

RightConversationsSM

Information Journal



This journal is designed to assist you in gathering important information you will need as you prepare to care for your loved one.

General Information

Personal Information

Name _____

Date of Birth _____ Place of Birth _____

Social Security # _____ Passport # _____

Served in Military?

Yes Branch of Service _____

No

Contact Information

Address _____

City _____ State _____ Zip _____

Phone #1 (_____) _____ Phone #2 (_____) _____

eMail _____

Username _____ Password _____



In Case of Emergency

Name _____ Phone (_____) _____

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Important Information

Select all that apply

- Birth Certificate
- Marriage Certificate
- Divorce Decree
- Social Security Card
- Passport
- Living Will
- Military Records
- Tax Returns
- Insurance Policies
- Trusts
- _____
- _____

Where are documents stored? _____

Who has access to these documents? _____

Home and Auto Information

Mortgage

Lending Institution _____

Account # _____

Home Insurance

Company Name _____

Agent _____ Agent Phone # () _____

Policy # _____

Home Maintenance

Electrician

Name _____ Phone # () _____

Address _____

Plumber

Name _____ Phone # () _____

Address _____

Yard Care

Name _____ Phone # () _____

Address _____

Snow Removal

Name _____ Phone # () _____

Address _____

Other _____

Name _____ Phone # () _____

Address _____

Other _____

Name _____ Phone # () _____

Address _____



Auto Insurance

Company Name _____

Agent _____ Agent Phone # () _____

Policy # _____

Vehicle #1

Make/Model/Year _____

License Plate # _____

Lending Institution _____ Title # _____

Website _____

Username _____ Password _____

Vehicle #2

Make/Model/Year _____

License Plate # _____

Lending Institution _____ Title # _____

Website _____

Username _____ Password _____

Auto Maintenance

Auto Shop _____

Address _____

Mechanic _____ Phone # () _____



Home Utilities

Gas

Company Name _____

Account # _____

Website _____

Username _____ Password _____

Water

Company Name _____

Account # _____

Website _____

Username _____ Password _____

Electric

Company Name _____

Account # _____

Website _____

Username _____ Password _____

Garbage

Company Name _____

Account # _____

Website _____

Username _____ Password _____

Cable

Company Name _____
Account # _____
Website _____
Username _____ Password _____

Internet

Company Name _____
Account # _____
Website _____
Username _____ Password _____

Cellphone

Company Name _____
Account # _____
Website _____
Username _____ Password _____

Other

Company Name _____
Account # _____
Website _____
Username _____ Password _____

Other

Company Name _____

Account # _____

Website _____

Username _____ Password _____

Other

Company Name _____

Account # _____

Website _____

Username _____ Password _____

Other

Company Name _____

Account # _____

Website _____

Username _____ Password _____

Other

Company Name _____

Account # _____

Website _____

Username _____ Password _____



Financial Information

Financial Advisor

Advisor Name _____ Phone # () _____

Company Name _____

Address _____

Website _____

Username _____ Password _____

Investment Advisor

Advisor Name _____ Phone # () _____

Company Name _____

Address _____

Website _____

Username _____ Password _____

Tax Professional

Advisor Name _____ Phone # () _____

Company Name _____

Address _____

Website _____

Username _____ Password _____

Bank Accounts

Account #1

Type Checking Savings

Institution Name _____

Account # _____ Debit Card? Yes No

Card # _____ Exp. Date _____ CVV _____

Website _____

Username _____ Password _____

Account #2

Type Checking Savings

Institution Name _____

Account # _____ Debit Card? Yes No

Card # _____ Exp. Date _____ CVV _____

Website _____

Username _____ Password _____

Account #3

Type Checking Savings

Institution Name _____

Account # _____ Debit Card? Yes No

Card # _____ Exp. Date _____ CVV _____

Website _____

Username _____ Password _____

Safe Deposit Box

Institution Name _____

Phone # () _____ Box # _____

Key Location _____

Credit Cards

Credit Card #1

Institution Name _____

Card Type (Visa, Mastercard, etc.) _____

Card Number _____

Phone # () _____ Exp. Date _____ CW _____

Website _____

Username _____ Password _____

Credit Card #2

Institution Name _____

Card Type (Visa, Mastercard, etc.) _____

Card Number _____

Phone # () _____ Exp. Date _____ CW _____

Website _____

Username _____ Password _____

Credit Card #3

Institution Name _____

Card Type (Visa, Mastercard, etc.) _____

Card Number _____

Phone # () _____ Exp. Date _____ CWV _____

Website _____

Username _____ Password _____

Credit Card #4

Institution Name _____

Card Type (Visa, Mastercard, etc.) _____

Card Number _____

Phone # () _____ Exp. Date _____ CWV _____

Website _____

Username _____ Password _____

Credit Card #5

Institution Name _____

Card Type (Visa, Mastercard, etc.) _____

Card Number _____

Phone # () _____ Exp. Date _____ CWV _____

Website _____

Username _____ Password _____



Retirement Accounts

Investment #1

Account # _____

Website _____

Username _____ Password _____

Investment #2

Account # _____

Website _____

Username _____ Password _____

Retirement Account #1

Institution Name _____

Policy # _____

Card Number _____ Phone # () _____

Website _____

Username _____ Password _____

Retirement Account #2

Institution Name _____

Policy # _____

Card Number _____ Phone # () _____

Website _____

Username _____ Password _____

Retirement Account #3

Institution Name _____

Policy # _____

Card Number _____ Phone # () _____

Website _____

Username _____ Password _____



Insurance Information

Life Insurance Policy #1

Institution Name _____

Policy # _____

Phone # () _____ Website _____

Username _____ Password _____

Life Insurance Policy #2

Institution Name _____

Policy # _____

Phone # () _____ Website _____

Username _____ Password _____

Medicaid

Policy # _____

Medicare

Policy # _____
Type(s) Part A Part B Effective Date _____

Medicare Supplement Insurance

Institution _____
Policy # _____
Phone # () _____ Website _____
Username _____ Password _____

Medicare Advantage

Institution _____
Policy # _____
Phone # () _____ Website _____
Username _____ Password _____

Other Insurance

Institution _____
Policy # _____
Phone # () _____ Website _____
Username _____ Password _____
Notes _____



Health Information

Primary Care Provider

Name _____

Phone # () _____ Location _____

Specialist #1

Specialty _____

Name _____

Phone # () _____ Location _____

Specialist #2

Specialty _____

Name _____

Phone # () _____ Location _____

Specialist #3

Specialty _____

Name _____

Phone # () _____ Location _____

Specialist #4

Specialty _____

Name _____

Phone # () _____ Location _____

Hospital

Name _____
Phone # () _____ Location _____

Pharmacy

Name _____
Phone # () _____ Location _____



Medical Wishes

Living Will

Location _____

Medical Power of Attorney

Name _____
Relationship _____
Contact Information _____

Durable Power of Attorney

Name _____
Relationship _____
Contact Information _____

Health Care Proxy

Name _____
Relationship _____
Contact Information _____

