THINGS MY LOVED ONES NEED TO KNOW ABOUT ME

Provided as a public service for older adults, persons with disabilities, and their caregivers by:

Office on Aging
Information and Assistance
1-800-510-2020 www.officeonaging.ocgov.com

Completed/updated on this date, _____________   _______________   ______________
(Most recent date applies)

By _______________________________________________________________________
(Print complete name clearly)

My Legal Residence:

__________________________________________________________________________  Apt. # _____
City_____________________________________                    Zip___________________
Phone (____) __________________Alternate/Cell (____) ________________________

Person (nearby) who knows where to find and has access to my important papers

__________________________________________________________________________

He/she can be contacted here:

__________________________________________________________________________

My important papers are located here:

Safe Deposit Box #___________________
Bank/branch:

Key is located here:

Authorized signer

__________________________________________________________________________
PERSONAL DATA

(These are required for insurance purposes, social security, pensions, and in other cases where legal proof of age, relationships, or birthplace is required.)

Birth date: _______________ City ____________________________
County _______________ State __________________

My birth certificate is located here: ____________________________________________

Country of Birth (If not USA) ________________________________________________
Date entered the USA: _______________________

Citizenship papers are located here: ____________________________________________

MARRIAGE
(If married more than once, use additional page.)

I am currently married. ___ Yes ___ No

Spouse: _______________________________

Date: From ________________ To ________________

Place ____________________________________

Marriage Records located at ___________________________________________________

If Widowed:

The deceased’s name: _______________________________

Date of death: ______ Cause: _______________________

If divorced or separated:

_____I was divorced  _____I was legally separated

Name of partner: _______________________________

Year of marriage _____ of dissolution ______
City: ____________________________State ______

CHILDREN List name, (maiden name), and birthdates):

___________________________________________
___________________________________________
___________________________________________
___________________________________________

PARENTS

Father: ___________________________________________

Date of birth ______ Date of death ______

Burial Site _______________________________________

Mother: __________________________________________

Date of birth ______ Date of death ______

Burial site: ______________________________________

MILITARY SERVICE (Complete if applicable)

Branch of service: ______________________________

Discharge date: _____________ Type _____________

Highest Rank/Grade___________________________

Military Serial Number_________________________

Military discharge and pension papers are located:

If disabled veteran: Claim number ______________
Service connected disabilities and %:

__________________________________________

Describe where or how injuries occurred.
FINANCIAL MATTERS

PRESENT EMPLOYMENT
My present employer is: ______________________
Address ___________________________________
Phone: ________________ FAX ________________
Date started: _________ Supervisor: _____________
Social Security card is located: _________________

PAST EMPLOYMENT
I am eligible for the following pension, profit-sharing, or benefit plans: (Include necessary information).
___________________________________________
___________________________________________
___________________________________________
I am ___ was ___ never was ___ Member of a union
Union name and how to contact:
___________________________________________
___________________________________________

SELF-EMPLOYMENT
If you own or owned a business of your own, fill in the blanks below:

Name of business ____________________________
Address: ___________________________________
___________________________________________
Contact persons/Phones ________________________

CHECKING AND SAVINGS ACCOUNTS
Name(s) on checking account:
___________________________________________
Bank: ________________________________________
Person who knows account number:
___________________________________________
Name(s) on savings account:
___________________________________________
Bank: ________________________________________
Person who knows account number:
___________________________________________
Name(s) of anyone else who has power to sign checks
ATM card or passbook location:
___________________________________________
Person who knows password/ID
___________________________________________

REAL ESTATE (if more than one, attach information)
I do _______ do not ______ own real estate Co-owner (if applicable):
___________________________________________
Address (if not the same as your residence)
___________________________________________
___________________________________________
My mortgage is held by:
___________________________________________
Taxes are paid on this property until: _____________
The deed, tax, and mortgage documents are located:
___________________________________________
STOCKS and BONDS and ANNUITIES
I do ___ do not ___ own stocks and/or bonds

An updated list of all my stocks and bonds and their numbers and beneficiaries can be found here:
_________________________________________
_________________________________________

Certificates are located here: ___________________
__________________________________________

I do ___ do not ___ have a brokerage account.

