

A woman with short blonde hair, wearing a light grey long-sleeved shirt, blue jeans, and white sneakers, is sitting in a wooden wheelbarrow. She is wearing a wide-brimmed straw hat with a pink flower on the side. She is smiling broadly and waving her right hand. In her left hand, she holds a small white metal bucket filled with pink geraniums. The wheelbarrow is on a grassy lawn with a dense green hedge in the background. The scene is brightly lit, suggesting a sunny day.

# Personal Information Organizer

Your source to record all personal  
information in one convenient place.

*Compliments of Senior Communities Guide*

# Table of Contents

---

Personal Information.....	3
Important Contacts.....	4
Important Document Directory.....	6
Family Documents.....	6
Financial Documents.....	6
Legal Documents.....	6
Other Documents.....	6
Financial Information.....	7
Insurance.....	10
Legal.....	12
Supplemental Information.....	14
Pre-Planning of Funeral and Burial Arrangements.....	17

**HELPFUL HINT:** *While this document seems long, few people will need to complete every field on every page. You may also be able to attach documents, or indicate where information is located, to save time in completing all fields.*

*Once completed, keep in a secure location and make sure your estate executor or other responsible party knows this document exists.*

# Personal/Family Information

---

NAME

ADDRESS

CITY

STATE

ZIP CODE

DATE OF BIRTH (use MM/DD/YY format)

SOCIAL SECURITY NUMBER

THIS DOCUMENT WAS LAST UPDATED ON

## Family

---

### Spouse/Partner

NAME (including maiden name)

DATE OF BIRTH (use MM/DD/YY format)

SOCIAL SECURITY NUMBER

### First Child

NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

DATE OF BIRTH (use MM/DD/YY format)

SOCIAL SECURITY NUMBER

### Second Child

NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

DATE OF BIRTH (use MM/DD/YY format)

SOCIAL SECURITY NUMBER

### Other Dependent - Relationship:

NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

DATE OF BIRTH (use MM/DD/YY format)

SOCIAL SECURITY NUMBER

# Important Contacts

---

## Attorney Information

NAME

---

ADDRESS

---

CITY

STATE

ZIP CODE

---

PHONE NUMBER

---

## Landlord Information

NAME

---

ADDRESS

---

CITY

STATE

ZIP CODE

---

PHONE NUMBER

---

## Financial Planner Information

NAME

---

ADDRESS

---

CITY

STATE

ZIP CODE

---

PHONE NUMBER

---

## Accountant Information

NAME

---

ADDRESS

---

CITY

STATE

ZIP CODE

---

PHONE NUMBER

---

## Tax Preparer

NAME

---

ADDRESS

---

CITY

STATE

ZIP CODE

---

PHONE NUMBER

---

# Important Contacts, cont'd.

---

## Primary Care Physician Information

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY _____	STATE _____	ZIP CODE _____
------------	-------------	----------------

PHONE NUMBER \_\_\_\_\_

## Specialist Physician Information - Specialty:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY _____	STATE _____	ZIP CODE _____
------------	-------------	----------------

PHONE NUMBER \_\_\_\_\_

## Specialist Physician Information - Specialty:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY _____	STATE _____	ZIP CODE _____
------------	-------------	----------------

PHONE NUMBER \_\_\_\_\_

## Other Contact:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY _____	STATE _____	ZIP CODE _____
------------	-------------	----------------

PHONE NUMBER \_\_\_\_\_

## Other Contact:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY _____	STATE _____	ZIP CODE _____
------------	-------------	----------------

PHONE NUMBER \_\_\_\_\_

# Important Document Directory

---

FAMILY DOCUMENTS	LOCATION
Social Security Card	
Driver's License Number	
Birth Certificate	
Passport/Visa	
Marriage Certificate	
Pre-Nuptial Agreement	
Divorce Decree	
Adoption Document(s)	
Military Discharge/Military ID	
Green Card/Naturalization Papers	

FINANCIAL DOCUMENTS	LOCATION
Deeds/Titles to Property	
Life Insurance Document(s)	
Auto Insurance Document(s)	
Home Insurance Document(s)	
Health Insurance Document(s)	
Loan Document	
Retirement Benefit Statement(s)	
Investments and Savings Document(s)	
State & Federal Income Tax Returns	
Employer/Union Benefits Information	

ESTATE PLANNING	LOCATION
Will	
Living Will	
Power of Attorney	
HIPAA Document(s)	
Trust Name Change	
Letter of Instruction	

OTHER DOCUMENTS	LOCATION

# Financial Information

---

## Safety Deposit Box

LOCATION OF SAFETY DEPOSIT BOX KEYS	SAFETY DEPOSIT BOX NUMBER
NAME OF INSTITUTION	
ADDRESS	PHONE

## Savings Account

ACCOUNT NUMBER	ACCOUNT HOLDER
BANK NAME/LOCATION	WEBSITE/PASSWORDS
BANK PHONE	LOCATION OF STATEMENTS

## Savings Account (additional)

ACCOUNT NUMBER	ACCOUNT HOLDER
BANK NAME/LOCATION	WEBSITE/PASSWORDS
BANK PHONE	LOCATION OF STATEMENTS

## Checking Account

ACCOUNT NUMBER	ACCOUNT HOLDER
BANK NAME/LOCATION	WEBSITE/PASSWORDS
BANK PHONE	LOCATION OF STATEMENTS

## Checking Account (additional)

ACCOUNT NUMBER	ACCOUNT HOLDER
BANK NAME/LOCATION	WEBSITE/PASSWORDS
BANK PHONE	LOCATION OF STATEMENTS

## Checking Account (additional)

ACCOUNT NUMBER	ACCOUNT HOLDER
BANK NAME/LOCATION	WEBSITE/PASSWORDS
BANK PHONE	LOCATION OF STATEMENTS

# Financial Information, cont'd.

---

## Social Security Account Information

ACCOUNT NUMBER	ACCOUNT HOLDER
BANK NAME/LOCATION	WEBSITE/PASSWORDS
BANK PHONE	LOCATION OF STATEMENTS

## Loan Information

LENDER	DEBTOR		
ACCOUNT NUMBER/WEBSITE/PASSWORDS	DATE OF LOAN (use MM/DD/YY format)	DUE DATE	
AMOUNT OF LOAN	<input type="checkbox"/> MONTHLY PAYMENT OF	<input type="checkbox"/> QUARTERLY PAYMENT OF.	INTEREST RATE
LOCATION OF STATEMENTS	COLLATERAL		

## Loan Information (additional)

LENDER	DEBTOR		
ACCOUNT NUMBER/WEBSITE/PASSWORDS	DATE OF LOAN (use MM/DD/YY format)	DUE DATE	
AMOUNT OF LOAN	<input type="checkbox"/> MONTHLY PAYMENT OF	<input type="checkbox"/> QUARTERLY PAYMENT OF	INTEREST RATE
LOCATION OF STATEMENTS	COLLATERAL		

## Real Estate Information

LOCATION OF PROPERTY DOCUMENTS	TYPE OF PROPERTY
PROPERTY OWNER	PROPERTY VALUE
LEGAL DESCRIPTION	
PROPERTY ADDRESS	
MORTGAGE OWNER	PHONE
MORTGAGE OWNER ADDRESS	

## Retirement Fund

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS			
ACCOUNT NUMBER	ACCOUNT OWNER	VALUE	AS OF

## Investment Account

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS			
ACCOUNT NUMBER	ACCOUNT OWNER	VALUE	AS OF

# Financial Information, cont'd.

---

## Investment Account

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS

ACCOUNT NUMBER	ACCOUNT OWNER	VALUE
----------------	---------------	-------

## Bond Information

LOCATION OF DOCUMENTS

BOND OWNER		BOND TYPE	
PURCHASE DATE (use MM/DD/YY format)	MATURITY DATE (use MM/DD/YY format)	BOND VALUE	FACE VALUE

## Bond Information (additional)

LOCATION OF DOCUMENTS

BOND OWNER		BOND TYPE	
PURCHASE DATE (use MM/DD/YY format)	MATURITY DATE (use MM/DD/YY format)	BOND VALUE	FACE VALUE

## Stock Information

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS

STOCK OWNER			STOCK PRICE	
STOCK NAME				
NUMBER OF SHARES	PURCHASE DATE (use MM/DD/YY format)	PURCHASE PRICE	CURRENT PRICE	VALUE

## Stock Information (additional)

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS

STOCK OWNER			STOCK PRICE	
STOCK NAME				
NUMBER OF SHARES	PURCHASE DATE (use MM/DD/YY format)	PURCHASE PRICE	CURRENT PRICE	VALUE

# Insurance

## Auto Insurance Policy

LOCATION OF DOCUMENTS

INSURANCE COMPANY		AGENT'S NAME
AGENT'S PHONE NUMBER	POLICY NUMBER	DATE ISSUED (use MM/DD/YY format)
ANNUAL PREMIUM	DEDUCTIBLES	VEHICLES INSURED

## Auto Insurance Policy (additional)

LOCATION OF DOCUMENTS

INSURANCE COMPANY		AGENT'S NAME
AGENT'S PHONE NUMBER	POLICY NUMBER	DATE ISSUED (use MM/DD/YY format)
ANNUAL PREMIUM	DEDUCTIBLES	VEHICLES INSURED

## Homeowner's Insurance Policy

LOCATION OF DOCUMENTS

COMPANY	
POLICY NUMBER	DATE ISSUED (use MM/DD/YY format)

## Life Insurance Policy

LOCATION OF DOCUMENTS

COMPANY		
POLICY NUMBER	DATE ISSUED (use MM/DD/YY format)	ANNUAL PREMIUM
POLICY OWNER	INSURED	
PRIMARY BENEFICIARY	CONTINGENT BENEFICIARY	
DEATH BENEFIT	CASH SURRENDER VALUE	TYPE

## Life Insurance Policy

LOCATION OF DOCUMENTS

COMPANY		
POLICY NUMBER	DATE ISSUED (use MM/DD/YY format)	ANNUAL PREMIUM
POLICY OWNER	INSURED	
PRIMARY BENEFICIARY	CONTINGENT BENEFICIARY	
DEATH BENEFIT	CASH SURRENDER VALUE	TYPE

# Insurance, cont'd.

## Final Needs Insurance

LOCATION OF DOCUMENTS

COMPANY

POLICY NUMBER		DATE ISSUED (use MM/DD/YY format)	ANNUAL PREMIUM
POLICY OWNER		INSURED	
DEATH BENEFIT	CASH SURRENDER VALUE	TYPE	

## Long-Term Care Insurance

LOCATION OF DOCUMENTS

COMPANY

POLICY NUMBER		DATE ISSUED (use MM/DD/YY format)	ANNUAL PREMIUM
POLICY OWNER		INSURED	
DEATH BENEFIT	CASH SURRENDER VALUE	TYPE	

## Disability Insurance

LOCATION OF DOCUMENTS

COMPANY

POLICY NUMBER		DATE ISSUED (use MM/DD/YY format)	ANNUAL PREMIUM
POLICY OWNER		INSURED	
DEATH BENEFIT	CASH SURRENDER VALUE	TYPE	

# Legal

---

## Legal Services Provider

LEGAL SERVICES PROVIDER	COMPANY PHONE
COMPANY WEBSITE	MEMBER ID
ATTORNEY NAME	ATTORNEY'S PHONE

## Power of Attorney Information

LOCATION OF DOCUMENTS

AGENT	PHONE
AGENT	PHONE

## Living Trust Information

LOCATION OF DOCUMENTS

AGENT	PHONE
AGENT	PHONE

## Guardianship/Conervatorship Information

LOCATION OF DOCUMENTS

GUARDIAN/CONSERVATOR	PHONE	
ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER		
GUARDIAN/CONSERVATOR (additional)	PHONE	
ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER		

