

Attachment #9

"Just the Facts"

(Originally drafted by a client who was willing to share)

Name _____

Date of Birth _____

Place of Birth _____

Social Security Number _____ Location of Card: _____

IMMEDIATE FAMILY

Relationship	Name/Address	Telephone
_____	_____ _____ _____	_____
_____	_____ _____ _____	_____
_____	_____ _____ _____	_____
_____	_____ _____ _____	_____
_____	_____ _____ _____	_____

FUNERAL INFORMATION

Funeral instructions last date: _____ Location of original _____

Church Name/Address/Telephone

Funeral Home Name/Address/Telephone

Cemetery Plot Cemetery Name/Space No., Location of original
Etc. _____

Burial Policy Name/Policy Number/Agent Location or original

CONTACTS

Attorney Name/Address/Telephone

Physician Name/Address/Telephone

Dentist Name/Address/Telephone

Accountant

Name/Address/Telephone

Bank Officer

Name/Address/Telephone

Insurance agent

Name/Address/Telephone

Stockbroker

Name/Address/Telephone

Plumber

Name/Address/Telephone

Roofer

Name/Address/Telephone

Last roof repair date _____

Furrier

Name/Address/Telephone

Receipt Number/Location _____

Computer Geek

Name/Address/Telephone

Pastor/Priest

Name/Address/Telephone

Vet

Name/Address/Telephone

DOORS AND WINDOWS

Security

Name/Telephone

Security code
authorized carriers

Name/Address/Telephone

House keys

Name/Address/Telephone

File cabinet key

Location: _____

Home safe

Location: _____ Combination: _____

LEGAL DOCUMENTS - IDENTIFICATION

Will last date: _____ Location of original _____

Memorandum to Will last date: _____ Location of original _____

Power of Attorney last date: _____ Location of original _____

Medical Power of Attorney last date: _____ Location of original _____

Agent: Name/Address/
Telephone

Alternates: Name/Address
Telephone

Name/Address/Telephone

Directive to Physicians last date: _____ Location of original _____

Agent: Name/Address/
Telephone

Alternates: Name/Address
Telephone

Name/Address/Telephone

Power of Attorney for HIPAA last date: _____ Location of original _____

Agent: Name/Address/
Telephone

Alternates: Name/Address
Telephone

Name/Address/Telephone

Declaration of Guardian in the Event of Later Incompetence or Need of Guardian last date: _____ Location of original _____

Appointment of Agent for Disposition of Remains last date: _____ Location of original _____

Medical insurance card Name _____ Location _____
I.D. No. _____

Driver's License Number _____ Location _____
Expires _____

Birth certificate Name _____ Location of original _____

Marriage license Date _____ Location of original _____

Military discharge Date _____ Location of original _____

Divorce papers Date _____ Location of original _____

Passport Number _____ Location _____
Expires _____

Deed to house Address _____ Location of original _____

Certificate of title

Car Type/Tag Number_____

Location of original_____

BANK ACCOUNTS - SAFE DEPOSIT BOX

Checking account

Bank Name/Address

Account Name_____

Account Number_____

Savings account

Bank Name/Address

Account Name_____

Account Number_____

Safe deposit box

Bank Name/Address

Box Number_____

Password:_____

Key:_____

Authorized to enter safe
deposit box:_____

INSURANCE POLICIES

Medical insurance

Insurance Company Name/
Address/Telephone

Location of original_____

Policy_____

Policy Periods:_____

Insurance policy

Insurance Company Name/
Address/Telephone

Location of original_____

Policy_____

Policy Periods:_____

CREDIT CARDS, CHARGE CARDS, CHARGE ACCOUNTS

Account Name _____ Company _____ Account Number _____

Expires _____ Pin: _____

Account Name _____ Company _____ Account Number _____

Expires _____ Pin: _____

Account Name _____ Company _____ Account Number _____

Expires _____ Pin: _____

PINS and PASSWORDS

Credit Card and Number _____ PIN _____

Credit Card and Number _____ PIN _____

Bank ATM _____ PIN _____

Computer _____ Password _____

E-mail _____ Password _____

Mobil Phone Number _____ PIN _____

On-Line Banking Name _____ Password _____

PDA _____ Password _____