



THE DOCUMENTS LOCATOR

Chapter 15 of *The Complete Eldercare Planner*

Name _____

Today's Date _____

PIN NUMBERS / ACCESS CODES

Bank by phone _____

Bank online _____

Debit cards _____

Cash station _____

Telephone voice mail _____

Cell phone _____

Personal Digital Assistant (PDA) _____

Property _____

COMPUTER & INTERNET USAGE

Computer access password _____

Wireless security code _____

E-mail address _____

E-mail access code _____

Important websites & passwords _____

Location of CD ROMs & flash drive backup files _____

PERSONAL BANK ACCOUNTS

Account name and number _____

Names on account _____

Bank _____

Telephone _____

Type of account _____

Location of account documents _____

Second signature _____

Power of attorney _____

AUTOMATIC BILL PAYING

Name of store and service _____

Contact name _____

Telephone _____

Date payment deducted _____

Bank and account number _____

Name of store/service _____

Contact name _____

Telephone _____

Date payment deducted _____

Bank and account number _____

ELECTRONIC FUNDS TRANSFER ACCOUNT (ETA)

Account name and number _____

Names on account _____

Bank _____

Telephone _____

PERSONAL LOAN

Name(s) on loan _____

Loan number _____

Bank _____

Telephone _____

Type of loan _____

Location of loan papers _____

OUTSTANDING LIEN AGAINST PROPERTY

Name(s) on loan _____

Loan number _____

Bank _____

Telephone _____

Location of loan papers _____

PAID LIENS AGAINST PROPERTY

Name(s) on loan _____

Loan number _____

Bank _____

Telephone _____

Location of proof of payment papers _____

INSTALLMENT LOAN

Name(s) on loan _____

Loan number _____

Bank _____

Telephone _____

Location of loan papers _____

BUSINESS BANK ACCOUNT

Bank _____

Telephone _____

Location of account documents _____

Business name on account _____

Account number _____

Type of account _____

Second signature _____

Power of attorney _____

BUSINESS LOAN

Name(s) on loan _____

Loan number _____

Type of loan _____

Bank _____

Telephone _____

Location of loan papers _____

CREDIT UNION

Union name _____

Telephone _____

Name on account(s) _____

Type of account(s) _____

Account number(s) _____

Location of documents _____

FOREIGN BANK ACCOUNT

Name(s) on account _____

Account number _____

Type of account _____

Bank _____

Telephone _____

Location of account papers _____

COMPANY PENSION

Name on pension _____

Reference number _____

Dates of employment _____

Company name _____

Telephone _____

Location of pension papers _____

RETIREMENT ACCOUNT

Name on account _____

Account reference number _____

Type of account _____

Bank _____

Telephone _____

Location of account documents _____

SAVINGS CERTIFICATE

Depositor _____

Certificate number _____

Bank _____

Telephone _____

Location of certificates _____

SAVINGS BOND

Bond held by _____

Type of bond _____

Bond series number _____

Location of bond _____

STOCK CERTIFICATE

Stockholder(s) _____

Stock name _____

Stock number _____

Broker _____

Telephone _____

Location of stock documents _____

SAFE-DEPOSIT BOX

Box holder _____

Has access to box _____

Telephone number _____

Box number _____

Bank _____

Telephone _____

Key location _____

CASH-ON-HAND

Location _____

HOME SAFE

Has access to safe _____

Telephone _____

Location of combination or key _____

BUSINESS SAFE

People with access to safe _____

Telephone _____

Telephone _____

Location of combination or key _____

WILL

Will of _____

Attorney _____

Telephone _____

Location of original will papers _____

People with copies of will papers _____

Telephone _____

TRUST

Established by _____

Trust for _____

Attorney _____

Telephone _____

Location of original trust papers _____

People with copies of trust papers _____

LIVING WILL

Will of _____

Attorney _____

Telephone _____

Location of original living will _____

People with copies of living will _____

Telephone _____

POWER OF ATTORNEY FOR PROPERTY

Given to _____

Telephone _____

Attorney _____

Telephone _____

Location of original document _____

People with copy of papers _____

POWER OF ATTORNEY FOR HEALTH CARE

Location of original document _____

People with copies of the document _____

Agent _____

Telephone _____

LETTERS OF INSTRUCTION

Written by _____

Location of original documents _____

Telephone _____

People with copy of documents _____

Telephone _____

FUNERAL INSTRUCTIONS / MEMORIAL SERVICES

Arranged by _____

Funeral home _____

Telephone _____

Location of instruction papers _____

People with copies of instructions _____

Telephone _____

DONOR ARRANGEMENT

Location of documentation _____

AUTOPSY PERMISSION

Location of documentation _____

SOCIAL SECURITY

Social Security number _____

Location of Social Security card _____

MILITARY DISCHARGE PAPERS

Veteran name _____

Service number _____

Discharge papers location _____

INCOME TAX FILINGS

Name of taxpayer _____

Tax identification number _____

Tax adviser _____

Telephone _____

Location of tax records _____

PASSPORT

Name on passport _____

Passport number _____

Location of passport _____

DRIVER'S LICENSE

Name on license _____

License number _____

State license issued _____

License renewal date _____

CREDIT CARDS / CHARGE ACCOUNTS

Account name _____

Account number _____

Name on account _____

Location of card _____

MEDICARE

Name _____

Number _____

Effective date _____

MEDICAID

Name _____

Number _____

Effective date _____

HEALTHCARE INSURANCE

Subscriber's name _____

Contract number _____

Group number _____

Insurance company _____

Telephone _____

LONG-TERM CARE INSURANCE

Name on policy _____

Policy number _____

Insurance company _____

Insurance agent _____

Telephone _____

Location of policy _____

LIFE INSURANCE

Name on policy _____

Policy number _____

Insurance company _____

Insurance agent _____

Telephone _____

Location of policy _____

ANNUITY

Name on annuity _____

Insurance company _____

Contract number _____

Location of papers _____

DISABILITY INSURANCE

Name on policy _____

Policy number _____

Insurance company _____

Insurance agent _____

Telephone _____

Location of policy _____

HOME OWNER'S INSURANCE

Name on policy _____

Policy number _____

Insurance company _____

Insurance agent _____

Telephone _____

Location of policy _____

REAL ESTATE INVESTMENT INSURANCE

Name on policy _____

Policy number _____

Insurance company _____

Insurance agent _____

Telephone _____

Location of policy _____

RENTER'S INSURANCE

Name on policy _____

Policy number _____

Insurance company _____

Insurance agent _____

Telephone _____

Location of policy _____

BUSINESS INSURANCE

Name on policy _____

Policy number _____

Insurance company _____

Insurance agent _____

Telephone _____

Location of policy _____

LIABILITY INSURANCE

Name on policy _____

Policy number _____

Insurance company _____

Insurance agent _____

Telephone _____

Location of policy _____

VEHICLE INSURANCE

Policy holder _____

Vehicle insured _____

Vehicle registration number _____

Insurance company _____

Insurance agent _____

Telephone _____

Location of title _____

VEHICLE

Vehicle _____

Make and model _____

Serial number _____

Where purchased _____

Telephone _____

Name on title _____

Location of title papers _____

Location of electronic toll collection system _____

VALUABLES INSURANCE

Policy holder _____

Item insured _____

Policy number _____

Insurance company _____

Insurance agent _____

Telephone _____

Location of policy _____

REAL ESTATE OWNERSHIP DOCUMENTS

Property address _____

Owner _____

Telephone _____

Co-owner _____

Telephone _____

Bank or mortgage company _____

Telephone _____

Location of documents _____

CEMETERY PLOT

Owner _____

Plot intended for _____

Cemetery _____

Plot location _____

Telephone _____

Location of plot deeds _____

SUBSCRIPTIONS

Name of publication _____

Sent to _____

Name of publication _____

Sent to _____

Name of publication _____

Sent to _____

CLUB MEMBERSHIPS

Organization _____

Telephone _____

Organization _____

Telephone _____

MEMBERSHIP / SMART CARDS

Account name _____

Account number _____

Name on account _____

Location of card _____

RELIGIOUS AFFILIATION

Place of worship _____

Address _____

Clergy person _____

Telephone _____

Documentation of special Instructions _____

RELIGIOUS RITES AND CEREMONIES

Event _____

Event date _____

Place of event _____

Records storage location _____

ITEMS IN STORAGE

Stored in name of _____

What is being stored _____

Storage company _____

Telephone _____

Location of storage documents _____

ITEMS—REPAIRED/RESTORED/CLEANED

Item owner _____

Item description _____

Shop name _____

Telephone _____

Claim ticket location _____

ITEMS BORROWED

Item description _____

Lent to _____

Telephone _____

ITEMS ON ORDER

Ordered for _____

Item description _____

Order reference number _____

Shop name _____

Telephone _____

Expected order date _____

Location of paperwork _____

PERSONAL CONTRACTS/AGREEMENTS

Names on contract _____

Telephone _____

Nature of agreement _____

Location of paperwork _____

MEDICAL HISTORY

History of _____

Birth date _____

Location of records _____

BIRTH RECORD

Name at birth _____

Birth date _____

Place of birth _____

Birth certificate location _____

ADOPTION PAPERS

Adoption name _____

Adopted by _____

State of adoption _____

Adoption agency _____

Telephone _____

Location of paperwork _____

NATURALIZATION PAPERS

Citizen name _____

Place of naturalization _____

Location of papers _____

MARRIAGE LICENSE

Names on license _____

Marriage date _____

State license issued _____

License location _____

DIVORCE DECREE

Names on decree _____

Divorce date _____

State divorce granted _____

Decree location _____

SCHOOL RECORDS

Student name _____

School _____

School location _____

Telephone _____

Dates attended _____

Graduation date _____

Diploma location _____

EMPLOYMENT HISTORY

Employee name _____

Dates of employment _____

Company _____

Company address _____

Telephone _____

MOTHER'S HISTORY

Mother's name at birth _____

Date of birth _____

Place of birth _____

Birth certificate location _____

Mother's name at death _____

Cause of death _____

Date of death _____

Location of death _____

Burial location _____

Death certificate location _____

FATHER'S HISTORY

Father's name at birth _____

Date of birth _____

Place of birth _____

Birth certificate location _____

Father's name at death _____

Cause of death _____

Date of death _____

Location of death _____

Burial location _____

Death certificate location _____

DEPENDENTS

Name _____

Date of birth _____

Location of birth certificate _____

GROWN CHILDREN—NO LONGER DEPENDENTS

Name _____

Date of birth _____

Address _____

City/State/Zip _____

Telephone _____

PETS

Name of pet _____

Breed _____

Date of birth _____

Sex _____

Animal hospital _____

Telephone _____

Breeder _____

Is promised to _____

HOME INVENTORY (fixtures, furniture, equipment, appliances)

Item description _____

Model number _____

Purchase price _____

Value of item today _____

Location of receipt _____

Location of warranty _____

Location of item instructions _____

Is promised to _____

PERSONAL ITEMS INVENTORY (clothes, books, photos, mementos)

Item description _____

Purchase price _____

Value of item today _____

Location of receipt _____

Is promised to _____

VALUABLES INVENTORY (collect ions, jewelry, artwork, antiques)

Item description _____

Serial number _____

Purchase price _____

Value of item today _____

Location of receipt _____

Is promised to _____

BUSINESS INVENTORY (fixtures, furniture, equipment, appliances)

Item description _____

Model number _____

Purchase price _____

Value of item today _____

Location of receipt _____

Location of warranty _____

Location of item instructions _____

Is promised to _____