

# Record Keeper & Document Organizer Checklist

**Clarity  
Simplicity  
Direction**

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The Andreason Group  
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**Keeping important documents and financial records organized and readily available is one of the best gifts you can give those you love.**

**In the event of a catastrophe or serious illness, disability or death, your Record Keeper & Document Organizer Checklist can immediately provide vital, timely information to both your family and professional advisors.**

Please note: This document is intended for client use and retention only. It should not be returned to Morgan Stanley.

**THIS DOCUMENT WAS LAST UPDATED ON**

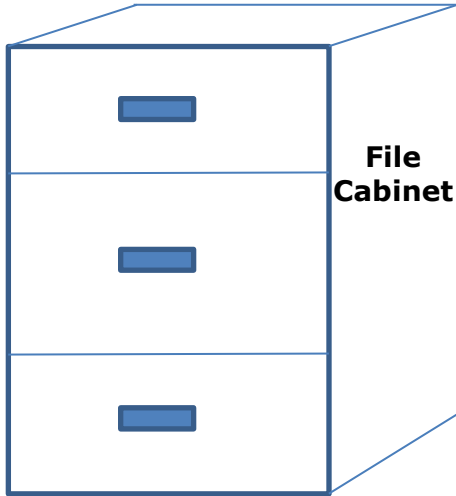
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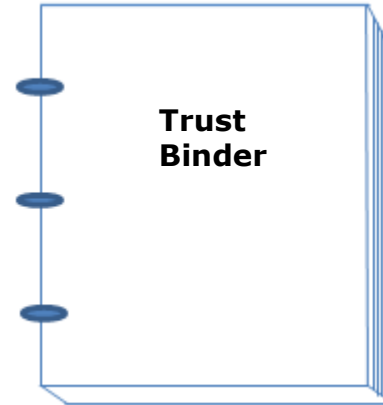
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DATE

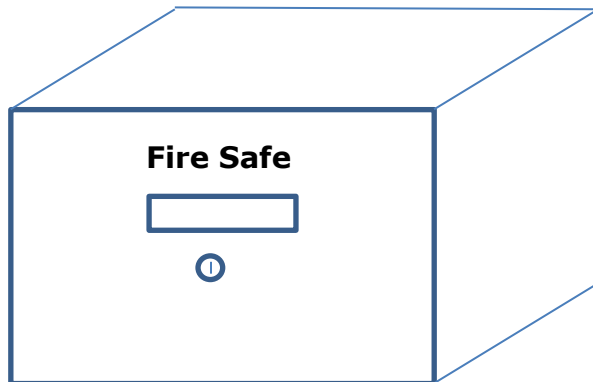
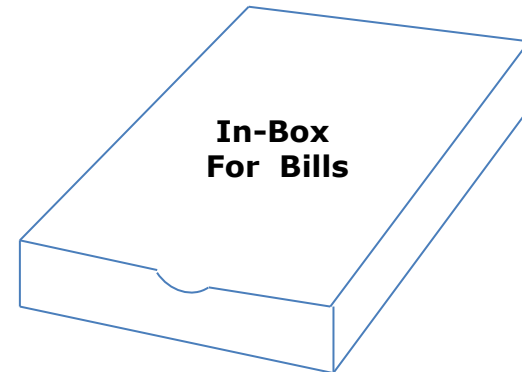
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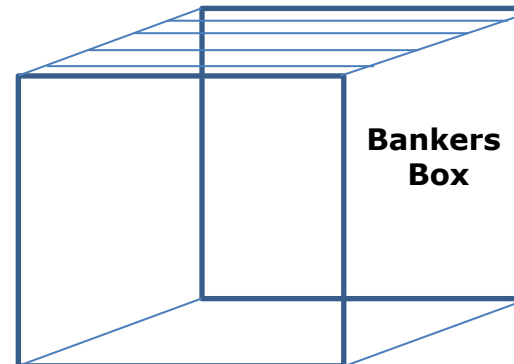
- Insurance Policies
- Investment Statements
- Home Improvement Records
- Credit Card Statements
- Donation Records
- Tax Documents



