



Judge Elinore Marsh Stormer
Summit County Probate Court, 209 S. High Street, Akron, OH 44308
330-643-2350 www.summitohioprobate.com

Personal Records and Important Documents - Yellow Sheet

Name: _____ Date: _____

Fill out this form and store it in a safe place along with other important documents. Tell your spouse or partner, adult child, trusted friend or relative where this information could be found in an emergency. Fill out any section that applies. If you need additional space, please attach the information on a separate sheet indicating the title of those sections.

Social Security _____ Date of Birth _____

Contact regarding S.S. information and benefits: _____

Other Pension information: _____ Contact: Phone and/ or email _____

Family: (Spouse/Partner, Children, Close Relative or Trusted Friend)

Name: _____ Relation: _____ Contact: Phone/email _____

Doctor and other trusted advisors: (Examples might be: Lawyer, Accountant, Pastor, Friend)

Name: _____ Relationship: _____ Contact: Phone/email _____

My Church home (if applicable): _____

Healthcare Checklist

Driver's License/Organ Donor Card: Location: _____

Health Insurance Co., Medicare Original or Medicare Advantage Company: _____

ID Number: _____

Healthcare, Medicare Prescription Drug Coverage Company: _____

ID Number: _____

Other Health Insurance Policy (Medigap) Company: _____

Healthcare Power of Attorney: Name: _____

Contact: Phone/email: _____ Location: _____

Living Will/Advanced Directives

Location: _____ Contact: Phone/email _____

Do Not Resuscitate (DNR) Order:

Location: _____ Contact: _____

Last Will and Testament: Location: _____

Burial Policy/Funeral Plan/Declaration for Funeral Arrangements: Location: _____

Contact: Phone/email _____

Cemetery Property: Ownership Certificate location: _____

Document Checklist

Birth Certificate: Location: _____

Name on Certificate: _____

Date of Birth: _____ City/County: _____ State: _____

Father's Name: _____

Mother's Name: _____

Marriage License: Location: _____

Wedding Date: _____ City/County: _____ State: _____

Divorce Records: Location: _____

Divorce Date: _____ City/County: _____ State: _____

Military Records

DD214 Location: _____ Military ID No.: _____

Veterans Benefits/Info.: _____

Military Retirement Benefits (Branch of Military/Contact: Phone No.): _____

Financial Checklist

Financial Power of Attorney:

Name: _____ Contact: Phone/email _____ Location: _____

Assets: (Checking Accounts, Savings Accounts, CDs, etc.)

Bank/Institution	Account Number	Name(s) on Account	Branch Location/Phone	Online banking:
				Username: Password: Answer to security question:
				Username: Password: Answer to security question:
				Username: Password: Answer to security question:

Investment Checklist:

Safe Deposit Box: Location: _____ Key Location: _____ Contents: _____

Retirement, 401(k) and/or IRA Documents

Company/Contact: Phone/email _____

Investments-Stocks/Bonds and Brokerage Accounts

Location/contact person: _____ Contact/Phone No. /email: _____

Life Insurance Policies:

Name of Ins. Co.	Phone/email	Policy No.	Beneficiary	Value

Deed(s) to Home and/or Property: Location: _____

Mortgage Co. Name/Policy No.: _____ Contact: _____

Additional Property: _____ Mortgage Co. Name/Policy No.: _____

Contact: _____

Rental Agreement: Location: _____ Contact: Phone/email: _____

Automobile and Other Vehicle Ownership: (Auto, truck, motorcycle, motor home, boat, etc.)

Vehicle ID No.	Year	Make	Model	Title Location

Miscellaneous Valuables/Heirlooms/Items of Sentimental Value:

Item: _____ Location: _____ Who to receive: _____

Debts or Credit Cards (may also include personal, home, car, or student loans):

Credit Card/Loan Co./Debt	Account Number	Name(s) on Account	Online account/payment information if applicable:	Location of documents and/or cards:
			Username: Password: Answer to security question:	
			Username: Password: Answer to security question:	
			Username: Password: Answer to security question:	

Electronic & Media Checklist:

Cell Phone Passcode: _____

Computer/l-pad/other:

Item and Location: _____ User Name: _____

Password: _____ Answer to Security Question: _____

Item and Location: _____ User Name: _____

Password: _____ Answer to Security Question: _____

Miscellaneous Online/Digital Accounts and Websites (E-mail, Facebook, Twitter, PayPal, eBay, etc)

Name of Website and Web Address: _____

User Name: _____ Password: _____

Name of Website and Web Address: _____

User Name: _____ Password: _____

Name of Website and Web Address: _____

User Name: _____ Password: _____

Name of Website and Web Address: _____

User Name: _____ Password: _____

What to pay, close, or cancel:

Utilities:	Company	Account No.	Contact	Username/Password if applicable
Gas				
Electric				
Water				
Phone				
Cable/Internet				

Please Contact the Following:

Relationship (Friend, family, employer)	Contact information (Phone, email or address)

Information I would like included in my Obituary: _____

Type of Burial/funeral: _____

In the event of my passing, please request 10 copies of my death certificate for legal purposes from the county health department, doctor or funeral director.