

God Forbid List

This document helps you to gather useful information for those who are managing your affairs now and following your death. Think how helpful this would be if something catastrophic happened to you tomorrow. Included in this document are passwords, financial advisors, banking information, doctors and medications, names and contact information of key people in your life. While gathering this information takes time, it is both satisfying and helpful. You will find more versions of “God Forbid” lists online; simply Google the name.

Your name and contact information (phone, address, email) _____

Name of person you want to have this God Forbid List, their contact information and relationship: _____

Legal Information:

- Lawyer name, contact information: _____
- Location of Will _____
- Executor name, contact information: _____
- Health Power of Attorney name, contact information _____
- Other person(s), contact information and relationship, who should be involved in making decisions for you: _____

Personal Documents (attach photocopies)

- Social Security card location and number: _____
- Passport location and number: _____
- Birth Certificate location _____; DOB _____; where you were born _____
- Marriage License location _____; date of marriage _____
- Divorce decree document location _____; date of divorce _____
- Military Discharge Papers location _____; date of discharge _____

Financial Information

- Name of Bank (s) _____; branch location (s) _____
- Accounts: Checking account number _____; Savings account number _____
- Do you use automatic payments? _____; if yes, list them: _____
- Safety Deposit Box number and location _____
- Hidden money location _____
- Mortgage document location _____
- Other property(ies) you own: location and pertinent information _____
- Financial Planner's name/contact information _____
Does this person have your investment documents like mutual funds, stocks and bonds? _____. If not, where can they be found? _____
- Income Tax information location _____

- Home insurance policy number and company _____
- If you live in an apartment, provide the building manager's name and contact information _____
- Where are/who has extra keys for your home? _____
- Credit cards: provide company, numbers and location of cards: _____

Automobile information

- Location of your car _____
- Where are extra keys? _____
- Dealership location _____
- Insurance company and policy number _____

Personal information.

- Provide a list of neighbors, friends, work colleagues, relatives with their contact information you'd like to have notified.
- Provide a list of immediate family members and their contact information.
- Health coverage companies and location of cards _____
- Provide a list of doctors names and contact information.
- Provide a list of medications.
- Provide a statement of your preference for care including medical options, life support wishes, and hospital preference
- Provide a list of passwords for all places which you access by password. Ex: phone, laptop, bank, etc.

Notes/Additions: