In this section of the binder, please include any personal information you would like to place here or the location where it may be easily accessed:

**BIRTH CERTIFICATE** IS LOCATED

SOCIAL SECURITY NUMBER IS

OR IS LOCATED

**MEDICAL INFORMATION**:

DOCTOR NAMES AND PHONE NUMBERS

OTHER MEDICAL INFORMATION YOU SHOULD KNOW:

I WOULD LIKE TO DONATE THESE ORGANS:

**FAMILY INFORMATION**:

SPOUSE NAME AND ADDRESS/PHONE:

Ex-SPOUSE NAME AND ADDRESS/PHONE:

 DIVORCE DECREE (LOCATION):

CHILDREN NAMES AND SS#/PHONE/ADDRESS/BIRTHDATE:

CHILDREN NAMES AND SS#/PHONE/ADDRESS/BIRTHDATE:

**SECURITY CODES** (personal and business)

Personal Computer Password or location:

 Regularly visited sites and the User ID/Passwords:

Business Computer Password or location:

 Regularly visited sites: User ID/Passwords:

Building Security Codes or location of codes:

 Building/Office Name:

 Security Code:

 Instructions:

Building/Office Name:

 Security Code:

 Instructions:

Building/Office Name:

 Security Code:

 Instructions:

Building/Office Name:

 Security Code:

 Instructions:

**NAMES OF ADVISORS:**

**ATTORNEY:**

Name of Law Firm:

Address:       State:    Zip:

Phone:       Cell:

**ACCOUNTANT:**

Name of Firm:

Address:       State:    Zip:

Phone       Cell:

**INSURANCE AGENT:**

Name of Agency:

Address:       State:    Zip:

Phone:       Cell:

**BANKER:**

Name of Banker:

Address:       State:    Zip:

Phone:       Cell:

**STOCK BROKER/FINANCIAL ADVISOR**:

Name of Company:

Address:       State:    Zip:

Phone:       Cell: