Payment:

Pay Amount \_\_\_\_\_

Location of statements/records: \_\_\_\_\_

## U.S. SAVINGS BONDS, BONDS, CERTIFICATES OF DEPOSITS TREASURY BILLS, & NOTES

OWNER: \_\_\_\_\_

Serial # \_\_\_\_\_ Price of Purchase \_\_\_\_\_ Date of Purchase \_\_\_\_\_

Maturity Date \_\_\_\_\_ Value at Maturity \_\_\_\_\_

Beneficiary \_\_\_\_\_ Location of Records \_\_\_\_\_

OWNER: \_\_\_\_\_

Serial # \_\_\_\_\_ Price of Purchase \_\_\_\_\_ Date of Purchase \_\_\_\_\_

Maturity Date \_\_\_\_\_ Value at Maturity \_\_\_\_\_

Beneficiary \_\_\_\_\_ Location of Records \_\_\_\_\_

OWNER: \_\_\_\_\_

Serial # \_\_\_\_\_ Price of Purchase \_\_\_\_\_ Date of Purchase \_\_\_\_\_

Maturity Date \_\_\_\_\_ Value at Maturity \_\_\_\_\_

Beneficiary \_\_\_\_\_ Location of Records \_\_\_\_\_

**U.S. SAVINGS BONDS, BONDS, CERTIFICATES OF DEPOSITS TREASURY BILLS, & NOTES**

**OWNER:** \_\_\_\_\_

**Serial #** \_\_\_\_\_ **Price of Purchase** \_\_\_\_\_ **Date of Purchase** \_\_\_\_\_

**Maturity Date** \_\_\_\_\_ **Value at Maturity** \_\_\_\_\_

**Beneficiary** \_\_\_\_\_ **Location of Records** \_\_\_\_\_

**OWNER:** \_\_\_\_\_

**Serial #** \_\_\_\_\_ **Price of Purchase** \_\_\_\_\_ **Date of Purchase** \_\_\_\_\_

**Maturity Date** \_\_\_\_\_ **Value at Maturity** \_\_\_\_\_

**Beneficiary** \_\_\_\_\_ **Location of Records** \_\_\_\_\_

**OWNER:** \_\_\_\_\_

**Serial #** \_\_\_\_\_ **Price of Purchase** \_\_\_\_\_ **Date of Purchase** \_\_\_\_\_

**Maturity Date** \_\_\_\_\_ **Value at Maturity** \_\_\_\_\_

**Beneficiary** \_\_\_\_\_ **Location of Records** \_\_\_\_\_

**REAL ESTATE**

**TYPE:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Purchase Price** \_\_\_\_\_ **Mortgage Amount** \_\_\_\_\_

**Mortgage Holder** \_\_\_\_\_ **Location of Records** \_\_\_\_\_

**TYPE:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Purchase Price** \_\_\_\_\_ **Mortgage Amount** \_\_\_\_\_

**Mortgage Holder** \_\_\_\_\_ **Location of Records** \_\_\_\_\_

**TYPE:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Purchase Price** \_\_\_\_\_ **Mortgage Amount** \_\_\_\_\_

**Mortgage Holder** \_\_\_\_\_ **Location of Records** \_\_\_\_\_

**TYPE:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Purchase Price** \_\_\_\_\_ **Mortgage Amount** \_\_\_\_\_

**Mortgage Holder** \_\_\_\_\_ **Location of Records** \_\_\_\_\_

**TYPE:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Purchase Price** \_\_\_\_\_ **Mortgage Amount** \_\_\_\_\_

**Mortgage Holder** \_\_\_\_\_ **Location of Records** \_\_\_\_\_

## VEHICLES

Vehicles include: Cars, Trucks, Campers, Recreational Vehicles, Motorcycles

VEHICLE TYPE: \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Registration Owner \_\_\_\_\_

Vin # \_\_\_\_\_ License Plate # \_\_\_\_\_

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

VEHICLE TYPE: \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Registration Owner \_\_\_\_\_

Vin # \_\_\_\_\_ License Plate # \_\_\_\_\_

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

VEHICLE TYPE: \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Registration Owner \_\_\_\_\_

Vin # \_\_\_\_\_ License Plate # \_\_\_\_\_

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

VEHICLE TYPE: \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Registration Owner \_\_\_\_\_

Vin # \_\_\_\_\_ License Plate # \_\_\_\_\_

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

VEHICLE TYPE: \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Registration Owner \_\_\_\_\_

Vin # \_\_\_\_\_ License Plate # \_\_\_\_\_

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

VEHICLE TYPE: \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Registration Owner \_\_\_\_\_

Vin # \_\_\_\_\_ License Plate # \_\_\_\_\_

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

VEHICLE TYPE: \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Registration Owner \_\_\_\_\_

Vin # \_\_\_\_\_ License Plate # \_\_\_\_\_

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

VEHICLE TYPE: \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Registration Owner \_\_\_\_\_

