IMPORTANT DOCUMENTS CHECKLIST

TS PROSPERITY GROUP

Managing risk for your greater reward

Be Prepared for any emergency - Natural Disasters - Sudden Illness - Theft

		LOCATIO	DNS			
	Bank Safety Deposit Box	Home File Cabinet (Preferably Fireproof)	Lawyer's Office	Broker/ Bank	Home/ Location	Other
PROOF OF IDENTIFICATION	AND RELATION	ONSHIPS				
Social Security Card						
Birth Certificate						
Marriage Certificate						
Armed Forces Discharge Papers						
Passport						
Pre-Nuptual Agreement						
Divorce Certificate						
Divorce Settlement						
Adoption papers						
Naturalization or Residency Papers						
Genealogy						
Copy of your Drivers License						
TITLES OR DEEDS TO ANY PR	ROPERTY					
Real Estate						
Burial Plot Papers						
Motor Vehicles						
Boats						
Campers						
ADVANCE DIRECTIVES						
Power of Attorney for Health Care						
Living Will						
Organ Donor Information						
Do no Resuscitate Order (DNR)						
Any Pre-Paid Funeral Statements						

		LOCATIO	ONS			
	Bank Safety Deposit Box	Home File Cabinet (Preferably Fireproof)	Lawyer's Office	Broker/ Bank	Home/ Location	Other
INSURANCE POLICIES						
Life Insurance						
Homeowners Insurance						
Auto Insurance						
Long term care Insurance						
Disability						
Umbrella Liability Policy						
Agent's Name and Telephone Number						
FINANCIAL ACCOUNTS						
Brokerage Statement						
Retirement accounts						
Certificate of Deposits						
IRAs						
Bank Accounts						
US Savings Bonds						
Annuities						
Deferred Compensation Papers						
Inventory of Assets						
Partnership Agreement						
Outstanding Loans (Either owed by you or to you)						
Credit Card Accounts						
Will						
Durable Power of Attorney						
Trust Documents						
Safety Deposit Box Location						
Safety Deposit Box Key						
Personal Computer Location						
Location of Personal Computer Password						
Tax Documents						
Tax Returns for the last year						
Recent pay stub and W-2						
Estimated taxes (Paid and still owed)						

NAME AN	D CONTACT OF DO	CTORS
Name	Phone	Address
Name	Phone	Address
Name	Phone	Address
	MEDICATIONS	
Name		Prescription Number
Name		Prescription Number
Name		Prescription Number

	BAINK STATEIN		
	MONTHLY BILLS		
ACCOUNT NUMBER	PAYABLE TO	AMOUNT	DUE DATE
ALL O	NUMBER ACCOUNTS (IMPORT	TANT TO KEEP CLIPPEI	NT)
ALL O	NLINE ACCOUNTS (IMPORT	HANT TO KEEL CORKE	\'' <i>\</i>
ACCOUNT (EX. AMAZON, INVEST.		USERNAME	PASSWORD

Important Document Checklist 4 TSPG 1162 Rev 11/17