

STUFF HAPPENS

Let's Keep Your Info Safe.

A Personal Organizer for Your
Most Important Details by



Legal Insurance

Be prepared for the unexpected

The unexpected happens. From natural disasters to medical emergencies or other unexpected events, you never know what life is going to throw at you. And when these things happen, it's difficult for you and your loved ones to quickly remember all of the important information and where all of the critical documents are kept. At ARAG, we've created this document because we understand that things happen and we want to help you be prepared.

In addition to keeping a list of where these documents are located, consider attaching copies of your documents to this form. Be sure to store in a secure place, such as a fireproof safe-deposit box.

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Personal/Family Information

Complete this section and store the document in a safe place. Make it a habit to review the document every year or two to ensure the information remains up to date.

Your Information

NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PHONE NUMBER

Spouse/Partner

NAME (INCLUDING MAIDEN NAME)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

First Child

NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PHONE NUMBER

Second Child

NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PHONE NUMBER

Third Child

NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PHONE NUMBER

Fourth Child

NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PHONE NUMBER

Fifth Child

NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PHONE NUMBER

Sixth Child

NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PHONE NUMBER

Other Dependent - Relationship:

NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PHONE NUMBER

Other Dependent - Relationship:

NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PHONE NUMBER

Pet Information

PET NAME

VETERINARIAN INFORMATION

PET SITTER/WALKER INFORMATION

MEDICATIONS

HEALTH & BEHAVIOR ISSUES

Pet Information

PET NAME

VETERINARIAN INFORMATION

PET SITTER/WALKER INFORMATION

MEDICATIONS

HEALTH & BEHAVIOR ISSUES

Personal Medical Information

BLOOD TYPE

ORGAN DONATION/ANATOMICAL GIFT INFORMATION

ALLERGIES

HEREDITARY/GENETIC CONDITIONS

DNR ORDER?

IF YES, LOCATION OF ORDER

Important Contacts

Attorney Information

NAME

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP

Landlord/Mortgage Company Information

NAME

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP

Financial Planner Information

NAME

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP

Accountant Information

NAME

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP

Tax Preparer Information

NAME

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP

Primary Care Physician Information

NAME

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP

Primary Care Physician Information

NAME		PHONE NUMBER
ADDRESS		
CITY	STATE	ZIP

Specialty Physician

NAME		PHONE NUMBER
ADDRESS		
CITY	STATE	ZIP

Specialty Physician

NAME		PHONE NUMBER
ADDRESS		
CITY	STATE	ZIP

Emergency Contact

NAME		PHONE NUMBER
ADDRESS		
CITY	STATE	ZIP

Additional Contact

NAME		PHONE NUMBER
ADDRESS		
CITY	STATE	ZIP

Additional Contact

NAME		PHONE NUMBER
ADDRESS		
CITY	STATE	ZIP

Additional Contact

NAME		PHONE NUMBER
ADDRESS		
CITY	STATE	ZIP



Important Documents

Personal Documents	Location
Social Security Card	
Driver's License Number	
Birth Certificate	
Passport/Visa	
Marriage Certificate	
Prenuptial Agreement	
Divorce Decree	
Adoption Document(s)	
Military Discharge/Military ID	
Green Card/Naturalization Papers	
Financial Documents	Location
Deeds/Titles to Property	
Life Insurance Document(s)	
Auto Insurance Document(s)	
Home Insurance Document(s)	
Health Insurance Document(s)	
Loan Document	
Retirement Benefit Statement(s)	
Investment and Savings Document(s)	
State and Federal Income Tax Returns	
Employer/Union Benefits Information	
Estate Planning	Location
Will	
Living Will	
Power of Attorney	
HIPAA Document(s)	
Trust Name Change	
Letter of Instruction	
Other Documents	Location

Financial Information

Safety Deposit Box

LOCATION OF SAFETY DEPOSIT BOX KEYS	SAFETY DEPOSIT BOX NUMBER
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NAME OF INSTITUTION

ADDRESS	PHONE
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Savings Account

ACCOUNT NUMBER	ACCOUNT HOLDER
----------------	----------------

BANK NAME/LOCATION	WEBSITE/PASSWORDS
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BANK PHONE	LOCATION OF STATEMENTS
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Savings Account (additional)

ACCOUNT NUMBER	ACCOUNT HOLDER
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BANK NAME/LOCATION	WEBSITE/PASSWORDS
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BANK PHONE	LOCATION OF STATEMENTS
------------	------------------------

Checking Account

ACCOUNT NUMBER	ACCOUNT HOLDER
----------------	----------------

BANK NAME/LOCATION	WEBSITE/PASSWORDS
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BANK PHONE	LOCATION OF STATEMENTS
------------	------------------------

Checking Account (additional)

