

# Important Information & Location Lists for



Provided by  
**H.E.L.P.**<sup>®</sup>

*H.E.L.P. (Healthcare and Elder Law Programs Corporation)  
is dedicated to empowering older adults and their families  
by providing impartial information, education and counseling  
on elder care, law, finances and consumer protection  
so they may lead lives with security and dignity.*

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Please print. Please use pencil for information that may change.

**A. MY PERSONAL INFORMATION**

My Full Name	
Other Names I've Used	
Date of Birth	
Place of Birth	
Social Security #	
Citizenship	
Spouse	

**B. PERSONS TO CALL IN AN EMERGENCY**

Name	Relationship to Me	Telephones

**C. PERSONS RELATED TO ME (RECENT FAMILY TREE)**

Name of Relative	Relationship to Me	Date Born	Date Died
	Father		
	Mother		

**D. MY CLOSEST FRIENDS**

<b>Name</b>	<b>Address</b>	<b>Telephone</b>	<b>Comments</b>

**E. MY PETS**

<b>Name of Pet</b>	<b>Description</b>	<b>Comments</b>

**F. DOCTORS / DENTISTS TREATING ME**

<b>Doctor/Dentist Name</b>	<b>Telephone</b>	<b>Treating Me For</b>

**G. MY CURRENT MEDICATIONS**

Description	Prescribed By	Comments

**H. INFORMATION ABOUT MY MEDICAL CONDITION**

**I. MY OTHER ADVISORS: MINISTERS, ATTORNEYS, ACCOUNTANTS, TAX PREPARERS, ETC.**

Advisor	Name	Address	Telephone

**J. INSURANCE INFORMATION (LIFE, HEALTH, ACCIDENT, PROPERTY, LIABILITY, AUTO, ETC.)**

Type of Insurance	Insurance Company	Agent's Name	Telephone

**K. EMPLOYERS: CURRENT AND PAST**

My Title	When Employed	Employer Name/Location	Telephone

**L. IRAs, SEPs, KEOGHS, 401K, RETIREMENT PLANS, ETC.**

Description	Trustee or Administrator	Telephone

**M. MY INCOME SOURCES**

<b>Income Type</b>	<b>Income Source</b>	<b>Amount</b>	<b>Comments</b>
Social Security	U.S. Government		Paid Monthly

**N. MY CHECKING, SAVINGS AND OTHER BANK ACCOUNTS**

<b>Type Account</b>	<b>Name of Bank/Location</b>	<b>Account Number</b>	<b>Telephone</b>

O. ATM MACHINE AND DEBIT CARDS

<b>Bank/Company</b>	<b>Persons With Access To Card</b>	<b>Person Know Code?</b>

P. INVESTMENT INFORMATION (BROKERS, CDs, MUTUAL FUNDS, TREASURY BILLS, ETC.)

<b>Issuer or Debtor</b>	<b>Description of Investment</b>	<b>Amount</b>



**Q. BUSINESSES, PARTNERSHIPS, ETC.**

Business Name	My Interest	Comments

**R. MY CREDIT CARDS**

Card Name/Company	Card Number	Telephone

**S. MY OTHER DEBTS AND OBLIGATIONS**

Description	Amount	Owed To

**T. LOCATION OF IMPORTANT DOCUMENTS**

Important Document	Located at
Record of Birth	
Record of Citizenship	
Passports	
Marriage Records	
Divorce Records	
Military Service Records	
Military Discharge Records	
Family Correspondence	
Other Family Memorabilia	
Friends Correspondence	
Other Friends Memorabilia	
Tax Records	
Medical Records	
ATM Cards	
Banking Records	
Credit Cards	
Credit Card Records	
Property Deeds	
Brokerage Records	
Investment Records	
P.O. Box Records	
Burial Plot Documents	
Funeral / Burial Instructions	
Other Burial Arrangements	
Wills and Codicils	
Living Trusts	
Other Estate Plan Papers	
Powers of Attorney	

Important Document	Located at
Vehicle Registrations	
Boat, Plane Title Papers	
Travelers Checks	
Gift Certificates	
Retirement Plans	
Home Equity Loans	
Property Loans	
Other Loans	
Bill/Payment Records	
Household Inventory	
Important Photos	
Product Warranties	
Product Service Contracts	
Product Instruction Books	
Pet Information	

**U. MY SAFE DEPOSIT BOX(ES)**

Box Location	Who May Open	Keys Location

**V. MY HOME SAFE OR PRIVATE STORAGE PLACE (includes storage lockers)**

Have? (Check applicable box)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Persons Who Know Location</b>		
<b>Persons Who Know Combination or Keys Location</b>		

**W. AUTOMOBILES, MOTORCYCLES, PLANES, BOATS, ETC.**

Description	Location	Registration	Loan

**X. OTHER TREASURED POSSESSIONS (antiques, musical instruments, letters, coins, stamps, etc.)**

Description	Location	Value

