



## **Personal Affairs Record**

This guide will help you record the location of current documents, contact person, possessions and miscellaneous information that will be important to you and your loved ones when addressing financial and personal affairs, end-of-life decisions and more. Recording one's wishes in advance will help to avoid confusion, uncertainty and conflict.

### **Questions to Consider**

1. Who should be your personal guardian or representative if you are unable to manage your affairs on your own? Who should be executor of your estate after your death?
2. Who should receive your personal property (ie: real estate, vehicles, household items, jewelry, artwork, guns, collectibles, etc.) after your death?
3. Do you have a Durable Power of Attorney (POA) for Finance and Property? Who holds that Power? List current POA contact information (ie: name, address, telephone number, email)
4. Do you have a Power of Attorney for Healthcare/Advanced Care Plan that makes your health care wishes clear? Have you discussed your wishes with your POA for Healthcare, family, friends, and healthcare professionals? The Advance Care Plan should include your wishes in regard to Do Not Resuscitate (DNR) orders and organ donation. List current POA contact information (ie: name, address, telephone number, email).
5. Do you have special funeral instructions that indicate your wishes for burial (embalming, cremation, final location of remains), type of service (memorial, music, scriptures, flowers, etc.), obituary and what charitable organization(s) you would like gifts in your honor to be made? Where are these instructions written down? Who should be notified upon your death?

**The following pages will assist you in identifying and locating important information needed if you are unable to manage your personal affairs.**

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## Personal Affairs

Name: \_\_\_\_\_  
(First, Middle, Last)

Social Security Number: \_\_\_\_\_

Organization/Address: \_\_\_\_\_  
(Organization, Number, Street, City, State, Zip Code)

Work Phone (include area code): \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Number, Street, City, County, State, Zip Code)

Home Phone (include area code): \_\_\_\_\_

Permanent or Legal Address: \_\_\_\_\_  
(Number, Street, City, County, State, Zip Code)

## Personal Data

Date and Place of Birth: \_\_\_\_\_  
(Month/Day/Year) (City, County, State)

Naturalization (if applicable): \_\_\_\_\_  
(Month/Day/Year)

by: \_\_\_\_\_  
(Designation and location of court granting naturalization)

Driver's License/Organ Donor Verification: \_\_\_\_\_

## Family Information

Spouse Name:

Social Security Number: \_\_\_\_\_  
(First, Middle, Last)

Date and Place of Birth: \_\_\_\_\_  
(Month/Day/Year) (City, County, State)

Driver's License/Organ Donor Verification: \_\_\_\_\_  
(Number, Street, City, State, Zip Code)

## Marital Information

Date of Marriage	Place of Marriage	Spouse's Full Maiden Name	How and Date Terminated	Place Terminated

reason, place and date:

\_\_\_\_\_

Children			
Name	Date of Birth	Place of Birth	Address

### Family Records Location

Birth certificates or other proof of date of birth for myself and each immediate family member (required by insurance companies and Social Security Administration):

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Naturalization papers for self, spouse and children (if applicable):

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Marriage certificate (required to establish claims for Veterans Affairs and Social Security Benefits):

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Preuptial/Marital agreements:

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Divorce decree(s), death certificates or certified copies thereof for myself or present spouse:

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### Military Service History

Date Entered	Location	Serial Number	Date Separated	Location

### Other Important Papers

I (have) (have not) executed a Will:

Located at: \_\_\_\_\_

Executor: \_\_\_\_\_  
(Name)

(Number, Street, City, State, Zip Code)

(Telephone Number, including area code)

Attorney: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Number, Street, City, State, Zip Code) (Telephone Number, including area code)  
**I (have) (have not) executed a Durable Power of Attorney,** dated \_\_\_\_\_ naming \_\_\_\_\_  
(Agent or attorney in fact)

\_\_\_\_\_  
(Number, Street, City, State, Zip Code)  
**I (have) (have not) executed a Power of Attorney for Healthcare/Living Will,** dated \_\_\_\_\_ naming \_\_\_\_\_  
(Agent or attorney in fact)

\_\_\_\_\_  
(Number, Street, City, State, Zip Code)  
**I (have) (have not) executed a Do Not Resuscitate (DNR Record),** dated \_\_\_\_\_ naming \_\_\_\_\_  
(Agent or attorney in fact)

\_\_\_\_\_  
(Number, Street, City, State, Zip Code)  
Social Security Card: \_\_\_\_\_ Medicare Card: \_\_\_\_\_

Medicare Part D Plan/Provider: \_\_\_\_\_

Copies of my federal and state income tax returns and related papers are located at: \_\_\_\_\_

\_\_\_\_\_  
(Number, Street, City, State Zip Code)

**Bank Accounts (Include Credit Union, Savings & Loan Associations):**

Type of account: \_\_\_\_\_  
(Checking or Savings) (Joint [name] or Individual) (Account Number)

\_\_\_\_\_  
(Name and Address of Bank or Credit Union)

\_\_\_\_\_  
(Checking or Savings) (Joint [name] or Individual) (Account Number)

\_\_\_\_\_  
(Name and Address of Bank or Credit Union)

Location of passbooks for savings accounts and/or people who are signers on the account(s): \_\_\_\_\_

Location of statements and canceled checks for checking accounts: \_\_\_\_\_

Account User Names and Passwords \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Credit, Debit Cards and Charge Accounts

\_\_\_\_\_  
(Name, Address, Telephone Number)

\_\_\_\_\_  
(Name, Address, Telephone Number)

\_\_\_\_\_  
(Name, Address, Telephone Number)

\_\_\_\_\_  
(Name, Address, Telephone Number)

## Safety Deposit Box:

Name of bank or trust company: \_\_\_\_\_

\_\_\_\_\_  
(Number, Street, Town/City, State, Zip Code)

Location of key (name of others who have legal access): \_\_\_\_\_

## United States Savings Bonds:

Where they are kept: \_\_\_\_\_

Approximate value: \_\_\_\_\_ (attach listing of serial numbers and denominations, if desired)

## Stocks, Bonds and Securities Owned:

## Stockbroker/Financial Planner:

Name, Contact Information: \_\_\_\_\_

## Property Ownership or Interest:

Primary real estate is located at: \_\_\_\_\_

The property is encumbered by a: \_\_\_\_\_

(Mortgage, trust, deed, etc.)

Held by: \_\_\_\_\_

The property is insured with: \_\_\_\_\_

(Insurance company)

Policy Number: \_\_\_\_\_, type of coverage: \_\_\_\_\_

(Fire, damage, liability, etc.)

Other real estate is located at: \_\_\_\_\_

**Life Insurance:**

I have the following types of life insurance: Government \_\_\_\_\_ Commercial \_\_\_\_\_ Both \_\_\_\_\_

\_\_\_\_\_  
(Insurance Company, Policy Number, Face Value, Payment Option)

\_\_\_\_\_  
(Address, Telephone Number, Email Contact Information)

The policies are located at: \_\_\_\_\_

**Long Term Care Insurance:**

\_\_\_\_\_  
(Insurance Company, Policy Number)

\_\_\_\_\_  
(Address, Telephone Number, Email Contact Information)

The policies are located at: \_\_\_\_\_

**Other Insurance:**

**I have the following health, property, accident, liability or other insurance coverage:**

Insurance Company	Type of Coverage	Policy Number	Amount
Insurance Company	Type of Coverage	Policy Number	Amount
Insurance Company	Type of Coverage	Policy Number	Amount
Insurance Company	Type of Coverage	Policy Number	Amount

The policies are located at: \_\_\_\_\_

**Professional Advisors:**

(Current name, address, telephone number, email)

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Accountant/Tax Preparer

\_\_\_\_\_  
Banker

\_\_\_\_\_  
Financial Advisor/Planner

\_\_\_\_\_  
Stockbroker

\_\_\_\_\_  
Real Estate

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Insurance Agent

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Clergy

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Funeral Home Representative

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Other Professional Advisors

**Asset Documents:**

(current account, contract, certificate and invoice numbers)

**Location:**

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Real Estate (purchase, sale, deed records)

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Land Abstracts/Titles (surveys, maps)

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Mortgage/Rental Agreements

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Funeral/Burial/Cemetery Agreements/Deeds

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Leases

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Vehicles (titles, purchase and sale receipts)

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Notes (owed to you/you owe)

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Stock/Bond/Security Certificates

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Savings/Checking Accounts/Certificates of Deposit

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Other Asset Documents

**Insurance Documents:**

(current premiums, value, maturity or surrender dates, etc.)

**Location:**

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Life Insurance/Annuity Policies

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Health Insurance Policy

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Long Term Care Insurance Policy

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Disability Insurance Policy

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Homeowner's Insurance Policy

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Fire/Casualty Insurance Policy

---

Vehicle Insurance Policy

---

Other Insurance Documents

**Retirement Documents:**

**Location:**

---

Social Security Card

---

Pension(s)

---

Medicare Card

---

IRAs/401Ks

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Tax Sheltered Annuities

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Other Retirement Documents

**Funeral and Burial Arrangements:**

This is not intended as a legal document. But, within the terms of my Will or the applicable laws, I desire the following be done by my Executor and/or family:

Funeral Service and Arrangements:

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Funeral Home:

(Name, Address, Telephone Number)

Cemetery:

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Clergy:

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Participating Organizations:

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I would like:

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Wake/Rosary Service:

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Viewing:

---



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Clothing Preference: \_\_\_\_\_

Personal Accessories: \_\_\_\_\_

Organist: \_\_\_\_\_

Religious Passages Selected: \_\_\_\_\_

Eulogy by: \_\_\_\_\_

Newspaper Notices: \_\_\_\_\_

Casket: \_\_\_\_\_  
(Open/Closed)

Type of Casket: \_\_\_\_\_  
(Name, Address, Telephone Number)

Military Ceremony and Honors: \_\_\_\_\_

Uniform: \_\_\_\_\_

Hymns, Psalms, Scripture, Special Requests: \_\_\_\_\_

Pallbearers: \_\_\_\_\_

Flowers/(in lieu of flowers): \_\_\_\_\_

Memorials and Remembrances: \_\_\_\_\_

Type of Burial Rights: \_\_\_\_\_  
(Ground Burial/Cremation)

If Cremation What Type of Disposition?: \_\_\_\_\_

Cremation Remains Container: \_\_\_\_\_

Remarks/ Special instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Bequests and Personal Items:**  
**(Description of Item, Beneficiary, Relationship)**

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**Tax and Business Records:**

**Location:**

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Income and Gift Tax Returns

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Information for Current Year's Taxes

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Records of recent Security purchases/sales

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Partnership Agreements

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Stockholder Agreements

---

Business Continuation Agreements

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Business Legal and Accounting records

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Real Estate Tax Bills

---

Other Tax and Business Records

**Income Inventory:**

**Monthly Amount:**

---

Wage/Salary

---

Social Security

---

Veterans Administration Pension

---

Interest (Checking, Savings, Loans)

---

Rental

---

Trust

---

Alimony

---

Stock Dividends

---

Annuity

---

Services Rendered

---

Other Income

**Total Monthly Income:**

---

**Expense Inventory:**

**Monthly Amount:**

---

Mortgage/Rent

---

Food

---

Electricity

---

Gas/Heating Oil

---

Water/Sewer/Refuse

---

Telephones (landline, mobile)

---

Internet Access

---

Cable Television

---

Insurances (property)

---

Religious Donations

---

Real Estate Taxes

---

Vehicle Fuel and Maintenance

---

Yard/Pool Care

---

Medical/Dental

---

Medical Co-Pays

---

Medications

---

Subscriptions (newspapers/magazines)

---

Credit Cards/Loans

---

Health Insurance Premium

---

Long Term Care Insurance Premium

---

Alimony/Family Support

---

Court Ordered Expenses (guardian, attorney)

---

Personal Care

---

Groceries

---

Dining Out

---

Credit Cards/Loans

---

Pet Care

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Other Expenses

**Total Monthly Expenses:** \_\_\_\_\_

**Total Monthly Income minus Expenses:** \_\_\_\_\_

**Miscellaneous Information**

**Contacts/Location**

List User Names and Internet Passwords:  
(Computer, Email, Facebook, bank/credit union, others) \_\_\_\_\_

List and photos of personal possessions worth \$500  
or more (jewelry, artwork, guns, collectibles, etc.) \_\_\_\_\_

Location of all keys (house, garage (keypad code)

other homes, vehicles, safe deposit box and who holds extra keys

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List locks, combinations, names of those who know the combination

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List religious and community affiliations

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List Pet Care and Veterinarian

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Other miscellaneous information

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List of all who hold copies of this document (name, relationship, address, telephone, email)

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**Other:**

**Additional data desired regarding my affairs and instructions to survivors not previously covered:**

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\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

***Discuss this document and your views with the person(s) whom you trust, who is/are willing to respect your views and values, who is/are able to make difficult decisions in stressful circumstances, who will closely follow what you want and will be a good advocate for you. It is advised that this document be reviewed every five (5) years or at the time of a life-changing event.***



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