



Your Valuable Papers

By Suzann E. Knight, M.O.E., M.S., CFP, Extension Specialist
Family Resource Management

Taking time to organize your papers and financial records may be the best investment you ever make. It's important for all people in the household to know where household papers or records are kept and who to turn to for advice in case of an emergency. Planning ahead by completing these forms can save much time and money if emergencies or deaths occur.

Keep an additional copy of these forms in your safe deposit box at the bank or in another safe place away from the home. Revise as needed to keep information up-to-date.

NAME(S): _____

DATE PREPARED: _____

FINANCIAL ADVISORS

Accountant

Name _____
Address _____
Phone Number _____
E-mail _____

Insurance Agent(s)

Name _____
Address _____
Phone Number _____
E-mail _____

Banker

Name _____
Address _____
Phone Number _____
E-mail _____

Name

Address _____
Phone Number _____
E-mail _____

Executor/Executrix of Will(s)

Name _____
Address _____
Phone Number _____
E-mail _____

Lawyer

Name _____
Address _____
Phone Number _____
E-mail _____

Name _____
Address _____
Phone Number _____
E-mail _____

Stock Broker

Name _____
Address _____
Phone Number _____
E-mail _____

Financial Planner

Name _____
Address _____
Phone Number _____
E-mail _____

Other

Name _____
Address _____
Phone Number _____
E-mail _____

POWER OF ATTORNEY

If you have given someone the written legal power to act for you in case conditions make you unable to handle your own affairs, indicate below.

Name _____
 Address _____
 Phone Number _____
 Purpose _____
 E-mail _____
 Durable Power Yes No

Name _____
 Address _____
 Phone Number _____
 Purpose _____
 E-mail _____
 Durable Power Yes No

HOUSEHOLD MEMBERS

Name _____
 Social Security Number _____
 Date of Birth _____
 Place of Birth _____
 Date of Marriage _____
 Date of Divorce _____
 Date of Death _____

Name _____
 Social Security Number _____
 Date of Birth _____
 Place of Birth _____
 Date of Marriage _____
 Date of Divorce _____
 Date of Death _____

Name _____
 Social Security Number _____
 Date of Birth _____
 Place of Birth _____
 Date of Marriage _____
 Date of Divorce _____
 Date of Death _____

Name _____
 Social Security Number _____
 Date of Birth _____
 Place of Birth _____
 Date of Marriage _____
 Date of Divorce _____
 Date of Death _____

CLOSE RELATIVES AND FRIENDS

List those persons who should be notified when serious emergencies occur.

Name _____
 Address _____
 Phone Number _____

Name _____
 Address _____
 Phone Number _____

EMPLOYMENT RECORDS

Name _____
 Employer _____
 Address _____
 Phone Number _____
 Date of Employment _____
 Supervisor _____
 Wages/Salary _____
 Duties _____
 Benefits- attach benefit booklet(s)
 Retirement _____
 Life Insurance _____
 Health/Disability/Dental _____

Name _____
 Employer _____
 Address _____
 Phone Number _____
 Date of Employment _____
 Supervisor _____
 Wages/Salary _____
 Duties _____
 Benefits- attach benefit booklet(s)
 Retirement _____
 Life Insurance _____
 Health/Disability/Dental _____

HEALTH RECORDS

Name _____
 Doctor's name, _____
 Address _____
 Phone Number _____
 Hospital Address _____
 Phone Number _____
 Blood Type _____
 Allergies _____
 Illness, Disease, Accident, Immunizations _____

HEALTH RECORDS (continued)

Name _____
Doctor's Name, _____
Address _____
Phone Number _____
Hospital Address _____
Phone Number _____
Blood Type _____
Allergies _____
Illness, Disease, Accident, Immunizations _____

Name _____
Doctor's Name, _____
Address _____
Phone Number _____
Hospital Address _____
Phone Number _____
Blood Type _____
Allergies _____
Illness, Disease, Accident, Immunizations _____

Name _____
Doctor's Name, _____
Address _____
Phone Number _____
Hospital Address _____
Phone Number _____
Blood Type _____
Allergies _____
Illness, Disease, Accident, Immunizations _____

LIFE INSURANCE

Company _____
Name of Agent _____
Phone Number _____
Type of Policy _____
Policy Number _____
Owner _____
Beneficiary(ies) _____

