

DOCUMENTS	CURRENTLY HAVE	NEED TO OBTAIN	COMPLETED
Birth Certificate(s) /Adoption Papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce Papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Card(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passport/Green Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naturalization Documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Registration/Ownership Papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage or Real Estate Deeds of Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks/Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

IMPORTANT RECORDS	CURRENTLY HAVE	NEED TO OBTAIN	COMPLETED
Dental Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Identity Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair Samples from Family Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Inventory List including Photos and Videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Appraisals of Personal Property eg: Jewelry, Artwork, Collectables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contents of your Wallet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reward Accounts (e.g. Frequent Flyer Programs, Hotels etc.,)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

INSURANCE	CURRENTLY HAVE	NEED TO OBTAIN	COMPLETED
Property Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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