

Document locator

INVESTOR NAME:

SSN:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	LAST UPDATED:
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SPOUSE NAME:

SSN:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	LAST UPDATED:
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Plan indicate the location of the following items:

PERSONAL DOCUMENTS

Key(s) to the safe deposit box	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	LOCATION:
Original will or living trust docs (self) dated	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	LOCATION:
Original will or living trust docs (spouse/ partner) dated	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	LOCATION:
Special Estate Instructions – Written	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	LOCATION:
Special Estate Instructions – Video	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	LOCATION:
Trust Documents	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	LOCATION:
Power of Attorney	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	LOCATION:
Health Care Power of Attorney	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	LOCATION:
Living Will	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	LOCATION:
Birth Certificate / Copy of Passport	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	LOCATION:
Military Records	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	LOCATION:
Marriage Certificate	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	LOCATION:
Citizenship Papers	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	LOCATION:
Marriage Agreements (pre- or post-nuptial)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	LOCATION:
Divorce Papers	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	LOCATION:
Funeral Arrangements	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	LOCATION:
Other, e.g., Adoption Papers	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	LOCATION:
Password program or documentation	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	LOCATION:
Social networks	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	LOCATION:
Mobile phone number(s)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	LOCATION:

BUSINESS DOCUMENTS

Partnership/LLC Documents	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Corporate Documents	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Inventory of Business Assets	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Buy Sell Documents	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Pension Plans	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Other Emp. Retirement Benefits (e.g., Nonqualified Deferred Comp.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:

TAX RETURNS AND RECORDS

Income Tax Returns (last 3 years)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Records Re: Tax Basis of Property	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Gift Tax Returns	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:

INSURANCE POLICIES

Health / Medical	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Life Insurance – Individual(s)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Life Insurance – Group	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Long Term Care	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Property/Casualty	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Umbrella Liability	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Disability	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Annuities	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:

FINANCIAL PAPERS

Home Equity Line of Credit	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Banking Accounts	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Credit Card Accounts	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Mortgage/Leases	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Retirement Plans (IRAs, 401(k))	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Investment Accounts	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Other Investment Accounts	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION: SUCCESSOR:
Donor Advised Fund	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Equity Comp. (stock options, restricted stock)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Other - Loans or obligations	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:

PROPERTY PAPERS

Mortgage(s)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Combination to Personal Safe	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Bank Safe Deposit Box	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Vehicle Titles	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Original Deeds to Real Property	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Affidavits Re: Domicile	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Affidavits Re: Community Property	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Affidavits Re: Separate Property	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:

PROFESSIONAL RESOURCES

FINANCIAL ADVISOR

NAME: _____

PHONE: _____ EMAIL: _____

INSURANCE AGENT

NAME: _____

PHONE: _____ EMAIL: _____

ACCOUNTANT

NAME: _____

PHONE: _____ EMAIL: _____

TAX PREPARER

NAME: _____

PHONE: _____ EMAIL: _____

ATTORNEY

NAME: _____

PHONE: _____ EMAIL: _____

PRIMARY PHYSICIAN

NAME: _____

PHONE: _____ EMAIL: _____

CLERGY

NAME: _____

PHONE: _____ EMAIL: _____

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