



INFO & DOCUMENT LOCATOR

Name _____

Date _____

Completed By _____

This useful form is designed to help you locate and organize your important documents and information. After filling this out, print it out and give it to a trusted friend, family member or advisor to keep, or place it in a secure location, such as a safe deposit box or in a protected folder on your computer or online. Be sure to inform your trusted family member, friend or advisor where they can find it. You do not need to give this document to Morris Law Group. It is intended entirely as a helpful worksheet for you and your family.



MAIN OFFICE

7284 West Palmetto Park Road, Suite 101 · Boca Raton, FL 33433
Phone: 561-750-3850 · Fax: 561-750-4069 · Email: Info@Law-Morris.com
Law-Morris.com

ADDITIONAL OFFICES

Aventura · West Palm Beach · Weston



Information and Document Locator

Prepare Today for Your Family's Needs Tomorrow

Fill out this form and give it to a trusted friend, advisor or family member to keep in the event of your unexpected passing. Due to the sensitive nature of this information, PLEASE KEEP THIS DOCUMENT LOCATOR IN A SECURE LOCATION.

Personal Records

Full Legal Name: _____

Social Security Number: _____

Legal Residence: _____

Date and Place of Birth: _____

Names and Addresses of Spouse and Children:

Spouse: _____

Child: _____

Child: _____

Child: _____

Child: _____

Location of Birth Certificate: _____

Location of Marriage License: _____

Location of Other Important Documents (divorce, citizenship, adoption, death, etc.):



Employers, Titles and Dates of Employment:

Current Employer: _____

Employer 2: _____

Employer 3: _____

Others: _____

Education Records (school, degree, date of graduation):

High School: _____

College: _____

Graduate School: _____

Professional (PH.D., M.D., J.D): _____

Other: _____

Military Records (branch of service, date of service, rank):

Honorable Discharge: ____ yes ____ no

I can locate my DD-214: ____ yes ____ no

I am a member of this veterans' service organization:

Religious Membership (name of church/synagogue):

Address: _____



Contact Info (pastor, rabbi, minister, other – name and phone number):

Group Membership (community, charitable, political, etc.):

Group 1: _____

Group 2: _____

Group 3: _____

Titles Held: _____

Awards Received: _____

Location of Estate Planning Documents

Last Will and Testament: _____

Trusts: _____

Living Will: _____

Advance Directive: _____

Healthcare Surrogate: _____

Durable Power of Attorney: _____

Personal Representative: _____

Trustee: _____

Beneficiaries (names/addresses): _____



Financial Records:

Financial Institutions (name of institution and account numbers):

Checking: _____

Savings: _____

Money Market: _____

Loan: _____

Mortgage(s): _____

Credit Cards (companies, account numbers, due dates): _____

Other: _____

Location of Safe Deposit Box/Key: _____

Investments (companies/name of broker, account numbers):

Stocks: _____

Pension: _____

IRA: _____

401(k)/SEP: _____

Other: _____

Insurance (company name, agent name and policy number):

Life: _____

Health: _____

Car: _____



Home: _____

Liability: _____

Medicare/Medicaid Account Number: _____

Other: _____

Location of most recent income tax return: _____

Location of original deed for home: _____

Location of car title/registration: _____

Important Advisors (names/phone numbers):

Doctors: _____

Lawyers: _____

Financial Advisors: _____

CPA: _____

Other: _____

Current Medications (prescription, amount, frequency):

Medication 1: _____

Medication 2: _____

Medication 3: _____

Other: _____



Funeral Pre-Planning Information:

I would prefer: ___ burial ___ cremation

If burial, my choice of casket is: ___ hardwood ___ metal ___ wood ___ other

If cremation, my choice of urn is: ___ wood ___ metal ___ porcelain ___ other

Visitation time preference: ___ one day ___ half-day ___ none ___ other

Ceremony to be held at: ___ church/chapel ___ synagogue/temple

___ grave side ___ other

Cemetery preference: ___ national cemetery ___ private cemetery ___ other

Name of cemetery: _____

I have prepaid my: ___ funeral/cremation arrangements ___ cemetery arrangements ___ travel and relocation protection plan

Music/hymns preference: _____

Flower preference: _____

Other Instructions/Notes:

MORRIS LAW GROUP

Wealth Preservation Attorneys

SERVICES

- Wealth Preservation
- Estate Planning
- Estate & Income Tax Planning
- Probate & Trust Administration
- Business Structuring & Succession Planning
- Planning for High Net Worth & Highly Compensated Individuals
- Asset Review, Tracking & Alignment
- International Tax Planning
- Charitable Planning
- Special Needs Planning
- Gift Tax Returns
- Estate Tax Returns

PLANNING TECHNIQUES

- Revocable Trusts
- Irrevocable Trusts
- Generation Spanning TrustsSM
- Opportunity TrustsSM
- Domestic Asset Protection Trusts
- Offshore Asset Protection Trusts
- Grantor Retained Trusts (GRATs, QPRTs, GRUTs & GRITs)
- LLCs, Limited Partnerships & Corporations
- Land Trusts
- Charitable Trusts
- Special Needs Trusts
- Wills
- Ancillary Documents:
 - Health Care Documents
 - Durable Power of Attorney

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