**DON’T LEAVE YOUR FAMILY WONDERING**

**SECTION ONE: PERSONAL INFORMATION**

NAME

MAIDEN NAME:

MARITAL STATUS AND DATE OF MARRIAGE:

NAME OF SPOUSE:

DATE OF BIRTH OF SPOUSE:

ADDRESS:

PHONE NUMBERS:

DATE OF BIRTH:

PLACE OF BIRTH:

SOCIAL INSURANCE NUMBER:

CHILDREN’S NAMES AND DATES OF BIRTH:

PREVIOUS SPOUSE DETAILS:

SIBLINGS NAMES AND DATES OF BIRTH:

MOTHER’S NAME:

MOTHER’S MAIDEN NAME:

DATE OF BIRTH:

PLACE OF BIRTH:

FATHER’S NAME:

DATE OF BIRTH:

PLACE OF BIRTH:

**SECTION TWO: MEDICAL INFORMATION**

NAME/ADDRESS OF PERSONAL PHYSICIAN:

NAME/ADDRESS OF MEDICAL SPECIALISTS SEEN:

PREFERRED HOSPITAL:

DRUG ALLERGIES:

OTHER ALLERGIES:

MEDICAL CONDITIONS/TREATMENT/MEDICATIONS:

ORGAN DONOR?:

BLOOD TYPE:

DNR ON FILE?:

THINGS TO BE TAKEN CARE OF IF I AM TEMPORARILY UNABLE TO DO THEM MYSELF:

**SECTION THREE: KEY CONTACTS**

EXECUTOR:

POWER OF ATTORNEY:

REPRESENTATIVE IF I AM UNABLE TO ACT:

LAWYER NAME/CONTACT INFO:

ACCOUNTANT NAME/CONTACT INFO:

BANK/CONTACT INFO:

FINANCIAL ADVISOR NAME/CONTACT INFO:

INSURANCE AGENT NAME/CONTACT INFO:

HEALTH INSURANCE PROVIDER:

RELIGIOUS AFFILIATION:

**SECTION FOUR: AT THE TIME I DIE…**

PLEASE CONTACT:

FAMILY MEMBER:

INSURANCE PERSON:

LAWYER AND/OR EXECUTOR:

EMPLOYER:

OTHERS (Different social/recreational/business circles):

FUNERAL ARRANGEMENTS CONTACT:

SPECIAL REQUESTS:

REMAINS TO BE:

BURIAL/CEMETERY/MEMORIAL STONE/CREMATION/ASHES TO BE SCATTERED:

NOTES ON FUNERAL ARRANGEMENTS:

**SECTION FIVE: IMPORTANT DOCUMENTS**

DATE OF WILL:

WILL IS LOCATED:

ADDITIONAL INSTRUCTIONS, SPECIAL REQUESTS AND DIRECTIONS LOCATED:

DRIVER’S LICENSE NUMBER:

DRIVER’S LICENSE LOCATED:

PASSPORT NUMBER:

PASSPORT LOCATED:

BIRTH CERTIFICATE LOCATED:

MARRIAGE CERTIFICATE LOCATED:

DIVORCE PAPERS LOCATED:

POWER OF ATTORNEY DOCUMENTS LOCATED:

REPRESENTATION PAPERS LOCATED:

**SECTION SIX: BANK AND FINANCIAL INFORMATION**

NAME AND ADDRESS OF BANK:

CONTACT PERSON:

ACCOUNT NUMBER(S):

ONLINE USER NAME:

ONLINE PASSWORD:

CREDIT CARD ONE NAME/NUMBER/PIN:

ONLINE USER NAME:

ONLINE PASSWORD:

CREDIT CARD TWO NAME/NUMBER/PIN:

ONLINE USER NAME:

ONLINE PASSWORD:

CREDIT CARD THREE NAME/NUMBER/PIN:

ONLINE USER NAME:

ONLINE PASSWORD:

STORE CREDIT CARD NAME/NUMBER:

ONLINE USER NAME:

ONLINE PASSWORD:

STORE CREDIT CARD TWO NAME/NUMBER:

ONLINE USER NAME:

ONLINE PASSWORD:

INVESTMENTS HELD WITH:

DESCRIPTION:

ACCOUNT NUMBER:

CONTACT PERSON:

NOTES:

DESCRIPTION:

ACCOUNT NUMBER:

CONTACT PERSON:

NOTES:

DESCRIPTION:

ACCOUNT NUMBER:

CONTACT PERSON:

NOTES:

DESCRIPTION:

ACCOUNT NUMBER:

CONTACT PERSON:

NOTES:

DESCRIPTION:

ACCOUNT NUMBER:

CONTACT PERSON:

NOTES:

AUTOMATIC MONTHLY PAYMENTS:

PAYMENT ONE DESCRIPTION:

AMOUNT/DATE:

PAYMENT TWO DESCRIPTION:

AMOUNT/DATE:

PAYMENT THREE DESCRIPTION:

AMOUNT/DATE:

PAYMENT FOUR DESCRIPTION:

AMOUNT/DATE:

PAYMENT FIVE DESCRIPTION:

AMOUNT/DATE:

OTHER AUTOMATIC PAYMENTS – NOTES:

RETIREMENT ACCOUNT DESCRIPTION:

ACCOUNT NUMBER:

CONTACT PERSON:

NOTES:

ADDITIONAL NOTES ON INVESTMENTS:

MISCELLANEOUS FINANCIAL ACCOUNTS:

FREQUENT FLYER/REWARDS PROGRAMS ETC:

SAFE DEPOSIT BOX:

BANK/LOCATION:

BOX NUMBER:

KEY IS LOCATED:

NOTES:

WHAT I OWE:

MORTAGE:

LENDER NAME AND CONTACT INFO:

LOCATION OF MORTGAGE PAPERS:

PROPERTY TAX INFO:

CAR LOAN:

LENDER NAME AND CONTACT INFO:

LOCATION OF DOCUMENTS:

STUDENT LOAN:

DETAILS:

PERSONAL LOANS:

LENDER NAME AND CONTACT INFO:H

DETAILS:

LEGAL JUDGMENTS:

CONTACT INFO:

DETAILS:

LOCATION OF DOCUMENTS:

**SECTION SEVEN: WHAT I AM OWED**

NAME:

DETAILS/DATES:

COLLATERAL SECURITY:

DOCUMENTS LOCATED:

**SECTION EIGHT: BUSINESS INFORMATION**

NAME OF BUSINESS:

LOCATION:

CONTACT INFORMATION:

LANDLORD NAME AND CONTACT INFO:

KEYS ARE LOCATED:

LEASE DOCUMENTS LOCATED:

KEY EMPLOYEES TO CONTACT:

TRUSTED BUSINESS ADVISOR TO CALL FIRST:

BUSINESS ACCOUNTANT:

BUSINESS LAWYER:

BUSINESS INSURANCE AGENT:

BUSINESS BANKER:

INFORMATION ON KEY CUSTOMERS/SUPPLIERS ETC:

**SECTION NINE: LIFE/DISABILITY/CRITICAL ILLNESS INSURANCE:**

TYPE OF POLICY:

POLICY NUMBER:

INSURANCE COMPANY:

LOCATION OF POLICY DOCUMENTS:

TYPE OF POLICY:

POLICY NUMBER:

INSURANCE COMPANY:

LOCATION OF POLICY DOCUMENTS:

TYPE OF POLICY:

POLICY NUMBER:

INSURANCE COMPANY:

LOCATION OF POLICY DOCUMENTS:

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POLICY NUMBER:

INSURANCE COMPANY:

LOCATION OF POLICY DOCUMENTS:

TYPE OF POLICY:

POLICY NUMBER:

INSURANCE COMPANY:

LOCATION OF POLICY DOCUMENTS:

TYPE OF POLICY:

POLICY NUMBER:

INSURANCE COMPANY:

LOCATION OF POLICY DOCUMENTS:

EMPLOYER POLICY:

CONTACT PERSON:

**SECTION TEN: PERSONAL PROPERTY**

RESIDENCE ADDRESS:

FORM OF OWNERSHIP:

LOCATION OF LEGAL DOCUMENTS:

LOCATION OF KEYS:

LOCATION OF WARRANTIES/MAINTENANCE CONTRACTS ETC:

HOME SECURITY COMPANY INFO:

NOTES:

IF RENTING, LOCATION OF LEASE:

LEASE EXPIRES:

LOCATION OF KEYS:

PROPERTY MANAGER:

NOTES:

OTHER REAL ESTATE ADDRESS:

FORM OF OWNERSHIP:

LOCATION OF LEGAL DOCUMENTS:

KEYS LOCATED:

NOTES:

OTHER REAL ESTATE ADDRESS:

FORM OF OWNERSHIP:

LOCATION OF LEGAL DOCUMENTS:

KEYS LOCATED:

NOTES:

OTHER REAL ESTATE ADDRESS:

FORM OF OWNERSHIP:

LOCATION OF LEGAL DOCUMENTS:

KEYS LOCATED:

NOTES:

COMMERCIAL PROPERTY:

ADDRESS:

FORM OF OWNERSHIP:

LOCATION OF LEGAL DOCUMENTS:

LOCATION OF KEYS:

NOTES:

COMMERCIAL PROPERTY:

ADDRESS:

FORM OF OWNERSHIP:

LOCATION OF LEGAL DOCUMENTS:

LOCATION OF KEYS:

NOTES:

VEHICLE ONE - YEAR/MAKE/MODEL/COLOR:

LOCATION OF INSURANCE/OWNERSHIP PAPERS:

LEASE/LOAN INFORMATON:

LOCATION OF KEYS:

NOTES:

VEHICLE TWO - YEAR/MAKE/MODEL/COLOR:

LOCATION OF INSURANCE/OWNERSHIP PAPERS:

LEASE/LOAN INFORMATION:

LOCATION OF KEYS:

NOTES:

VEHICLE THREE - YEAR/MAKE/MODEL/COLOR:

LOCATION OF INSURANCE/OWNERSHIP PAPERS:

LEASE/LOAN INFORMATION:

LOCATION OF KEYS:

NOTES:

OTHER VEHICLES:

NOTES:

**SECTION ELEVEN: HEIRLOOMS AND PERSONAL EFFECTS**

ITEM:

LOCATION:

NOTES AND INSTRUCTIONS:

ITEM:

LOCATION:

NOTES AND INSTRUCTIONS:

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NOTES AND INSTRUCTIONS:

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NOTES AND INSTRUCTIONS:

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NOTES AND INSTRUCTIONS:

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NOTES AND INSTRUCTIONS:

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LOCATION:

NOTES AND INSTRUCTIONS:

MORE ITEMS AS NEEDED – NOTES:

STORAGE UNITS:

LOCATION/STORAGE COMPANY:

CONTACT PERSON:

LOCATION OF KEYS:

NOTES:

HOUSE OR OTHER SAFE:

LOCATION:

LOCATION OF KEYS:

COMBINATION:

HIDDEN VALUABLES? YES/NO – DETAILS:

DETAILS IN SAFETY DEPOSIT BOX?

**SECTION TWELVE – PETS**

PET NAME:

DESCRIPTION/AGE:

HEALTH INFO:

VETERINARIAN:

WHO WILL CARE FOR MY PET:

CONTACT INFO:

**SECTION THIRTEEN – WHAT TO PAY/CLOSE/CANCEL**

UTILTIES:

HYDRO PROVIDER:

CABLE PROVIDER:

INTERNET PROVIDER:

PHONE PROVIDER:

CELL PHONE PROVIDER:

**SECTION FOURTEEN – ELECTRONICS AND ONLINE**

CELL PHONE PASSWORD:

COMPUTER PASSWORDS:

COMPUTER ONE DESCRIPTION:

PASSWORD:

COMPUTER TWO DESCRIPTION:

PASSWORD

COMPUTER THREE DESCRIPTION:

PASSWORD:

COMPUTER FOUR DESCRIPTION:

PASSWORD:

COMPUTER FIVE DESCRIPTION:

PASSWORD:

OTHER COMPUTERS – NOTES:

EMAIL PASSWORDS:

EMAIL ONE DESCRIPTION:

PASSWORD:

EMAIL TWO DESCRIPTION:

PASSWORD:

EMAIL THREE DESCRIPTION:

PASSWORD:

EMAIL FOUR DESCRIPTION:

PASSWORD:

OTHER EMAIL ACCOUNTS – NOTES:

ONLINE ACCOUNTS AND PRESCENCE:

ACCOUNT ONE DESCRIPTION:

PASSWORD:

ACCOUNT TWO DESCRIPTION:

PASSWORD:

ACCOUNT THREE DESCRIPTION:

PASSWORD:

ACCOUNT FOUR DESCRIPTION:

PASSWORD:

ACCOUNT FIVE DESCRIPTION:

PASSWORD:

ACCOUNT SIX DESCRIPTION:

PASSWORD:

OTHER ONLINE ACCOUNTS – NOTES:

SOCIAL MEDIA ACCOUNTS:

DESCRIPTION:

USER NAME/PASSWORD:

DESCRIPTION:

USER NAME/PASSWORD:

DESCRIPTION:

USER NAME/PASSWORD

***I HAVE AN ONLINE VERSION OF THIS INFORMATION AT:***

***USER NAME/PASSWORD:***

**SECTION FIFTEEN – SUBSCRIPTIONS**

SUBSCRIPTION ONE DESCRIPTION:

NOTES:

SUBSCRIPTION TWO DESCRIPTION:

NOTES:

SUBSCRIPTION THREE DESCRIPTION:

NOTES:

**SECTION SIXTEEN – MEMBERSHIPS**

ORGANIZATION NAME:

CONTACT DETAILS:

ORGANIZATION NAME:

CONTACT DETAILS:

ORGANIZATION NAME:

CONTACT DETAILS:

**SECTION SEVENTEEN – MISCELLANEOUS AND MY WISHES**

THE PEOPLE LISTED BELOW KNOW ABOUT THIS DOCUMENT:

IF I AM UNABLE TO COMMUNICATE, THIS IS WHAT I WOULD LIKE MY CAREGIVERS TO KNOW:

MY PERSONAL AND LAST WISHES ARE: