

Peace of mind checklist

| Basic Information: | | Emergency Contact Information: | |
|------------------------------|---|--------------------------------|--|
| | Name and address | | Family members |
| | Telephone number | | Friends |
| | Social Security Number | | Neighbors |
| | Driver's License | | Services: gardener, plumber, electrician |
| | Car Model and License plate number | | Services: home care, senior services |
| | Allergies, Blood Type | | Physicians |
| | Medications | | Clergy |
| Crucial Contact Information: | | Documents: | |
| | Trustees | | Will |
| | Designated person on Advance Healthcare Directive | | Advance Healthcare Directive |
| | Designated person on Durable Power of Attorney for Finances | | POLST (DNR) if applicable |
| | | | Durable Power of Attorney for Finances |
| | Power of Attorney or second signature on bank accounts | | Medical and Medications History |
| | | | Insurance: Life, Car, Homeowners |
| | Attorney | | Insurance: Medical, Long Term Care |
| | CPA | | Financial Records |
| | Financial Advisor | | Burial plans |
| Passwords: | | Sp | are Keys: |
| | Voicemail access number and code | | House, garage, mailbox, |
| | Login: computer, email, online banking | | Safe, safe deposit box, storage lockers |

 $\ \square$ **Do not forget:** Dependents, people who rely on you and pets!