

Names and phone numbers of people not mentioned before to contact if I should become seriously ill:

Horizontal lines for listing names and phone numbers.

Please do **not** contact:

Horizontal lines for listing names and phone numbers of people not to contact.

Personal Notes:

Horizontal lines for personal notes.

Horizontal lines for additional notes or information.

EVERYTHING MY LOVED ONES NEED TO KNOW ABOUT ME

This document is provided as a public service for older adults, persons with disabilities, and their caregivers by:



Office on Aging
1300 S. Grand Avenue, Building B
Santa Ana, CA 92705
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 _____ State _____ Zip _____
Phone (_____) _____ Alternate/Cell (_____) _____

The person (nearby) who knows where to find and has access to my important papers is:

_____ He/She can be located here: _____
_____ Phone numbers: _____

My important papers are located here:

Safe Deposit Box: # _____
Bank/Branch: _____
Key is located here: _____
Authorized signer(s): _____
Other location: _____

MY WILL

My will 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 that my last will (and any revisions) are honored.

Original executed copy of my will (and any codicil (revision) is located:

The attorney who drew it up is:

Name: _____

City: _____

Phone: (_____) _____

Name of Executor: _____

Where to reach executor:

Phone: (_____) _____

Witnesses to Will:

1. _____

Reachable at: _____

2. _____

Reachable at: _____

I have a "Living Will:

Yes No

If so, it is located here:

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 (Durable Power of Attorney for Health Care)

Yes No

If so copies are located here:

PERSONAL PROPERTY

All of my personal property, including real estate, furnishing, vehicles, and heirlooms are itemized and assigned in my will.

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 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: (_____) _____

WHAT I OWN, continued...

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 my annuity contracts: _____

MEDICAL and LONG TERM INSURANCE

I am covered not covered by Medicare

Part A Part B Medi-Medi

I am in this HMO: _____

HMO contact phone: (_____) _____

My primary physician is: _____

Phone: (_____) _____

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

Location of insurance policies:

TRUST FUNDS

I have created a trust fund to care for:

Lawyer who drew up trust:

Trust agreement is located:

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.)

Date of Birth: _____

City: _____

County: _____

State: _____

My birth certificate is located here:

If a citizen of another country:

Country: _____

Date entered the USA: _____

Citizenship papers are located here:

MARRIAGE

(If married more than once, use additional page)

I am currently married: Yes No

Married to: _____

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: _____

Date of marriage: _____

Date 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: _____

Discharge Type: _____

Highest Rank/Grade: _____

Military Serial Number: _____

Veterans claim number: _____

Service connected disabilities and %:

Describe where or how injuries occurred:

Military discharge papers are located:

FINANCIAL MATTERS

EMPLOYMENT

My present employer is: _____

Address: _____

Phone: (_____) _____

Fax: (_____) _____

Date started: _____

Supervisor: _____

Social Security card is located: _____

I am eligible for the following pension, profit sharing, or benefit plans:
(include necessary information)

I am was never was part of a Union

Union name and how to contact:

WHAT I OWN

CHECKING AND SAVINGS ACCOUNTS

Names on checking account:

Bank: _____

Person who has account number:

Names on savings account:

Bank: _____

Person who has account number:

Names of anyone else who has power to sign checks:

Names on additional accounts:

Bank: _____

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):

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/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:
