

Family Essential Records Quick-Access Guide

Certain life events, including illnesses, accidents or other emergencies can occur without notice, making it critical for loved ones to have ready-access to the information they need to assist you and carry out your wishes with confidence. The Essential Records Quick Access Guide provides an easy way to ensure your spouse, loved ones or caregivers know where to find important medical and financial documents, records, information and contacts – saving you and family members valuable time searching for information in a time of crisis or stress.

PERSONAL INFORMATION

Myself

Name

Address

Mobile Phone #

Home Phone #

Work Phone #

Date of Birth

Social Security Number

Spouse (if applicable)

Name

Address

Mobile Phone #

Home Phone #

Work Phone #

Date of Birth

Social Security Number

MEDICAL/HEALTHCARE INFORMATION

Health Insurance

Primary Plan ID/Subscriber #

Phone #

Supplemental Plan ID/Subscriber #

Phone #

Primary Caregiver Name

Relationship

Address

Phone #

Primary Physician Name

Office Address

Phone #

Medical Specialist Name

Office Address

Phone #

Medical Conditions

Allergies

Prescription Medications/Dosages

Over-the-Counter Medications/Dosages

Emergency Medical Instructions (check all that apply)

Physician-Signed Do Not Resuscitate (DNR) Order

Health Care Proxy/Advanced Directive

Health Care Agent/Proxy

Healthcare Agent Proxy Name

Relationship

Phone #s (Home/Work/Cell)

Long-term Care Policy

Insurance Provider Name

Address

Phone # for Claims

Policy Number

ESTATE PLANNING DOCUMENTS

**I/we have executed the following Estate Planning documents
(check all that apply):**

- Physician-Signed Do Not Resuscitate (DNR) Order
- Healthcare Proxy/Advanced Directive
- Healthcare Agent/Proxy

Other:

- Beneficiary Designations
- Guardianship Designations
- Adoption Papers
- Naturalization/Citizenship Papers
- Military Discharge Papers

My/our Estate Planning documents are located in (check all that apply and indicate location for each):

Safety Deposit Box

Institution Name

Address

Location of Key(s)

Safe

Location

Combination

Fireproof Box

Location

Combination

Other

The following are authorized to access these documents:

Name

Relationship

Phone #

Email

Name

Relationship

Phone #

Email

The following have certified copies of my/our Estate Planning documents:

Executor Name

Address

Cell Phone #

Home/Office Phone #

Email

Power of Attorney Name

Address

Cell Phone #

Home/Office Phone #

Email

Trustee Name

Address

Cell Phone #

Home/Office Phone #

Email

Co-Trustee Name

Address

Cell Phone #

Home/Office Phone #

Email

Other Name

Address

Cell Phone #

Home/Office Phone #

Email

FINANCIAL & INSURANCE DOCUMENTS

Insurance Policies

Policy Type (check one):

Life Disability Homeowners Auto Other

Insurance Company Name	Address	Phone # for Claims
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Policyholder Name(s)	Policy Number	Beneficiary(ies), if applicable
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Policy Type (check one):

Life Disability Homeowners Auto Other

Insurance Company Name	Address	Phone # for Claims
------------------------	---------	--------------------

Policyholder Name(s)	Policy Number	Beneficiary(ies), if applicable
----------------------	---------------	---------------------------------

Policy Type (check one):

Life Disability Homeowners Auto Other

Insurance Company Name	Address	Phone # for Claims
------------------------	---------	--------------------

Policyholder Name(s)	Policy Number	Beneficiary(ies), if applicable
----------------------	---------------	---------------------------------

Policy Type (check one):

Life Disability Homeowners Auto Other

Insurance Company Name	Address	Phone # for Claims
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Policyholder Name(s)	Policy Number	Beneficiary(ies), if applicable
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For life insurance policies, indicate the location of the original policy certificate(s):

Safety Deposit Box

Institution Name	Address	Location of Key(s)
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Safe

Location	Combination
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Fireproof Box

Location	Combination
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Other

BANK ACCOUNTS

Checking

Institution Name	Address
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Account Registration (name(s) on account)	Account #
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Savings

Institution Name	Address
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Account Registration (name(s) on account)	Account #
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CDs

Institution Name	Address
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Account Registration (name(s) on account)	Account #
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Money Market Account(s)

Institution Name	Address
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Account Registration (name(s) on account)	Account #
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Pension/Retirement Accounts

Account Type (i.e. pension, IRA, 401(k))	Institution Name	Address
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Account Registration (name(s) on account)	Account #
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Account Type (i.e. pension, IRA, 401(k))	Institution Name	Address
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Account Registration (name(s) on account)	Account #
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INVESTMENTS

Investment Assets

Institution Name	Address
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Account Registration (name(s) on account)	Account #
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Institution Name	Address
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Account Registration (name(s) on account)	Account #
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Real Estate (list properties owned, including primary residence)

Property Address

Mortgage Company (if applicable)	Location of Deed
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Property Address

Mortgage Company (if applicable)	Location of Deed
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Other Personal Property (i.e. boat, collectibles, antiques, jewelry)

ONLINE ACCOUNTS

A list of institutions/companies where I/we have established online transaction capabilities (i.e. online banking, credit cards, utility companies, etc.), including user names and passwords, is located in:

Safety Deposit Box

Institution Name	Address	Location of Key(s)
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Safe

Location	Combination
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Fireproof Box

Location	Combination
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Other

PROFESSIONAL CONTACTS/ADVISORS

Financial Advisor/Planner

Name	Firm	Address
Phone #	Email	

Attorney

Name	Firm	Address
Phone #	Email	

CPA/Accountant/Tax Advisor

Name	Firm	Address
Phone #	Email	

Insurance Agent

Name	Firm	Address
Phone #	Email	

Other

Name	Firm	Address
Phone #	Email	

NOTES



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 **CARSON INSTITUTIONAL ALLIANCE**