



Personal Document Records



If your loved one is looking to stay at home as they age, helping them with their personal and medical information will aid them in living as independently as possible. Along with finding the right services to ensure that life is both safe and enjoyable, it's important to keep all essential information in a single place.

One of the biggest concerns we hear from seniors is whether their loved ones have all their information. Typically, records are stored in multiple locations and are generally tough to gather. For example, if financials are being managed by a daughter and medical information held by a son, it could become a frantic scramble when the credit card connected to Mom's pharmacy expires. All too often, a senior's emergency contacts don't have access to vital information in critical moments.

Creating Your Family Record Keeper

By creating a practical family contact planner, family members help an aging person live an independent lifestyle. Establish a family team member to lead in the guidance of independent life and be the primary person to hold and maintain the planner. This family member should be the initial contact for an aging person and their care teams, but the rest of the family serves as a support team to assist with the planner. There are six information checklists you'll want to include within your family record file.

➤ **With our protected information checklists** your loved one will be able to find information quickly, and know what contact to reach in a time of crisis.



Personal Information Checklist

Name:

Social Security Number:

Primary Contact (Family Team Leader):

Email:

Phone Number:

Secondary Family Contact:

Email:

Phone Number:

Passport/Citizenship Papers

NOTES	LOCATION OF ITEM
	Original: Copy:

Birth Certificate

NOTES	LOCATION OF ITEM
	Original: Copy:

Death Certificate (for Deceased Spouse)

NOTES	LOCATION OF ITEM
	Original: Copy:

Military Records

NOTES	LOCATION OF ITEM
Branch of Service: VA ID#: Veterans Military Service Record (DD-214): Dates of Service:	Original: Copy:

Marriage Certificate

NOTES	LOCATION OF ITEM
	Original: Copy:

Driver's Licence

NOTES	LOCATION OF ITEM
Organ Donor Card: <input type="checkbox"/> YES <input type="checkbox"/> NO	Original: Copy:



Will	
NOTES	LOCATION OF ITEM
	Original: Copy:

Trust	
NOTES	LOCATION OF ITEM
	Original: Copy:

Insurance Policies	
NOTES	LOCATION OF ITEM
Insurance Agent:	Original:
Policy:	Copy:

Safety Deposit Box/Boxes	
NOTES	LOCATION OF ITEM
Number/s:	Original:
Keys:	Copy:

Church Contact Information

NOTES	LOCATION OF ITEM
	Original: Copy:

List of Community Memberships

NOTES	LOCATION OF ITEM
Contact Information:	Original: Copy:

List of In-Home Services

NOTES	LOCATION OF ITEM
Contract: Services: Primary Contact:	Original: Copy:

List of Information on Funeral Plans

NOTES	LOCATION OF ITEM
Funeral Instructions:	Original:
Burial Instructions:	Copy:
Cemetery Plot:	

Financial Checklist

Name:

Social Security Number:

Primary Contact (Family Team Leader):

Email:

Phone Number:

Secondary Family Contact:

Email:

Phone Number:

Bank Records

NOTES

LOCATION OF ITEM

Checking Account:

Original:

Savings Account:

Copy:

List of Assets and Debts

NOTES

LOCATION OF ITEM

Original:

Copy:



Durable Power of Attorney

NOTES	LOCATION OF ITEM
	Original: Copy:

Rental Agreements

NOTES	LOCATION OF ITEM
	Original: Copy:

Business Contracts

NOTES	LOCATION OF ITEM
	Original: Copy:

List of Household Bills

NOTES	LOCATION OF ITEM
	Original: Copy:

State and Federal Tax Returns (past 3-5 years)

NOTES	LOCATION OF ITEM
	Original: Copy:

Supplemental Security Income (SSI)

NOTES	LOCATION OF ITEM
<input type="checkbox"/> YES <input type="checkbox"/> NO	Original: Copy:

Social Security

NOTES	LOCATION OF ITEM
Worker's Benefits: <input type="checkbox"/> YES <input type="checkbox"/> NO Survivor's Benefits: <input type="checkbox"/> YES <input type="checkbox"/> NO Disability Benefits: <input type="checkbox"/> YES <input type="checkbox"/> NO	Original: Copy:

Record of Personal Loans

NOTES	LOCATION OF ITEM
	Original: Copy:



Record of Private Loans

NOTES	LOCATION OF ITEM
	Original:
	Copy:

Bank Contact

NOTES	LOCATION OF ITEM
Name:	Original:
Number:	Copy:
Location:	

Financial Planner Contact

NOTES	LOCATION OF ITEM
Name:	Original:
Number:	Copy:
Location:	

Home Maintenance

Name:

Primary Contact (Family Team Leader):

Email:

Phone Number:

Secondary Family Contact:

Email:

Phone Number:

Homeowners Insurance Policy

NOTES

LOCATION OF ITEM

Insurance Company:

Original:

Insurance Agent:

Copy:

Mortgage Documents and Bills

NOTES

LOCATION OF ITEM

Real Estate Agent:

Original:

Cost:

Copy:

Utility Bills	
NOTES	LOCATION OF ITEM
Power Company:	Original:
Gas Company:	
Cable/Internet:	Copy:
Low Income Home Energy Assistance (LIHEAP)? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Telephone Bills	
NOTES	LOCATION OF ITEM
	Original:
	Copy:

Garbage Services and Bills	
NOTES	LOCATION OF ITEM
Garbage Day is:	Original:
	Copy:

Health Checklist

Name:

Social Security Number:

Primary Contact (Family Team Leader):

Email:

Phone Number:

Secondary Family Contact:

Email:

Phone Number:

PREFERRED HOSPITAL	PHONE NUMBER	ADDRESS
PREFERRED DOCTORS OFFICE	PHONE NUMBER	ADDRESS
PHARMACY	PHONE NUMBER	ADDRESS
PRIMARY CARE DOCTOR	PHONE NUMBER	ADDRESS
SPECIALIST DOCTOR	PHONE NUMBER	ADDRESS

Living Will

NOTES	LOCATION OF ITEM
	Original: Copy:

Medical Power of Attorney

NOTES	LOCATION OF ITEM
Health Care Needs:	Original: Copy:

Medicare

NOTES	LOCATION OF ITEM
Medicare Number: Spouse Member Number: Identification Card: *ALWAYS keep a record of your Medicare number even if you opt for a Medicare Advantage plan	Original: Copy:

Medicaid

NOTES	LOCATION OF ITEM
Medicaid Number: Identification Card:	Original: Copy:

Health Insurance

NOTES	LOCATION OF ITEM
Insurance Company: Member Number: Policy: Premium:	Original: Copy:



Do Not Resuscitate (DNR) Order/POLST

NOTES	LOCATION OF ITEM
<input type="checkbox"/> YES <input type="checkbox"/> NO	Original: Copy:

Advance Directive

NOTES	LOCATION OF ITEM
<input type="checkbox"/> YES <input type="checkbox"/> NO	Original: Copy:

PRESCRIPTION	NOTES
	Dosage: Location: Cost:
	Dosage: Location: Cost:
	Dosage: Location: Cost:
	Dosage: Location: Cost:

Transportation Checklist

Name:

Primary Contact (Family Team Leader):

Email:

Phone Number:

Secondary Family Contact:

Email:

Phone Number:

Automobiles

NOTES

LOCATION OF ITEM

☐ YES ☐ NO

Make:

Model:

Year:

Color:

Auto Loan

NOTES

LOCATION OF ITEM

Lien Holder:

Warranties:

Cost:



Rideshare Service	
NOTES	LOCATION OF ITEM
Service Name: Phone Number:	

Sample Worksheet				
Family Team Lead: _____				
NEED	GOAL	STEPS TO TAKE	TIMELINE	PERSON RESPONSIBLE
Example: Medical Power of Attorney (health care power of attorney)	<i>Signed, copied, and in proper location</i>	1. Research State Requirements for Power of Attorney 2. Choose Medical Power of Attorney 3. Draft a Medical Power of Attorney 4. Name Secondary Power of Attorney 5. Sign Power of Attorney 6. Create copies of Power of Attorney 7. Put Power of Attorney in file location 8. Send copy to Doctor 9. Send copy to person responsible and Power of Attorney	Date: End of Month	Spencer Spark 555 Spark Lane, Sparkville, MN, 55555 555-555-5555 spencer.spark@example.com



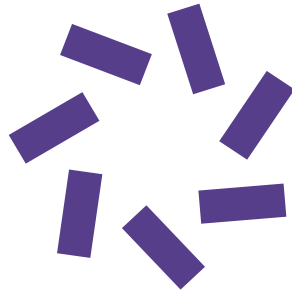
Worksheet				
NEED	GOAL	STEPS TO TAKE	TIMELINE	PERSON RESPONSIBLE
			Date:	
			Date:	
			Date:	

Get Started on Your Family Plan

By keeping personal information updated every quarter, your loved one should be at ease knowing finances, medical records, and more are taken care of with the help of a family record keeper. Living an independent life doesn't have to add restrictions. In fact, by planning ahead and taking these steps to create a plan of action for your loved one, you help ensure all personal information is kept in one, secure location and that protects your loved one's wellbeing.

Get started on this process by working with a Life Navigator. Beyond planning for personal information, explore what in-home assistance your loved one might need to live independently. Download our free guide: **The Problems of Daily Living: Assistance List**.





Lifespark™

Opting to age in your own home? We have the resources you need.

If aging in place is something you or your loved one is considering, download our free eBook to explore services that can help seniors stay at home.

GET THE GUIDE