

PACKET I: PERSONAL INFORMATION

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WHO TO CALL FOR HELP

Emergency contact information

Doctor:

Name: _____ Phone(s): _____

Address: _____

Health Insurance Notification/approval: _____

*If you do not have a doctor in Valdez, Call the Valdez Medical Clinic, 907-835-4811.

Backup doctor:

Name: _____ Phone(s): _____

Address: _____

Specialist:

Name: _____ Phone(s): _____

Address: _____

Specialist:

Name: _____ Phone(s): _____

Address: _____

Medical power of attorney:

Name: _____ Phone(s): _____

Address: _____

For information on medical power of attorney, living will, etc., see p. 25.

Financial power of attorney:

Name: _____ Phone(s): _____

Address: _____

For information on financial power of attorney, see p. 22

Family member or friend to contact in emergencies:

Name: _____ Phone(s): _____

Address: _____

Email: _____ Approved for medical disclosure Yes ___ No ___

Backup family member or friend to contact in emergencies:

Name: _____ Phone(s): _____

Address: _____

Email: _____ Approved for medical disclosure Yes ___ No ___

Clergyman:

Name: _____ Phone(s): _____

Address: _____

Email: _____ Approved for medical disclosure Yes ___No__

PERSONAL INFORMATION

Legal name: _____ Gender: _____

Alternative name(s): _____

Maiden name: _____

Has there been a name change? Yes _____ No _____

If yes, what was the prior name used: _____

Language: _____ Citizenship: _____

Residence address: _____

Postal address: _____

City, State, Zip code: _____

Date of arrival in Alaska: _____

Previous address if recently arrived: _____

Social Security number: _____

Medicare number: _____

Medicaid number: _____

Veteran number: _____

Railroad number: _____

Alaska Native Regional Corp.: _____

Village corporation: _____

Place of birth: _____

Date of birth: _____

Date and place of marriage: _____

Marital status: Single ____ Married ____ Divorced ____ Widower/Widow ____

Occupation: _____

Family information:

Significant other: _____

Address: _____

Phone(s): _____

Father's name: _____

Place of birth: _____

Mother's maiden name: _____

Place of birth: _____

Other family members:

Name	Relationship	Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Please add other names on back or separate piece of paper)

MEDICAL INFORMATION

Fill this section out as completely as possible. A friend or family member may have to send this information to another physician or hospital if you should be injured out-of-town, suffer from memory loss, etc. and/or to give to the person who has your medical power of attorney. Be sure to sign the legal paperwork at the medical clinic and Providence Valdez Medical Center to authorize a family member or friend to have access to your medical records and speak to your doctor.

Medical Contacts

Name of doctor (local): _____

Phone: _____ Fax: _____

Address: _____

*If you do not have a doctor in Valdez, call the Valdez Medical Clinic at 907-835-4811.

Name of doctor (previous, if new to town): _____

Phone: _____ Fax: _____

Address: _____

Name of doctor (specialist): _____

Phone: _____ Fax: _____

Address: _____

Name of doctor (specialist): _____

Phone: _____ Fax: _____

Address: _____

Mental health worker: _____

Phone: _____ Fax: _____

Address: _____

Dentist: _____

Phone: _____ Fax: _____

Address: _____

Eye doctor: _____

Phone: _____ Fax: _____

Address: _____

Other medical service providers:

Name: _____ Specialty/service: _____

Phone: _____ Fax: _____

Address: _____

Name: _____ Specialty/service: _____

Phone: _____ Fax: _____

Address: _____

Health history:

- Cancer HTN Hepatitis Renal
- Respiratory Diabetes Stroke Muscle/bone
- Cardiac GI Seizures Mental health
- Bleeding Glaucoma Weight change TB
- Depression Memory problems Other: _____

Alcohol use? Yes___ No___ How much? _____ How long? _____

Tobacco use? Yes___ No___ Packs/day _____

Chewing tobacco: Yes___ No___

If father and/or mother deceased, cause of death:

Allergies:

Blood type:

Medications:

Make a list of all medications (prescription drugs, over-the-counter drugs such as aspirin, nutritional supplements including vitamins, herbal remedies, etc.), dosage amounts and instructions for taking them, such as time of day, before or after a meal, with/without liquids, etc. This is best done *in pencil* so it is easier to keep up to date. Continue on back, if necessary.

Medication	Dosage	Instructions for taking
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Prescription for eyes: OD: _____ OS: _____

Prescription provider:

Prescription provider:

TB screening (PPD or X-ray) date and location:

Pneumococcal vaccine date:

Influenza vaccine date:

Tetanus vaccine date:

Shingles vaccine date:

Other vaccines:

Date:

Hospitalizations and surgeries (date, location, reason):

Assistive devices in use:

Wheel chair Walker Cane

Dentures: upper lower Glasses Diabetic pump

Hearing aide: Right Left

Prosthesis: _____

Other: _____

Current specialist reports and/or therapy consults (if applicable):

Specialist/therapist	Date	Results in notebook
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes:

INSURANCE INFORMATION

Types of insurance:

Medicare #: _____ Medicaid #: _____

Medicaid waiver #: _____ Railroad #: _____

Veterans #: _____ Prescription drug: _____

Private insurance:

1. Health insurance company: _____

Agent: _____ Phone: _____

Policy number: _____ Location of policy: _____

Premium amount: _____ Payment date: _____

Alternative insurance contact: _____ Phone: _____

2. Health insurance company: _____

Agent: _____ Phone: _____

Policy number: _____ Location of policy: _____

Premium amount: _____ Payment date: _____

Alternative insurance contact: _____ Phone: _____

3. Life insurance company: _____

Agent: _____ Phone: _____

Policy number: _____ Location of policy: _____

Premium amount: _____ Payment date: _____

Cash surrender value: _____

Automatic payment by credit card: Yes No

Alternative insurance contact: _____ Phone: _____

Beneficiary: _____ Phone: _____

4. Long-term care insurance company: _____

Agent: _____ Phone: _____

Policy number: _____ Location of policy: _____

Premium amount: _____ Due date: _____

Automatic payment by credit card Yes No

Alternative insurance contact: _____ Phone: _____

5. Homeowner's insurance company: _____

Agent: _____ Phone: _____

Policy number: _____ Location of policy: _____

Premium amount: _____ Due date: _____

Automatic payment by credit card Yes No

Alternative insurance contact: _____ Phone: _____

6. Homeowner's second insurance company: _____

Agent: _____ Phone: _____

Policy number: _____ Location of policy: _____

Premium amount: _____ Due date: _____

Automatic payment by credit card __ Yes __ No

Alternative insurance contact: _____ Phone: _____

7. Business insurance company: _____

Agent: _____ Phone: _____

Policy number: _____ Location of policy: _____

Premium amount: _____ Due date: _____

Automatic payment by credit card __ Yes __ No

Alternative insurance contact: _____ Phone: _____

8. Airplane insurance company: _____

Agent: _____ Phone: _____

Policy number: _____ Location of policy: _____

Premium amount: _____ Due date: _____

Automatic payment by credit card __ Yes __ No

Alternative insurance contact: _____ Phone: _____

9. ATV insurance company: _____

Agent: _____ Phone: _____

Policy number: _____ Location of policy: _____

Premium amount: _____ Due date: _____

Automatic payment by credit card __ Yes __ No

Alternative insurance contact: _____ Phone: _____

10. Automobile insurance company: _____

Agent: _____ Phone: _____

Policy number: _____ Location of policy: _____

Premium amount: _____ Due date: _____

Automatic payment by credit card Yes No

Alternative insurance contact: _____ Phone: _____

11. Automobile insurance company: _____

Agent: _____ Phone: _____

Policy number: _____ Location of policy: _____

Premium amount: _____ Due date: _____

Automatic payment by credit card Yes No

Alternative insurance contact: _____ Phone: _____

12. Boat insurance company: _____

Agent: _____ Phone: _____

Policy number: _____ Location of policy: _____

Premium amount: _____ Due date: _____

Automatic payment by credit card Yes No

Alternative insurance contact: _____ Phone: _____

13. Snowmobile insurance company: _____

Agent: _____ Phone: _____

Policy number: _____ Location of policy: _____

Premium amount: _____ Due date: _____

Automatic payment by credit card Yes No

Alternative insurance contact: _____ Phone: _____

14. Other insurance company: _____

Agent: _____ Phone: _____

Policy number: _____ Location of policy: _____

Premium amount: _____ Due date: _____

Automatic payment by credit card __Yes __No

Alternative insurance contact: _____ Phone: _____

Long-term care insurance at a glance:

What is long-term care?

- Normal definition — when a person needs care for cooking, laundry, bathing, etc.
- Insurance definition — much narrower: person is unable to perform activities of daily living (ADLs e.g.): bathing, dressing, transferring (in and out of bed), toileting, continence and eating.

For how long do people need long-term care?

- One third of today's 65-year-olds will not need long-term care
- Majority will need for up to three years
- 20 percent will need more than five years

What does long-term care cost?

Costs vary in what is included

- National average — \$67,525 annually
- Alaska — \$300,000 or more annually

Who pays for long-term care?

- Individual, savings, life insurance, long-term care insurance
- Family — 25 percent of adult children provide personal or financial care to parents
- Government

What can one expect the government to provide?

- Medicare — pays about 12 percent of short-term home nursing care
- Medigap Medicare supplemental insurance (does not cover long-term care)
- Medicaid — for low income, pays about 50 percent of nursing home costs; Miller Trust, Medicaid waiver

- Other government programs – very little

Who should consider buying long-term care insurance?

- Family history of long-term debilitating diseases, diabetes, dementia, etc.
- No family to care for them
- Women, because they usually live longer than husbands and do not have as many financial resources
- With assets over \$50,000 (below will spend down to Medicaid quickly)

When should one buy long-term care insurance?

- the younger one is, the less the premium rate, but one pays longer before using
- before there is any sign of a long-term illness (uninsurable if wait too long)

When buying a policy, check what it covers and compare with others. Important features include:

- Coverage
- Deductible
- Definitions
- Period of coverage
- Inflation protection

- Check out how many customer complaints the company has received
- Check out the insurer’s history of premium hikes
- Buy from a financially strong company

Notes:

Additional resources:

AARP Long Term Care Information: 866-376-4470

Health is a collection of health-related products, service, and insurance programs made available by AARP. Neither AARP nor its affiliate is the insurer.

AARP contracts with insurers and providers to make coverage and discounts available to AARP members. These plans and discounts carry the AARP name. Insurers and providers pay a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members.

AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse individual agents, brokers, producers, representatives or advisors.

AARP does not recommend health-related products, services, or insurance programs. Insurance products carrying the AARP name are intended to be competitive products and may not be the lowest priced products. You are strongly encouraged to evaluate your needs and compare products.

AARP Health Information: <http://www.aarphealthcare.com>

AARP Long term Care Insurance: 1) <http://www.genworth.com/LongTermCare> and 2) <http://aarplongtermcare.genworth.com/google/ppc/nonfiling>

Long Term Care Costs by State: 1) <http://www.completelongtermcare.com/states/> and
2) http://www.genworth.com/content/non_navigable/corporate/about_genworth/industry_expertise/cost_of_care.html

Guide to Long-Term Care Insurance: 20 page booklet by government, free download, pdf format; <http://publications.usa.gov/USAPubs.php?PubID=5879>

CLASS Act Information: What is The CLASS Long-Term Care Insurance Program? <http://www.aaltci.org/long-term-care-insurance/learning-center/CLASS-Act.php>

Alaska Senior Voice: Older persons action group, good site for links to services <http://02de505.netsolhost.com/OPAGSV2011/>

American Association for Long-term Care Insurance: <http://www.aaltci.org/about/> "American Association for Long-Term Care Insurance is the national professional organization exclusively dedicated to promoting the importance of planning for long-term care needs."

"Founded in 1998, the Association is the nation's leading independent, organization serving those who offer long-term care insurance and other planning solutions. Our members constitute the nation's most knowledgeable and committed professionals along with leading LTC providers."

The site has a lot of information on long-term care insurance for consumers. <http://www.aaltci.org/long-term-care-insurance/>

ACSIA Long Term Care, Inc.: <http://www.acsia.com/home/>

"ACSIA®, a managing general agency, works closely with the top LTCi companies, complementing their customer service.

Through our excellent carrier relationships we mutually serve customers and agents alike."

The Resources page has frequently asked questions and links to many other sites. The Carriers page discusses choosing a carrier and lists those in their portfolio. Tom, the Alaska agent, has been most helpful.

BANKING AND FINANCIAL INFORMATION

Banks and credit cards:

1. Name of bank: _____ Name on account: _____

Address: _____

Contact person: _____ Phone: _____

Type of account and number:

Personal checking: _____ Business checking: _____

Savings: _____ Loan: _____

Credit/debit card #: _____ Payment due: _____

Certificate of deposit: _____ Safe deposit box: _____

Financial power of attorney: _____ Phone: _____

Other/notes: _____

2. Name of bank: _____ Name on account: _____

Address: _____

Contact Person: _____ Phone: _____

Type of account and number:

Personal checking: _____ Business checking: _____

Savings: _____ Loan: _____

Credit/debit card #: _____ Payment due: _____

Certificate of deposit: _____ Safe deposit box: _____

Financial power of attorney: _____ Phone: _____

Other/notes: _____

Additional credit cards

Credit card company: _____ Credit/debit card #: _____

Payment due: _____

Credit card company: _____ Credit/debit card #: _____

Payment due: _____

Credit card company: _____ Credit/debit card #: _____

Payment due: _____

Investments – stocks and bonds:

1. Stock broker: _____ Name on account: _____

Address: _____

Contact person: _____ Phone: _____

Other/notes: _____

2. Stock broker: _____ Name on account: _____

Address: _____

Contact person: _____ Phone: _____

Other/notes: _____

3. Stock broker: _____ Name on account: _____

Address: _____

Contact person: _____ Phone: _____

Other/notes: _____

Accountant:

Name: _____ Phone: _____

Address: _____

E-mail: _____

Other/notes: _____

Real Estate:

1. Location and description of property:

State: _____ City/county: _____ Lot number: _____

Address: _____

Location of deeds, mortgage papers or ownership statements: _____

Personal use: _____ Undeveloped: _____ Developed: _____

Buildings: _____

Rental: _____ Vacant: _____ Sold carrying: _____

Name of purchaser/renter/agent: _____

Phone: _____

Address: _____

Notes: _____

2. Location and description of property:

State: _____ City/county: _____ Lot number: _____

Address: _____

Location of deeds, mortgage papers or ownership statements: _____

Personal use: _____ Undeveloped: _____ Developed: _____

Buildings: _____

Rental: _____ Vacant: _____ Sold carrying: _____

Name of purchaser/renter/agent: _____

Phone: _____

Address: _____

Notes: _____

Pension and other retirement benefit summaries:

Pension: _____

Other sources of income (if entered elsewhere, give page reference):

Income sources	Amount	Monthly, yearly or location
----------------	--------	-----------------------------

Alimony	_____	_____
---------	-------	-------

Annuities	_____	_____
-----------	-------	-------

Burial policy agreement	_____	_____
-------------------------	-------	-------

Book royalties	_____	_____
----------------	-------	-------

Cash on hand	_____	_____
--------------	-------	-------

Certificate of deposit	_____	_____
------------------------	-------	-------

Credit union acts

Commercial fishing permit

IRA account

Interest/dividends

Insurance

Law suit settlement

Native Corp. Gen. Assist.

Native Corp. dividends/shares

Oil/mineral rights/royalties

Pension/retirement benefits

Permanent fund dividend

Safety deposit box

Social Security benefits

Supplemental income

Stocks/bonds

Trust funds

Expenses

Amount

Due date

Rent

Mortgage

Mobile home rent

Space rent

Storage rent

Heat (gas, propane, wood)

Water

Telephone

Electricity

TV

Property taxes

Condo/association fees

Credit card fees

Insurance payments

Stock broker fees

Income tax records:

Put copies of the last five years of your income tax statements here in the notebook, or indicate where they can be readily located. These will be necessary when/if applying for various financial programs.

Other resources:

Eldercare, Pick up the Pace. A consumer guide designed to educate boomers about financial and retirement planning choices and to help them secure their financial outlook for the future.

<http://www.eldercare.gov/Eldercare.NET/Public/Resources/Brochures/Index.aspx>

Consumer Reports, *A plan for charitable bequests*, your heirs will benefit more from your appreciated assets than your IRA. November 2011.

LEGAL INFORMATION

It is possible that as we grow older we will lose our short and long-term memories and be unable to handle our financial matters, such as remembering to pay bills, or to express our end-of-life choices. For this reason, Alaska laws permit people to give a family member or close friend a financial power of attorney, durable power of attorney for health care (AS 13.26.325) and health directives (living will, AS 18.12.010). It is also advisable to have a will.

There are many websites with information on how to create these documents. Some are noted below. However, it is also advisable to consult an attorney who specializes in elder law. Below is a list of Alaska elder law specialists. Since laws vary from state to state, if you move to another state it is advisable to have your legal documents checked to make sure they are valid there.

Alaska elder law specialists:

Company/organization	Phone	Category	Focus
Alaska Court Probate	907-264-0433	Legal	Guardianship
Alaska Bar Association Alaska Lawyer Referral	907-272-0352 1-800-770-9999	Help-Line	Estate Planning; family law; guardianship
Amrit Kaur Khalsa	907-277-1595	Legal	Estate planning; guardianship; family law; vulnerable adult
District Court Probate	907-264-0435	Legal	Guardianship
Ernie Schlereth	907-272-5549 1-800-372-5549	Legal	Estate Planning; guardianship; vulnerable adult
Holly Handler/Alaska Legal Services	907-586-6425	Legal	Estate planning; guardianship; vulnerable adult
Illona Besseney	907-278-2000	Legal	Estate planning; guardianship; vulnerable adult

Jones & Colver LLC	907-272-6511	Legal	Estate planning; guardianship; vulnerable adult
Kenneth C. Kirk	907-279-1659	Legal	Estate planning; guardianship; vulnerable adult Advance Medical Directives
Probate Court	907-264-0433	Legal	Guardianship
Una S. Gandbhir	907-256-7333	Legal	Estate planning; guardianship; vulnerable adult
Vance Sanders	907-586-1684	Legal	Estate planning; guardianship; vulnerable adult

Meeting with an attorney

1. How to prepare for meeting with an attorney—
checklist of documents to gather
 - a. Itemized list of all assets including current value, names of owners or account holders
 - b. Copies of all estate planning documents, including wills, trusts, powers of attorney
 - c. Copies of all deeds to real estate
 - d. Copies of recent tax returns
 - e. Life insurance policies and cash values
 - f. Health insurance policies and benefit booklet
 - g. Admission agreements to any health care facilities
 - h. List of names, addresses, telephone numbers of involved family members or care givers including financial planners and/or accountants
2. What to discuss with your lawyer
 - a. Options for health care decision-making for your loved one
 - b. Options for managing the person’s property
 - c. Possible coverage of long-term care services, including what is provided by Medicare and other health insurance
3. Terms your lawyer may use
 - a. Agent – person given legal authority to make financial decisions
 - b. Assets – personal possessions of value including cash, bank accounts, real

- estate,
- vehicles and investments
- c. Durable – valid even after the person can no longer make his or her own decisions
- d. Trustee – the individual or bank chosen to manage the assets in the living trust
- e. Trustor/grantor – the person with dementia for whom a living trust is created.

4. Quick tips

- a. All those named in the power of attorney document need a copy of, and access to, the original document
- b. Name a successor agent for power of attorney
- c. Consider a neutral third person as an agent, if family members don't get along
- d. Give copies of power of attorney and living will to health care providers
- e. See if agent for health care has consent to a brain autopsy in cases of dementia
- f. Consider choosing a bank to manage the estate if family lacks time or expertise

Online legal resources:

Alaska Law Help:

Alaska Law Help provides legal self-help information for seniors in such topics as caregiver information, employment discrimination, elder abuse, grandparent custody and visitation, health care, long-term care, home care options, nursing homes, Medicare, money and banking, taxes and wills. Alaska Law Help is a project of Alaska Legal Services Corporation in collaboration with community partners and advocacy groups, Pro Bono Net, and the Legal Services Corporation.
<http://www.alaskalawhelp.org>

Anchorage Law Office: 1016 W. 6th Ave., Suite 200, Anchorage, AK, 99501. 907-272-9431. Toll-free outside Anchorage, 1-888-478-2572. Fax, 907-279-7417. E-mail: anchorage@alsc-law.org

Alaska Legal Services Corporation, <http://www.alsc-law.org/>

Alaska Legal Services Corporation (ALSC) is a private, nonprofit law firm established in 1967 that provides free civil legal assistance to low-income Alaskans to:

- Help resolve serious legal problems of low-income Alaskans
- Promote family, social and economic stability by upholding the rule of law
- Reduce the legal consequences of poverty
- Improve the quality of life for our children, our families, the elderly and disadvantaged and our community.

Durable Financial Power of Attorney: How it Works: <http://www.nolo.com/legal-encyclopedia/durable-financial-power-of-attorney-29936.html>

Medlaw, Alaska Legal Information, Last Will and Testament Statutes, contains Alaska legal information on who may make a will, execution and signature, witness and place to order forms on-line.

<http://www.medlawplus.com/library/legal/states/alaska.tpl?page=lwt>.

Pradell & Associates, Attorneys at Law, <http://www.alaska.net/~pradell>

907-279-4529, alaskanlawyers@gmail.com

Articles on living trusts, senior fraud, seniors who divorce or remarry, special wills, estate and life planning issues, power of attorney, age discrimination, trusts, wills, The Ability to Make Special Bequests Apart from Your Will, Grandparent's Rights, Injured Seniors, Elder Abuse, etc.

State of Alaska Health & Social Services, Advance Health Care Directive (Living Will). Advance Health Care Packet contains a form allowing you to give advance instructions about your own health to the extent allowed by law and also the right to name someone else to make health care decisions for you to the extent allowed by law. It also allows you to express your wishes regarding the designation of your health care provider.

dhss.alaska.gov/dph/Director/Documents/advancedirector.pdf

Health care directives:

Compassion and Choices, web site: compassionandchoices.org

Many health care directives do not include a directive for dementia. This is one you can add to any health care directive.

Compassion & Choices, Letter to My Doctor Concerning Decisions to be made at the End

of My Life. This letter tells your doctor your end-of-life health care wishes and opens up a conversation on the topic. Some doctors have religious or personal reasons for not wishing

to follow the provisions of a living will. This letter opens up the opportunity for you to have that discussion with your doctor. In some cases, you may wish to choose another doctor.

Health care power of attorney.

<http://www.hss.state.ak.us/dsds/pca/documents/POAPCAchoices.pdf>

LOCATION OF IMPORTANT PAPERS:

In the space provided, indicate the location of important papers by using the following letters:

- (T) Transition manual (S) safe deposit box (location)
- (A) Attorney name: _____ Phone: _____
- (F) Family member name: _____ Phone: _____
- (W) Work safe (H) home safe (location)
- (SR) Storage room (location): _____

_____ Other: indicate location by item (for example, on wife’s home computer, blue filing box in bedroom or add a sheet with more specific information such as address of trailer court where second home is located and manager’s phone number, etc.)

- | | |
|-------------------------------------|------------------------------------|
| _____ Adoption papers | _____ Airplane |
| _____ Airplane insurance policy | _____ Airplane title |
| _____ ATV | _____ ATV insurance policy |
| _____ ATV title | _____ Automobile(s) |
| _____ Automobile insurance policies | _____ Automobile titles |
| _____ Bills of sale | _____ Birth certificates |
| _____ Boat | _____ Boat insurance policy |
| _____ Boat title | _____ Burial/cremation plans |
| _____ Business accounts | _____ Business entity papers |
| _____ Cemetery deed | _____ Coins, collectibles |
| _____ Credit card numbers | _____ Divorce decree |
| _____ Death certificates | _____ Employee benefit records |
| _____ Funeral plans | _____ Funeral arrangements prepaid |

- _____ Health insurance cards
- _____ Investments
- _____ Life insurance policy
- _____ Marriage certificate
- _____ Mortgage notes
- _____ Paintings
- _____ Payroll check stubs
- _____ Second home
- _____ Snowmobile insurance
- _____ Survivor benefits guide
- _____ Trust/will documents
- _____ Health care directive
- _____ Jewelry
- _____ Long-term care policy
- _____ Military discharge papers
- _____ Naturalization papers
- _____ Partnership agreement
- _____ Prenuptial agreement
- _____ Social Security papers
- _____ Snowmobile title
- _____ Tax returns and receipts
- _____ Veterans records

Other important property and records _____

Notes:
