



# ORGANIZE YOUR LIFE

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Personal  
Documents Locator

# CREATE A DETAILED LIST OF YOUR PERSONAL DOCUMENTS

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While people are generally living longer, at some point it will be essential for loved ones to know where your assets are and how to find and access your personal documents. Outlining your most important information can help reduce stress and save time for those who will be left to handle your estate.

Transamerica created this personal document locator to help you store and organize your critical records, papers, and primary contacts — all in one place.



**Make sure a trusted family member knows where this document is and/or how to access it if you're unable to help. You might also consider providing a copy to your executor and/or your attorney.**

Important: Remember to update this document at least once a year to help ensure its accuracy, and keep it in a secure location due to the sensitive nature of the information it contains.

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# QUICK REFERENCE

## SAFETY DEPOSIT BOX

Location of keys \_\_\_\_\_

Financial institution \_\_\_\_\_

Branch \_\_\_\_\_

Box number \_\_\_\_\_

Who has access? \_\_\_\_\_

## PERSONAL SAFE LOCATION

\_\_\_\_\_

\_\_\_\_\_

## EMERGENCY NUMBERS

Police \_\_\_\_\_

Fire \_\_\_\_\_

Hospital \_\_\_\_\_

## HOUSEHOLD UTILITY NUMBERS

Heat \_\_\_\_\_

Electric \_\_\_\_\_

Water \_\_\_\_\_

Telephone \_\_\_\_\_

Cable/Satellite \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

## INSURANCE

Company \_\_\_\_\_

Agent \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_



## QUICK REFERENCE (CONT)

### NEIGHBORS

Name \_\_\_\_\_

Phone \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_



# BIOGRAPHICAL DATA

Religious institution

---

Phone

---

Address

---

Clergy

---

Education

---

---

---

Civic affiliations

---

---

---

Military service

---

---

---

Honors/awards/

---

achievements

---

---

Employment highlights

---

# PERSONAL INFORMATION – SELF

Legal name (first, middle, last) \_\_\_\_\_

Previous name or alias \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Email address \_\_\_\_\_

Internet provider/acct number \_\_\_\_\_

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Organ donor ☐ Yes ☐ No

Primary care physician \_\_\_\_\_

Phone \_\_\_\_\_

Health insurance

Plan name and ID number \_\_\_\_\_

Medicare number \_\_\_\_\_

Medigap number \_\_\_\_\_

Blood type \_\_\_\_\_

Allergies \_\_\_\_\_

Medications/dosage \_\_\_\_\_

Pharmacy \_\_\_\_\_

Phone \_\_\_\_\_

Veterans affairs \_\_\_\_\_



# PERSONAL INFORMATION – SELF (CONT)

Dentist	
Phone	
Employer	
Supervisor name	
Phone	
HR contact	
Phone	
Social Security number	
Military service number	
Date/Location of discharge	



# PERSONAL INFORMATION – SPOUSE/PARTNER

Legal name (first, middle, last) \_\_\_\_\_

Previous name or alias \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Email address \_\_\_\_\_

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Organ donor ☐ Yes ☐ No

Primary care physician \_\_\_\_\_

Phone \_\_\_\_\_

Health insurance

Plan name and ID number \_\_\_\_\_

Medicare number \_\_\_\_\_

Medigap number \_\_\_\_\_

Blood type \_\_\_\_\_

Allergies \_\_\_\_\_

Medications/dosage \_\_\_\_\_

Pharmacy \_\_\_\_\_

Phone \_\_\_\_\_

PERSONAL INFORMATION – SPOUSE/PARTNER (CONT)

Dentist	
Phone	
Employer	
Supervisor name	
Phone	
HR contact	
Phone	
Social Security number	
Military service number	
Date/Location of discharge	



# EMERGENCY CONTACTS

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_



## EMERGENCY CONTACTS (CONT)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

# FAMILY INFORMATION – PARENTS/CHILDREN

☐ Parent ☐ Child

Name \_\_\_\_\_

Home/cell phone \_\_\_\_\_

Work/school phone \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Date of birth \_\_\_\_\_

Primary care physician \_\_\_\_\_

Phone \_\_\_\_\_

Health insurance  
Plan name & ID number \_\_\_\_\_

Medications/dosage \_\_\_\_\_

Allergies \_\_\_\_\_

☐ Parent ☐ Child

Name \_\_\_\_\_

Home/cell phone \_\_\_\_\_

Work/school phone \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Date of birth \_\_\_\_\_

Primary care physician \_\_\_\_\_

Phone \_\_\_\_\_

Health insurance  
Plan name & ID number \_\_\_\_\_

Medications/dosage \_\_\_\_\_

Allergies \_\_\_\_\_

## FAMILY INFORMATION – PARENTS/CHILDREN (CONT)

☐ Parent ☐ Child

Name \_\_\_\_\_

Home/cell phone \_\_\_\_\_

Work/school phone \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Date of birth \_\_\_\_\_

Primary care physician \_\_\_\_\_

Phone \_\_\_\_\_

Health insurance  
Plan name & ID number \_\_\_\_\_

Medications/dosage \_\_\_\_\_

Allergies \_\_\_\_\_

☐ Parent ☐ Child

Name \_\_\_\_\_

Home/cell phone \_\_\_\_\_

Work/school phone \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Date of birth \_\_\_\_\_

Primary care physician \_\_\_\_\_

Phone \_\_\_\_\_

Health insurance  
Plan name & ID number \_\_\_\_\_

Medications/dosage \_\_\_\_\_

Allergies \_\_\_\_\_

## FAMILY INFORMATION – PARENTS/CHILDREN (CONT)

☐ Parent ☐ Child

Name \_\_\_\_\_

Home/cell phone \_\_\_\_\_

Work/school phone \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Date of birth \_\_\_\_\_

Primary care physician \_\_\_\_\_

Phone \_\_\_\_\_

Health insurance

Plan name & ID number \_\_\_\_\_

Medications/dosage \_\_\_\_\_

Allergies \_\_\_\_\_

☐ Parent ☐ Child

Name \_\_\_\_\_

Home/cell phone \_\_\_\_\_

Work/school phone \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Date of birth \_\_\_\_\_

Primary care physician \_\_\_\_\_

Phone \_\_\_\_\_

Health insurance

Plan name & ID number \_\_\_\_\_

Medications/dosage \_\_\_\_\_

Allergies \_\_\_\_\_



## FAMILY INFORMATION - PETS

Name \_\_\_\_\_

Type \_\_\_\_\_

Veterinarian \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Name \_\_\_\_\_

Type \_\_\_\_\_

Veterinarian \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Name \_\_\_\_\_

Type \_\_\_\_\_

Veterinarian \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Kennel \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_



# BUSINESS CONTACTS

## ATTORNEY

Name/firm name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_

## TAX PREPARER/CPA

Name/firm name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_

## INSURANCE AGENT

Name/company name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Homeowners policy  
number \_\_\_\_\_

Auto policy number \_\_\_\_\_

Umbrella policy number \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_



# BUSINESS CONTACTS (CONT)

**FINANCIAL ADVISOR**

Name/company name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_

**EXECUTOR**

Name/company name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_

# LOANS AND CREDIT

Mortgage holder \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Account number \_\_\_\_\_

Interest rate \_\_\_\_\_

Second mortgage holder \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Account number \_\_\_\_\_

Interest rate \_\_\_\_\_

Home equity loan holder \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Account number \_\_\_\_\_

Interest rate \_\_\_\_\_

Car loan holder \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Account number \_\_\_\_\_

Interest rate \_\_\_\_\_



## LOANS AND CREDIT (CONT)

Credit card

Phone

Account number

Credit card

Phone

Account number

Credit card

Phone

Account number

Credit card

Phone

Account number

Credit card

Phone

Account number

Credit card

Phone

Account number

Credit card

Phone

Account number



# ONLINE ACCOUNTS

Website address (URL)

---

Username

---

Password

---

Website address (URL)

---

Username

---

Password

---

Website address (URL)

---

Username

---

Password

---

Website address (URL)

---

Username

---

Password

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Website address (URL)

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Username

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Password

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Website address (URL)

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Username

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Password

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Website address (URL)

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Username

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Password

---

Website address (URL)

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Username

---

Password

---



# LOCATION KEY

Please specify the location(s) where you keep your documents (e.g., home, office, safe, or safety deposit box). For each item under Document Location on the next page, check the letter that corresponds to the location entered on this page.

**LOCATION A:** \_\_\_\_\_

**LOCATION B:** \_\_\_\_\_

**LOCATION C:** \_\_\_\_\_

**LOCATION D:** \_\_\_\_\_

**LOCATION E:** \_\_\_\_\_

**LOCATION F:** \_\_\_\_\_

**LOCATION G:** \_\_\_\_\_

# DOCUMENT LOCATION

FAMILY RECORDS	LOCATION						
	A	B	C	D	E	F	G
Will							
Durable power of attorney							
Healthcare directives							
Letter of instruction							
Trust agreements							
Birth certificate							
Social Security card							
Other							
LEGAL DOCUMENTS	LOCATION						
	A	B	C	D	E	F	G
Marriage certificate							
Military papers							
Adoption papers							
Divorce/separation papers							
Proof of citizenship							
Passport							
Other							
DEED/TITLES/REGISTRATIONS	LOCATION						
	A	B	C	D	E	F	G
Vehicle titles							
Home inventory							
Deeds/property							
Title insurance							
Safety deposit box/keys							
Important keys							
Other							

# DOCUMENT LOCATION (CONT)

BANKING/INVESTMENT RECORDS		LOCATION						
		A	B	C	D	E	F	G
Bank Account Records								
Checking								
Savings								
Certificates of deposit (CDs)								
Other (describe)								
Mortgage and loan papers								
Investment Papers								
Stocks								
Bonds								
Mutual funds								
Other								
INSURANCE POLICIES		LOCATION						
		A	B	C	D	E	F	G
Home and vehicles								
Property and casualty								
Life								
Health								
Burial								
Life insurance claims								
Other								
BUSINESS PAPERS		LOCATION						
		A	B	C	D	E	F	G
Incorporation papers								
Trademarks								
Patents								
Warranties								
Contracts								
Other								



## DOCUMENT LOCATION (CONT)

RETIREMENT ACCOUNT PAPERS	LOCATION						
	A	B	C	D	E	F	G
401(k)							
IRA(s)							
403(b)							
Pension							
Deferred compensation							
Other							
PERSONAL BELONGINGS	LOCATION						
	A	B	C	D	E	F	G
Jewelry							
Appraisals							
Antiques/Art							
Cash							
Tax returns							
Other							
FUNERAL INSTRUCTIONS	LOCATION						
	A	B	C	D	E	F	G
Cemetery plot deed							
Burial instructions							
Other							



# FINANCIAL INSTITUTIONS

Firm name

Address

City/State/ZIP

Phone

Accounts

Firm name

Address

City/State/ZIP

Phone

Accounts

Firm name

Address

City/State/ZIP

Phone

Accounts

Firm name

Address

City/State/ZIP

Phone

Accounts



# ASSETS

Object description

Person holding them

Object description

Person holding them

Object description

Person holding them

Object description

Person holding them

Object description

Person holding them

Object description

Person holding them

Object description

Person holding them

Object description

Person holding them

Object description

Person holding them

Object description

Person holding them

# MONEY OWED TO ME/US

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Amount \_\_\_\_\_

Document location \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Amount \_\_\_\_\_

Document location \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Amount \_\_\_\_\_

Document location \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Amount \_\_\_\_\_

Document location \_\_\_\_\_



TRANSAMERICA®

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there's no time like the present.**

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**Contact:** 800-755-5801

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