



BASIC INFORMATION SOMEONE ELSE SHOULD HAVE

Your name _____

Address _____

Phone # _____

Social Security # _____

Emergency # _____

Birth Certificate _____

Passport # _____

Divorce/Separation papers _____

Medical Information

• Doctor's name, phone # _____

• Hospital _____

• Rx's prescribed and numbers for each

• Pharmacy, phone # _____

• Eye care information _____

• Dentist, name, phone # _____

Insurance Information and Policy #'s. Where Located.

- Auto and title _____
- Home-owner's _____
- Life _____
- Medicare/Medicaid _____
 Supplemental _____
- Long-term care _____
- Disability (short/long term) _____
- Other _____

Financial Information/Location

- Bank name, phone # _____
- Checking/savings account #'s _____
- Safe deposit box..where, keys _____

What's in it _____

- Authorized signature other than yourself _____
- Checkbooks _____
- Savings accounts _____
- Credit cards _____
- Financial advisor _____

Address: _____

Phone: _____

Stock certificates _____

Bonds _____

CD's _____

Other _____

- Accountant _____

Address: _____

Phone: _____

Income tax returns _____

- Pension information _____
- Mortgage company _____
- Titles and deeds _____

Will

- Attorney _____

Address _____

Phone # _____

- Where copies located _____
- Power of Attorney _____
- Living Will _____

Burial instructions _____

Executor:
Name _____

Address _____

Phone # _____

Passwords

- **Computer** _____
 - **Email** _____
 - **Voice mail** _____
 - **On-line banking** _____
 - **Other** _____
- _____
- _____
- _____

NOTES: