



REKOW MANAGEMENT, LLC  
*Investment Management and Advisory Services*

# Your Personal Document Locator & Guidelines

## Quick Reference

### Safe deposit Box:

Location of Keys \_\_\_\_\_  
Financial Institution \_\_\_\_\_  
Box Number \_\_\_\_\_  
Who has access? \_\_\_\_\_

**Personal Safe Location:** \_\_\_\_\_

### Emergency Numbers:

Police \_\_\_\_\_  
Fire \_\_\_\_\_  
Hospital \_\_\_\_\_

### Household Utility Provider and Numbers:

Heat \_\_\_\_\_  
Electric \_\_\_\_\_  
Plumber \_\_\_\_\_  
Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Cable/Satellite \_\_\_\_\_  
Other \_\_\_\_\_

### Home and Car Insurance:

Company \_\_\_\_\_  
Agent \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone \_\_\_\_\_

### People to Notify:

Name/Relationship \_\_\_\_\_  
Address/Phone number \_\_\_\_\_

Name/Relationship \_\_\_\_\_  
Address/Phone number \_\_\_\_\_

Name/Relationship \_\_\_\_\_  
Address/Phone number \_\_\_\_\_

Name/Relationship \_\_\_\_\_  
Address/Phone number \_\_\_\_\_

# Your Personal Document Locator & Guidelines

## Personal Information – Self

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

Maiden Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email Address/password \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Phone number \_\_\_\_\_

Dentist Name \_\_\_\_\_

Phone number \_\_\_\_\_

Pharmacy \_\_\_\_\_

Phone number \_\_\_\_\_

Medical Insurance provider \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Plan Name and ID Number \_\_\_\_\_

Medicare Number \_\_\_\_\_

Blood Type \_\_\_\_\_

Medical or Dental concerns

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Obituary Information

Religious Institution \_\_\_\_\_

Email Address/phone number \_\_\_\_\_

Clergy \_\_\_\_\_

Funeral Home \_\_\_\_\_

Email Address/phone number \_\_\_\_\_

# Your Personal Document Locator & Guidelines

## Family Information – Dependent Children

Legal Name (first, middle, last) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Date of Birth/Place of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Work/School phone \_\_\_\_\_

Primary Care Physician \_\_\_\_\_  
Phone number \_\_\_\_\_

Dentist Name \_\_\_\_\_  
Phone number \_\_\_\_\_

Medical Insurance provider \_\_\_\_\_  
Plan Name and ID Number \_\_\_\_\_

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Legal Name (first, middle, last) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Date of Birth/Place of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Work/School phone \_\_\_\_\_

Primary Care Physician \_\_\_\_\_  
Phone number \_\_\_\_\_

Dentist Name \_\_\_\_\_  
Phone number \_\_\_\_\_

Medical Insurance provider \_\_\_\_\_  
Plan Name and ID Number \_\_\_\_\_

# Your Personal Document Locator & Guidelines

## Business Contacts

### Attorney

Name \_\_\_\_\_

Firm \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

### Tax Preparer/CPA

Name \_\_\_\_\_

Firm \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

### Insurance Agent

Name \_\_\_\_\_

Company \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Homeowners Policy # \_\_\_\_\_

Auto Policy # \_\_\_\_\_

Life Insurance Policy \_\_\_\_\_

Long Term Care Policy \_\_\_\_\_

Disability Policy \_\_\_\_\_

### Financial Advisor

Name \_\_\_\_\_

Company \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

### Personal Banker/Loan Officer

Name \_\_\_\_\_ Company \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

### Personal Banker/Loan Officer

Name \_\_\_\_\_ Company \_\_\_\_\_

Email Address \_\_\_\_\_

Phone number \_\_\_\_\_

### Executor

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

# Your Personal Document Locator & Guidelines

## Important Financial Accounts

Bank Web Address \_\_\_\_\_  
Username \_\_\_\_\_  
Password \_\_\_\_\_  
Accounts \_\_\_\_\_

Bank Web Address \_\_\_\_\_  
Username \_\_\_\_\_  
Password \_\_\_\_\_  
Accounts \_\_\_\_\_

Brokerage Web Address \_\_\_\_\_  
Username \_\_\_\_\_  
Password \_\_\_\_\_  
Accounts \_\_\_\_\_

Brokerage Web Address \_\_\_\_\_  
Username \_\_\_\_\_  
Password \_\_\_\_\_  
Accounts \_\_\_\_\_

### Credit Card/s

Company Name \_\_\_\_\_  
Phone number \_\_\_\_\_

Company Name \_\_\_\_\_  
Phone number \_\_\_\_\_

Company Name \_\_\_\_\_  
Phone number \_\_\_\_\_

# Your Personal Document Locator & Guidelines

## Location Key

Specify the location(s) where you keep your documents (ex. home, office, safety deposit box, desk, attorney...). 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:** \_\_\_\_\_

# Your Personal Document Locator & Guidelines

## Document Location

### Family Records/Legal Documents

	Location				
Will	A	B	C	D	E
Power of Attorney	A	B	C	D	E
Birth Certificate	A	B	C	D	E
Adoption Papers	A	B	C	D	E
Marriage Certificate	A	B	C	D	E
Military Papers	A	B	C	D	E
Social Security Card	A	B	C	D	E
Health Care Directive	A	B	C	D	E
Trust Agreements	A	B	C	D	E
Letter of Instructions	A	B	C	D	E
Funeral Instructions	A	B	C	D	E
Tax Returns	A	B	C	D	E
Passports	A	B	C	D	E
Divorce papers	A	B	C	D	E
Safe combinations	A	B	C	D	E
Other	A	B	C	D	E

### Deeds/Titles/Registrations

	Location				
Vehicle Titles	A	B	C	D	E
Abstracts	A	B	C	D	E
Deeds/Property	A	B	C	D	E
Safety Deposit Box/Keys	A	B	C	D	E
Important Keys	A	B	C	D	E
Other	A	B	C	D	E

### Banking/Investment Records

	Location				
Checking	A	B	C	D	E
Savings	A	B	C	D	E
Certificate of Deposits	A	B	C	D	E
Loans	A	B	C	D	E
Mortgage	A	B	C	D	E
Investments (Stocks, Bonds, Mutual Funds, Securities)	A	B	C	D	E
Retirement (401k, 403b, IRA's, Pensions)	A	B	C	D	E
Credit Card	A	B	C	D	E
Other	A	B	C	D	E

# Your Personal Document Locator & Guidelines

## Document Location

### Insurance Policies

	A	B	C	D	E
Home	A	B	C	D	E
Vehicles	A	B	C	D	E
Title Insurance	A	B	C	D	E
Property and Casualty	A	B	C	D	E
Life	A	B	C	D	E
Health	A	B	C	D	E
Life Insurance Claims	A	B	C	D	E
Other	A	B	C	D	E

### Location

### Personal Belongings/Business Papers

	A	B	C	D	E
Cash	A	B	C	D	E
Jewelry	A	B	C	D	E
Antiques	A	B	C	D	E
Firearms	A	B	C	D	E
Warranties	A	B	C	D	E
Contracts	A	B	C	D	E
College Records	A	B	C	D	E
Kids Assets	A	B	C	D	E
Other	A	B	C	D	E

### Location

### Money owed to Me/Us by

Name \_\_\_\_\_

Email/Street Address \_\_\_\_\_

Phone number \_\_\_\_\_

Amount \_\_\_\_\_

Document Location \_\_\_\_\_

Name \_\_\_\_\_

Email/Street Address \_\_\_\_\_

Phone number \_\_\_\_\_

Amount \_\_\_\_\_

Document Location \_\_\_\_\_