Vin # \_\_\_\_\_ License Plate # \_\_\_\_\_

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

**RENTALS - P.O. BOXES, OFFICE SPACE, STORAGE UNITS, RENTED PROPERTY**

**TYPE:** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Rent Due Date** \_\_\_\_\_ **Amount Due** \_\_\_\_\_

**Refundable Deposit** \_\_\_\_\_

**Location of Records/Keys/Combinations** \_\_\_\_\_

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

**TYPE:** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Rent Due Date** \_\_\_\_\_ **Amount Due** \_\_\_\_\_

**Refundable Deposit** \_\_\_\_\_

**Location of Records/Keys/Combinations** \_\_\_\_\_

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

**TYPE:** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Rent Due Date** \_\_\_\_\_ **Amount Due** \_\_\_\_\_

**Refundable Deposit** \_\_\_\_\_

**Location of Records/Keys/Combinations** \_\_\_\_\_

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

**TYPE:** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Rent Due Date** \_\_\_\_\_ **Amount Due** \_\_\_\_\_

**Refundable Deposit** \_\_\_\_\_

**Location of Records/Keys/Combinations** \_\_\_\_\_

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

**TYPE:** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Rent Due Date** \_\_\_\_\_ **Amount Due** \_\_\_\_\_

**Refundable Deposit** \_\_\_\_\_

**Location of Records/Keys/Combinations** \_\_\_\_\_

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

**CREDIT ACCOUNTS, LOANS PAYMENTS, MONTHLY HOUSEHOLD EXPENSE**

TYPE: \_\_\_\_\_

Creditor/Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Location of Title \_\_\_\_\_

Due Date \_\_\_\_\_ Amount Due \_\_\_\_\_

TYPE: \_\_\_\_\_

Creditor/Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Location of Title \_\_\_\_\_

Due Date \_\_\_\_\_ Amount Due \_\_\_\_\_

TYPE: \_\_\_\_\_

Creditor/Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Location of Title \_\_\_\_\_

Due Date \_\_\_\_\_ Amount Due \_\_\_\_\_

TYPE: \_\_\_\_\_

Creditor/Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Location of Title \_\_\_\_\_

Due Date \_\_\_\_\_ Amount Due \_\_\_\_\_

TYPE: \_\_\_\_\_

Creditor/Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Location of Title \_\_\_\_\_

Due Date \_\_\_\_\_ Amount Due \_\_\_\_\_

TYPE: \_\_\_\_\_

Creditor/Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Location of Title \_\_\_\_\_

Due Date \_\_\_\_\_ Amount Due \_\_\_\_\_

TYPE: \_\_\_\_\_

Creditor/Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Location of Title \_\_\_\_\_

Due Date \_\_\_\_\_ Amount Due \_\_\_\_\_

## CREDIT ACCOUNTS, LOANS PAYMENTS, MONTHLY HOUSEHOLD EXPENSE

Location: \_\_\_\_\_ Box #: \_\_\_\_\_

Location of Keys \_\_\_\_\_

Name(s) of those who have access: \_\_\_\_\_

### Check contents of Safe Deposit Box of Fireproof Safe :

- |  |   |
|--|---|
| <input type="checkbox"/> Abstract for Real Estate              | <input type="checkbox"/> Military Discharge Documents     |
| <input type="checkbox"/> Adoption Papers                       | <input type="checkbox"/> Passport                         |
| <input type="checkbox"/> Baptismal Certificates                | <input type="checkbox"/> Powers of Attorney (copy needed) |
| <input type="checkbox"/> Birth Certificates                    | <input type="checkbox"/> Social Security Card(s)          |
| <input type="checkbox"/> Burial Lot Deed                       | <input type="checkbox"/> Trusts                           |
| <input type="checkbox"/> Certificates of Deposit               | <input type="checkbox"/> Vehicle Titles                   |
| <input type="checkbox"/> Citizenship Papers                    | <input type="checkbox"/> Wills (copy needed)              |
| <input type="checkbox"/> College Transcripts                   | Other _____   |
| <input type="checkbox"/> Copy of All Documents/Cards in Wallet | Other _____   |
| <input type="checkbox"/> Death Certificate                     | Other _____   |
| <input type="checkbox"/> Deeds and Mortgages                   | Other _____   |
| <input type="checkbox"/> Divorce Documents                     |   |
| <input type="checkbox"/> Employment Records                    |   |
| <input type="checkbox"/> Government Bonds                      |   |
| <input type="checkbox"/> Household Inventory                   |   |

Inventory of \_\_\_\_\_

- List of Insurance Policies
- Summary of Investments and Retirements Accounts

### Attach items need for this form:

- |   |   |
|---|---|
| <input type="checkbox"/> Abstract for Real Estate | <input type="checkbox"/> Military Discharge Documents |
| <input type="checkbox"/> Adoption Papers          | <input type="checkbox"/> Passport                     |
| <input type="checkbox"/> Baptismal Certificates   |   |
| <input type="checkbox"/> Birth Certificates       |   |
| Other _____                                       |   |





# GOTT PROFESSIONAL INSURANCE SERVICES

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## Our Specialties Include:

- Federal Employees Retirement System
- CSRS-Offset information
- Windfall Elimination Provision
- TSP In-Service Withdrawals
- Civil Service Retirement System
- Military Service Buy Back
- Survivor Benefit Options
- Retirement Package Completion
- Federal Employee Group Life Insurance

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### Disclaimer

Please accept this information in a general context and apply what you believe fits your situation.

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