

ThirdAge Services LLC

Resources ♦ Support ♦ Solutions
www.ThirdAgeServices.com

Sample Document Inventory

<u>Document</u>	<u>Location</u>		
	<u>Deposit</u>	<u>Notebook</u>	<u>Other</u>
Personal and Family			
Birth certificate _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Birth certificate _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Baptismal certificate _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Baptismal certificate _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Marriage certificate _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Prenuptial agreement _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Divorce papers _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adoption papers _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Death certificate _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Citizenship papers _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Social Security # _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Social Security # _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Passport # _____ Expires _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Passport # _____ Expires _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Voter registration # _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Voter registration # _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Driver's license # _____ Expires _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Driver's license # _____ Expires _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Military records _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Will _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Will _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Funeral Arrangements _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
(Professional licenses, gun license, etc.)			

-----Location-----

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<u>Document</u>	<u>Safe</u>	<u>Deposit</u>	<u>Notebook</u>	<u>Other</u>
Trust Documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Name of trust:	_____			
Attorney:	_____			
Location of documents:	_____			

Durable power of attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Guardianship documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Medical

Advance Directives

<input type="checkbox"/> Living will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Advanced medical directives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Health care power of attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Do not resuscitate order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Organ donation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Insurance

<input type="checkbox"/> Health Insurance _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Health Insurance _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Medicare documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Medigap policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Long-term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Property Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Auto Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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<u>Document</u>	<u>Safe</u>		
	<u>Deposit</u>	<u>Notebook</u>	<u>Other</u>
Assets			
Primary Residence			
<input type="checkbox"/> Mortgage	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Title	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Deed	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Survey	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Real Property			
<input type="checkbox"/> Mortgage	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Title	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Deed	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Survey	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Lease	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Securities			
<input type="checkbox"/> Certificiates	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Bonds	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Broker statements	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Financial			
<input type="checkbox"/> Bank statements	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Checkbook	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Credit card documents	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Credit card statements	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Retirement			
<input type="checkbox"/> Pension Plan	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Profit Sharing	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 401(k)	<input type="checkbox"/>	<input type="checkbox"/>	_____
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<u>Document</u>	Safe		<u>Other</u>
	<u>Deposit</u>	<u>Notebook</u>	
<input type="checkbox"/> IRA accounts	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tax Records			
<input type="checkbox"/> Prior tax returns	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Prior tax records	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Current year records	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inventory of Personal Property	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inventory of Safe Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>	_____
Automobile Papers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proof of Ownership			
<input type="checkbox"/> Titles	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Warranties	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Receipts	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Appraisals	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____