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- Permanent address: [Your Address]
 - Current address (if different): [If applicable]
 - Contact numbers: [Your Phone Numbers]
 - Email address: [Your Email]
 - Marital status: [Married/Single/Divorced/Widowed]
 - Names and contact information of close family members and friends:
 - Spouse: [Spouse's Name, Contact Info]
 - Children: [Children's Names, Contact Info]
 - Close Friend: [Friend's Name, Contact Info]
 - Identification documents:
 - PAN card, Aadhaar card, and other important identification: [Details]
 - Birth certificates, adoption records, and other relevant documents: [Details]

Healthcare information

Medical history

- [Details of any chronic conditions, allergies, etc.]

Vaccination records

- [List of vaccinations with dates and certificates]

Recent medical procedures

- [List of procedures with dates and document location]

Prescription medications

- [List of current medications with dosages]

Healthcare providers

- [Provider Names, Contact Info]

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- Life insurance: [List of policy numbers, insurers, benefits, beneficiaries, premium due dates, documents, etc.]
 - Accidental death insurance: [List of Policies]
 - Disability insurance: [List of Policies]
 - Loan insurance: [List of Policies]
 - Home insurance: [List of Policies]
 - Vehicle insurance: [List of Policies]

Education and employment

- Educational degrees and transcripts: [Location]
- Employment contracts and records: [Location]
- Resume or CV: [Location]

Legal agreements and contracts

- Rental or lease agreements: [Location]
- Business agreements: [Location]

Digital assets, passwords and access codes

- List of online accounts (email, social media, financial): [List of Accounts]
- Username and password information for each online account as well as devices (e.g.: safe locker): [Instructions for Accessing Passwords]
- Instructions for managing or closing digital accounts: [Details]

End-of-life documents

Legal Papers

- Last and Final Will: [Location]
- Trust documents (if applicable): [Location]

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- Living Will and Healthcare Power of Attorney: [Location]
 - Financial Power of Attorney: [Location]
 - Advance directives for medical care: [Location]

Personal messages

- Letters or messages to loved ones: [Messages]

Funeral instructions

- Preferred funeral home or rituals: [Funeral Home/Ritual Preferences]
- Memorial service wishes: [Details]

Contact information

- Executor or trustee contact information: [Executor/Trustee Name, Contact Info]
- Financial advisor contact information: [Advisor Name, Contact Info]
- Estate attorney's contact information: [Attorney Name, Contact Info]

Miscellaneous

- Any other specific instructions or requests: [Details]