

What My Family Needs to Know

Important Information



Hospice of Havasu is pleased to provide this workbook.
Please call 928-453-2111 for additional copies.



Providing Compassion and Care with Dignity since 1982

Personal Information

Legal Name

Nickname

Birthdate

SSN

Driver

License/State ID #

Passport #

Citizenship Docs

**Military Branch,
dates, DD214**

Home Address

Mailing Address

HOA

Home Phone #

Cell Phone #

**Email address &
password**

**Email address &
password**

**Computer login &
password**

Place of Worship

Personal Information - Continued

**Spouse or
Significant Other**

Legal Name

Birthdate

**Marriage
Certificate**

Divorce Record

Pets

Pet Name(s)

Veterinarian

Groomer

Legal Documents

**Financial Durable
Power of Attorney**

Will

Trust

Executor

Attorney

Emergency Contacts

Name:

Relationship:

Phone:

Name:

Relationship:

Phone:

Name:

Relationship:

Phone:

Name:

Relationship:

Phone:

Medical Information

Healthcare Power of Attorney	<hr/>	
Mental Healthcare Power of Attorney	<hr/>	
Medicare/Health Insurance	Co.:	Policy #:
	<hr/>	
Supplement Insurance	Co.:	Policy #:
	<hr/>	
Medicare D	Co.:	Policy #:
	<hr/>	
Primary Care Provider	<hr/>	
	<hr/>	
Specialist	<hr/>	
	<hr/>	
Specialist	<hr/>	
	<hr/>	
Dentist	<hr/>	
	<hr/>	
Eye Dr.	<hr/>	
	<hr/>	
Pharmacy	<hr/>	
	<hr/>	
Allergies	<hr/>	
	<hr/>	
Blood Type	<hr/>	
	<hr/>	
Implant(s)	<hr/>	
	<hr/>	
Surgery History	<hr/>	
	<hr/>	
Major Illness(es)	<hr/>	
	<hr/>	

Home/Household Information

**Mortgage Co. &
Loan Documents**

Property Deed

Property Tax

Phone (Home)

Co.: **Acct.#**

Phone (Cell)

Co.: **Acct.#** **PIN:**

Electric

Solar

Gas

Water

Septic

Garbage

Internet

Cable/Satellite

Security System

Home Safe

Spare House Key

**Garage Door
keypad code**

Gate Code

Newspaper

Yard Care

Pool Service

Pest Control

Home/Household Information - Continued

Weed Control	
Cleaning Service	
Home Warranty	
Electrician	
Plumber	
Handyman	
Storage Unit	

Insurance Information

Home/Renter's	Co.: _____	Policy: _____
		Phone: _____
Auto	Co.: _____	Policy: _____
		Phone: _____
Boat	Co.: _____	Policy: _____
		Phone: _____
RV	Co.: _____	Policy: _____
		Phone: _____
Umbrella	Co.: _____	Policy: _____
		Phone: _____
Life	Co.: _____	Policy: _____
		Phone: _____
Long Term Care	Co.: _____	Policy: _____
		Phone: _____

Financial Information

Accountant _____

Financial Planner _____

Tax Preparer _____

Income Sources

1 _____

2 _____

3 _____

Bank **Name, Type, Account #, Phone**

1 _____

2 _____

3 _____

Credit Card **Bank, Account #, Phone**

1 _____

2 _____

3 _____

Debit Card **Bank, Account #, Phone**

1 _____

2 _____

3 _____

Financial Information - Continued

Institution, Account #, Phone

Traditional IRA

Roth IRA

Bonds

CDs

Brokerage Acct(s)

1

2

3

Pension

Retirement Acct(s)

1

2

3

Assets

Property	Address
1	
2	
3	

Vehicle(s)	Title and Loan Information
1	
2	
3	

Treasured Possessions	Give to
1	
2	
3	
4	
5	

Misc. Items
1
2
3
4

Memberships and Subscriptions

Memberships & Subscriptions

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Social Media Accts

Platform & Password

1	
2	
3	
4	
5	

Final Arrangements

**Prepaid Funeral
Plan**

Company, Policy#, Phone#

Funeral Home

**Interment
Location**

**Memorial Service
Location**

Officiant

Eulogy

Prayers

Songs

Divide cremains?

Viewing?

**Memorial
Donations to:**

**Newspaper(s) for
obituary**

**Family wishes to
thank**

Final Arrangements - Continued

Obituary	<hr/>
Legal Name	<hr/>
Nickname	<hr/>
Maiden Name	<hr/>
Date of Birth	<hr/>
Location of Birth (City and State)	<hr/>
Mother's Name	<hr/>
Father's Name	<hr/>
Where were you raised?	<hr/>
Education (school, city & state, degree, year of graduation)	<hr/>
	1 <hr/>
	2 <hr/>
	3 <hr/>
Military Service	Branch, Rank, Years Served
	<hr/>
	<hr/>
Spouse Name	<hr/>
Date of Marriage, City & State	<hr/>
Career (job title, company, # of years)	<hr/>
Life Summary	<hr/>

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