



Judge Elinore Marsh Stormer  
Summit County Probate Court, 209 S. High Street, Akron, OH 44308  
330-643-2350 www.summitohioprobate.com

### Personal Records and Important Documents - Green Sheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Fill out this form and store it in a safe place along with other important documents. Tell your spouse or partner, adult child, trusted friend or relative where this information could be found in an emergency. Fill out any sections that apply. If you need additional space, please attach the information on a separate sheet indicating title of those sections.

Social Security \_\_\_\_\_ Date of Birth \_\_\_\_\_

Contact regarding S.S. information benefits: \_\_\_\_\_

Other Pension information: \_\_\_\_\_ Contact: Phone and/ or email \_\_\_\_\_

#### Family: (Spouse/Partner, Children, Close Relative or Trusted Friend)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Contact: Phone/email \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Contact: Phone/email \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Contact: Phone/email \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Contact: Phone/email \_\_\_\_\_

#### Doctor and other trusted advisors: (Examples might be: Lawyer, Pastor, Friend)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact: Phone/email \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact: Phone/email \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact: Phone/email \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact: Phone/email \_\_\_\_\_

My Church home (if applicable): \_\_\_\_\_

#### Healthcare Checklist

Driver's License/Organ Donor Card: Location: \_\_\_\_\_

Health Insurance Co., Medicare Original or Medicare Advantage Company: \_\_\_\_\_

ID Number: \_\_\_\_\_

Healthcare, Medicare Prescription Drug Coverage Company: \_\_\_\_\_

ID Number: \_\_\_\_\_

Other Health Insurance Policy (Medigap) Company: \_\_\_\_\_

Healthcare Power of Attorney: Name: \_\_\_\_\_

Contact: Phone/email: \_\_\_\_\_ Location: \_\_\_\_\_

**Living Will/Advanced Directives**

Location: \_\_\_\_\_ Contact: Phone/email \_\_\_\_\_

**Do Not Resuscitate (DNR) Order:**

Location: \_\_\_\_\_ Contact: Phone/email \_\_\_\_\_

**Last Will and Testament:** Location: \_\_\_\_\_

**Burial Policy/Funeral Plan/Declaration for Funeral Arrangements**

Location: \_\_\_\_\_ Contact: Phone/email \_\_\_\_\_

**Document Checklist**

**Birth Certificate:** Location: \_\_\_\_\_

Name on Certificate: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City/County: \_\_\_\_\_ State: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

**Marriage License:** Location: \_\_\_\_\_

Wedding Date: \_\_\_\_\_ City/County: \_\_\_\_\_ State: \_\_\_\_\_

**Divorce Records:** Location: \_\_\_\_\_

Divorce Date: \_\_\_\_\_ City/County: \_\_\_\_\_ State: \_\_\_\_\_

**Military Records**

DD214 Location: \_\_\_\_\_ Military ID No.: \_\_\_\_\_

Veterans Benefits/Info.: \_\_\_\_\_

Military Retirement Benefits (Branch of Military/Contact: Phone No.): \_\_\_\_\_

**Financial Checklist**

**Financial Power of Attorney:**

Name: \_\_\_\_\_ Contact: Phone/email \_\_\_\_\_ Location: \_\_\_\_\_

**Assets:** (Checking Accounts, Savings Accounts, CDs, etc.)

Bank/Institution	Account Number	Name(s) on Account	Branch Location/Phone	Online banking:
				Username: Password: Answer to security question:
				Username: Password: Answer to security question:
				Username: Password: Answer to security question:

**Life Insurance Policy:** Location: \_\_\_\_\_ Contact: Phone/email \_\_\_\_\_

Name of Ins. Co.	Phone No.	Policy No.	Beneficiary	Value

**Lease/Rental Agreement:** Location: \_\_\_\_\_

Contact: Phone/email: \_\_\_\_\_

**Renters Insurance:** \_\_\_\_\_

**Automobile and Other Vehicle Ownership:** (Auto, truck, motorcycle, etc.)

Vehicle ID No.	Year	Make	Model	Title Location

**Debts or Credit Cards (may also include personal, home, car or student loans)**

Credit Card/Loan/Debt	Account Number	Name(s) on Account	Online account/payment information if applicable:	Location of documents and/or cards:
			Username: Password: Answer to security question:	
			Username: Password: Answer to security question:	
			Username: Password: Answer to security question:	

**Miscellaneous Valuables/Heirlooms/Items of Sentimental Value:**

Item: \_\_\_\_\_ Location: \_\_\_\_\_ Who to receive: \_\_\_\_\_

Item: \_\_\_\_\_ Location: \_\_\_\_\_ Who to receive: \_\_\_\_\_

Item: \_\_\_\_\_ Location: \_\_\_\_\_ Who to receive: \_\_\_\_\_

**Electronic & Media Checklist:**

**Cell Phone Passcode:** \_\_\_\_\_

**Computer/I-pad/other**

Item and Location: \_\_\_\_\_ User Name: \_\_\_\_\_

Password: \_\_\_\_\_ Answer to Security Question: \_\_\_\_\_

Item and Location: \_\_\_\_\_ User Name: \_\_\_\_\_

Password: \_\_\_\_\_ Answer to Security Question: \_\_\_\_\_

**Miscellaneous Online/Digital Accounts and Websites** ( E-mail, Facebook, Twitter, PayPal, eBay, etc)

Name of Website and Web Address: \_\_\_\_\_

User Name: \_\_\_\_\_ Password: \_\_\_\_\_

Name of Website and Web Address: \_\_\_\_\_

User Name: \_\_\_\_\_ Password: \_\_\_\_\_

Name of Website and Web Address: \_\_\_\_\_

User Name: \_\_\_\_\_ Password: \_\_\_\_\_

Name of Website and Web Address: \_\_\_\_\_

User Name: \_\_\_\_\_ Password: \_\_\_\_\_

**What to Pay, Close, or Cancel:**

Utilities:	Company	Account No.	Contact	Username/Password if applicable
Gas				
Electric				
Water				
Phone				
Cable/Internet				

**Please Contact the Following:**

Relationship (Friend, family, employer)	Contact information (Phone, email or address)

Information I would like included in my Obituary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Burial/funeral: \_\_\_\_\_

**In the event of my passing, please request 5 copies of my death certificate for legal purposes from the county health department, doctor or funeral director.**



**Forms and step-by-step videos are available on our website for most items regarding Probate Court**  
**www.summitohioprobate.com**