- Trust
- Wills
- DPOA Finances
- DPOA Healthcare
- Community Property Agreement
- Titles to Real Property



- Passport
- Social Security Cards
- Birth Certificate
- Marriage License
- Originals
- Cash
- This Records Organizer Document



- 7-Years worth of Taxes plus all supporting documents

# Original Documents to be Kept in a Fire Safe at Home

## What To Keep In a Fireproof Safe / Water Tight

- ☐ Passport / Travel Vaccines Record
- ☐ Social Security Card
- ☐ Citizenship/Naturalization Papers
- ☐ Birth/Death/Marriage Certificates
- ☐ Passport
- ☐ Photocopy of your Driver's License
- ☐ Adoption Papers
- ☐ Education Transcripts / Diplomas
- ☐ Motor Vehicle Registration / VIN
- ☐ Photocopies of Contents of Wallet (In Case Wallet is lost/stolen)
  - ☐ Photo Copy of Medical Cards
  - ☐ Photo copy of Credit Cards Front and Back (So you have number to dial to cancel or report if lost/stolen)
- ☐ Bank Safe Deposit Box Keys

**Note: Silica gel packets** are used to absorb moisture and keep things dry. They are ideal to reuse throughout your home in places where you might be worried about excess moisture including your Fire Safe.

Where do you keep the key?

Please complete the following page if you lease a **Bank Safe Deposit Box**

**Fire Ratings:** Fire ratings are evaluated by testing to see if safes withstand varying furnace heat for specific amounts of time. A safe may have a 1-, 2-, or 3-hour time classification.

For example, a Underwriters Laboratories (UL) Class 350 1-hour rating means that the internal temperature of the safe will not exceed 350°F for at least 1 hour when exposed to external temperatures over 1700°F.

# Bank Safe Deposit Box

Not necessary but some people feel more comfortable storing  
objects in a Bank Safe Deposit Box

Yes

Okay to store in a Bank Safe Deposit Box

- ☐ Stamp or coin collections
- ☐ Legacy Jewelry or rare collectibles
- ☐ U.S. Treasury Bills  
EE Bonds, I Bonds, H Bonds
- ☐ Other

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No

**Do Not Leave in a Bank Safe Deposit Box. Any Items  
that you would need on short notice or in an  
emergency**

**Passport** – Bank may be closed when  
you remember you need it for a flight.

**Trust Documents** – Bank may freeze  
access to your box at your death. Trust  
documents should be accessible by your  
Trustee.

If you have a Bank Safe Deposit Box

Bank name 

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Bank address 

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Box # 

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Where do you keep the key? 

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Date Inventory last updated: 

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**If you do NOT lease a Bank Safe Deposit Box please CROSS OUT this page**

# Professional Contacts

## Who to Contact - Professional

### Financial Advisor – Who Manages our Investments

**Elisabeth Andreason, CFP®, CAP, ChFC, CWS, MSFS**  
**Managing Director, Wealth Advisor**

**Morgan Stanley**  
1333 N California Blvd  
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at Morgan Stanley

### Estate Attorney – Who wrote out Trust and Other Legal Documents or **Successor Trustee** or Fiduciary – Who is next in charge?

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CPA / Accountant / Who Files Our Taxes

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Employer – Where I Work

Employer Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Human Resources Phone #: \_\_\_\_\_  
Name of Boss: \_\_\_\_\_  
Colleague # 1: \_\_\_\_\_  
Colleague # 2: \_\_\_\_\_

# Personal Contacts

## Who to Contact - Personal

- ☐ Parents
- ☐ Kids
- ☐ Siblings
- ☐ Cousins
- ☐ Close Friends
- ☐ Neighbors

| Name | Address | Email | Phone # | Relationship |
|------|---------|-------|---------|--------------|
|      |         |       |         |              |
|      |         |       |         |              |
|      |         |       |         |              |
|      |         |       |         |              |
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# Document to be Kept in a Fire Safe at Home

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## Ancestry Record

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Any knowledge you may have of ancestors is good to document before this knowledge is lost.

