



Identify and Organize Your Personal Affairs

The following pages will assist you in identifying and locating important information needed if you are unable to manage your personal affairs.

Personal Affairs

Name: _____
(First, Middle, Last)

Social Security Number: _____

Organization/Address: _____
(Organization, Number, Street, City, State, Zip Code)

Work Phone (include area code): _____

Home Address: _____
(Number, Street, City, County, State, Zip Code)

Home Phone (include area code): _____

Permanent or Legal Address: _____
(Number, Street, City, County, State, Zip Code)

Personal Data

Date and Place of Birth: _____
(Month/Day/Year) (City, County, State)

Naturalization (if applicable): _____
(Month/Day/Year)

by: _____
(Designation and location of court granting naturalization)

Driver's License/Organ Donor Verification: _____

Family Information

Spouse Name:

Social Security Number: _____
(First, Middle, Last)

Date and Place of Birth: _____
(Month/Day/Year) (City, County, State)

Driver's License/Organ Donor Verification: _____
(Number, Street, City, State, Zip Code)

Marital Information

Date of Marriage	Place of Marriage	Spouse's Full Maiden Name	How and Date Terminated	Place Terminated

reason, place and date:

Children

Name	Date of Birth	Place of Birth	Address

Family Records Location

Birth certificates or other proof of date of birth for myself and each immediate family member (required by insurance companies and Social Security Administration):

Naturalization papers for self, spouse and children (if applicable):

Marriage certificate (required to establish claims for Veterans Affairs and Social Security Benefits):

Prenuptial/Marital agreements:

Divorce decree(s), death certificates or certified copies thereof for myself or present spouse:

Military Service History

Date Entered	Location	Serial Number	Date Separated	Location

Other Important Papers

I (have) (have not) executed a Will:

Located at:

Executor:

(Name)

(Number, Street, City, State, Zip Code)

(Telephone Number, including area code)

Attorney:

(Name)

(Number, Street, City, State, Zip Code)

(Telephone Number, including area code)

I (have) (have not) executed a Durable Power of Attorney, dated

naming

(Agent or attorney in fact)

(Number, Street, City, State, Zip Code)

I (have) (have not) executed a Power of Attorney for Healthcare/Living Will, dated

naming

(Agent or attorney in fact)

(Number, Street, City, State, Zip Code)

I (have) (have not) executed a Do Not Resuscitate (DNR Record), dated

naming

(Agent or attorney in fact)

(Number, Street, City, State, Zip Code)

Social Security Card:

Medicare Card:

Medicare Part D Plan/Provider:

Copies of my federal and state income tax returns and related papers are located at:

(Number, Street, City, State Zip Code)

Bank Accounts (Include Credit Union, Savings & Loan Associations):

Type of account:

(Checking or Savings)

(Joint [name] or Individual)

(Account Number)

(Name and Address of Bank or Credit Union)

(Checking or Savings)

(Joint [name] or Individual)

(Account Number)

(Name and Address of Bank or Credit Union)

Location of passbooks for savings accounts and/or people who are signers on the account(s):

Location of statements and canceled checks for checking accounts:

Account User Names and Passwords

Credit, Debit Cards and Charge Accounts

(Name, Address, Telephone Number)

(Name, Address, Telephone Number)

(Name, Address, Telephone Number)

(Name, Address, Telephone Number)

Safety Deposit Box:

Name of bank or trust company: _____

(Number, Street, Town/City, State, Zip Code)

Location of key (name of others who have legal access): _____

United States Savings Bonds:

Where they are kept: _____

Approximate value: _____ (attach listing of serial numbers and denominations, if desired)

Pensions:

Stocks, Bonds and Securities Owned:

Stockbroker/Financial Planner:

Name, Contact Information:

Property Ownership or Interest:

Primary real estate is located at:

The property is encumbered by a:

(Mortgage, trust, deed, etc.)

Held by:

The property is insured with:

(Insurance company)

Policy Number: _____, type of coverage:

(Fire, damage, liability, etc.)

Other real estate is located at:

Life Insurance:

I have the following types of life insurance: Government _____ Commercial _____ Both _____

(Insurance Company, Policy Number, Face Value, Payment Option)

(Address, Telephone Number, Email Contact Information)

The policies are located at:

Long Term Care Insurance:

(Insurance Company, Policy Number)

(Address, Telephone Number, Email Contact Information)

The policies are located at:

Other Insurance:

I have the following health, property, accident, liability or other insurance coverage:

Insurance Company	Type of Coverage	Policy Number	Amount
Insurance Company	Type of Coverage	Policy Number	Amount
Insurance Company	Type of Coverage	Policy Number	Amount
Insurance Company	Type of Coverage	Policy Number	Amount

The policies are located at:

Professional Advisors:
(Current name, address, telephone number, email)

Attorney

Accountant/Tax Preparer

Banker

Financial Advisor/Planner

Stockbroker

Real Estate

Insurance Agent

Clergy

Funeral Home Representative

Other Professional Advisors

Asset Documents:

(current account, contract, certificate and invoice numbers)

Location:

Real Estate (purchase, sale, deed records)

Land Abstracts/Titles (surveys, maps)

Mortgage/Rental Agreements

Funeral/Burial/Cemetery Agreements/Deeds

Leases

Vehicles (titles, purchase and sale receipts)

Notes (owed to you/you owe)

Stock/Bond/Security Certificates

Savings/Checking Accounts/Certificates of Deposit

Other Asset Documents

Insurance Documents:

(current premiums, value, maturity or surrender dates, etc.)

Location:

Life Insurance/Annuity Policies

Health Insurance Policy

Long Term Care Insurance Policy

Disability Insurance Policy

Homeowner's Insurance Policy

Fire/Casualty Insurance Policy

Vehicle Insurance Policy

Other Insurance Documents

Retirement Documents:

Location:

Social Security Card

Pension(s)

Medicare Card

IRAs/401Ks

Tax Sheltered Annuities

Other Retirement Documents

Collections/Other Assets:

Location:

Coin Collection

Stamp Collection

Gun Collection

Doll Collection

Other - List

Funeral and Burial Arrangements:

This is not intended as a legal document. But, within the terms of my Will or the applicable laws, I desire the following be done by my Executor and/or family:

Funeral Service and Arrangements:

Funeral Home:

(Name, Address, Telephone Number)

Cemetery:

Clergy:

Participating Organizations:

I would like:

Wake/Rosary Service:

Viewing:

Clothing Preference:

Personal Accessories:

Organist:

Religious Passages Selected:

Eulogy by:

Newspaper Notices:

Casket:

(Open/Closed)

Type of Casket:

Military Ceremony and Honors:

Uniform:

Hymns, Psalms, Scripture, Special Requests:

Pallbearers:

Flowers/(in lieu of flowers):

Memorials and Remembrances:

Type of Burial Rights:

(Ground Burial/Cremation)

If Cremation What Type of Disposition?:

Cremation Remains Container:

Remarks/ Special instructions:

**Bequests and Personal Items:
(Description of Item, Beneficiary, Relationship)**

Tax and Business Records:

Location:

Income and Gift Tax Returns

Information for Current Year's Taxes

Records of recent Security purchases/sales

Partnership Agreements

Stockholder Agreements

Business Continuation Agreements

Business Legal and Accounting records

Real Estate Tax Bills

Other Tax and Business Records

Income Inventory:

Monthly Amount:

Wage/Salary

Social Security

Veterans Administration Pension

Interest (Checking, Savings, Loans)

Rental

Trust

Alimony

Stock Dividends

Annuity

Services Rendered

Other Income

Total Monthly Income:

Expense Inventory:

Monthly Amount:

Mortgage/Rent

Food

Electricity

Gas/Heating Oil

Water/Sewer/Refuse

Telephones (landline, mobile)

Internet Access

Cable Television

Insurances (property)

Religious Donations

Real Estate Taxes

Vehicle Fuel and Maintenance

Yard/Pool Care

Medical/Dental

Medical Co-Pays

Medications

Subscriptions (newspapers/magazines)

Health Insurance Premium

Long Term Care Insurance Premium

Alimony/Family Support

Court Ordered Expenses (guardian, attorney)

Personal Care

Dining Out

Credit Cards/Loans

Pet Care

Other Expenses

Total Monthly Expenses: _____

Total Monthly Income minus Expenses: _____

Miscellaneous Information

Contacts/Location

List User Names and Internet Passwords:
(Computer, Email, Facebook, bank/credit union, others) _____

List and photos of personal possessions worth \$500
or more (jewelry, artwork, guns, collectibles, etc.) _____

Location of all keys (house, garage (keypad code)
other homes, vehicles, safe deposit box and who
holds extra keys _____

List locks, combinations, names of those who
know the combination _____

List religious and community affiliations _____

List Pet Care and Veterinarian _____

Other miscellaneous information _____

List of all who hold copies of this document
(name, relationship, address, telephone, email) _____

Other:

Additional data desired regarding my affairs and instructions to survivors not previously covered:

(Date)

(Signature)

Discuss this document and your views with the person(s) whom you trust, who is/are willing to respect your views and values, who is/are able to make difficult decisions in stressful circumstances, who will closely follow what you want and will be a good advocate for you. It is advised that this document be reviewed every five (5) years or at the time of a life-changing event.



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