

UPDATED
2023

IMPORTANT RECORDS

Courtesy of Woodland Commission on Aging

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If you need help to fill this out, please call 530-661-2001.

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 now. 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 least 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: _____

What you're known by (incl. nicknames): _____

Date of Birth: _____ Birthplace: _____

Location of Birth Certificate/Citizenship 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: _____

Financial Status

Bank or Financial Institution:

(Name) (Address) (Phone)

Account Number: _____

IRA Checking Savings Maximizer

Bank of Financial Institution:

(Name) (Address) (Phone)

IRA Checking Saving Maximizer

**** If you need additional space, please use back of page****

Current Income: \$ _____ Per: Month Year

Source (s): _____ \$ _____

_____ \$ _____

_____ \$ _____

Debts: _____ \$ _____

Debts: _____ \$ _____

Debts: _____ \$ _____

Debts: _____ \$ _____

Professional Advisors

-Attorney-

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

-Trustee of Estate-

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

-Executor of Estate-

Name: _____ Phone Number: _____

Address: _____

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

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 and authorization) to safety deposit box:

Name: _____ Phone Number: _____

Address: _____ Keys Located: _____

Location of Stored Documents

- 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 Yes No

Arrangements have been made to donate organs for transplantation, in case of death please notify

Immediately: _____ Phone: _____

Burial Instructions

Location of Burial Instructions: _____

Funeral Home: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Cemetery: _____ Plot Code: _____

Address: _____ Plot Number: _____

City: _____ State: _____ Zip Code: _____

Legal Residence/Real Estate

House Apartment Skilled Nursing Facility Other

Rented Owned Monthly payment \$: _____

Street: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Landlord Name: _____ Phone: _____

• HOMEOWNER Paid in Full Mortgage Outstanding

• Property Address: _____

City: _____ State: _____ Zip Code: _____

• Lien Holder: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Licensed Vehicles/Vessels

1.

(Make)	(Model)	(Year)
(Lic. Plate)	(VIN)	(Pink Slip Location)

State Registered in: _____

2.

(Make)	(Model)	(Year)
(Lic. Plate)	(VIN)	(Pink Slip Location)

State Registered in: _____

3.

(Make)	(Model)	(Year)
(Lic. 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: _____

Household Pets

Type of pets: _____ Name: _____

• Feeding (time, food, quantity): _____

• Medical Problems: _____

• Medication: _____

• Veterinarian: _____

Name: _____ Phone: _____

Address: _____

• Emergency Veterinary Medical Phone: _____

• Person who has agreed to care for pet(s) in case owner is incapacitated:

Name: _____ Phone: _____

Address: _____

• Special instructions:

Personal Device Information

Include cell phones, tablets, laptop computers, desktop computers, and important login information.

Cell Phone Type: iPhone Android Other: _____

Phone Number: _____ Lock Screen Passcode: _____

Tablet Type: iPad Other: _____

Lock Screen Passcode: _____

Computer 1: Brand: _____ Files on this Device: _____

Login Name: _____

Password: _____

Computer 2: Brand: _____ Files on this Device: _____

Login Name: _____

Password: _____

Primary Email Address: _____

Password: _____

Other Important Login: _____

Password: _____

Other Important Login: _____

Password: _____

