
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 are 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:
