DOCUMENT LOCATOR

Organization is half the financial planning process. In order to help you with this task, a document locator has been provided. Take time to complete it now, and update it every six or twelve months. Keeping the document locator current will help you get a better understanding of your financial picture and help your executor settle your estate faster.

DIRECTIONS

- Each adult should complete the following questions individually.
- Leave blank any item that does not apply to you. Include the location and a brief description of those items that apply to you.
- This record should be kept in a secure location known to your spouse, if married; or to a friend or relative, if not married.
- Complete the information now and bring it up to date at least annually.

Name: ______________________________________ Date: ____________ Social Security Number: __ __ __ - __ __ - __ __ __ __

Note the following important information:

1) I have written a personal letter to ____.

The letter is located ____.

2) I have made a living will: Yes ☐ No ☐

The following people have copies of this will: ____.

3) I have made arrangements to donate ____ for transplant.

Please call ____ immediately in case of death.

4) Other important documents ____

The following are to be contacted in the event of my death:

Attorney ____ Phone ______-______-______

Tax Advisor ____ Phone ______-______-______

Accountant ____ Phone ______-______-______

Executor ____ Phone ______-______-______

Trustee ____ Phone ______-______-______

Employee Benefit Manager ______________________________________ Phone ______-______-______

I belong to the following organizations, which I would want notified in the event of my death:

______________________ ______________________ ______________________

______________________ ______________________ ______________________

Dreyfus

A BNY MELLON COMPANY℠

Automobile Papers

1. Registration ______________________________

Bill of Sale ______________________________

Finance Agreement/Lease ______ ______________________________

2. Registration ______________________________

Bill of Sale ______________________________

Finance Agreement/Lease ______________________________

Bank-Account Books and Papers

Checking Acct. #______________________________

Bank & Address ______________________________

____

Other Signature ______________________________

Checking Acct. #______________________________

Bank & Address ______________________________

____

Other Signature ______________________________

Savings Acct. #______________________________

Bank & Address ______________________________

____

Other Signature ______________________________

Savings Acct. #______________________________

Bank & Address ______________________________

____

Other Signature ______________________________

Cert. of Deposit ______________________________

Bank & Address ______________________________

____

Other Signature ______________________________

Cert. of Deposit ______________________________

Bank & Address ______________________________

____

Other Signature ______________________________

Baptismal Certificate

Birth Certificate

Burial Instructions

Deeds

Primary Residence

Secondary Residence

Mortgage – Primary

Mortgage – Secondary

Leases

Cemetery Plot

Divorce Papers

Employee-Benefit Data

Group-Insurance Plans

Pension Plan

Savings/Profit-Sharing Plan

Other Employee Benefits

Income Tax Returns

Federal

State

Other

Insurance Policies

Life *(attach schedule if necessary)* ____________________

____

Accident/Health ____________________

____

Disability ____________________

Property/Casualty ____________________

Major Medical ____________________

Other ____________________

Marriage Certificate

____

Medical and Dental Information

____

____

____

Power of Attorney

____

____

Safe Deposit Box

Location ____________________

Box Number ____________________

Other Persons Having Access to Box

____

Location of Keys ____________________

Contents ____________________

Safe Deposit Box

Location ____________________

Box Number ____________________

Other Persons Having Access to Box

____

Location of Keys ____________________

Contents ____________________

Securities Certificates

(attach schedule if necessary)

Stocks ______________________________

____

____

Bonds ______________________________

____

____

Money Market Funds ______________________________

____

Other ______________________________

Social Security Cards

____

Wills/Trust Agreements

Original ______________________________

Conformed copies ______________________________

Learn More | Please speak with an estate planning specialist for more information on estate management issues, or with your financial advisor for more information on Dreyfus products and services.

This information is general in nature and is not intended to constitute tax or estate planning advice. Please consult your tax or estate planning advisor for more detailed information on these issues and advice on your specific situation.

IST-EPDL-0914A