



Horizon
Federal Credit Union

PERSONAL RECORD KEEPER
FOR
PAPER DOCUMENTS
AND
SUMMARY OF FINANCIAL ACCOUNTS

NAME _____

DATE OF BIRTH _____

SOCIAL SECURITY # _____

EMERGENCY CONTACTS

NAME	PHONE

Information Needed in Event of Death

Document/Contact	Location/Contact
Final Instructions	
Will and Additional Copies	
Living Trust and Additional Copies	
Attorney Name	
Executor Name	
Deed and Mortgage Info	
Cemetery Plot records	
Life Insurance Policies	
Other Death Benefit information	
Pension Info for Beneficiary/Survivor	
Auto Titles/Registrations	
Funeral Home	
Trust Account(s)	

Information Needed in Event of Incapacity

Document	Location
POA for Health Care	
POA General Affairs	
Living Will	
Long term care Insurance	
Medical Insurance	
Property Casualty Insurance	
Auto Insurance	
Other Insurance	

Other Personal Documents

Document	Location
Birth Certificate	
Passport	
Social Security Card	
Military Papers	
Marriage Certificate	
Divorce Papers	
Adoption Papers	
Citizenship Papers	

Financial Records

Checking/Savings/Credit Union/Certificates				
Financial Institution	Contact Name	Phone	Acct Number	Location

Notes/Loans

Financial Institution	Contact Name	Phone	Acct Number	Location

401K and Other Pension Accounts

Financial Institution	Contact Name	Phone	Acct Number	Location

Stock/Bond/Mutual Fund/Brokerage Accounts

Financial Institution	Contact Name	Phone	Account Number	Location

OTHER FINANCIAL RECORDS

Personal Creditors or Debtors		
Creditor/Debtor Name	Nature of Debt	Location

Tax Records

Document	Location
Location of Personal Income Tax Returns	
Location of Tax Return Support Information	

Credit Cards/Revolving Accounts/Store Accounts

Credit Card Name	Account Number	Phone Number	Location

Safe Deposit Box Keys

Financial Institution/Address	Safe Deposit Box No.	Key Location

ADVISORS

Attorney
Name:
Address:
Phone:

Physician
Name:
Address:
Phone:
Name:
Address:
Phone:
Name:
Address:
Phone:

Accountant
Name:
Address:
Phone:

Insurance Agents
Name:
Address:
Phone:
Name:
Address:
Phone:

Stock Broker
Name:
Address:
Phone:

Executor of Estate
Name:
Address:
Phone:

Dentist
Name:
Address:
Phone:

Clergy
Name:
Church:
Address:
Phone:

Other Important Contacts		
Name	Address	Phone

WEBSITE ACCESS			
Site Address	User Name	Password	Security Key

