



DEVELOPED BY THE

National Association of the Deaf and Deaf Seniors of America

This document is to help you to gather all your important information and keep them together in one place. Use this checklist to write down where your important documents are located.

All About Me

Name: _____

Date of Birth: _____

Address: _____

Social Security Number (SSN): _____

Driver's License/Government Issued ID: _____

Spouse/Partner: _____

Point of Contact/Children: _____

Medical Information Phone number and address

Physician: _____

Dentist: _____

Other Healthcare Providers: _____

Hospital: _____

List of Current Prescriptions: _____

List of Allergies: _____

(continued on next page)

Personal Documents

Where are they located

Will: _____

Living Will: _____

Power of Attorney: _____

Healthcare Power of Attorney: _____

Trust: _____

Social Security Cards: _____

Passports: _____

Password Locator: _____

Birth Certificate: _____

Marriage Certificate: _____

Divorce Decree/Papers: _____

Driver's License: _____

Vehicle Papers/Titles: _____

Insurance

Name / copy of cards / location of policy

Health Insurance: _____

Secondary Health Insurance: _____

Medicare/Medicaid: _____

Long Term Care Insurance: _____

Disability Insurance: _____

Life Insurance: _____

Homeowner Insurance/Renters Insurance: _____

(continued on next page)

My Team

Name and contact information

Financial Advisor: _____

Tax Advisor: _____

Attorney: _____

Point of Contact: _____

Executor/Representative: _____

Financial Information

Name of institution / account numbers / passwords

Checking Account: _____

Savings Account: _____

Money Market Account: _____

Retirement Accounts: _____

Credit Card: _____

Copies of Tax Returns: _____

Outstanding Debts: _____

Safe Deposit Box/Key: _____

Fireproof Box: _____

(continued on next page)

Death Planning

Funeral Arrangements: _____

Cremation/Plan for Ashes: _____

Plot Location: _____

Body Donation/Science Care: _____

Prepaid Funeral: _____

Organ Donor: _____

Living Arrangements

Name / deeds / locations / account numbers

Mortgage: _____

Rental Company: _____

Second Property: _____