

"Your Personal Health and Medical History" ©



CareManager Home ©

Documents Locator Record

**Have
Information
On Hand In
The Event of a
Medical
Emergency**

Listing of locations of important documents and information

(This sections should be stored separately from
organizer for security and confidentiality.

Be sure to tell family member or caregiver where it is filed)

“Your Personal Health and Medical History”

Documents Locator ©

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DOCUMENTS LOCATOR RECORD ©

**THIS DOCUMENT
PREPARED FOR:**

LAST UPDATE:

The need to furnish legal documents, property titles, family medical histories, financial records, and other important papers may be critical in an emergency situation.

Completing the Documents Locator in advance will help you avoid the unnecessary time, trauma and expense of having to locate important information under already stressful conditions. Taking the time now to fill in the Documents Locator Record for yourself or an aging relative will offer peace of mind.

The sooner you complete this section, the better. The content is extensive, so be realistic on figuring out how long this process will actually take to get the answers. Complete a small portion at a time. When you are finished, review the contents at least every six months for possible revisions and changes.

Store the original documents in a safe location that is accessible at all times. Make sure designated family members and advisors have copies of your record and related documents.

PERSONAL BANK INFORMATION

BANK NAME:

Name(s) on Account:

Type of Account:

Bank Telephone #:

Location of Documents:

PERSONAL BANK INFORMATION

BANK NAME:

Name(s) on Account:

Type of Account:

Bank Telephone #:

Location of Documents:

DOCUMENTS LOCATOR RECORD ©

BOND

Held By:

Type of Bond:

Bond Series Number:

Location of Bond:

SAFE-DEPOSIT BOX

Box Holder:

Has Access to Box:

Telephone Number:

Box Number:

Key Location:

HOME SAFE

Has Access to Safe:

Telephone Number:

Location of Combination / Key:

BUSINESS SAFE

Has Access to Safe:

Telephone Number:

Has Access to Safe:

Telephone Number:

Location of Combination / Key:

DOCUMENTS LOCATOR RECORD ©

PERSONAL LOAN

Name(s) on Loan:

Type of Loan:

Bank Telephone Number:

Loan Number:

Location of Documents:

INSTALLMENT LOAN

Name(s) on Loan:

Bank Telephone Number:

Loan Number:

Location of Documents:

INSTALLMENT LOAN

Name(s) on Loan:

Bank Telephone Number:

Loan Number:

Location of Documents:

AUTOMATIC BILL PAYING

Name of Store / Service :

Contact Name:

Telephone Number:

Date Payment Deducted:

PERSONAL BANK INFORMATION

Name of Store / Service:

Contact Name:

Telephone Number:

Date Payment Deducted:

DOCUMENTS LOCATOR RECORD ©

BUSINESS BANK ACCOUNT

Name of Bank:

Type Acct / #

Business Name:

Bank Telephone Number:

Location of Documents:

BUSINESS LOAN

Name(s) on Loan:

Type of Loan:

Loan Number:

Bank Telephone Number:

Location of Documents:

CREDIT UNION

Credit Union Name:

Name(s) 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(s):

Bank Telephone Number:

Location of Documents:

DOCUMENTS LOCATOR RECORD ©

SAVINGS CERTIFICATE

Depositor Certificate Number:

Bank:

Telephone Number:

Location of Certificates:

SAVINGS CERTIFICATE

Depositor Certificate Number:

Bank:

Telephone Number:

Location of Certificates:

SAVINGS BOND

Bond Held By:

Type of Bond:

Bond Series Number:

Location of Bond:

SAVINGS CERTIFICATE

Bond Held By:

Type of Bond:

Bond Series Number:

Location of Bond:

SAVINGS BOND

Bond Held By:

Type of Bond:

Bond Series Number:

Location of Bond:

DOCUMENTS LOCATOR RECORD ©

COMPANY PENSION

Name of Pension:	<input type="text"/>
Reference Number:	<input type="text"/>
Dates of Employment:	<input type="text"/>
Company Name / Telephone Number:	<input type="text"/>
Location of Documents:	<input type="text"/>

RETIREMENT ACCOUNT

Name(s) on Account:	<input type="text"/>
Type of Account:	<input type="text"/>
Account Reference Number:	<input type="text"/>
Bank Name / Telephone Number:	<input type="text"/>
Location of Documents:	<input type="text"/>

RETIREMENT ACCOUNT

Name(s) on Account:	<input type="text"/>
Type of Account:	<input type="text"/>
Account Reference Number:	<input type="text"/>
Bank Name / Telephone Number:	<input type="text"/>
Location of Documents:	<input type="text"/>

SAVINGS CERTIFICATE

Depositor Certificate Number:	<input type="text"/>
Bank:	<input type="text"/>
Telephone Number:	<input type="text"/>
Location of Certificates:	<input type="text"/>

DOCUMENTS LOCATOR RECORD ©

ACCESS CODES

ATM Machine:	<input type="text"/>
Voice Mail:	<input type="text"/>
Debit Cards:	<input type="text"/>
Bank-By-Phone Accounts:	<input type="text"/>

WILL

Will of:	<input type="text"/>
Attorney:	<input type="text"/>
Telephone Number:	<input type="text"/>
Location of Original Will:	<input type="text"/>
Has Copies of Will:	<input type="text"/>
Telephone:	<input type="text"/>

TRUST

Established by Trust for:	<input type="text"/>
Attorney Telephone Number:	<input type="text"/>
Location of Original Trust:	<input type="text"/>
Has Copies of Trust:	<input type="text"/>

LIVING WILL

Will of:	<input type="text"/>
Attorney Telephone Number:	<input type="text"/>
Location of Original Will:	<input type="text"/>
Has Copies of Living Will:	<input type="text"/>
Telephone:	<input type="text"/>

DOCUMENTS LOCATOR RECORD ©

DURABLE POWER OF ATTORNEY

Given to:	<input type="text"/>
Telephone Number:	<input type="text"/>
Attorney Telephone Number:	<input type="text"/>
Location of Original Document:	<input type="text"/>
Has Copy of Papers:	<input type="text"/>

HEALTHCARE POWER OF ATTORNEY

Location of Original Document:	<input type="text"/>
Has Copies of Document:	<input type="text"/>
Agent Telephone Number:	<input type="text"/>
Account Name / Number:	<input type="text"/>
Name on Account:	<input type="text"/>
Name on Account:	<input type="text"/>

MEDICARE

Name of Insured:	<input type="text"/>
Claim Number:	<input type="text"/>

MEDICARE INSURANCE SUPPLEMENT

Name of Insured:	<input type="text"/>
Contract Number:	<input type="text"/>
Group Number:	<input type="text"/>
Insurance Company:	<input type="text"/>
Telephone Number:	<input type="text"/>

DOCUMENTS LOCATOR RECORD ©

LIFE INSURANCE

Name on Policy:

Policy Number:

Insurance Company:

Insurance Agent:

Telephone Number:

Location of Policy:

DISABILITY INSURANCE

Name on Policy:

Policy Number:

Insurance Company:

Insurance Agent:

Telephone Number:

Location of Policy:

HOMEOWNERS INSURANCE

Name on Policy:

Policy Number:

Insurance Company:

Insurance Agent:

Telephone Number:

Location of Policy:

DOCUMENTS LOCATOR RECORD ©

VEHICLE INSURANCE

Name on Policy:	<input type="text"/>
Policy Number:	<input type="text"/>
Insurance Company:	<input type="text"/>
Insurance Agent:	<input type="text"/>
Telephone Number:	<input type="text"/>
Location of Policy:	<input type="text"/>

VEHICLE INSURANCE

Name on Policy:	<input type="text"/>
Policy Number:	<input type="text"/>
Insurance Company:	<input type="text"/>
Insurance Agent:	<input type="text"/>
Telephone Number:	<input type="text"/>
Location of Policy:	<input type="text"/>

VALUABLES INSURANCE

Name on Policy:	<input type="text"/>
Item Insured:	<input type="text"/>
Policy Number:	<input type="text"/>
Insurance Agent:	<input type="text"/>
Telephone Number:	<input type="text"/>
Location of Policy:	<input type="text"/>

DOCUMENTS LOCATOR RECORD ©

RENTERS INSURANCE

Name on Policy:

Policy Number:

Insurance Company:

Insurance Agent:

Telephone Number:

Location of Policy:

BUSINESS INSURANCE

Name on Policy:

Policy Number:

Insurance Company:

Insurance Agent:

Telephone Number:

Location of Policy:

LIABILITY INSURANCE

Name on Policy:

Policy Number:

Insurance Company:

Insurance Agent:

Telephone Number:

Location of Policy:

DOCUMENTS LOCATOR RECORD ©

VEHICLE OWNERSHIP

Vehicle Make & Model:	<input type="text"/>
Serial Number:	<input type="text"/>
Where Purchased:	<input type="text"/>
Name on Title:	<input type="text"/>
Telephone Number:	<input type="text"/>
Location of Policy:	<input type="text"/>

VEHICLE OWNERSHIP

Vehicle Make & Model:	<input type="text"/>
Serial Number:	<input type="text"/>
Where Purchased:	<input type="text"/>
Name on Title:	<input type="text"/>
Telephone Number:	<input type="text"/>
Location of Policy:	<input type="text"/>

CEMETERY PLOT

Owner:	<input type="text"/>
Plot Intended for:	<input type="text"/>
Cemetery Plot Location:	<input type="text"/>
Telephone Number:	<input type="text"/>
Location of Policy:	<input type="text"/>

DOCUMENTS LOCATOR RECORD ©

REAL ESTATE OWNERSHIP

Property Address	<input type="text"/>
Legal Description:	<input type="text"/>
Mortgage Company:	<input type="text"/>
Phone & Loan Number:	<input type="text"/>
Insurance Agent & Phone:	<input type="text"/>
Location of Deed:	<input type="text"/>

REAL ESTATE OWNERSHIP

Property Address	<input type="text"/>
Legal Description:	<input type="text"/>
Mortgage Company:	<input type="text"/>
Phone & Loan Number:	<input type="text"/>
Insurance Agent & Phone:	<input type="text"/>
Location of Deed:	<input type="text"/>

REAL ESTATE OWNERSHIP

Property Address	<input type="text"/>
Legal Description:	<input type="text"/>
Mortgage Company:	<input type="text"/>
Phone & Loan Number:	<input type="text"/>
Insurance Agent & Phone:	<input type="text"/>
Location of Deed:	<input type="text"/>

DOCUMENTS LOCATOR RECORD ©

MAGAZINE AND NEWSPAPER SUBSCRIPTIONS

Name of Publication:

Sent to:

Name of Publication:

Sent to:

Name of Publication:

Sent to:

CLUB MEMBERSHIP

Organization:

Telephone Number:

CLUB MEMBERSHIP

Organization:

Telephone Number:

MEMBERSHIP CARD

Account Name:

Account Number:

Name on Account:

Location of Card:

MEMBERSHIP CARD

Account Name:

Account Number:

Name on Account:

Location of Card:

DOCUMENTS LOCATOR RECORD ©

RELIGIOUS AFFILIATION

Denomination	<input type="text"/>	Name of Church:	<input type="text"/>
Address:	<input type="text"/>		
Clergy Telephone Number:	<input type="text"/>		

BAPTISM RECORDS

Baptismal Name:	<input type="text"/>
Date of Baptism:	<input type="text"/>
Church Name:	<input type="text"/>
Telephone Number:	<input type="text"/>
Baptism Records Location:	<input type="text"/>

BAR / BAT MITZVAH RECORDS

Name:	<input type="text"/>
Date of Bar / Bat Mitzvah:	<input type="text"/>
Synagogue:	<input type="text"/>
Telephone Number:	<input type="text"/>
Records Location:	<input type="text"/>

ITEMS IN STORAGE

Stored in Name of:	<input type="text"/>
What is Being Stored:	<input type="text"/>
Storage Company:	<input type="text"/>
Telephone Number:	<input type="text"/>
Location of Documents:	<input type="text"/>

DOCUMENTS LOCATOR RECORD ©

ITEMS REPAIRED / RESTORED / CLEANED

Item Owner:	<input type="text"/>
Item Description:	<input type="text"/>
Shop Name:	<input type="text"/>
Telephone Number:	<input type="text"/>
Claim Ticket Location:	<input type="text"/>

ITEMS REPAIRED / RESTORED / CLEANED

Item Owner:	<input type="text"/>
Item Description:	<input type="text"/>
Shop Name:	<input type="text"/>
Telephone Number:	<input type="text"/>
Claim Ticket Location:	<input type="text"/>

ITEMS BORROWED

Item Description:	<input type="text"/>
Item Description:	<input type="text"/>
Telephone Number:	<input type="text"/>

NATURALIZATION PAPER

Citizen Name:	<input type="text"/>
Place of Naturalization:	<input type="text"/>
Location of Papers:	<input type="text"/>

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EMPLOYMENT HISTORY

Company:

Company Address:

Dates of Employment:

City: State: Zip:

Company:

Company Address:

Dates of Employment:

City: State: Zip:

Company:

Company Address:

Dates of Employment:

City: State: Zip:

MOTHER'S HISTORY

Mother's Name at Birth:

Birth Date:

Place of Birth:

Birth Certificate Location:

Mother's Name at Birth:

Mother's Name at Death:

Cause of Death:

Date of Death:

Burial Location:

Death Certificate Location:

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FATHER'S HISTORY

Father's Name at Birth:	<input type="text"/>
Birth Date:	<input type="text"/>
Place of Birth:	<input type="text"/>
Birth Certificate Location:	<input type="text"/>
Mother's Name at Birth:	<input type="text"/>
Father's Name at Death:	<input type="text"/>
Cause of Death:	<input type="text"/>
Date of Death:	<input type="text"/>
Burial Location:	<input type="text"/>
Death Certificate Location:	<input type="text"/>

HOME INVENTORY *(fixtures, furniture, equipment, appliances)*

Item Description:	<input type="text"/>
Model Number:	<input type="text"/>
Purchase Price:	<input type="text"/>
Value of Item Today:	<input type="text"/>
Location of Receipt:	<input type="text"/>
Location of Warranty:	<input type="text"/>
Is Promised to:	<input type="text"/>

