

KNOW YOUR VALUABLE PAPERS

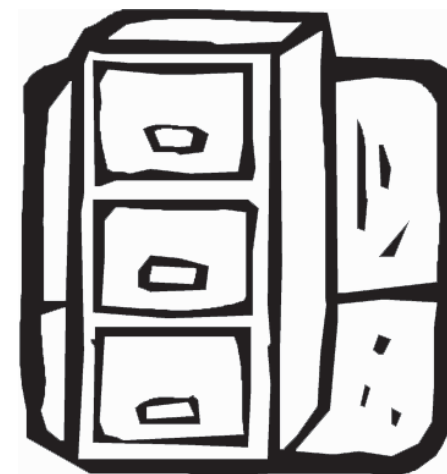
WHAT AND WHERE?

Could you or other family members locate your valuable papers in case of emergency or to review periodically? Are they safe? If they were lost or burned, would you be able to replace them easily?

This leaflet provides a place to list valuable personal and financial information as well as your important household documents and their location. It will:

- help you quickly locate important information and documents;
- help others find your papers in an emergency;
- provide useful information in case records are lost or stolen.

You may want to keep duplicate copies of this list for use at home, in the safe deposit box and/or in the possession of a trusted relative or friend away from your residence.



PERSONAL INFORMATION	
Name _____	Date _____
Social Security No. _____	Date of Birth _____
Employee No. _____	Occupation _____
Address _____	Current Employer _____
_____	Employer's Address _____
Phone No. _____	Employer's Phone _____
Spouse _____	Employer's email _____
Social Security No. _____	Date of Birth _____
Employee No. _____	Occupation _____
Address _____	Current Employer _____
_____	Employer's Address _____
Phone No. _____	Employer's Phone _____
	Employer's email _____
Marital Status: Single _____ Married _____ Widowed _____ Separated _____ Divorced _____	
Date of Marriage _____ Date Widowed, Separated or Divorced _____	
Former Spouse(s) (name & address) _____	

Are you paying:	
child support? No _____ Yes _____ \$ _____	alimony? No _____ Yes _____ \$ _____
(Amount)	(Amount)

PERSON(S) TO NOTIFY IN AN EMERGENCY

Name	Address	Phone

CHILDREN (Note any special need)

Legal Name	Date Born	Age	Address and Phone No.	Spouse's Name	Occupation(s)	Names and Ages of Children

LIVING PARENT(S)

Legal Name	Age	Address and Phone No.	Financial Situation and Implications; Health; Special Needs

OTHER PERSON(S) REQUIRING YOUR ASSISTANCE/CARE

Legal Name	Age	Address and Phone No.	Relationship	Type/Amount of Your Responsibility

PERSONAL & FAMILY PAPERS

Record & Date	Where Kept	Where Recorded
Birth or Adoption Certificates for:		
Baptismal Certificates for:		
Marriage Certificate(s):		
Divorce Certificate(s):		

Record & Date	Where Kept	Where Recorded
Military Discharge Papers:		
Naturalization Papers:		
Death Certificates:		
Grade Transcripts for:		
Immunization and Health Records for:		

Record & Date	Where Kept	Where Recorded
Social Security Card for:		
Vehicle Title & Registration		
Vehicle Title & Registration		
Vehicle Title & Registration		
Vehicle Title & Registration		
Boat		
Trailer		
Driver's License for:		
Passport(s) for:		

Record & Date	Where Kept	Where Recorded
Employment Records for:		
Income Tax Records for:		
Property Tax Records for:		
Will(s) for:		
Letter(s) of Last Instructions for:		
Trusts for:		
Other (list)		

FINANCIAL ACCOUNTS

Account Number	In Whose Name?	Name and Address of Financial Institution	Location of Records
Checking:			
Savings:			
Safe Deposit Box: (see also page 12)			Where is Key? _____

FINANCIAL ADVISERS

	Name	Address	Phone & Email
Attorney(s)			
Banker(s)			
Insurance Agent(s)			
CPA			
Stockbroker			
Financial Planner			
Other (list)			

PERSONAL/FAMILY DEBTS

Debt	In Whose Name	Total Amount or Credit Line	Account Number & Maturity Date	Name, Address & Phone No. of Creditor	Location of Records
Mortgage for:					
Vehicle loan: _____					
Vehicle loan: _____					
Vehicle loan: _____					
Credit card: _____					
Credit card: _____					
Credit card: _____					
Credit card: _____					
Credit card: _____					
Credit card: _____					
Credit card: _____					
Life Insurance Loan:					
Other (list): _____					
Other (list): _____					

REAL PROPERTY (Real Estate, Land, Building, Cemetery Plots, etc.)