Death Benefit _____
Annual Premium _____
Amount of Loan (if applicable) _____

LIFE INSURANCE (continued)

Company _____
Name of Agent _____
Phone Number _____
Type of Policy _____
Policy Number _____
Owner _____
Beneficiary(ies) _____

Death Benefit _____
Annual Premium _____
Amount of Loan (if applicable) _____

HEALTH, DISABILITY, AND LONG TERM CARE INSURANCE

Company _____
Phone Number _____
Type of Policy _____
Policy Number _____
Name of Insured _____
Annual Premium _____

Company _____
Phone Number _____
Type of Policy _____
Policy Number _____
Name of Insured _____
Annual Premium _____

REAL AND PERSONAL PROPERTY INSURANCE

(Home, car, boat, etc.)

Company _____
Phone Number _____
Type of Policy _____
Policy Number _____
Annual Premium _____
Expiration Date _____

Company _____
Phone Number _____
Type of Policy _____
Policy Number _____
Annual Premium _____
Expiration Date _____

Company _____
Phone Number _____
Type of Policy _____
Policy Number _____
Annual Premium _____
Expiration Date _____

REAL ESTATE

Location _____
Owner(s) and Type of Ownership _____
Purchase Date _____
Purchase Price _____
Date Deed Recorded _____
Place Deed Recorded _____
Lender _____
Address _____
Phone Number _____
Amount of Original Mortgage _____
Interest Rate _____
Term _____
Refinanced Lender _____
Address _____
Phone Number _____
Amount of Mortgage _____
Interest Rate _____
Term _____

Location _____
Owner(s) and Type of Ownership _____
Purchase Date _____
Purchase Price _____
Date Deed Recorded _____
Place Deed Recorded _____
Lender _____
Address _____
Phone Number _____
Amount of Original Mortgage _____
Interest Rate _____
Term _____
Refinanced Lender _____
Address _____
Phone Number _____
Amount of Mortgage _____
Interest Rate _____
Term _____

Home Improvements
Description _____
Date _____
Cost _____

Home Improvements
Description _____
Date _____
Cost _____

Cemetery Plot Located _____

Cemetery Plot Located _____

SECOND MORTGAGE / HOME EQUITY CREDIT LINE

Lender _____
Address _____
Phone Number _____
Amount of Loan or Credit Line _____
Interest Rate _____
Term _____

INSTALLMENT LOANS

Lender _____
Address _____
Phone Number _____
Purpose _____
Asset make/model/year/serial number _____

Total Amount Borrowed _____
Interest Rate _____
Due Date of Final Payment _____

Lender _____
Address _____
Phone Number _____
Purpose _____
Asset make/model/year/serial number _____

Total Amount Borrowed _____
Interest Rate _____
Due Date of Final Payment _____

Lender _____
Address _____
Phone Number _____
Purpose _____
Asset make/model/year/serial number _____

Total Amount Borrowed _____
Interest Rate _____
Due Date of Final Payment _____

MONEY OWED TO FAMILY/FRIENDS

Lender _____
Address _____
Phone Number _____
Amount _____
Interest Rate _____
Date Due _____

Lender _____
Address _____
Phone Number _____
Amount _____
Interest Rate _____
Date Due _____

CREDIT/DEBIT CARDS

Credit Card Debit Card

Company _____
Address _____
Phone Number _____
Account Number _____
In Whose Name(s) _____

Number of Cards _____
Interest Rate _____
Annual Fee _____
Credit Line _____
Expiration Date _____

Credit Card Debit Card

Company _____
Address _____
Phone Number _____
Account Number _____
In Whose Name(s) _____

Number of Cards _____
Interest Rate _____
Annual Fee _____
Credit Line _____
Expiration Date _____

Credit Card Debit Card

Company _____
Address _____
Phone Number _____
Account Number _____
In Whose Name(s) _____

Number of Cards _____
Interest Rate _____
Annual Fee _____
Credit Line _____
Expiration Date _____

Credit Card Debit Card

Company _____
Address _____
Phone Number _____
Account Number _____
In Whose Name(s) _____

Number of Cards _____
Interest Rate _____
Annual Fee _____
Credit Line _____
Expiration Date _____

CHECKING ACCOUNT(S)