Keep in Binder or File Cabinet

- ☐ Ancestry.com
- ☐ 23andme.com
- ☐ Archives.com



# Property & Casualty Insurance Policies

## Who to Contact – Insurance Brokers

### Insurance Broker

- ☐ Home ☐ Auto ☐ Flood Insurance  
☐ Umbrella Policy ☐ Earthquake



#### Home:

Home Owners Insurance Carrier  
Agent Name  
Address:  
Phone  
Number:



#### Auto:

Car Insurance Carrier  
Agent Name  
Address:  
Phone  
Number:



Use next page to **Inventory List** of Household items are insured and would need replacement in event of disaster:



#### Earthquake :

Earthquake Insurance Carrier  
Agent Name  
Address:  
Phone  
Number:



#### Flood :

Flood Insurance Carrier  
Agent Name  
Address  
Phone  
Number:

Liquid Assets Cash/Checking Savings

- + Retirement Assets
- + Real Property
- + Future Income



#### Umbrella :

Umbrella Insurance Carrier  
Agent Name  
Address:  
Phone  
Number:

\$ \_\_\_\_\_ Million

**Note:** Umbrella policies generally come in multiples of \$1 Million.

## Property & Casualty Insurance Policies

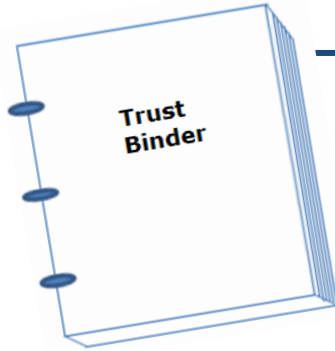
## Inventory List of insured household items

- ☐ Inventory List of Household items insured and would need replacement in event of disaster:

**Take photographs of each of these items and save the photographs on the cloud or in your bank safe deposit box. Date of last inventory: \_\_\_\_\_**

This image shows a blank sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Legal Documents



- **Trust Documents** – To Pass on the Families Valuables
- Pour Over Wills & Instructions for Guardianship of Minor Children
- Durable Power of Attorney for Finances
- Durable Power of Attorney for Healthcare
- Community Property Agreement
- Schedule of Community Property
- Schedule of Separate Property
- Letter of Instruction for Personal Tangible Property (Envelope in Front Pocket)

☐ Titles to Real Property

Residence: \_\_\_\_\_

2<sup>nd</sup> Home: \_\_\_\_\_

Time Share: \_\_\_\_\_

Rental: \_\_\_\_\_

☐ Rental and/or Lease Agreements

☐ Business Contracts

☐ Adoption Papers

☐ Lawsuits Open or Resolved with OK to shred by date

☐ Military Discharge Paperwork / Veterans Paperwork

☐ Pre-Nuptial Agreement

☐ Divorce Decree or Separation Papers

☐ **Beneficiary Forms for All – (Note: Keep Photocopies of each with legal documents)**

☐ **Life Insurance Policies**

☐ **Annuity Contracts**

☐ **Retirement Accounts**

**For many people, their  
Beneficiary Forms are the  
MOST IMPORTANT  
Legal Document they hold.**

# Tax Documents

## File Cabinet

- ☐ Receipts that support tax deductible items
- ☐ Documents Showing Cost Basis of Securities Owned or Sold
- ☐ Quarterly Estimated Taxes Paid
- ☐ Donations Made
- ☐ Property Taxes Paid & Mortgage Interest
- ☐ Medical Expenses
- ☐ 1099 Documents
- ☐ **Form 8606 – Non-deductible IRA Contribution**
- ☐ W2 - Wage and Tax Statement
- ☐ Alternative Investments Documents (Including K-1s)

