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:
_______________________________________
The 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:

_________________________________________
_________________________________________
_________________________________________

Personal notes:

_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________

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.