## Living Will Information

LOCATION OF STATEMENTS

---

# Legal, cont'd.

---

## Will Information

### LOCATION OF DOCUMENTS

EXECUTOR	PHONE
CO-EXECUTOR	PHONE

LOCATION

BENEFICIARY NAME

ADDRESS

CITY	STATE	ZIP CODE
------	-------	----------

PHONE NUMBER

BENEFICIARY NAME (additional)

ADDRESS

CITY	STATE	ZIP CODE
------	-------	----------

PHONE NUMBER

BENEFICIARY NAME (additional)

ADDRESS

CITY	STATE	ZIP CODE
------	-------	----------

PHONE NUMBER

## Executor Information

NAME

ADDRESS

CITY	STATE	ZIP CODE
------	-------	----------

PHONE NUMBER

# Supplemental Information

---

## Divorce Information

FORMER SPOUSE'S NAME (including maiden name)

ADDRESS

CITY		STATE	ZIP CODE
PHONE NUMBER	DATE OF BIRTH (use MM/DD/YY format)	SOCIAL SECURITY NUMBER	

### DIVORCE DOCUMENTS

---

<input type="checkbox"/> DECREE	LOCATION
<input type="checkbox"/> OTHER	LOCATION
<input type="checkbox"/> OTHER	LOCATION
<input type="checkbox"/> OTHER	LOCATION

### DIVORCE ATTORNEY'S NAME

ADDRESS

CITY	STATE	ZIP CODE	PHONE NUMBER
------	-------	----------	--------------

## Military

BRANCH	RANK	SERVICE NUMBER
DATES OF SERVICE	DATE OF DISCHARGE/LOCATION OF DOCUMENTS	

## Social Media

<input type="checkbox"/> FACEBOOK	USERNAME	PASSWORD
<input type="checkbox"/> TWITTER	USERNAME	PASSWORD
<input type="checkbox"/> LINKEDIN	USERNAME	PASSWORD
<input type="checkbox"/> GOOGLE+	USERNAME	PASSWORD
<input type="checkbox"/> OTHER:	USERNAME	PASSWORD
<input type="checkbox"/> OTHER:	USERNAME	PASSWORD

# Supplemental Information, cont'd.

## Employment

PRESENT EMPLOYER	DATES OF EMPLOYMENT		
ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
DIRECT SUPERVISOR CONTACT	PHONE NUMBER		
HR CONTACT	PHONE NUMBER		

## EMPLOYMENT BENEFITS

<input type="checkbox"/> MEDICAL	LOCATION/POLICY OR ACCOUNT NUMBER
<input type="checkbox"/> LIFE	LOCATION/POLICY OR ACCOUNT NUMBER
<input type="checkbox"/> 401K	LOCATION/POLICY OR ACCOUNT NUMBER
<input type="checkbox"/> STOCK	LOCATION/POLICY OR ACCOUNT NUMBER
<input type="checkbox"/> PENSION	LOCATION/POLICY OR ACCOUNT NUMBER
<input type="checkbox"/> PROFIT SHARING	LOCATION/POLICY OR ACCOUNT NUMBER
<input type="checkbox"/> DENTAL	LOCATION/POLICY OR ACCOUNT NUMBER
<input type="checkbox"/> VISION	LOCATION/POLICY OR ACCOUNT NUMBER
<input type="checkbox"/> LEGAL	LOCATION/POLICY OR ACCOUNT NUMBER
<input type="checkbox"/> OTHER	LOCATION/POLICY OR ACCOUNT NUMBER

