



Physical Address: 107 S First Avenue · Mailing Address: P.O. Box 26, Oakdale, California 95361 · 209.847.2012

## Key Records Inventory

### Family Information

Name & Relationship	Date of Birth	SSN	Health Information (blood type, allergies, illnesses, medications)	Contact Information (phone, email, etc.)

### Pet Information

Name	Description	Vet Name & Contact (phone, email, address, etc.)	Health Information (allergies, illnesses, medications)

*This material has been provided for general informational purposes only and does not constitute either tax or legal advice. Although we go to great lengths to make sure our information is accurate and useful, we recommend you consult a tax preparer, professional tax advisor, or attorney.*

## Essential Contacts

	Name		Other Information (email, nature of relationship, etc.)
Friend			
Neighbor			
Neighbor			
Neighbor			
Babysitter			
Daycare Provider			
Children's School			
Children's School			
Power of Attorney (financial)			
Power of Attorney (health care)			
Primary Care Physician			
Other Physician			
Pediatrician			
Attorney			
Estate attorney			
Financial Advisor			
Brokerage Firm			
Tax Preparer			
Insurance Agent			
Realtor			
Mortgage Broker			
Bank			
Bank			

	Name		Other Information (email, nature of relationship, etc.)
Telephone Provider			
Cell Phone Provider			
Cable Provider			
Gas Company			
Electric Company			
Internet Provider			
Other			

### Important Numbers

	Code	Other Information
Alarm System Code		
Garage Door Code		
Gate Code		
Safe Code		
ATM PIN		
Cell Phone Unlock Code (self)		Phone #:
Cell Phone Unlock Code (spouse)		Phone #:
Home Wi-Fi		WiFi Network Name:
Other		

## Login Information

Website/Device	Username	Password	What Can Be Accessed?
Home Computer			
Work Computer			
Personal Email			
Work Email			
Bank Accounts			
Credit Cards			
Mortgage			
Student Loans			
Retirement Plan			
Online File Storage			

## Insurance Policies

Type	Issuer	Policy Number	Contact Information
Health Insurance (self)			
Health Insurance (spouse)			
Health Insurance (child)			
Health Insurance (child)			
Auto Insurance			
Auto Insurance			
Long-Term Care (self)			
Long-Term Care (spouse)			
Life Insurance (self)			
Life Insurance (spouse)			

**Account Numbers** (bank, brokerage, annuity, and retirement plan accounts)

Account Type	Account Number	Location (bank, firm, custodian, etc.)

**Safe Deposit Boxes**

Registered in the Name Of	Location	Box Number	Location of Keys	Authorized Signers

**Key Document Locations**

Document Name	Issued For	Date	Location
Birth Certificate			
Social Security Card			
Passport			

<b>Document Name</b>	<b>Issued For</b>	<b>Date</b>	<b>Location</b>
Death Certificate			
Death Certificate			
Prenuptial Agreement			
Marriage Certificate			
Divorce Papers			
Adoption Papers			
Guardianship Papers			
Burial Instructions			
Will (self)			
Will (spouse)			
Trust			
Trust			
Powers of Attorney			
Health Care Directives			
Home Deed			
Rental Agreements			
Motor Vehicle Titles			
Tax Returns			
Brokerage and Banking Account Statements			
Stock Certificates			
Savings Bonds			
Valuable Items			
Company Benefit Paperwork			
Business Documents			
Other			
Other			
Other			