Description	Location	Year Acquired	Tax Basis	Fair Market Value			Mortgage	
	(Town, County, and State)			Husband	Wife	Jointly	Where Recorded?	Location of Papers
			
			
			
			
			
			
Total			

PERSONAL PROPERTY

Item(s)	Fair Market Value			Location of Records
	Husband	Wife	Jointly	
Vehicle - Auto	.	.	.	
Vehicle - Auto	.	.	.	
Vehicle - Other	.	.	.	
Vehicle - Other	.	.	.	
Household Goods	.	.	.	Inventory: _____
Antiques	.	.	.	Inventory: _____
Jewelry	.	.	.	Inventory: _____
Art	.	.	.	Inventory: _____
Business Property	.	.	.	Inventory: _____
Business Property	.	.	.	Inventory: _____
Business Property	.	.	.	Inventory: _____

LIFE INSURANCE POLICIES

Name of Policy Owner	Name of Insured	Policy Number	Beneficiary	Name and Address of Company	Face Value	Cash Value	Loan(s) Against	Location of Policy & Records
					\$	\$	\$	
TOTALS					\$	\$	\$	

OTHER INSURANCE POLICIES

Type and Policy Number	Name of Insured	Coverage/Amount	Name and Address of Company	Location of Policy and Records
Property/Liability				
Disability				
Health				
Other (list)				

EMPLOYMENT INFORMATION (Including Self Employment)

SOCIAL SECURITY (No. _____)

Employer Name and Address	Years Covered	Location of Records

(No. _____)

Employer Name and Address	Years Covered	Location of Records

(Attach additional page as needed)

PENSION/RETIREMENT PLANS

Employer/Company Name and Address	Account Number	Years Covered	Amount or Percent Contributed	Other Information (Vesting, type of plan, etc.)	Location of Records

IRAs, KEOGHs, OTHER

Name and Address of Company	Account Number	Year Purchased	Amount		Representatives Name and Address	Location of Records
			Total	Tax Deferred		

ACCOUNTS RECEIVABLE (Accounts, notes, mortgages, contracts owed you)

Debtor's Name and Address	Type of Debt	Date Initiated	Date of Maturity	Amount Owed to			Location of Records
				Husband .	Wife .	Joint	
				:	:	:	
				:	:	:	
				:	:	:	
				:	:	:	
				:	:	:	
				:	:	:	
				:	:	:	
				:	:	:	
				:	:	:	
				:	:	:	
				:	:	:	

TRUSTS AND LIFE ESTATES (Those established by you and those created by others with you as ultimate beneficiary)

Property/Arrangement	Name and Address of Grantor	Name and Address of Trustee	Name and Address of Beneficiary	Current Market Value			Location of Records
				Husband .	Wife .	Joint	
				:	:	:	
				:	:	:	
				:	:	:	
				:	:	:	
				:	:	:	
				:	:	:	
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				:	:	:	

YOUR SAFE DEPOSIT BOX

Keep in your safe deposit box those records and documents that cannot be replaced or would be very costly or time consuming to replace. Keep duplicates at home for easy reference. Suggested records to keep in a safe deposit box include: Social Security cards; certificates of birth, adoption, marriage, divorce and death; citizenship papers and passports; property abstracts and titles (including burial lot); military service records; records of major debts (mortgages, installment contracts, notes, liens, etc.); wills (copies, not originals); household/property inventories; evidence that others owe you (contracts, notes, etc.).

Item	Comments	Item	Comments	Item	Comments

RECORDS CARRIED WITH YOU (AND/OR SPOUSE/PARTNER)

(In your wallet or purse)

You (check if carried in wallet/purse)		Spouse/Partner (check if carried in wallet/purse)	
Driver's License _____	Emergency Notification _____	Driver's License _____	Emergency Notification _____
Work ID _____	Health Ins. Card _____	Work ID _____	Health Ins. Card _____
Credit Card _____	Other (list) _____	Credit Card _____	Other (list) _____
Credit Card _____	Other (list) _____	Credit Card _____	Other (list) _____
Credit Card _____	Other (list) _____	Credit Card _____	Other (list) _____
Credit Card _____	Other (list) _____	Credit Card _____	Other (list) _____

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