## Assets

AUTOMOBILE	MAKE	MODEL	YEAR
TITLE	LOCATION		
LOAN	LOCATION		

AUTOMOBILE (additional)	MAKE	MODEL	YEAR
TITLE	LOCATION		
LOAN	LOCATION		

# Supplemental Information, cont'd.

## ASSETS (additional)

<input type="checkbox"/> BOAT	LOAN/TITLE/LOCATION
<input type="checkbox"/> RV	LOAN/TITLE/LOCATION
<input type="checkbox"/> TRAILER	LOAN/TITLE/LOCATION
<input type="checkbox"/> OTHER	LOAN/TITLE/LOCATION
<input type="checkbox"/> OTHER	LOAN/TITLE/LOCATION
<input type="checkbox"/> OTHER	LOAN/TITLE/LOCATION

## Business

TYPE OF BUSINESS	TYPE OF OWNERSHIP	AMOUNT OF OWNERSHIP	ESTIMATED VALUE
BUSINESS CONTACT 1	PHONE NUMBER		
BUSINESS CONTACT 2	PHONE NUMBER		

## Additional Business Documents

DOCUMENT NAME	LOCATION
DOCUMENT NAME	LOCATION

# Pre-Planning of Funeral and Burial Arrangements

## Funeral and Burial Arrangements

CEMETARY/COLUMBARIUM/NICHE NAME	LOT NUMBER
---------------------------------	------------

ADDRESS

CITY	STATE	ZIP CODE	PHONE NUMBER
------	-------	----------	--------------

FUNERAL HOME NAME	FUNERAL DIRECTOR NAME
-------------------	-----------------------

ADDRESS

CITY	STATE	ZIP CODE	PHONE NUMBER
------	-------	----------	--------------

CHURCH/SYNAGOGUE/OTHER NAME	CONTACT
-----------------------------	---------

ADDRESS

CITY	STATE	ZIP CODE	PHONE NUMBER
------	-------	----------	--------------

### IMPORTANT DOCUMENTS

<input type="checkbox"/> ORGAN DONOR RECORDS	LOCATION
<input type="checkbox"/> INSTRUCTIONS FOR BURIAL, CREMATION, ETC	LOCATION
<input type="checkbox"/> SPECIAL WISHES FOR CEREMONY	LOCATION
<input type="checkbox"/> PREPAID FUNERAL POLICY	LOCATION

### PERSONAL FRIENDS TO CONTACT (OR ATTACH LIST)

NAME

ADDRESS

CITY	STATE	ZIP CODE
------	-------	----------

PHONE NUMBER

NAME

ADDRESS

CITY	STATE	ZIP CODE
------	-------	----------

PHONE NUMBER

# Pre-Planning of Funeral and Burial Arrangements, cont'd.

---

## OBITUARY INFORMATION

---

## HOBBIES AND/OR PERSONAL INTERESTS

---

## CLUBS, ORGANIZATIONS, CHURCH AFFILIATION AND ACTIVITIES

---

## MILITARY SERVICE

---

## AWARDS AND ACHIEVEMENTS

---

## OTHER INFORMATION

---

SURVIVOR NAME 1	RELATIONSHIP	CITY	STATE
SURVIVOR NAME 2	RELATIONSHIP	CITY	STATE
SURVIVOR NAME 3	RELATIONSHIP	CITY	STATE
SURVIVOR NAME 4	RELATIONSHIP	CITY	STATE
PRE-DECEASED 1	RELATIONSHIP	YEAR OF DEATH	
PRE-DECEASED 2	RELATIONSHIP	YEAR OF DEATH	
PRE-DECEASED 3	RELATIONSHIP	YEAR OF DEATH	