**Question:** How long should I keep my taxes?

**Answer:** 7-years from the filing date!

For Contractors

☐ VOID ☐ CORRECTED

OMB No. 1545-0019

**2017**

Form 1099-R

Department of the Treasury - Internal Revenue Service

1 Gross distribution \$ 28 Taxable amount \$ 29 Taxable amount not determined \$ 3 Capital gain (included in box 28) \$ 4 Federal income tax withheld \$ 5 Employee contributions (Designated Roth contributions or insurance premiums) \$ 6 Net unrealized appreciation in employer's securities \$ 7 Distribution code(s) \$ 8 Other \$ 9a Your percentage of total distribution % 9b Total employee contributions \$ 10 Amount allocable to RRR within 5 years \$ 11 1st year of RRR, Roth contrib. \$ 12 State tax withheld \$ 13 State/Prayer's state no. \$ 14 State distribution \$ 15 Local tax withheld \$ 16 Name of locality \$ 17 Local distribution \$

Form 1099-R

www.irs.gov/form1099

Department of the Treasury - Internal Revenue Service

For Employees

OMB No. 1545-0048

**2017**

Form W-2 Wage and Tax Statement

Copy 1 - For State, City, or Local Tax Department

1 Wages, tips, other compensation 48,500.00 2 Federal income tax withheld 6,835.00 3 Social security wages 50,000.00 4 Social security tax withheld 3,100.00 5 Medicare wages and tips 50,000.00 6 Medicare tax withheld 725.00 7 Social security tips 8 Allocated tips 9 Verification code 10 Dependent care benefits 11 Nonqualified plans 12a D 1,500.00 12b DD 1,000.00 13a P 4,800.00 13b P 4,800.00 14 Other 15a 15b 15c 15d 16 Employer's address and ZIP code 17 State wages, tips, etc. 50,000.00 18 State income tax 1,535.00 19 Local wages, tips, etc. 20 Local income tax 21 Total non-qualified plan benefits 22 Total non-qualified plan benefits

Form W-2 Wage and Tax Statement

Copy 1 - For State, City, or Local Tax Department

Department of the Treasury - Internal Revenue Service

# What I Own

**Monthly Statements are most often kept in a File Cabinet**

**Location of File Cabinet containing these items:** \_\_\_\_\_

## **Investment Assets**

- ☐ Checking / Savings Account
- ☐ Brokerage Account
- ☐ Retirement Account Statements
- ☐ 401(k) / 403(b) / 457
- ☐ SEP IRA
- ☐ Simple IRA
- ☐ Traditional or Rollover IRA
- ☐ Roth IRA
- ☐ Inherited IRA
- ☐ Annuity Statements
- ☐ Mutual Fund Account Statements
- ☐ Stock Certificates Not Held In An Account
- ☐ Investment Club Documents/Records
- ☐ 529 Accounts
- ☐ Health Savings Account Statements

## **Insurance Policies**

- ☐ Life Insurance Policy
- ☐ Long Term Care Policy

## **Future Income Sources**

- ☐ Social Security
- ☐ Pension
- ☐ Rental Income

Morgan Stanley provides an aggregation service whereby you can view both internal and external accounts – Use the “Add Account” button in Morgan Stanley online or the Morgan Stanley Mobile App.

# What I Owe

**Keep these documents located in a file drawer near where you would sit down to pay bills.  
Should be easily accessible in case someone else has to help pay your bills.**

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

- ☐ Promissory Notes for any Loans or Liabilities
- ☐ Mortgage Loan – **Note:** Your mortgage interest will be a tax deduction
- ☐ Home Equity Line of Credit
- ☐ Auto Loans
- ☐ Education Loans – **Note:** Keep 10 years after loan(s) are paid
- ☐ Credit Cards Bills
- ☐ Utility Bills
- ☐ Any Monthly Bill



\$ \_\_\_\_\_ Your Net Worth is what you own minus what you owe

**Note:** Describe Location you usually sit to pay bills and what drawer files are in? It is best to have one file for each monthly bill.