ACCOUNT NUMBER	ACCOUNT HOLDER
----------------	----------------

BANK NAME/LOCATION	WEBSITE/PASSWORDS
--------------------	-------------------

BANK PHONE	LOCATION OF STATEMENTS
------------	------------------------

Checking Account (additional)

ACCOUNT NUMBER	ACCOUNT HOLDER
----------------	----------------

BANK NAME/LOCATION	WEBSITE/PASSWORDS
--------------------	-------------------

BANK PHONE	LOCATION OF STATEMENTS
------------	------------------------

Bank Account Information

ACCOUNT NUMBER	ACCOUNT HOLDER
BANK NAME/LOCATION	WEBSITE/PASSWORDS
BANK PHONE	LOCATION OF STATEMENTS

Loan Information

LENDER	DEBTOR		
ACCOUNT NUMBER/WEBSITE/PASSWORDS	DATE OF LOAN	DUE DATE	
AMOUNT OF LOAN	<input type="radio"/> MONTHLY PAYMENT OF	<input type="radio"/> QUARTERLY PAYMENT OF	INTEREST RATE
LOCATION OF STATEMENTS	COLLATERAL		

Loan Information (additional)

LENDER	DEBTOR		
ACCOUNT NUMBER/WEBSITE/PASSWORDS	DATE OF LOAN	DUE DATE	
AMOUNT OF LOAN	<input type="radio"/> MONTHLY PAYMENT OF	<input type="radio"/> QUARTERLY PAYMENT OF	INTEREST RATE
LOCATION OF STATEMENTS	COLLATERAL		

Real Estate Information

LOCATION OF PROPERTY DOCUMENTS	TYPE OF PROPERTY
PROPERTY OWNER	PROPERTY VALUE
LEGAL DESCRIPTION	
PROPERTY ADDRESS	
MORTGAGE OWNER	PHONE
MORTGAGE OWNER ADDRESS	

Retirement Fund

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS			
ACCOUNT NUMBER	ACCOUNT OWNER	VALUE	AS OF

Investment Account

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS			
ACCOUNT NUMBER	ACCOUNT OWNER	VALUE	AS OF



Investment Account

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS

ACCOUNT NUMBER

ACCOUNT OWNER

VALUE

AS OF

Bond Information

LOCATION OF DOCUMENTS

BOND OWNER

BOND TYPE

PURCHASE DATE

MATURITY DATE

BOND VALUE

FACE VALUE

Bond Information (additional)

LOCATION OF DOCUMENTS

BOND OWNER

BOND TYPE

PURCHASE DATE

MATURITY DATE

BOND VALUE

FACE VALUE

Stock Information

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS

STOCK OWNER

STOCK PRICE

NUMBER OF SHARES

PURCHASE DATE

PURCHASE PRICE

CURRENT PRICE

VALUE

Stock Information (additional)

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS

STOCK OWNER

STOCK PRICE

NUMBER OF SHARES

PURCHASE DATE

PURCHASE PRICE

CURRENT PRICE

VALUE

Insurance

Auto Insurance Policy

LOCATION OF DOCUMENTS		AGENT'S NAME
AGENTS PHONE NUMBER	POLICY NUMBER	DATE ISSUED
ANNUAL PREMIUM	DEDUCTIBLES	VEHICLE INSURED

Auto Insurance Policy (additional)

LOCATION OF DOCUMENTS		AGENT'S NAME
AGENTS PHONE NUMBER	POLICY NUMBER	DATE ISSUED
ANNUAL PREMIUM	DEDUCTIBLES	VEHICLE INSURED

Homeowner's/Renter's Insurance Policy

LOCATION OF DOCUMENTS	
COMPANY	
POLICY NUMBER	DATE ISSUED

Umbrella Insurance Policy

LOCATION OF DOCUMENTS	
COMPANY	
POLICY NUMBER	DATE ISSUED

Life Insurance Policy

LOCATION OF DOCUMENTS		
COMPANY		
POLICY NUMBER	DATE ISSUED	ANNUAL PREMIUM
POLICY OWNER	INSURED	
PRIMARY BENEFICIARY	CONTINGENT BENEFICIARY	
DEATH BENEFIT	CASH SURRENDER VALUE	TYPE

Life Insurance Policy

LOCATION OF DOCUMENTS

COMPANY

POLICY NUMBER	DATE ISSUED	ANNUAL PREMIUM
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POLICY OWNER	INSURED
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PRIMARY BENEFICIARY	CONTINGENT BENEFICIARY
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DEATH BENEFIT	CASH SURRENDER VALUE	TYPE
---------------	----------------------	------

Final Needs Insurance

LOCATION OF DOCUMENTS

COMPANY

POLICY NUMBER	DATE ISSUED	ANNUAL PREMIUM
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POLICY OWNER	INSURED
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DEATH BENEFIT	CASH SURRENDER VALUE	TYPE
---------------	----------------------	------

Long-Term Care Insurance

LOCATION OF DOCUMENTS

COMPANY

POLICY NUMBER	DATE ISSUED	ANNUAL PREMIUM
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POLICY OWNER	INSURED
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DEATH BENEFIT	CASH SURRENDER VALUE	TYPE
---------------	----------------------	------

Disability Insurance

LOCATION OF DOCUMENTS

COMPANY

POLICY NUMBER	DATE ISSUED	ANNUAL PREMIUM
---------------	-------------	----------------

POLICY OWNER	INSURED
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DEATH BENEFIT	CASH SURRENDER VALUE	TYPE
---------------	----------------------	------

Legal

Legal Services Provider

LEGAL SERVICES PROVIDER	COMPANY PHONE
COMPANY WEBSITE	MEMBER ID
ATTORNEY NAME	ATTORNEY PHONE

Power of Attorney Information

LOCATION OF DOCUMENTS	
AGENT	PHONE
AGENT	PHONE

Living Trust Information

LOCATION OF DOCUMENTS	
AGENT	PHONE
AGENT	PHONE

Guardianship/Conservatorship Information

LOCATION OF DOCUMENTS		
GUARDIAN/CONSERVATOR		
ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER		
GUARDIAN/CONSERVATOR (ADDITIONAL)		
ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER		

Living Will Information

LOCATION OF DOCUMENTS

Will Information

LOCATION OF DOCUMENTS

EXECUTOR PHONE

CO-EXECUTOR PHONE

BENEFICIARY NAME

ADDRESS

CITY STATE ZIP

PHONE NUMBER

BENEFICIARY NAME (ADDITIONAL)

ADDRESS

CITY STATE ZIP

PHONE NUMBER

BENEFICIARY NAME (ADDITIONAL)

ADDRESS

CITY STATE ZIP

PHONE NUMBER

Executor Information

NAME

ADDRESS

CITY STATE ZIP

PHONE NUMBER

Supplemental Information

Military

BRANCH	RANK	
SERVICE NUMBER	DATES OF SERVICE	DATE OF DISCHARGE
LOCATION OF DOCUMENTS		

Social Media

FACEBOOK	USERNAME:	PASSWORD:
X/TWITTER	USERNAME:	PASSWORD:
LINKEDIN	USERNAME:	PASSWORD:
INSTAGRAM	USERNAME:	PASSWORD:
OTHER:	USERNAME:	PASSWORD:
OTHER:	USERNAME:	PASSWORD:
OTHER:	USERNAME:	PASSWORD:

Online Accounts

CELL PHONE	USERNAME:	PASSWORD:
CREDIT CARD	USERNAME:	PASSWORD:
BANK	USERNAME:	PASSWORD:
UTILITIES	USERNAME:	PASSWORD:
OTHER	USERNAME:	PASSWORD:
OTHER	USERNAME:	PASSWORD:
OTHER	USERNAME:	PASSWORD:
OTHER	USERNAME:	PASSWORD:
OTHER	USERNAME:	PASSWORD:

Employment

PRESENT EMPLOYER		PHONE NUMBER	
ADDRESS			
CITY		STATE	ZIP
DATES OF EMPLOYMENT			
DIRECT SUPERVISOR		PHONE NUMBER	
HR CONTACT		PHONE NUMBER	
EMPLOYMENT BENEFITS			
MEDICAL	LOCATION/POLICY OR ACCOUNT NUMBER:		
LIFE	LOCATION/POLICY OR ACCOUNT NUMBER:		
401K	LOCATION/POLICY OR ACCOUNT NUMBER:		
STOCK	LOCATION/POLICY OR ACCOUNT NUMBER:		
PENSION	LOCATION/POLICY OR ACCOUNT NUMBER:		
PROFIT SHARING	LOCATION/POLICY OR ACCOUNT NUMBER:		
DENTAL	LOCATION/POLICY OR ACCOUNT NUMBER:		
VISION	LOCATION/POLICY OR ACCOUNT NUMBER:		
LEGAL	LOCATION/POLICY OR ACCOUNT NUMBER:		
OTHER	LOCATION/POLICY OR ACCOUNT NUMBER:		

Assets

AUTOMOBILE			
MAKE		MODEL	YEAR
TITLE	LOCATION		
TITLE	LOCATION		
AUTOMOBILE (ADDITIONAL)			
MAKE		MODEL	YEAR
TITLE	LOCATION		
TITLE	LOCATION		
BOAT	LOAN/TITLE/LOCATION:		
RV	LOAN/TITLE/LOCATION:		
TRAILER	LOAN/TITLE/LOCATION:		
OTHER	LOAN/TITLE/LOCATION:		
OTHER	LOAN/TITLE/LOCATION:		
OTHER	LOAN/TITLE/LOCATION:		



