



CAREGIVER INFORMATION GUIDE



**IMPORTANT INFORMATION YOU NEED TO KNOW
FOR AN AGING PARENT, SPOUSE OR LOVED ONE.**

This document is provided as a public service for older adults, persons with disabilities, and their caregivers by **Age Safe America**.

Date Completed:				Date Updated:			
By:				Relationship:			
My Legal Residence							
City:			State:			Zip:	
Home Phone:				Mobile Phone:			
The person who has access to my important papers is:				My important papers are located here:			
Name:				Safe Deposit Box #			
Home Phone:				Bank/Branch:			
Mobile Phone:				Key Location:			
Street Address:				Authorized signer(s)			
City/ State/Zip:				Other Location:			
PERSONAL DATA							
(This information is required for insurance purposes, social security, pensions and in other case where legal proof of age, relationships or birthplace are required)							
Birth date:				PARENTS			
City:		State:		Father:			
County:				Date of Birth:		Date of Death:	
My birth certificate is located here:				Burial Site:			
				Mother:			
If a citizen of another country				Date of Birth:		Date of Death:	
Country:				Burial Site:			
Date entered USA:							
Citizenship papers are located here:							

MARRIAGE				CHILDREN			
(If married more than once use additional page)				List name (maiden name) and birthdates			
I am currently married <input type="checkbox"/> Yes <input type="checkbox"/> No				1.)			
Spouse name:				2.)			
Date from:		Date to:		3.)			
Place:				4.)			
Marriage records located at:				5.)			
				6.)			
If Widowed							
Deceased's name				LEGAL INFORMATION			
Date of death:				My attorney is:			
If Divorced or Separated:				Phone number:			
<input type="checkbox"/> I was divorced <input type="checkbox"/> I was legally separated				Power of Attorney is:			
Name of partner:							
Date of marriage:				Healthcare Power of Attorney is:			
Date of dissolution:							
City:		State:		My Legal Guardian is:			
MY PERSONAL POSSESSIONS							
CHECKING AND SAVINGS				Name on savings account			
Bank & Location				1.)		2.)	
Names on checking account				Name of POA or person authorized to sign checks:			
1.)							
2.)				Additional account information (intuition, type and name(s) on account:			
Person who has account number:				1.)			
				2.)			

REAL ESTATE		Broker contact information:	
(if more than one attach information)		Name:	
Own Real Estate <input type="checkbox"/> Yes <input type="checkbox"/> No		Firm:	
Co-owner :	Phone:	Phone:	
Address (if not the same as your residence)		I have these securities pledged for loans:	
Mortgage is held by:		Information on these loans can be found here:	
Taxes are paid on this property until:		CAR(S) make, model, year	
The deed, tax, and mortgage documents are located:			
		Location of car titles:	
STOCKS and BONDS and ANNUITIES		1.)	
<input type="checkbox"/> I do <input type="checkbox"/> do not own stocks and/or bonds		2.)	
An updated list of all my stocks/bonds and their numbers and beneficiaries can be found here:			
		JOINT OWNERSHIP	
Certificates are located here:		<input type="checkbox"/> I do <input type="checkbox"/> do not Own any property or businesses jointly	
		If so, partner information can be found here:	
<input type="checkbox"/> I do <input type="checkbox"/> do not have a brokerage account			
LIFE INSURANCE		My principal insurance broker is:	
<input type="checkbox"/> I do <input type="checkbox"/> I do not have life insurance on			
		Phone:	
Complete itemized list and policies can be found		<input type="checkbox"/> I do <input type="checkbox"/> I do not have annuities	
		Location of my annuity contracts:	

MEDICAL and LONG TERM INSURANCE		TRUST FUNDS	
Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part D <input type="checkbox"/>			
HMO Policy :		Lawyer who drew up trust:	
Primary Physician:			
Phone:		Phone:	
Additional medical, long-term care, supplemental or corporate insurance policies:		Trust agreement located:	
Location insurance policies:			
MY PERSONAL PROPERTY		CREDIT CARDS	
My personal property are itemized and assigned in my will.		Card company (Visa, MC, Discover) and last four digits of card number:	
		1.)	
		2.)	
MISCELLANEOUS ASSETS		3.)	
I have these additional assets:			
<input type="checkbox"/> Fraternal and benevolent memberships		TAX RECORDS	
<input type="checkbox"/> Royalty rights or patents		Copies of my tax record are located at:	
<input type="checkbox"/> Debts owed to me			
<input type="checkbox"/> Others:		Tax Preparer:	
		Phone:	
You can find documents pertaining to these here:		RELIGIOUS AFFILIATION	
		Church or Temple:	
BURIAL		Address:	
Complete if not in will			
I wish I do not wish to be buried			

I do <input type="checkbox"/> do not <input type="checkbox"/> own a burial plot		Clergy member:	
		Phone:	
Cemetery name:			
Location of deed:		If not a church member who would you like to officiate over your funeral service:	
There is <input type="checkbox"/> is not <input type="checkbox"/> provision for perpetual care			
I prefer to be buried here (if no contract)		Favorite prayer, scripture, and /or poem etc:	
I wish for cremation or other disposition of my body. Specify:		Favorite hymn or spiritual song:	
MILITARY SERVICE (if applicable)		FINANCIAL MATTERS	
Branch of Service:		EMPLOYMENT	
Discharge Date:		My present/ former employer is:	
Highest Rank/Grade:			
Military Serial Number:		Address:	
Veterans Claim Number:		Phone:	
Service connected disabilities and percentage:		Fax/ Email:	
		Supervisor:	
Describe how / where injury occurred:		Social Security Card location:	
1.)			
		I am eligible for the following (include information) pension, profit sharing, or benefit plans:	
2.)			
		Union <input type="checkbox"/> member <input type="checkbox"/> non-member	
Military discharge papers are located:		Union name and contact information:	

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 revision is located:	I have a "Living Will"
	<input type="checkbox"/> Yes <input type="checkbox"/> No
The attorney who drew up the will is:	If so, the will is located at:
Name:	
City:	
Phone:	
Name of Executor:	I have a Durable Power of Attorney (Financial)
	If so, it is located here:
Phone:	
Witnesses to Will:	The Attorney who drew up the document is:
1.)	
Phone:	Phone:
2.)	
Phone:	
	I have a Durable Power of Attorney for Healthcare
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, copies are located here:

Names and phone numbers of people not mentioned before to contact should I become seriously ill:		Personal Notes
1.)		
2.)		
3.)		
4.)		
5.)		
6.)		
7.)		
8.)		
9.)		
10.)		
Please do not contact:		
1.)		
2.)		
3.)		