My checkbook is stored : \_\_\_\_\_

**Attach a list of all Online Bank Accounts & Bill Pay usernames/passwords and answers to security questions including last date these were updated:**

| Website | Username | Password | Last Updated |
|---------|----------|----------|--------------|
|         |          |          |              |
|         |          |          |              |
|         |          |          |              |
|         |          |          |              |
|         |          |          |              |

iPhone Unlock \_\_\_\_\_

Laptop Unlock \_\_\_\_\_

# Medical Records & Prescriptions

**Contains records of past medical procedures, immunizations, current prescriptions, including advanced directives, and other pertinent medical information**

☐ Doctor(s)

Doctor Name: \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Doctor Name: \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

☐ Medical Financial Information

Insurance Payer Name: \_\_\_\_\_  
Subscriber Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Responsible Party Name: \_\_\_\_\_  
Patient Relationship to the Insured: \_\_\_\_\_

☐ Medication List (Prescription & Non-Prescription) including dosage, method of intake, and schedule

Medication List: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Method of Intake: \_\_\_\_\_  
Schedule: \_\_\_\_\_

Medication List: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Method of Intake: \_\_\_\_\_  
Schedule: \_\_\_\_\_

☐ Medical Allergies, History of Illness, Surgical History, Immunizations, Family History (Medical)

Medical Allergies: \_\_\_\_\_  
History of Illness: \_\_\_\_\_  
Surgical History: \_\_\_\_\_  
Immunizations: \_\_\_\_\_  
Family Medical History: \_\_\_\_\_

☐ Copy of Health Care Proxy (Living Will)

☐ **DNR - Do Not Resuscitate (Keep located outside of refrigerator on neon paper taped to back of front door) POLST forms are usually brightly colored and easy to identify.**

# Documents to Shred

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## What do I have permission to shred?

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- ☐ **Keep Home Improvement Records for as long as you own the house.**  
Usually kept in a filing cabinet to identify each project e.g. Retaining Wall, Kitchen Remodel

### OK to shred and when:

- ☐ Verified Receipts – after you have reconciled credit card statements
- ☐ ATM Statements
- ☐ Monthly Bank / Investment Statements (Keep December with entire year recap)
- ☐ Taxes more than 7 years
- ☐ Maintenance Records for cars I don't own any more
- ☐ Records for home I don't own any more (Keep 6 years)
- ☐ Expired warranty for Appliances (Write expiration date on outside of folder)
- ☐ Rental Agreements after you have moved out



# Planning The Celebration of Life

Visit [celebrationsoflife.net/ethicalwills](http://celebrationsoflife.net/ethicalwills)

- ☐ Ethical Will to Pass the Family Values
- ☐ Social Media (Username/Passwords to access Photo Album and communicate with friends regarding and memorial services)

|                                    | <b>Username:</b>     | <b>Password:</b>     |
|------------------------------------|----------------------|----------------------|
| <input type="checkbox"/> Facebook  | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> LinkedIn  | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Twitter   | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Instagram | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Pinterest | <input type="text"/> | <input type="text"/> |

Burial Instructions or where I want my ashes scattered:

- ☐ Cemetery Plot Deed if Prepaid

Funeral Home Choice

Please Send Charitable Donations to

My Religious Affiliation is

My Minister/ Pastor / Reverend Name & Phone Number

- ☐ Information for My Obituary

- ☐ Work Resume Attached

Passions / Hobbies

# Planning The Celebration of Life

Visit [celebrationsoflife.net/ethicalwills](https://celebrationsoflife.net/ethicalwills)  
(Continued)

List of People / Groups I  
Want Invited

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List of People / Groups I  
Do Not Want Invited

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