Business

TYPE OF BUSINESS	TYPE OF OWNERSHIP
AMOUNT OF OWNERSHIP	ESTIMATED VALUE
BUSINESS CONTACT 1	PHONE NUMBER
BUSINESS CONTACT 2	PHONE NUMBER
ADDITIONAL BUSINESS DOCUMENTS	
	LOCATION:
	LOCATION:
	LOCATION:
	LOCATION:
	LOCATION:
	LOCATION:
	LOCATION:
	LOCATION:
	LOCATION:
	LOCATION:
	LOCATION:

Divorce Information

FORMER SPOUSE'S NAME (INCLUDING MAIDEN NAME)	PHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP
DATE OF BIRTH	SOCIAL SECURITY NUMBER	
DIVORCE DOCUMENTS		
DECREE	LOCATION:	
OTHER	LOCATION:	
OTHER	LOCATION:	
OTHER	LOCATION:	

Divorce Attorney's Name

NAME	PHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP

Pre-Planning of Funeral & Burial Arrangements

Funeral and Burial Arrangements

CEMETARY/COLUMBARIUM/NICHE NAME		LOT NUMBER	PHONE NUMBER
ADDRESS			
CITY		STATE	ZIP
FUNERAL HOME NAME		FUNERAL DIRECTOR NAME	
ADDRESS			
CITY		STATE	ZIP
CHURCH/SYNAGOGUE/OTHER NAME		CONTACT	PHONE NUMBER
ADDRESS			
CITY		STATE	ZIP
IMPORTANT DOCUMENTS			
ORGAN DONOR RECORDS	LOCATION:		
INSTRUCTIONS FOR BURIAL, CREMATION, ETC	LOCATION:		
SPECIAL WISHES FOR CEREMONY	LOCATION:		
PREPAID FUNERAL POLICY	LOCATION:		
PERSONAL FRIENDS TO CONTACT (OR ATTACH LIST)			
NAME		PHONE NUMBER	
ADDRESS			
CITY		STATE	ZIP
NAME			
NAME		PHONE NUMBER	
ADDRESS			
CITY		STATE	ZIP
NAME			
NAME		PHONE NUMBER	
ADDRESS			
CITY		STATE	ZIP

VETERANS FUNERAL ARRANGEMENTS

DRAPED FLAG FOLDED FLAG FLAG PRESENTED TO:

TYPE OF EULOGY

RELIGIOUS SERVICE ONLY RELIGIOUS SERVICE AND EULOGY EULOGY ONLY NONE

NAME OF INDIVIDUAL TO PROVIDE EULOGY

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP

RELIGIOUS PASSAGES (TO BE READ AT SERVICE)

FLORAL PREFERENCES

FLORAL TYPE: NO FLORAL
 FLORAL COLOR:

MUSIC SELECTION

ORGANIST OTHER MUSIC SELECTION:
 SOLOIST NONE

CLOTHING PREFERENCE

EXISTING CLOTHING DESCRIPTION OF CLOTHING (TYPE AND COLOR):
 NEW CLOTHING NONE

PREFERENCE FOR DISPOSAL OF THE REMAINS

BURIAL OTHER (PLEASE EXPLAIN):
 CREMATION OTHER INSTRUCTIONS (E.G., DISPERSAL OF CREMAINS):
 MAUSOLEUM INTERMENT

TYPE OF CASKET

HARDWOOD (TYPE): OTHER (PLEASE EXPLAIN):
 METAL (TYPE): NOT APPLICABLE
 CREMATION COFFIN

CASKET SPECIFICS

MANUFACTURER OTHER INFORMATION (PLEASE SPECIFY):
 MODEL: NOT APPLICABLE
 CREMATION COFFIN

CASKET PRESENTATION DURING CEREMONY

OPEN (IF POSSIBLE) NOT APPLICABLE
 CLOSED

TYPE OF HEADSTONE

STONE HEADSTONE SAYING:
 FLAT MARKER HEADSTONE PHRASE:
 UPRIGHT

POST-MEMORIAL GATHERING DESIRED

QUIET GATHERING AT FAMILY MEMBER'S HOUSE OTHER (PLEASE SPECIFY):
 LIFE CELEBRATION EVENT: NONE



Now What?

Congratulations on taking the initiative and gathering this critical information! Now that you've completed this document, make sure to download it and save it to a safe place. We recommend placing this document in a safe deposit box, fireproof home safe or with an attorney - and telling a close friend or relative where it is located.

This document should be updated annually, or as major life events change for you. Scan the QR code to sign up for an annual email reminder to review this document.



Notes

