



IMPORTANT DOCUMENTS CHECKLIST

KEEP THESE ITEMS IN ONE FOLDER LABELED "YOUR NAME – IMPORTANT DOCUMENTS."

KEEP IN A SAFE PLACE WHERE MORE THAN ONE PERSON KNOWS OF ITS LOCATION.

Keep a printout of this checklist in the documents/folder to be used as an easy reference tool.

It is critical that another adult knows where s/he can retrieve this information in the event of an emergency.

NAME	DATE
Address	
City, State	Zip Code
Email	Phone
Social Security No.	Date of Birth

EMERGENCY CONTACT	
Name	
Email	
Phone	

MEDICAL / HEALTH RECORDS

Doctors	
Specialty	
Doctor's Name	
Email	
Phone	
Specialty	
Doctor's Name	
Email	
Phone	
Specialty	
Doctor's Name	
Email	
Phone	
Specialty	
Doctor's Name	
Email	
Phone	
Specialty	
Doctor's Name	
Email	
Phone	

Medication			
Medication		Dosage	Times/Day
Medication		Dosage	Times/Day
Medication		Dosage	Times/Day
Medication		Dosage	Times/Day
Medication		Dosage	Times/Day
Medication		Dosage	Times/Day
Medication		Dosage	Times/Day
Medication		Dosage	Times/Day
Vitamins/Supplements			
Name		Dosage	Times/Day
Name		Dosage	Times/Day
Name		Dosage	Times/Day
Pharmacy			
<p><i>*Using one pharmacy is highly recommended since they will be able to keep records of how much and what is being prescribed, and keep an eye on the combination of the various medicines being prescribed.</i></p> <p><i>*Keep copies of your doctor visit summaries/notes/test results in this folder.</i></p>			
Pharmacy			
Phone			
Pharmacy			
Phone			
Allergies			
Medication allergies			
Food allergies			
Preferred Hospital (if applicable)			
Hospital Name			
City, State			
Personal Health History			
Current conditions and treatments			
Major past surgeries, accidents or hospitalizations (and month/year)			

Family Health History		
Maternal	Paternal	
LEGAL		
Lawyer Name		
Address		
Email		
Phone		
Check if completed	Date Signed	Filed (location)
<input type="checkbox"/> Durable Power of Attorney		
<input type="checkbox"/> Living Will		
<input type="checkbox"/> Will		
<input type="checkbox"/> Healthcare Proxy		
<input type="checkbox"/> DNR (Do Not Resuscitate)		
Loan Agreements / Trusts	Date Signed	Filed (location)
INSURANCE		
Medicare	<input type="checkbox"/> Part A	<input type="checkbox"/> Part B
		<input type="checkbox"/> Part D
ID Number		
Health Insurance		
Insurance Co		
Policy Number		
Phone		Plan
Insurance Co		
Policy Number		
Phone		Plan
Life Insurance		
Insurance Co.		Amount
Phone		
Policy Number	<input type="checkbox"/> Life	<input type="checkbox"/> Term

Life Insurance			
Insurance Co.			Amount
Phone			
Policy Number		<input type="checkbox"/> Life	<input type="checkbox"/> Term
Annuity			
Insurance Co.			Amount
Phone			
Policy Number			
Long Term/Disability Insurance			
Insurance Co.			
Phone			
Policy Number			
Homeowners Insurance			
Insurance Co.			
Phone			
Policy Number			
Auto Insurance			
<input type="checkbox"/> Loan	<input type="checkbox"/> Lease	<input type="checkbox"/> Purchased	
Make	Model		Year
Insurance Co			
Phone			
Policy Number			
Contact			
Monthly payment			
Loan/Lease term/end date:		Title location	
<input type="checkbox"/> Loan	<input type="checkbox"/> Lease	<input type="checkbox"/> Purchased	
Make	Model		Year
Insurance Co			
Phone			
Policy Number			
Contact			
Monthly payment			
Loan/Lease term/end date:		Title location	
<input type="checkbox"/> Loan	<input type="checkbox"/> Lease	<input type="checkbox"/> Purchased	
Make	Model		Year
Insurance Co			
Phone			
Policy Number			
Contact			
Monthly payment			
Loan/Lease term/end date:		Title location	

Other Insurance			
Property (boat, etc)			
Insurance Co			
Phone			
Policy Number			
Contact			
Monthly payment			
Loan/Lease term/end date:		Title location	
Other Insurance			
Property (boat, etc)			
Insurance Co			
Phone			
Policy Number			
Contact			
Monthly payment			
Loan/Lease term/end date:		Title location	
FINANCES			
Bank			
Name(s) on account			
Bank representative			
Phone			
Account Number		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Log-in info	User	Password	
Bank			
Name(s) on account			
Bank representative			
Phone			
Account Number		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Log-in info	User	Password	
Bank			
Name(s) on account			
Bank representative			
Phone			
Account Number		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Log-in info	User	Password	
Bank			
Name(s) on account			
Bank representative			
Phone			
Account Number		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Log-in info	User	Password	

Mortgage		
Bank		
Name(s) on account		
Bank representative		
Phone		Email
Account Number		
Log-in info	User	Password
Investments - Stocks/Bonds Brokerage Accounts		
Investment Co		
Name(s) on account		
Advisor		
Phone		Email
Account Number		
Log-in info	User	Password
Investment Co		
Name(s) on account		
Advisor		
Phone		Email
Account Number		
Log-in info	User	Password
Investment Co		
Name(s) on account		
Advisor		
Phone		Email
Account Number		
Log-in info	User	Password
Investment Co		
Name(s) on account		
Advisor		
Phone		Email
Account Number		
Log-in info	User	Password
Investment Co		
Name(s) on account		
Advisor		
Phone		Email
Account Number		
Log-in info	User	Password

Financial Advisor		
Name		
Company		
Phone		Email
BILLS/UTILITIES		
*If bills are paid by check, we recommend you set up online accounts to be able to pay bills remotely.		
Gas/Oil Company		
Account Number		
Log in	User	Password
Electric Company		
Account Number		
Log-in info	User	Password
Water		
Account Number		
Log-in info	User	Password
Phone Company		
Account Number		
Log-in info	User	Password
Mobile Phone		
Account Number		
Log-in info	User	Password
Cable		
Account Number		
Log-in info	User	Password
Internet		
Account Number		
Log-in info	User	Password
Other		
Account Number		
Log-in info	User	Password
Other		
Account Number		
Log-in info	User	Password
Other		
Account Number		
Log-in info	User	Password

CREDIT/DEBIT CARDS

Company		
Name(s) on account		
Credit Card Number		
Expiration		
Log-in info	User	Password

Company		
Name(s) on account		
Credit Card Number		
Expiration		
Log-in info	User	Password

Company		
Name(s) on account		
Credit Card Number		
Expiration		
Log-in info	User	Password

Company		
Name(s) on account		
Credit Card Number		
Expiration		
Log-in info	User	Password

Company		
Name(s) on account		
Credit Card Number		
Expiration		
Log-in info	User	Password

Company		
Name(s) on account		
Credit Card Number		
Expiration		
Log-in info	User	Password

RETIREMENT

Social Security No	
--------------------	--

Social Security

Monthly amount	
----------------	--

Pension

Company	
Account No	
Monthly Amount	

401(k)			
Company			
Account No			
Amount			
IRA			
Company			
Account No			
Amount		<input type="checkbox"/> Traditional	<input type="checkbox"/> Roth
IRA			
Company			
Account No			
Amount		<input type="checkbox"/> Traditional	<input type="checkbox"/> Roth
Other			
Company			
Account No			
Amount			
Other			
Company			
Account No			
Amount			
Other			
Company			
Account No			
Amount			
HOME DEED			
Home address			
Deed location			
Home address			
Deed location			
Home address			
Deed location			
SUBSCRIPTIONS			
Netflix			
User		Password	
Hulu			
User		Password	
Amazon Prime			
User		Password	

Other	
User	Password
Other	
User	Password
Other	
User	Password
Other	
User	Password
Other	
User	Password
Other	
User	Password
Other	
User	Password
TAXES	
*Keep at least the last 5 years of tax returns in the event you need to apply for Medicaid	
Accountant's Name	
Phone	Email
RELIGION	
Church/Religious Affiliation	
Pastor/Priest Name	
Funeral Services	
Cemetery	
OTHER ASSETS	
*If you own anything of value please write it here (i.e. family heirlooms, jewelry, antiques, artwork)	
NOTES AND OTHER IMPORTANT INFORMATION	