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

Item Description:	<input type="text"/>
Model Number:	<input type="text"/>
Purchase Price:	<input type="text"/>
Value of Item Today:	<input type="text"/>
Location of Receipt:	<input type="text"/>
Is Promised to:	<input type="text"/>

DOCUMENTS LOCATOR RECORD ©

VALUABLES INVENTORY (collections, jewelry, artwork, antiques)

Item Description:	<input type="text"/>
Serial Number:	<input type="text"/>
Purchase Price:	<input type="text"/>
Value of Item Today:	<input type="text"/>
Location of Receipt:	<input type="text"/>
Is Promised to:	<input type="text"/>

VALUABLES INVENTORY (collections, jewelry, artwork, antiques)

Item Description:	<input type="text"/>
Serial Number:	<input type="text"/>
Purchase Price:	<input type="text"/>
Value of Item Today:	<input type="text"/>
Location of Receipt:	<input type="text"/>
Is Promised to:	<input type="text"/>

BUSINESS INVENTORY (fixtures, furniture, equipment, appliances)

Item Description:	<input type="text"/>
Serial Number:	<input type="text"/>
Purchase Price:	<input type="text"/>
Value of Item Today:	<input type="text"/>
Location of Receipt:	<input type="text"/>
Location of Warranty:	<input type="text"/>
Is Promised to:	<input type="text"/>

DOCUMENTS LOCATOR RECORD ©

PET HISTORY

Name of Pet:

Breed:

Birth Date:

Sex:

Animal Hospital:

Animal Hospital Telephone:

PET HISTORY

Name of Pet:

Breed:

Birth Date:

Sex:

Animal Hospital:

Animal Hospital Telephone:

FAMILY PETS

Name of Pet / is Promised to:

Name of Pet / is Promised to:

DOCUMENTS LOCATOR RECORD ©

CREDIT CARDS / BANK CARDS

Account Name:	<input type="text"/>	Account Name:	<input type="text"/>
Account Number:	<input type="text"/>	Account Number:	<input type="text"/>
Issued By:	<input type="text"/>	Issued By:	<input type="text"/>
Phone Number:	<input type="text"/>	Phone Number:	<input type="text"/>

Account Name:	<input type="text"/>	Account Name:	<input type="text"/>
Account Number:	<input type="text"/>	Account Number:	<input type="text"/>
Issued By:	<input type="text"/>	Issued By:	<input type="text"/>
Phone Number:	<input type="text"/>	Phone Number:	<input type="text"/>

Account Name:	<input type="text"/>	Account Name:	<input type="text"/>
Account Number:	<input type="text"/>	Account Number:	<input type="text"/>
Issued By:	<input type="text"/>	Issued By:	<input type="text"/>
Phone Number:	<input type="text"/>	Phone Number:	<input type="text"/>

Account Name:	<input type="text"/>	Account Name:	<input type="text"/>
Account Number:	<input type="text"/>	Account Number:	<input type="text"/>
Issued By:	<input type="text"/>	Issued By:	<input type="text"/>
Phone Number:	<input type="text"/>	Phone Number:	<input type="text"/>

DOCUMENTS LOCATOR RECORD ©

CREDIT CARDS / BANK CARDS

Account Name:	<input type="text"/>	Account Name:	<input type="text"/>
Account Number:	<input type="text"/>	Account Number:	<input type="text"/>
Issued By:	<input type="text"/>	Issued By:	<input type="text"/>
Phone Number:	<input type="text"/>	Phone Number:	<input type="text"/>

Account Name:	<input type="text"/>	Account Name:	<input type="text"/>
Account Number:	<input type="text"/>	Account Number:	<input type="text"/>
Issued By:	<input type="text"/>	Issued By:	<input type="text"/>
Phone Number:	<input type="text"/>	Phone Number:	<input type="text"/>

Stock Certificates

Brokerage Firm / Bank Name:	<input type="text"/>		
Office Address	<input type="text"/>		
Financial Advisor's Name:	<input type="text"/>	Tel#:	<input type="text"/>
Check Items: Stocks:	<input type="radio"/>	Bonds:	<input type="radio"/>
Mutual Funds:	<input type="radio"/>	CDs:	<input type="radio"/>
401K:	<input type="radio"/>	Annuitants:	<input type="radio"/>
	<input type="text"/>		

Brokerage Firm / Bank Name:	<input type="text"/>		
Office Address	<input type="text"/>		
Financial Advisor's Name:	<input type="text"/>	Tel#:	<input type="text"/>
Check Items: Stocks:	<input type="radio"/>	Bonds:	<input type="radio"/>
Mutual Funds:	<input type="radio"/>	CDs:	<input type="radio"/>
401K:	<input type="radio"/>	Annuitants:	<input type="radio"/>
Location of Records	<input type="text"/>		