## WHO CAN MEMORIAL DONATIONS BE MADE TO

---

NAME	
ADDRESS	PHONE NUMBER
NAME	
ADDRESS	PHONE NUMBER

## FUNERAL CEREMONY

---

HOUSE OF WORSHIP	ADDRESS
NAME OF CLERGYMAN	PHONE NUMBER

## PREFERRED FUNERAL CEREMONY (select all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> HELD AT FUNERAL HOME        | <input type="checkbox"/> VIEWING ONLY AT FUNERAL HOME PRIOR TO CEREMONY |
| <input type="checkbox"/> HELD AT CHURCH (specify)    | <input type="checkbox"/> FAMILY AND FRIENDS ONLY                        |
| <input type="checkbox"/> GRAVESIDE CEREMONY ONLY     | <input type="checkbox"/> IMMEDIATE FAMILY ONLY                          |
| <input type="checkbox"/> GRAVESIDE CEREMONY ONLY AT: | <input type="checkbox"/> NO VIEWING/NO OPEN CASKET                      |
| <input type="checkbox"/> OPEN CASKET                 |   |

## PERSONAL EFFECTS THAT SHOULD STAY WITH THE REMAINS AFTER THE MEMORIAL SERVICE (select all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> EYEGLASSES             | <input type="checkbox"/> OTHER (please specify) _____   |
| <input type="checkbox"/> WATCH                  | <input type="checkbox"/> NONE   |
| <input type="checkbox"/> RINGS/JEWELRY          | <input type="checkbox"/> NO PERSONAL EFFECTS ARE TO BE WITH THE REMAINS DURING THE MEMORIAL SERVICE |
| <input type="checkbox"/> SMART PHONE/CELL PHONE |   |

# Pre-Planning of Funeral and Burial Arrangements, cont'd.

## VETERANS FUNERAL ARRANGEMENTS

DRAPED FLAG  FOLDED FLAG  FLAG PRESENTED TO: \_\_\_\_\_

## TYPE OF EULOGY

RELIGIOUS SERVICE ONLY  EULOGY ONLY  
 RELIGIOUS SERVICE AND EULOGY  NONE

## NAME OF INDIVIDUAL TO PROVIDE EULOGY

## ADDRESS

CITY	STATE	ZIP CODE	PHONE NUMBER
------	-------	----------	--------------

## RELIGIOUS PASSAGES (to be read at service)

## FLORAL PREFERENCES

FLORAL TYPE: \_\_\_\_\_  FLORAL COLOR: \_\_\_\_\_  NO FLORAL

## MUSIC SELECTION

ORGANIST  OTHER MUSIC SELECTION: \_\_\_\_\_  
 SOLOIST  NONE

## CLOTHING PREFERENCE

EXISTING CLOTHING  DESCRIPTION OF CLOTHING (type and color): \_\_\_\_\_  
 NEW CLOTHING  NONE

## PREFERENCE FOR DISPOSAL OF THE REMAINS

BURIAL  OTHER (please explain): \_\_\_\_\_  
 CREMATION  OTHER INSTRUCTIONS (e.g. dispersal of remains): \_\_\_\_\_  
 MAUSOLEUM INTERMENT

## TYPE OF CASKET

HARDWOOD (type): \_\_\_\_\_  OTHER (please explain): \_\_\_\_\_  
 METAL (type): \_\_\_\_\_  NOT APPLICABLE  
 CREMATION COFFIN

## CASKET SPECIFICS

MANUFACTURER  OTHER INFORMATION (please specify): \_\_\_\_\_  
 MODEL: \_\_\_\_\_  NOT APPLICABLE

## CASKET PRESENTATION DURING CEREMONY

OPEN (if possible)  NOT APPLICABLE  
 CLOSED

## TYPE OF HEADSTONE

STONE  HEADSTONE SAYING: \_\_\_\_\_  
 FLAT MARKER  HEADSTONE PHRASE: \_\_\_\_\_  
 UPRIGHT

## POST-MEMORIAL GATHERING DESIRED

QUIET GATHERING AT FAMILY MEMBER'S HOUSE  OTHER (please specify): \_\_\_\_\_  
 LIFE CELEBRATION EVENT: \_\_\_\_\_  NONE

PROTECT YOUR IDENTITY - *Keep this document in a secure location and only allow access to necessary parties.*