

# What My Family Needs to Know

Important Information



*Compliments of*

**HOSPICE**  
of HAVASU

*Not-for-profit since 1982*

**Lake Havasu City | Bullhead City Areas**

**928-453-2111 - 24 Hours**

**HospiceHavasu.org**

*Providing Compassion and Care with Dignity*

# Personal Information

**Legal Name**

---

**Nickname**

---

**Birthdate**

---

**SSN**

---

**Driver**

**License/State ID #**

---

**Passport #**

---

**Citizenship Docs**

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**Military Branch,  
dates, DD214**

---

**Home Address**

---

**Mailing Address**

---

**HOA**

---

**Home Phone #**

---

**Cell Phone #**

---

**Email address &  
password**

---

**Email address &  
password**

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**Computer login &  
password**

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**Place of Worship**

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**Voter Registration**

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## Personal Information - Continued

**Spouse or  
Significant Other**

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**Legal Name**

---

**Birthdate**

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**Marriage  
Certificate**

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**Divorce Record**

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### Pets

**Pet Name(s)**

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**Veterinarian**

---

**Groomer**

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### Legal Documents

**Financial Durable  
Power of Attorney**

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**Will**

---

**Trust**

---

**Executor**

---

**Attorney**

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### Emergency Contacts

**Name:**

**Relationship:**

**Phone:**

---

**Name:**

**Relationship:**

**Phone:**

---

**Name:**

**Relationship:**

**Phone:**

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**Name:**

**Relationship:**

**Phone:**

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# Medical Information

**Healthcare Power  
of Attorney**

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**Mental Healthcare  
Power of Attorney**

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**Medicare/Health  
Insurance**

**Co.:**

**Policy #:**

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**Supplement  
Insurance**

**Co.:**

**Policy #:**

---

**Medicare D**

**Co.:**

**Policy #:**

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**Primary Care  
Provider**

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**Specialist**

---

**Specialist**

---

**Dentist**

---

**Eye Dr.**

---

**Pharmacy**

---

**Allergies**

---

**Blood Type**

---

**Implant(s)**

---

**Surgery History**

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**Major Illness(es)**

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## Home/Household Information

**Mortgage Co. &  
Loan Documents**

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**Property Deed**

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**Property Tax**

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**Phone (Home)**

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

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**Phone (Cell)**

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

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**Electric**

---

**Solar**

---

**Gas**

---

**Water**

---

**Septic**

---

**Garbage**

---

**Internet**

---

**Cable/Satellite**

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**Security System**

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**Home Safe**

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**Spare House Key**

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**Garage Door  
keypad code**

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**Gate Code**

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**Newspaper**

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**Yard Care**

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**Pool Service**

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**Pest Control**

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## Home/Household Information - Continued

Weed Control

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Cleaning Service

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Home Warranty

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Electrician

---

Plumber

---

Handyman

---

Storage Unit

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## Insurance Information

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

**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**

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**Roth IRA**

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**Bonds**

---

**CDs**

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**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	<hr/>
2	<hr/>
3	<hr/>
4	<hr/>
5	<hr/>
6	<hr/>
7	<hr/>
8	<hr/>
9	<hr/>
10	<hr/>

## Social Media Accts

## Platform & Password

1	<hr/>
2	<hr/>
3	<hr/>
4	<hr/>
5	<hr/>

# 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**

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**Legal Name**

---

**Nickname**

---

**Maiden Name**

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**Date of Birth**

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**Location of Birth  
City and State**

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**Mother's Name**

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**Father's Name**

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**Where were you  
raised?**

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**Education - school,  
city & state,  
degree, year of  
graduation**

1

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2

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3

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**Military Service**

**Branch, Rank, Years Served**

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**Spouse Name**

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**Date of Marriage,  
City & State**

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**Career - job title,  
company, # of  
years**

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**Life Summary**

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