Name of Bank _____
Address _____
Phone Number _____
Type of Account _____
Account Number _____
In Whose Name(s) _____

Interest Rate _____

Name of Bank _____
Address _____
Phone Number _____
Type of Account _____
Account Number _____
In Whose Name(s) _____

Interest Rate _____

SAVINGS ACCOUNTS

Name of Bank _____
Address _____
Phone Number _____
Type of Account _____
Account Number _____
In Whose Name _____
Interest Rate _____

Name of Bank _____
Address _____
Phone Number _____
Type of Account _____
Account Number _____
In Whose Name _____
Interest Rate _____

TRUST ACCOUNTS

Name of Trustee _____
Address _____
Phone Number _____
Type of Trust _____
Grantor _____
Beneficiary _____

Name of Trustee _____
Address _____
Phone Number _____
Type of Trust _____
Grantor _____
Beneficiary _____

CERTIFICATES OF DEPOSIT

Name of Bank _____
Address _____
Phone Number _____
In Whose Name(s) _____
Interest Rate _____
Maturity Date _____

Name of Bank _____
Address _____
Phone Number _____
In Whose Name(s) _____
Interest Rate _____
Maturity Date _____

BONDS

Kind/Company _____
Series _____
Serial Number _____
In Whose Name(s) _____
Date purchased and Price _____
Maturity Date and Value _____
Beneficiary _____

Kind/Company _____
Series _____
Serial number _____
In Whose Name(s) _____
Date purchased and Price _____
Maturity Date and Value _____
Beneficiary _____

ANNUITIES

Company _____
Address _____
Phone Number _____
Type _____
Account Number _____
Annuitant _____
Date purchased and Cost _____
Beneficiary _____

Company _____
Address _____
Phone Number _____
Type _____
Account Number _____
Annuitant _____
Date purchased and Cost _____
Beneficiary _____

STOCKS

Company _____
Serial Number _____
Number of Shares _____
Owner(s) _____
Date purchased _____
Cost per Share _____

Company _____
Serial Number _____
Number of Shares _____
Owner(s) _____
Date purchased _____
Cost per Share _____

MUTUAL FUNDS

List mutual fund(s) and money market fund(s)
Company _____
Address _____
Phone Number _____
Fund Type _____
In whose Name(s) _____
Account Number _____
Date purchased and Cost _____
Beneficiary _____

Company _____
Address _____
Phone Number _____
Fund Type _____
In whose Name(s) _____
Account Number _____
Date purchased and Cost _____
Beneficiary _____

Company _____
Address _____
Phone Number _____
Fund Type _____
In whose Name(s) _____
Account Number _____
Date purchased and Cost _____
Beneficiary _____

For additional space, photocopy as needed:

ADDITIONAL HOUSEHOLD MEMBERS

Name _____
Social Security Number: _____
Date of Birth _____
Place of Birth _____
Date of Marriage _____
Date of Divorce _____
Date of Death _____

ADDITIONAL EMPLOYMENT RECORDS

Name _____
Employer _____
Address _____
Phone Number _____
Date of Employment _____
Supervisor _____
Wages/Salary _____
Duties _____
Benefits – attach benefits booklet(s) _____
Retirement _____
Life Insurance _____
Health/Disability/Dental _____

ADDITIONAL HEALTH RECORDS

Name _____
Doctor's name _____
Address _____
Phone number _____
Hospital Address _____
Phone number _____
Blood Type _____
Allergies _____
Illness, Disease, Accident, Immunizations _____

ADDITIONAL POLICY INFORMATION

Company _____
Agent's name _____
Type of policy _____
Policy number _____
Owner _____
Beneficiary(ies) _____

Annual Premium _____
Death Benefit/Cash Value/Loan Amount (if applicable) _____
Expiration Date _____

ADDITIONAL ASSET INFORMATION

Type _____
Company _____
Contact Info _____

Serial/Acct No. _____
In Whose Name(s) _____
Date purchased/Cost _____
Number of shares _____
Maturity Date and Value _____
Beneficiary _____
Interest Rate _____

Type _____
Company _____
Contact Info _____

Serial/Acct No. _____
In Whose Name(s) _____
Date purchased/Cost _____
Number of shares _____
Maturity Date and Value _____
Beneficiary _____
Interest Rate _____

ADDITIONAL LOAN INFORMATION

Type _____
Lender _____
Contact Info _____

Loan No _____
In Whose Name(s) _____
Date borrowed _____
Total amount borrowed _____
Due date of final payment _____
Interest rate _____

Type _____
Lender _____
Contact Info _____

Loan No _____
In Whose Name(s) _____
Date borrowed _____
Total amount borrowed _____
Due date of final payment _____
Interest rate _____



*If additional space is needed,
photocopy or download this page from
http://ceinfo.unh.edu/Pubs/PubsMM/value_p.pdf*

WHERE TO KEEP YOUR VALUABLE PAPERS

There are three places records should be kept: in your wallet, in a safe deposit box, and at home.

IN YOUR WALLET

Documents that are easier to replace can be in your wallet:

- ◆ Card showing medical problems/information
- ◆ Credit/Debit cards
- ◆ Driver's license
- ◆ Health Insurance card
- ◆ Membership cards
- ◆ Mini version of Living Will
- ◆ Name of doctor and/or person to call in case of accident
- ◆ Organ donor card
- ◆ Personal Identification

IN A SAFE DEPOSIT BOX

Important documents that are difficult or costly to replace should be kept in a safe deposit box in a bank, such as:

- ◆ A list of records in your home file
- ◆ A list of insurance policies (including policy numbers, name and address of companies, agents' names, property or persons insured, beneficiary)
- ◆ Certificates: birth, death, marriage, divorce, citizenship, adoption, baptism and confirmation
- ◆ Certificates of deposit
- ◆ Contracts, notes and debts
- ◆ Copy of bank account information
- ◆ Copy of your will -- original in attorney's office
- ◆ Corporate stock certificates and corporate bonds, if security is kept with a broker, include a list of company, issue, serial number, kind, maturity date, or number of shares and type, date of purchase, cost, location, owner's name
- ◆ Deeds
- ◆ Government bonds and securities or a list of security, serial number, owner's names, beneficiary, date of purchase, price, value at maturity
- ◆ Household inventory
- ◆ List of financial advisors
- ◆ Military service records
- ◆ Other legal documents
- ◆ Patents/copyrights
- ◆ Social Security card
- ◆ Title and bill of sale for automobile, truck, motorcycle, etc. (this information may also be kept in your home)
- ◆ Trust(s)
- ◆ Valuables

AT HOME

The majority of your records and papers should be kept at your home, including:

HOUSEHOLD RECORDS

- ◆ Copy of Social Security Card
- ◆ Health records, Living Will, Advance Directives
- ◆ Licenses to practice (if applicable)
- ◆ Medical records
- ◆ Names, addresses and telephone numbers of financial advisors*

PROPERTY RECORDS

- ◆ Copies of titles for automobiles, motorcycles, etc.
- ◆ Copy of household inventory
- ◆ Guarantees and warranties
- ◆ Instruction books (for appliances, automobiles, etc.)

FINANCIAL RECORDS

- ◆ Bank account information, name and address of bank, owner(s) and account number(s)*
- ◆ Charge accounts - list names and addresses of companies and number of each charge account*
- ◆ Copy of letter of last instructions and "Funeral Planning Guidelines" - give original to executor(trix)
- ◆ Copy of your will
- ◆ Debts - list of person(s) owed money and those who owe you. List amount owed, rate and amount of interest, number and amount of payments and final payment*
- ◆ Education and employment records - transcripts, names and addresses of former employers and dates employed
- ◆ Income tax returns and supporting evidence
- ◆ Insurance policies
- ◆ Real estate ownership information including home improvement records
- ◆ Safe deposit box information - owner(s), bank name and address, location of keys and list of contents
- ◆ Receipts
- ◆ Sales slips
- ◆ Spending/Savings Plan - monthly and annual

* May also be kept in the safe deposit box

LOCATION OF YOUR VALUABLE PAPERS

RECORD	WHERE KEPT	RECORD	WHERE KEPT
Advance Directives	_____	List of Credit Card(s)	_____
Animal Record(s)	_____	List of Financial Advisors	_____
Annuities	_____	List of Insurance Policy(ies)	_____
Appliance Instruction Books	_____	List of Stock and Bond Certificates	_____
Automobile Title(s)	_____	Loan Contracts	_____
Automobile Bill(s) of Sale	_____	Marriage Records, Divorce Papers	_____
Automobile Registration(s)	_____	Military Service Record(s)	_____
Birth Certificates, Adoption Papers	_____	Mortgage Papers	_____
Canceled Checks	_____	Mutual Fund Records	_____
Certificate(s) of Deposit	_____	Passport(s)	_____
Checkbook(s)	_____	Patents/Copyrights	_____
Church (baptismal or confirmation papers)	_____	Power of Attorney	_____
Citizenship Paper(s)	_____	Property Map	_____
Contract Papers	_____	Other Legal Documents	_____
Death Certificates	_____	Safe Deposit Box	_____
Deeds	_____	Key(s) to Safe Deposit Box	_____
Diploma(s)	_____	Savings Books/Statements	_____
Employment Record	_____	Stock and Bond Certificates	_____
Funeral Arrangements	_____	Retirement Records	_____
Guarantees and Warranties	_____	Social Security Card	_____
Health Records	_____	Copy of Social Security Card	_____
Home Improvement Records	_____	Tax Records	_____
Household Inventory	_____	Trust(s)	_____
Important Receipts	_____	Vehicle Title(s)	_____
Income and Property Records	_____	Will(s)	_____
Automatic electronic bill payment list	_____	Copy of Will(s)	_____

WHEN TO TOSS YOUR VALUABLE PAPERS

PAPERS TO TOSS

- All quarterly statements for which you now have an annual report
- All material involving securities you no longer own except transaction records
- All canceled checks made out to cash, supermarkets, relatives, friends after reconciling the bank statement
- Bills, receipts and warranties for items you no longer own

PAPERS TO TOSS AFTER ONE YEAR

- Bills and receipts for routine expenses
- Credit card bills
- Monthly statements from your bank, brokerage, mutual funds. Keep the annual statement.
- Most canceled checks not for tax deduction, home improvement or documentation of purchase
- Receipts for everyday purchases

PAPERS TO KEEP MORE THAN ONE YEAR

- Accident reports (until claim is resolved)
- Brokerage and mutual fund transactions (for at least 3 years)
- Insurance policies (until claim is resolved)
- Loan records (until loan is closed and for at least 3 years)
- Major purchase receipts (until you no longer have the item)
- Stock option agreements (until no longer own the stock and for at least 3 years)
- Tax records including alimony payments, charitable contributions, copies of tax returns, medical bills, partnership agreements, property tax records, 1099's, supporting documentation for tax returns (for at least 3 years)

PAPERS TO KEEP ALL YOUR LIFE

- Alimony agreement
- Birth Certificates
- Custody agreement
- Death certificates
- Divorce Decree
- List of financial assets
- List of financial advisors
- Medical records
- Military papers
- Naturalization papers
- Power of attorney
- Prenuptial agreement
- Property records including deed, title, receipts and canceled checks for capital improvements
- Trust agreements
- Videotape or photos of valuables
- W-2 statements

Developed by Suzann Enzian Knight, M.O.E., M.S., CFP, University of New Hampshire Cooperative Extension Family Resource Management Specialist, who acknowledges material adapted from Cornell Cooperative Extension. UNH Cooperative Extension offers money management seminars, learn-at-home series and publications. Call your UNH Cooperative Extension county office, listed below, to learn more.



**UNH Cooperative Extension
County Offices**

BELKNAP

36 County Drive
Laconia, NH 03246-2900
(603) 527-5475

CARROLL

73 Main St.
P.O. Box 1480
Conway, NH 03818
(603) 447-3834

CHESHIRE

800 Park Ave.
Keene, NH 03431-1513
(603) 352-4550

COÖS

629A Main St.
Lancaster, NH 03584-9612
(603) 788-4961

GRAFTON

3855 Dartmouth College Hwy.
Box 5
North Haverhill, NH 03774
(603) 787-6944

HILLSBOROUGH

329 Mast Rd.
Goffstown, NH 03045-2418
(603) 641-6060

MERRIMACK

315 Daniel Webster Hwy
Boscawen, NH 03303
(603) 796-2151

ROCKINGHAM



113 North Road
Brentwood, NH 03833
(603) 679-5616

STRAFFORD

259 County Farm Road, Unit 5
Dover, NH 03820
(603) 749-4445

SULLIVAN

24 Main Street
Newport, NH 03773
(603) 863-9200



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