If so, my broker can be contacted here:
Name: ____________________
Firm: ______________________
Phone: (____) _______________________

I have these securities pledged for loans:
_________________________________________
_________________________________________

Information on these can be found here:
_________________________________________

CAR(S) make, model, year:
_________________________________________
_________________________________________

Location of pink slip(s)
_________________________

JOINT OWNERSHIP
I do ___ do not ___ own any property jointly If so, partner information can be found here:
_________________________________________

LIFE INSURANCE
I do___ do not ___ have life insurance on:
_________________________________________

Complete itemized list and policies can be found:
_________________________________________________________________________
My principal insurance broker is:
Name (Company)
_________________________________________
Phone (_____)
_________________________

I do ___ do not ___ have annuities

Location of annuity contracts:
_________________________________________

MEDICAL and LONG TERM INSURANCE
I am covered ___ not covered ____ by Medicare
Part A ___ Part B ___ Part D ___ Medi-Medi __
I am in this HMO/Plan ____________________________
Plan contact phone: __________________________________________________________________

My primary physician:
________________________________________
Phone (_____)

Additional medical, long-term care, supplemental or corporate insurance policy issuers:
________________________________________
________________________________________
________________________________________

Location of insurance policies: ___________________
_________________________________________

My designated caregiver: __________________
Can be reached at: _______________________

TRUST FUNDS
I have created a trust fund to care for: ____________

Lawyer who drew up trust:
_________________________________________

Trust agreement is located:
_________________________________________

PERSONAL PROPERTY
All of my personal property, including real estate, furnishing, vehicles, and heirlooms are itemized and assigned in my will. Yes ___ No ___
MISCELLANEOUS ASSETS
I have ___ have not ___ these additional assets:
___Fraternal and benevolent memberships
___Royalty rights or patents
___Debts due me
___Others ______________________________

You can find documents pertaining to these here:
_______________________________________

CREDIT CARDS
I possess the following credit cards:
_______________________________________
_______________________________________
_______________________________________

TAX RECORDS and RETURNS
Copies of this year’s and previous years’ tax returns and supporting documents are located here:
_______________________________________
_______________________________________

BURIAL (You need to complete if not in your will) I wish ___ do not wish ___ to be buried.
I do ___ do not ___ own a burial plot.
Cemetery name __________________________
Location of deed: __________________________
There is ___ is not ___ provision for perpetual care

I prefer to be buried here: (No contract signed)
_______________________________________

I wish for cremation or other disposition of my body.
Specify: __________________________
_______________________________________

RELIGIOUS AFFILIATION
Church or temple: __________________________
Address __________________________
_______________________________________

Clergy member: __________________________
Phone: (______) __________________________

MY WILL or LIVING TRUST
My will (or trust) is the document that assures that, when I die, my property is distributed as I wish – otherwise the state will do so according to state laws. Please be sure my last will (and any revisions) are honored.

Original executed copy of my will (and any codicil (revision) or Living Trust is located:
_______________________________________

The attorney who drew it up is:
Name: _____________________________________
City:  ______________________________________
Phone: (_______)____________________________

Name of Executor: __________________

Where to reach executor:
_______________________________________

Witness to Will:
1. __________________________

Reachable at: __________________________

I have a Durable Power of Attorney (Financial) ___Yes ___No
If so, it is located here:
_______________________________________

Attorney who drew this document up:
_______________________________________

Phone: (______) __________________________

I have an Advance Health Care Directive (States your health support options or appoints person to speak for you) ___Yes ___No If so, copies are located here:
_______________________________________
People (and phone numbers) to contact if I should become seriously ill:

_________________________________________
_________________________________________
_________________________________________
_________________________________________
_________________________________________
_________________________________________
_________________________________________
_________________________________________
_________________________________________
_________________________________________
_________________________________________

People I don’t wish to be contacted:

_________________________________________
_________________________________________
_________________________________________
_________________________________________
_________________________________________
_________________________________________
_________________________________________
_________________________________________

Things that I wish to do or have done for me:

_________________________________________
_________________________________________
_________________________________________
_________________________________________

The Information and Assistance line, 1-800-510-2020, can give you information for older adults and persons with disabilities on transportation, in-home care, housing, food, caregiving, abuse, day care, health, health insurance, legal assistance and more.