

UPDATED 2012

# IMPORTANT RECORDS



Courtesy of Woodland Commission on Aging

#### **Table of Contents**

Emergency Names & Phone Numbers	3
General Information Personal	4
General Information Family	5
Financial Status	6
Professional Advisors	7
Medical Insurance	7
Religious/Faith Affiliation	8
Living Will/Advance Care Directive	8
Safe-Deposit Box/Safe	8
Location of Stored Documents	9
Urgent Notifications	9
Burial Instructions	10
Legal Residence/Real Estate	10
Licensed Vehicles/Vessels	11
Household Pets	12
Other Valuables	13
Additional Information	14

#### **Emergency Names & Phone Numbers**

The emotional stress and confusion during a crisis is not the best time to collect valuable information, therefore each individual should fill out this booklet <u>now</u>. Keeping it current and available can be an important act of consideration toward your loved ones.

Keep this record at home in a secure place and give copies to at leas two other persons, one who preferably lives close and/or contacts you frequently.

DO NOT place only in your safe-deposit box. Make additional blank copies for future updates. Some individuals make it a New Year's resolution to review and update this record in January.

Print your full legal name		
Driver's License #:		
Social Security #:		
Date:		

## **General Information Personal**

Name:	
	nes):
Date of Birth:	Birthplace:
Location of Birth Certificate/Citizens	nip Papers:
Citizen of:	
Marital Status: □ Single □ Married	□ Companion □ Divorced □ Widowed
Name:	□ Deceased □ Living
Location of Marriage Certificate:	
Location of Death Certificate:	
Date Married:	Date Divorced: Date Widowed:
SSN:	SSN Card Location:
Passport Number:	Passport Location:
Military:	Serial Number:
Branch:	Country Served:
Highest Military Ranking:	
Location of Discharge Papers:	
Elementary:	Middle School:
High School:	College or Trade School:
High Level of Education Completed:	
Certificates/ Degree Earned:	Honors Earned:

# General Information Family

Parent Informa	<u>ation</u>				
Father's Name	c				
Born	(date)	_ in	(location)	died	(date)
Mother's Nam	e:				
Born	(date)	_ in	(location)	died	(date)
Children and C	Other Family Members	<u> </u>			
Name:	Relationship:		Address:	P	Phone Number:

## **Financial Status Bank or Financial Institution:** (Address) (Phone) (Name) Account Number: \_\_\_\_ ☐ Savings ☐ Checking IRA **Maximizer Bank of Financial Institution:** (Address) (Name) (Phone) ☐ IRA Checking ■ Saving Maximizer \*\* If you need additional space, please use back of page\*\* \$\_\_\_\_\_ Source (s): \_\_\_\_\_ \$\_\_\_\_\_ \$ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ Debts:

# **Professional Advisors** -Attorney-Name: \_\_\_\_\_\_ Phone Number: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ -Trustee of Estate-Name: \_\_\_\_\_\_ Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ -Executor of Estate-Name: \_\_\_\_\_ Phone Number: \_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_ **Medical Insurance** Primary Physician: \_\_\_\_\_\_ Blood Type: \_\_\_\_\_ Allergies: Medical Group: \_\_\_\_\_ Location: \_\_\_\_ Provider: \_\_\_\_\_ Phone: \_\_\_\_ Member No. \_\_\_\_\_ Group No: \_\_\_\_\_ Location of ID Card: Location of Policy: \_\_\_\_\_ ☐ Medicare/HMO ☐ Other: \_\_\_\_\_

Religious/Faith Affiliation	
Name of Religious Affiliation:	
Church Leader:	
Address:	Phone Number:
Living Will/Advance Care Directive	9
I have a Living will (Advance Care Directive):	: ☐ Yes ☐ No
Location:	
My agents:	
Name:	Phone:
Name:	Phone:
Name:	Phone:
Safe-Deposit Box/Safe	
Location:	Box No:
Address:	
Other person(s) having access (key or combination	ation and authorization) to safety deposit box:
Name:	Phone Number:
Address:	Keys Located:

<b>Location of Stored Documents</b>		
• Will		
• Financial Records (bankbooks, C.D.'s, trust funds, stocks, bonds, notes, etc.:		
Property Records (deeds, mortgages, vehicle titles, etc.)		
Insurance Records (life, disability, auto, home, accident. Etc.)		
Tax Records		
Other Important records		
Medical History/Medication		
Urgent Notifications		
I have chosen to donate my organs		
Arrangements have been made to donate organs for transplantation, in case of death please notify		
Immediately: Phone:		

<b>Burial Instructions</b>		
Location of Burial Instructions:		
Funeral Home:	I	Phone Number:
Address:		
City: State:		Zip Code:
Name of Cemetery:		Plot Code:
Address:		Plot Number:
City: State:		Zip Code:
Rented	Skilled Nursing  Monthly payme	ent \$:
Street:		
Zip Code:		
Landlord Name:	Phone: _	
HOMEOWNER □ Paid in Full	☐ Mortgag	ge Outstanding
Property Address:		
City:	State:	Zip Code:
Lien Holder:	Phone	Number:
City.	State:	Zin Code:

Licensed Vehicles/Vess	sels		
1.			
(Make)	(Model)	(Year)	
(Lisc. Plate)	(VIN)	(Pink Slip Location)	
State Registered in:		_	
2.			
(Make)	(Model)	(Year)	
(Lisc. Plate)	(VIN)	(Pink Slip Location)	
State Registered in:			
3.			
(Make)	(Model)	(Year)	
(Lisc. Plate)	(VIN)	(Pink Slip Location)	
Sate Registered in:			
Insurance Carrier:		Policy Number:	
Power of Attorney for Financial Management			
Name:		Phone Number:	
Address:			
City:	State: _	Zip Code:	

Но	usehold Pets	
Тур	e of pets:	
•	Feeding (time, food, quantity):	
•	Medical Problems:	
•	Medication:	
•	Veterinarian:	
	Name:Ph	one:
	Address:	
•	Emergency Veterinary Medical Phone:	
•	Person who has agreed to care for pet(s) in case owner in inca	pacitated:
	Name:Ph	one:
	Address:	
•	Special instructions:	

# Other Valuables

Include jewelry, art objects, coins, stamps, guns, furs, silver, gold, antiques, furniture, cameras, tools, etc. and identify location. We encourage you to register and/or personalize items.			
Items:	Location:		

Additional Information	