

Investor Resources

INC

Important Family Information Check List

Personal Information:

Name: _____
Soc Sec # ____-____-_____
Drivers License: _____
State of Issue: _____
Expire Date: _____
Passport # _____

Name: _____
Soc Sec # ____-____-_____
Drivers License: _____
State of Issue: _____
Expire Date: _____
Passport # _____

Credit Cards:

Type of Card: _____
Whose Name: _____
Card # _____

Expiration Date: ____/20____
3 Digit Security Code: _____
Contact Ph: ____-____-____

Type of Card: _____
Whose Name: _____
Card # _____

Expiration Date: ____/20____
3 Digit Security Code: _____
Contact Ph: ____-____-____

Type of Card: _____
Whose Name: _____
Card # _____

Expiration Date: ____/20____
3 Digit Security Code: _____
Contact Ph: ____-____-____

Type of Card: _____
Whose Name: _____
Card # _____

Expiration Date: ____/20____
3 Digit Security Code: _____
Contact Ph: ____-____-____

Type of Card: _____
Whose Name: _____
Card # _____

Expiration Date: ____/20____
3 Digit Security Code: _____
Contact Ph: ____-____-____

Type of Card: _____
Whose Name: _____
Card # _____

Expiration Date: ____/20____
3 Digit Security Code: _____
Contact Ph: ____-____-____

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Bank/Credit Union/Financial Institutions:

Bank _____ Account #: _____

Branch Address: _____

Contact Name: _____ Contact Ph: ____-____-____

Account Name(s): _____

Card # _____ 3 Digit Security Code: _____

Bank _____ Account #: _____

Branch Address: _____

Contact Name: _____ Contact Ph: ____-____-____

Account Name(s): _____

Card # _____ 3 Digit Security Code: _____

Bank _____ Account #: _____

Branch Address: _____

Contact Name: _____ Contact Ph: ____-____-____

Account Name(s): _____

Card # _____ 3 Digit Security Code: _____

Bank _____ Account #: _____

Branch Address: _____

Contact Name: _____ Contact Ph: ____-____-____

Account Name(s): _____

Card # _____ 3 Digit Security Code: _____

Bank _____ Account #: _____

Branch Address: _____

Contact Name: _____ Contact Ph: ____-____-____

Account Name(s): _____

Card # _____ 3 Digit Security Code: _____

Safety Deposit Box:

Location: _____ Box # _____

Combination/Key location: _____

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Financial Advisors:

Name: _____ Firm: _____
Address: _____
Phone: _____ Account # _____
Account # _____ Account # _____

Name: _____ Firm: _____
Address: _____
Phone: _____ Account # _____
Account # _____ Account # _____

Name: _____ Firm: _____
Address: _____
Phone: _____ Account # _____
Account # _____ Account # _____

Insurance Agents:

Name: _____ Phone: _____
Auto Policy # _____ Ins. Co. _____
Vehicle _____ License # _____
Vehicle _____ License # _____
Vehicle _____ License # _____
Vehicle _____ License # _____

Name: _____ Phone: _____
Primary Home Owners Policy # _____
Insurance Company _____

Name: _____ Phone: _____
Second Home Owners Policy # _____
Insurance Company _____

Name: _____ Phone: _____
Umbrella Liability Policy # _____
Insurance Company _____

[www.InvestorResourcesInc.com/Free Resources/Reports](http://www.InvestorResourcesInc.com/FreeResources/Reports)

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Other Advisors:

Attorney: _____ Phone: _____

Firm Name: _____

Address: _____

Tax Preparer: _____ Phone: _____

Firm Name: _____

Address: _____

Documents:

Location of:

Will: _____

Power of Attorney: _____

Health Care Power: _____

Insurance Policies:

Life: _____

Auto: _____

Home Owners: _____

Boat: _____

Long Term Care: _____

Miscellaneous:

Alarm System Disarm Code: _____

Alarm System Master Code: _____

Alarm Service: _____ Phone: _____

Service Password: _____ Account # _____

Notes: _____



Executor's Check List

Decedent: _____

Date of Birth: _____

Date of Death: _____

In addition to information on prior pages, the following items may be necessary to process the estate.

- ___ Last Will & Testament & will of spouse
- ___ Birth Certificate
- ___ Marriage Certificate (including prior marriages)
- ___ Divorce Decree
- ___ Trust Documents
- ___ Military Discharge documents
- ___ Physical security or bond certificates, if any
- ___ Statements of all financial accounts for date of death
- ___ Real Estate Deeds & insurance policies
- ___ Listing of all debts, amounts, to whom owed
- ___ List money owed to decedent, amounts & by whom
- ___ Life insurance policies or certificates
- ___ Business Buy/Sell agreements
- ___ Auto titles & insurance policies
- ___ Other vehicle/boat/plane titles & policies
- ___ Any letter of last instruction
- ___ List names, addresses, phone #s, birth dates and Social security numbers of any children or other beneficiaries
- ___ Names of charitable institutions that are beneficiaries with contact information