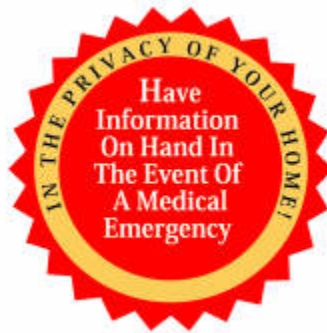




# *Documents Locator Record*



Categories to record locations of important documents and records

**Celebrating our 15th Year**

Developed, Published - Distributed by



CareManagerHome.com

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Media Group, LLC  
Orlando, Florida

HealthHistory.com  
(888) 669-9697



CareManagerPro.com

# **“Your Personal Health and Medical History”**

**Documents Locator ©**

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# DOCUMENTS LOCATOR RECORD ©

**THIS DOCUMENT  
PREPARED FOR:**

**LAST UPDATE:**

The need to furnish legal documents, property titles, family medical histories, financial records, and other important papers may be critical in an emergency situation.

Completing the Documents Locator in advance will help you avoid the unnecessary time, trauma and expense of having to locate important information under already stressful conditions. Taking the time now to fill in the Documents Locator Record for yourself or an aging relative will offer peace of mind.

The sooner you complete this section, the better. The content is extensive, so be realistic on figuring out how long this process will actually take to get the answers. Complete a small portion at a time. When you are finished, review the contents at least every six months for possible revisions and changes.

Store the original documents in a safe location that is accessible at all times. Make sure designated family members and advisors have copies of your record and related documents.

## *PERSONAL BANK INFORMATION*

**BANK NAME:**

**Name(s) on Account:**

**Type of Account:**

**Bank Telephone #:**

**Location of Documents:**

## *PERSONAL BANK INFORMATION*

**BANK NAME:**

**Name(s) on Account:**

**Type of Account:**

**Bank Telephone #:**

**Location of Documents:**

# DOCUMENTS LOCATOR RECORD ©

## *BOND*

Held By:	<input type="text"/>
Type of Bond:	<input type="text"/>
Bond Series Number:	<input type="text"/>
Location of Bond:	<input type="text"/>

## *SAFE-DEPOSIT BOX*

Box Holder:	<input type="text"/>
Has Access to Box:	<input type="text"/>
Telephone Number:	<input type="text"/>
Box Number:	<input type="text"/>
Key Location:	<input type="text"/>

## *HOME SAFE*

Has Access to Safe:	<input type="text"/>
Telephone Number:	<input type="text"/>
Location of Combination / Key:	<input type="text"/>

## *BUSINESS SAFE*

Has Access to Safe:	<input type="text"/>
Telephone Number:	<input type="text"/>
Has Access to Safe:	<input type="text"/>
Telephone Number:	<input type="text"/>
Location of Combination / Key:	<input type="text"/>

**DOCUMENTS LOCATOR RECORD ©**

**PERSONAL LOAN**

Name(s) on Loan:

Type of Loan:

Bank Telephone Number:

Loan Number:

Location of Documents:

**INSTALLMENT LOAN**

Name(s) on Loan:

Bank Telephone Number:

Loan Number:

Location of Documents:

**INSTALLMENT LOAN**

Name(s) on Loan:

Bank Telephone Number:

Loan Number:

Location of Documents:

**AUTOMATIC BILL PAYING**

Name of Store / Service :

Contact Name:

Telephone Number:

Date Payment Deducted:

**PERSONAL BANK INFORMATION**

Name of Store / Service:

Contact Name:

Telephone Number:

Date Payment Deducted:

**DOCUMENTS LOCATOR RECORD ©**

***BUSINESS BANK ACCOUNT***

**Name of Bank:**

**Type Acct / #**

**Business Name:**

**Bank Telephone Number:**

**Location of Documents:**

***BUSINESS LOAN***

**Name(s) on Loan:**

**Type of Loan:**

**Loan Number:**

**Bank Telephone Number:**

**Location of Documents:**

***CREDIT UNION***

**Credit Union Name:**

**Name(s) on Account(s):**

**Type of Account(s):**

**Account Number(s):**

**Location of Documents:**

***FOREIGN BANK ACCOUNT***

**Name(s) on Account:**

**Account Number:**

**Type of Account(s):**

**Bank Telephone Number:**

**Location of Documents:**

DOCUMENTS LOCATOR RECORD ©

*SAVINGS CERTIFICATE*

Depositor Certificate Number:

Bank:

Telephone Number:

Location of Certificates:

*SAVINGS CERTIFICATE*

Depositor Certificate Number:

Bank:

Telephone Number:

Location of Certificates:

*SAVINGS BOND*

Bond Held By:

Type of Bond:

Bond Series Number:

Location of Bond:

*SAVINGS CERTIFICATE*

Bond Held By:

Type of Bond:

Bond Series Number:

Location of Bond:

*SAVINGS BOND*

Bond Held By:

Type of Bond:

Bond Series Number:

Location of Bond:

# DOCUMENTS LOCATOR RECORD ©

## COMPANY PENSION

Name of Pension:	<input type="text"/>
Reference Number:	<input type="text"/>
Dates of Employment:	<input type="text"/>
Company Name / Telephone Number:	<input type="text"/>
Location of Documents:	<input type="text"/>

## RETIREMENT ACCOUNT

Name(s) on Account:	<input type="text"/>
Type of Account:	<input type="text"/>
Account Reference Number:	<input type="text"/>
Bank Name / Telephone Number:	<input type="text"/>
Location of Documents:	<input type="text"/>

## RETIREMENT ACCOUNT

Name(s) on Account:	<input type="text"/>
Type of Account:	<input type="text"/>
Account Reference Number:	<input type="text"/>
Bank Name / Telephone Number:	<input type="text"/>
Location of Documents:	<input type="text"/>

## SAVINGS CERTIFICATE

Depositor Certificate Number:	<input type="text"/>
Bank:	<input type="text"/>
Telephone Number:	<input type="text"/>
Location of Certificates:	<input type="text"/>



**DOCUMENTS LOCATOR RECORD ©**

*ACCESS CODES*

ATM Machine:

Voice Mail:

Debit Cards:

Bank-By-Phone Accounts:

*WILL*

Will of:

Attorney:

Telephone Number:

Location of Original Will:

Has Copies of Will:

Telephone:

*TRUST*

Established by Trust for:

Attorney Telephone Number:

Location of Original Trust:

Has Copies of Trust:

*LIVING WILL*

Will of:

Attorney Telephone Number:

Location of Original Will:

Has Copies of Living Will:

Telephone:

**DOCUMENTS LOCATOR RECORD ©**

***DURABLE POWER OF ATTORNEY***

<b>Given to:</b>	<input type="text"/>
<b>Telephone Number:</b>	<input type="text"/>
<b>Attorney Telephone Number:</b>	<input type="text"/>
<b>Location of Original Document:</b>	<input type="text"/>
<b>Has Copy of Papers:</b>	<input type="text"/>

***HEALTHCARE POWER OF ATTORNEY***

<b>Location of Original Document:</b>	<input type="text"/>
<b>Has Copies of Document:</b>	<input type="text"/>
<b>Agent Telephone Number:</b>	<input type="text"/>
<b>Account Name / Number:</b>	<input type="text"/>
<b>Name on Account:</b>	<input type="text"/>
<b>Name on Account:</b>	<input type="text"/>

***MEDICARE***

<b>Name of Insured:</b>	<input type="text"/>
<b>Claim Number:</b>	<input type="text"/>

***MEDICARE INSURANCE SUPPLEMENT***

<b>Name of Insured:</b>	<input type="text"/>
<b>Contract Number:</b>	<input type="text"/>
<b>Group Number:</b>	<input type="text"/>
<b>Insurance Company:</b>	<input type="text"/>
<b>Telephone Number:</b>	<input type="text"/>

**DOCUMENTS LOCATOR RECORD ©**

*LIFE INSURANCE*

**Name on Policy:**

**Policy Number:**

**Insurance Company:**

**Insurance Agent:**

**Telephone Number:**

**Location of Policy:**

*DISABILITY INSURANCE*

**Name on Policy:**

**Policy Number:**

**Insurance Company:**

**Insurance Agent:**

**Telephone Number:**

**Location of Policy:**

*HOMEOWNERS INSURANCE*

**Name on Policy:**

**Policy Number:**

**Insurance Company:**

**Insurance Agent:**

**Telephone Number:**

**Location of Policy:**

## DOCUMENTS LOCATOR RECORD ©

### *VEHICLE INSURANCE*

Name on Policy:	<input type="text"/>
Policy Number:	<input type="text"/>
Insurance Company:	<input type="text"/>
Insurance Agent:	<input type="text"/>
Telephone Number:	<input type="text"/>
Location of Policy:	<input type="text"/>

### *VEHICLE INSURANCE*

Name on Policy:	<input type="text"/>
Policy Number:	<input type="text"/>
Insurance Company:	<input type="text"/>
Insurance Agent:	<input type="text"/>
Telephone Number:	<input type="text"/>
Location of Policy:	<input type="text"/>

### *VALUABLES INSURANCE*

Name on Policy:	<input type="text"/>
Item Insured:	<input type="text"/>
Policy Number:	<input type="text"/>
Insurance Agent:	<input type="text"/>
Telephone Number:	<input type="text"/>
Location of Policy:	<input type="text"/>

**DOCUMENTS LOCATOR RECORD ©**

*RENTERS INSURANCE*

**Name on Policy:**

**Policy Number:**

**Insurance Company:**

**Insurance Agent:**

**Telephone Number:**

**Location of Policy:**

*BUSINESS INSURANCE*

**Name on Policy:**

**Policy Number:**

**Insurance Company:**

**Insurance Agent:**

**Telephone Number:**

**Location of Policy:**

*LIABILITY INSURANCE*

**Name on Policy:**

**Policy Number:**

**Insurance Company:**

**Insurance Agent:**

**Telephone Number:**

**Location of Policy:**

# DOCUMENTS LOCATOR RECORD ©

## VEHICLE OWNERSHIP

Vehicle Make & Model:	<input type="text"/>
Serial Number:	<input type="text"/>
Where Purchased:	<input type="text"/>
Name on Title:	<input type="text"/>
Telephone Number:	<input type="text"/>
Location of Policy:	<input type="text"/>

## VEHICLE OWNERSHIP

Vehicle Make & Model:	<input type="text"/>
Serial Number:	<input type="text"/>
Where Purchased:	<input type="text"/>
Name on Title:	<input type="text"/>
Telephone Number:	<input type="text"/>
Location of Policy:	<input type="text"/>

## CEMETERY PLOT

Owner:	<input type="text"/>
Plot Intended for:	<input type="text"/>
Cemetery Plot Location:	<input type="text"/>
Telephone Number:	<input type="text"/>
Location of Policy:	<input type="text"/>

DOCUMENTS LOCATOR RECORD ©

*REAL ESTATE OWNERSHIP*

Property Address

Legal Description:

Mortgage Company:

Phone & Loan Number:

Insurance Agent & Phone:

Location of Deed:

*REAL ESTATE OWNERSHIP*

Property Address

Legal Description:

Mortgage Company:

Phone & Loan Number:

Insurance Agent & Phone:

Location of Deed:

*REAL ESTATE OWNERSHIP*

Property Address

Legal Description:

Mortgage Company:

Phone & Loan Number:

Insurance Agent & Phone:

Location of Deed:

# DOCUMENTS LOCATOR RECORD ©

## *MAGAZINE AND NEWSPAPER SUBSCRIPTIONS*

Name of Publication:

Sent to:

Name of Publication:

Sent to:

Name of Publication:

Sent to:

## *CLUB MEMBERSHIP*

Organization:

Telephone Number:

## *CLUB MEMBERSHIP*

Organization:

Telephone Number:

## *MEMBERSHIP CARD*

Account Name:

Account Number:

Name on Account:

Location of Card:

## *MEMBERSHIP CARD*

Account Name:

Account Number:

Name on Account:

Location of Card:



# DOCUMENTS LOCATOR RECORD ©

## RELIGIOUS AFFILIATION

Denomination	<input type="text"/>	Name of Church:	<input type="text"/>
Address:	<input type="text"/>		
Clergy Telephone Number:	<input type="text"/>		

## BAPTISM RECORDS

Baptismal Name:	<input type="text"/>
Date of Baptism:	<input type="text"/>
Church Name:	<input type="text"/>
Telephone Number:	<input type="text"/>
Baptism Records Location:	<input type="text"/>

## BAR / BAT MITZVAH RECORDS

Name:	<input type="text"/>
Date of Bar / Bat Mitzvah:	<input type="text"/>
Synagogue:	<input type="text"/>
Telephone Number:	<input type="text"/>
Records Location:	<input type="text"/>

## ITEMS IN STORAGE

Stored in Name of:	<input type="text"/>
What is Being Stored:	<input type="text"/>
Storage Company:	<input type="text"/>
Telephone Number:	<input type="text"/>
Location of Documents:	<input type="text"/>

## DOCUMENTS LOCATOR RECORD ©

### ITEMS REPAIRED / RESTORED / CLEANED

Item Owner:	<input type="text"/>
Item Description:	<input type="text"/>
Shop Name:	<input type="text"/>
Telephone Number:	<input type="text"/>
Claim Ticket Location:	<input type="text"/>

### ITEMS REPAIRED / RESTORED / CLEANED

Item Owner:	<input type="text"/>
Item Description:	<input type="text"/>
Shop Name:	<input type="text"/>
Telephone Number:	<input type="text"/>
Claim Ticket Location:	<input type="text"/>

### ITEMS BORROWED

Item Description:	<input type="text"/>
Item Description:	<input type="text"/>
Telephone Number:	<input type="text"/>

### NATURALIZATION PAPER

Citizen Name:	<input type="text"/>
Place of Naturalization:	<input type="text"/>
Location of Papers:	<input type="text"/>

# DOCUMENTS LOCATOR RECORD ©

## EMPLOYMENT HISTORY

Company:

Company Address:

Dates of Employment:

City:  State:  Zip:

Company:

Company Address:

Dates of Employment:

City:  State:  Zip:

Company:

Company Address:

Dates of Employment:

City:  State:  Zip:

## MOTHER'S HISTORY

Mother's Name at Birth:

Birth Date:

Place of Birth:

Birth Certificate Location:

Mother's Name at Birth:

Mother's Name at Death:

Cause of Death:

Date of Death:

Burial Location:

Death Certificate Location:

# DOCUMENTS LOCATOR RECORD ©

## FATHER'S HISTORY

Father's Name at Birth:

Birth Date:

Place of Birth:

Birth Certificate Location:

Mother's Name at Birth:

Father's Name at Death:

Cause of Death:

Date of Death:

Burial Location:

Death Certificate Location:

## HOME INVENTORY (*fixtures, furniture, equipment, appliances*)

Item Description:

Model Number:

Purchase Price:

Value of Item Today:

Location of Receipt:

Location of Warranty:

Is Promised to:

## PERSONAL ITEMS INVENTORY (*clothes, books, photos, mementos*)

Item Description:

Model Number:

Purchase Price:

Value of Item Today:

Location of Receipt:

Is Promised to:

## DOCUMENTS LOCATOR RECORD ©

### *VALUABLES INVENTORY (collections, jewelry, artwork, antiques)*

Item Description:	<input type="text"/>
Serial Number:	<input type="text"/>
Purchase Price:	<input type="text"/>
Value of Item Today:	<input type="text"/>
Location of Receipt:	<input type="text"/>
Is Promised to:	<input type="text"/>

### *VALUABLES INVENTORY (collections, jewelry, artwork, antiques)*

Item Description:	<input type="text"/>
Serial Number:	<input type="text"/>
Purchase Price:	<input type="text"/>
Value of Item Today:	<input type="text"/>
Location of Receipt:	<input type="text"/>
Is Promised to:	<input type="text"/>

