**Planned Giving Location of Assets Form**

**Location of Important Papers:**

|  |  |  |
| --- | --- | --- |
| **TYPE OF DOCUMENTS** | **DOCUMENT** | **LOCATION** |
| **ESTATE PLANNING** | Will |  |
| **DOCUMENTS** | Living Trust |  |
|  | Power of Attorney |  |
|  | Health Care Directive (living will) |  |
|  | Anatomical Gift |  |
|  | Other |  |
| **TAX RECORDS** | State and Federal Income Tax Returns |  |
|  | Other |  |
| **BANKING RECORDS** | Checkbooks |  |
|  | Passbooks |  |
|  | Certificates of Deposit |  |
|  | Bank Statements and Canceled Checks |  |
|  | Credit Card Records |  |
|  | Other |  |
| **REAL ESTATE** | Real Estate Deeds |  |
|  | Title Insurance Policies |  |
|  | Other |  |
| **INVESTMENT AND** | Stock and Bond Certificates |  |
| **RETIREMENT INCOME** | Brokerage Account Records |  |
|  | IRA AccountTax Deferred Annuity |  |
| **TITLE TO PERSONAL** | Automobile Title |  |
| **PROPERTY** | Other Personal Property |  |
| **PERSONAL PAPERS** | Marriage Certificate |  |
|  | Birth Certificates |  |
|  | Military Records |  |
|  | Citizenship Papers |  |
|  | Divorce Judgments |  |
|  | Other |  |
| **INSURANCE  PAPERS** | Life Insurance |  |
|  | Health Insurance |  |
|  | Other |  |

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Page 1 of 2

**Key Advisors to Be Contacted:**

**Doctor**Phone # Hospital   
Address

**Attorney** Phone # Firm   
Address

**Accountant**

Phone # Firm

Address

**Clergyman/Rabbi**

Phone # Church/Synagogue

Address

**Relatives and Close Friends to Be Contacted:**

**Name**

Phone # Relationship

Address   
  
**Name**

Phone # Relationship

Address

**Name**

Phone # Relationship

Address

**Name**

Phone # Relationship

Address

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Page 2 of 2