

A Comprehensive Handbook of Personal Information

for

Prepared by:



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General Instructions

This handbook can be completed by individuals desiring to organize their information in case of emergency.

Complete all applicable pages and either provide it to a loved one/trusted advisor or store it in a secure location with instructions to several people as to its whereabouts.

Your family and loved ones will appreciate your efforts in completing it.

Should you have any questions or need assistance, please do not hesitate to contact a Senior 1 Care representative at

**South Bend – (574) 239-2273
Indianapolis – (317) 652-6175
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General Information for _____

<u>Topic</u>	<u>Response</u>			
Name	_____			
Address	_____			
	Street	City	Zip	
Telephone	_____			
	Home	Cell	Work	Other
Email Address	_____			
Birth Date	_____			
Location of Birth	_____			
Parents	_____			
Mother's Maiden Name	_____			
Educational Institution(s)	_____			
	Name of Institution	Degree	Date	

	Name of Institution	Degree	Date	
Marriage(s)	1. _____			
	Married to	Spouse Maiden Name		
	Date	Location	Deceased	Date/County
	2. _____			
	Married to	Spouse Maiden Name		
	Date	Location	Deceased	Date/County

General Information Cont.

Children

<u>Name</u>	<u>Address/Phone</u>	<u>Social Security #</u>	<u>Spouse's Name</u>

Grandchildren/ Parents

<u>Name</u>	<u>Address</u>	<u>Social Security #</u>

General Information Cont.

**Grandchildren/
Parents Cont.**

Date(s) of Death:

Children

Grandchildren

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Professional Advisors for _____

<u>Type</u>	<u>Name/Address/Phone/Contact Person</u>
Legal	_____ _____
Accountant	_____ _____
Banker	_____ _____
Investment Advisor	_____ _____
Trustee/Trust Institution	_____ _____
Insurance Agent	_____ _____
Executor	_____ _____
Other	_____ _____

Medical Professionals for _____

<u>Type of Professional</u>	<u>Name/Address/Phone/Contact Person</u>
Primary Physician	_____ _____
Dermatologist	_____ _____
Cardiologist	_____ _____
Gastroenterologist	_____ _____
Urologist	_____ _____
OB/GYN	_____ _____
Orthopaedist	_____ _____
Neurologist	_____ _____
Podiatrist	_____ _____
Dentist	_____ _____
Ophthalmologist/ Optometrist	_____ _____

Comments about Care Needs for _____

Comment below about special care needs. This could include allergies, special foods, food restrictions, cooking instructions, required exercise, physical limitations, etc.

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Emergency Contacts for _____

List below in order of contact the individuals to be contacted in case of emergency.

Name

Address/Telephone/Relationship

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Legal Documents for _____

Within this section include copies of the following documents and who has received copies.

Document

Copies Provided to

Financial Power of Attorney

Health Care Representative Power of Attorney

Living Will

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Location of General Information for

<u>Document/Information</u>	<u>Location</u>
Birth Certificate	_____
Social Security Card	_____
Passport	_____
Drivers License	_____
Marriage Certificate	_____
Prenuptial Agreement	_____
Divorce Papers	_____
Adoption Papers	_____
Safe Deposit Box/Keys	_____
Spouse Death Certificate	_____
Military Discharge Papers	_____
Original Last Will and Testament	_____
Financial POA	_____
Health Care Representative	_____
Living Will	_____
Funeral Information/Preferences	_____
Obituary Information	_____

Location of Financial/Legal Documents for _____

<u>Financial/Legal Documents</u>	<u>Location</u>
Checkbook	_____
Past Three Years Paid Bills	_____
Three Years Prior Year Tax Returns	_____
Vehicle Titles	_____
Mortgage Documents	_____
Real Estate Deeds/Title Papers	_____
Trust Documents	_____
Life Insurance Policies	_____
Long Term Care Insurance Policies	_____
Property and Casualty Insurance	_____
Medical Insurance	_____
Disability Insurance	_____
Vehicle Insurance	_____
Promissory Notes	_____
Loans Outstanding	_____
Rental Agreements	_____
Appraisals/Inventory of Valuables (Describe)	_____ _____ _____
Lawsuit Information	_____
Partnership/L.L.C. Agreements	_____

Location of Financial Accounts/Assets for _____

<u>Investments/Retirement/ Bank Accounts</u>	<u>Institution Name Account #</u>	<u>Statement/Document Location</u>
Checking Accounts	_____	_____
	_____	_____
	_____	_____
Money Market/Savings Accounts	_____	_____
	_____	_____
	_____	_____
Certificates of Deposit	_____	_____
	_____	_____
	_____	_____
Credit Cards	_____	_____
	_____	_____
	_____	_____
Brokerage/Mutual Funds	_____	_____
	_____	_____
	_____	_____
Stock Certificates/Bearer Bonds	_____	_____
	_____	_____
	_____	_____
Investment Club Records	_____	_____
	_____	_____
	_____	_____

Location of Financial Accounts/Assets Cont.

<u>Investments/Retirement/ Bank Accounts</u>	<u>Institution Name Account #</u>	<u>Statement/Document Location</u>
IRAs/401(k)s (including beneficiary forms)	_____	_____
	_____	_____
	_____	_____
Deferred Compensation Agreements	_____	_____
	_____	_____
	_____	_____
529 College Savings Accounts	_____	_____
	_____	_____
	_____	_____
Pension/Retirement Accounts (including beneficiary forms)	_____	_____
	_____	_____
	_____	_____
Real Estate Owned	_____	_____
	_____	_____
	_____	_____
Cost Basis of Investments Owned	_____	_____
	_____	_____
	_____	_____
Listing of Other Investments/ Assets	_____	_____
	_____	_____
	_____	_____
Other	_____	_____
	_____	_____
	_____	_____

Personal Balance Sheet for _____
As of Date _____

Assets (What You Own)

Cash on Hand	\$ _____
Checking Account	_____
Other Bank Accounts	_____
Certificates of Deposit	_____
Investment Accounts	_____
Brokerage _____	
Mutual Funds _____	
Stock Investments _____	
Accounts/Loans Due From Others	_____
Pension Payments Due	_____
401(k)/IRA Accounts	_____
Real Estate Owned	_____
Vehicles Owned	_____
Personal Property	_____
Other Assets (List)	_____
Total Assets	\$ _____

Liabilities (What You Owe)

	\$ _____
Mortgage Loan Balance	_____
Home Equity Loan	_____
Car Loan Balance	_____
Credit Card Balance	_____
Other Borrowings	_____
Taxes Payable	_____
Total Liabilities	_____

Net Worth (What You are Worth)

Total Liabilities and Net Worth	\$ _____
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Prepared by _____

Date _____



Sources of Current Income for _____
As of Date _____

<u>Source of Income</u>	<u>Approximate Monthly Dollar Amount</u>
Social Security	_____
Pension Payments	_____
Retirement Account Distributions	_____
Interest	_____
Dividends	_____
Veterans Benefits	_____
Other _____	_____

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