### *BUSINESS INVENTORY (fixtures, furniture, equipment, appliances)*

Item Description:	<input type="text"/>
Serial Number:	<input type="text"/>
Purchase Price:	<input type="text"/>
Value of Item Today:	<input type="text"/>
Location of Receipt:	<input type="text"/>
Location of Warranty:	<input type="text"/>
Is Promised to:	<input type="text"/>

## DOCUMENTS LOCATOR RECORD ©

### *PET HISTORY*

Name of Pet:

Breed:

Birth Date:

Sex:

Animal Hospital:

Animal Hospital Telephone:

### *PET HISTORY*

Name of Pet:

Breed:

Birth Date:

Sex:

Animal Hospital:

Animal Hospital Telephone:

### *FAMILY PETS*

Name of Pet / is Promised to:

Name of Pet / is Promised to:

DOCUMENTS LOCATOR RECORD ©

CREDIT CARDS / BANK CARDS

Account Name:	<input type="text"/>	Account Name:	<input type="text"/>
Account Number:	<input type="text"/>	Account Number:	<input type="text"/>
Issued By:	<input type="text"/>	Issued By:	<input type="text"/>
Phone Number:	<input type="text"/>	Phone Number:	<input type="text"/>

Account Name:	<input type="text"/>	Account Name:	<input type="text"/>
Account Number:	<input type="text"/>	Account Number:	<input type="text"/>
Issued By:	<input type="text"/>	Issued By:	<input type="text"/>
Phone Number:	<input type="text"/>	Phone Number:	<input type="text"/>

Account Name:	<input type="text"/>	Account Name:	<input type="text"/>
Account Number:	<input type="text"/>	Account Number:	<input type="text"/>
Issued By:	<input type="text"/>	Issued By:	<input type="text"/>
Phone Number:	<input type="text"/>	Phone Number:	<input type="text"/>

Account Name:	<input type="text"/>	Account Name:	<input type="text"/>
Account Number:	<input type="text"/>	Account Number:	<input type="text"/>
Issued By:	<input type="text"/>	Issued By:	<input type="text"/>
Phone Number:	<input type="text"/>	Phone Number:	<input type="text"/>

DOCUMENTS LOCATOR RECORD ©

CREDIT CARDS / BANK CARDS

Account Name:	<input type="text"/>	Account Name:	<input type="text"/>
Account Number:	<input type="text"/>	Account Number:	<input type="text"/>
Issued By:	<input type="text"/>	Issued By:	<input type="text"/>
Phone Number:	<input type="text"/>	Phone Number:	<input type="text"/>

Account Name:	<input type="text"/>	Account Name:	<input type="text"/>
Account Number:	<input type="text"/>	Account Number:	<input type="text"/>
Issued By:	<input type="text"/>	Issued By:	<input type="text"/>
Phone Number:	<input type="text"/>	Phone Number:	<input type="text"/>

*Stock Certificates*

Brokerage Firm / Bank Name:	<input type="text"/>		
Office Address	<input type="text"/>		
Financial Advisor's Name:	<input type="text"/>	Tel#:	<input type="text"/>
Check Items: Stocks:	<input type="radio"/>	Bonds:	<input type="radio"/>
Mutual Funds:	<input type="radio"/>	CDs:	<input type="radio"/>
401K:	<input type="radio"/>		
Annuities:	<input type="radio"/>	<input type="text"/>	

Brokerage Firm / Bank Name:	<input type="text"/>		
Office Address	<input type="text"/>		
Financial Advisor's Name:	<input type="text"/>	Tel#:	<input type="text"/>
Check Items: Stocks:	<input type="radio"/>	Bonds:	<input type="radio"/>
Mutual Funds:	<input type="radio"/>	CDs:	<input type="radio"/>
401K:	<input type="radio"/>		
Annuities:	<input type="radio"/>	<input type="text"/>	
Location of Records	<input type="text"/>		