

Record of Important Documents
for



Provided to you compliments of the South Dakota Retirement System.
Retain for your records only. Do not return to SDRS.

Will

Location: _____ Location of copies: _____
Date last revised: _____ Prepared by: _____
Name and contact information of executor: _____
Guardian(s) of minor children: _____

Durable Power of Attorney

Location: _____ Location of copies: _____
Date of last revision: _____
Name and contact information of representative(s): _____

Healthcare Proxy

Location: _____ Location of copies: _____
Date of last revision: _____
Name and contact information of representative(s): _____

Living Will

Location: _____ Location of copies: _____

Life Insurance

Company	Policy #	Beneficiary	Type of Insurance
_____	_____	_____	_____

Location of policy: _____
Name and contact information of agent(s): _____

Health Insurance

Company	Policy #	Beneficiary	Type of Insurance
_____	_____	_____	_____

Location of policy: _____
Name and contact information of agent(s): _____

Long-Term Care Insurance

Company	Policy #	Beneficiary	Type of Insurance
_____	_____	_____	_____

Location of policy: _____
Name and contact information of agent(s): _____

Automobile Insurance

Company	Policy #	Collision?	Comprehensive?
_____	_____	_____	_____

Location of policy: _____
Name and contact information of agent(s): _____

Liability and Property Insurance

Company	Policy #	Property Insured
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Location of policy: _____

Name and contact information of agent(s): _____

Birth Certificate

Location of originals: _____ Location of Copies: _____

Marriage License/Divorce Documents

Location of originals: _____ Location of Copies: _____

Military Records

Location of originals: _____ Location of Copies: _____

Titles and Deeds to Property

House:

Location of originals: _____ Location of Copies: _____

Automobile:

Location of originals: _____ Location of Copies: _____

Other property or real estate:

Location of originals: _____ Location of Copies: _____

Safe Deposit Box

Location	Box #	Who Has Access	Location of Keys
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Valuables (jewelry, coins, antiques, collectibles, art works, etc.)

Description	Appraised Value	Insured?	Location
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Investments and Bank Accounts (mutual funds, IRAs, CDs, checking/savings accounts, bonds)

Type	ID/Account #	Location of Papers	Agent/Broker/Bank
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Credit Cards and Charge Accounts

Name of Card/Store

ID/Account #

Who to Contact if Lost/Stolen

Debts

Type

Owed to Whom

Payment Amount

Due Date

Income Tax Information

Location of current tax year documents: _____

Location of prior year(s) tax returns: _____

Retirement Benefit Information

Location of Statement

Beneficiary

Contact #

SDRS: _____

Social Security: _____

SRP/Other: _____

Names and Contact Information of Professional Advisors

Attorney: _____

Financial Planner: _____

Tax Advisor: _____

Other: _____

Names and Contact Information of Nearest Relatives

Funeral and Burial Arrangements

Contact/Funeral Director: _____

Special Instructions:
