

Insurance Certificates and Documents

Indicate location of items on this form (make a separate list if necessary); also see inside front cover

ITEMS	SELF
Life Insurance	
Death Benefits	
Property Insurance (House, cottage, apartment contents)	
Health Insurance	
Auto, Boat, etc. Insurance	
Other Insurance	

DATE: _____

ITEMS	SPOUSE
Life Insurance	
Death Benefits	
Property Insurance (House, cottage, apartment contents)	
Health Insurance	
Auto, Boat, etc. Insurance	
Other Insurance	

DATE: _____