

**Record Locator**  
**Important Personal Information and Documents:**  
**What and Where**

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

**In case of emergency, please contact:**

Name: \_\_\_\_\_ Tel.: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

**Where to Find My Personal Documents:**

Birth Certificate: \_\_\_\_\_

Marriage Certificate: \_\_\_\_\_

Divorce Papers: \_\_\_\_\_

Citizenship Papers/Passport: \_\_\_\_\_

Social Security Card and Number: \_\_\_\_\_

Driver's License, State, and Number: \_\_\_\_\_

Military Records (including branch of service, Military ID number,  
Dates of Service): \_\_\_\_\_

Powers of Attorney for Financial and Health

Care: \_\_\_\_\_

Automobile Title/Registration: \_\_\_\_\_

Property Deeds/Title: \_\_\_\_\_

Bank Statements: \_\_\_\_\_

Income Tax Records: \_\_\_\_\_

Will: \_\_\_\_\_

Living Will and/or Physicians' Orders for Life-Sustaining Treatment  
(POLST): \_\_\_\_\_

**Medical Information:**

Primary Care Physician: \_\_\_\_\_

Telephone: \_\_\_\_\_

Healthcare Agent (person with power of attorney for healthcare):

Name: \_\_\_\_\_ Tele: \_\_\_\_\_

Alternate Agent: \_\_\_\_\_ Tele: \_\_\_\_\_

Other Physicians/Specialists:

Name: \_\_\_\_\_ Tele: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Tele: \_\_\_\_\_

Dentist: \_\_\_\_\_ Tel.: \_\_\_\_\_

Hospital: \_\_\_\_\_ Tel. \_\_\_\_\_

Medications (include dosage and prescription ordering

number): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Insurance Information:**

Health Insurance (Private):

Company: \_\_\_\_\_ Tel.: \_\_\_\_\_

Agent: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Health Insurance (Medicare):

Card Number: \_\_\_\_\_

Medigap Supplemental Insurance or Medicare Managed Care Plan:

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address for Claims: \_\_\_\_\_

Life Insurance:

Company: \_\_\_\_\_ Tel.: \_\_\_\_\_

Agent: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Homeowners/Renters Insurance:

Company: \_\_\_\_\_ Tel: \_\_\_\_\_

Agent: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Automobile Insurance:

Company: \_\_\_\_\_ Tel.: \_\_\_\_\_

Agent: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Legal Information:**

Lawyer: \_\_\_\_\_ Tel.: \_\_\_\_\_

Power of Attorney (Financial):

Name: \_\_\_\_\_ Tel.: \_\_\_\_\_

Name of alternate agent: \_\_\_\_\_ Tel.: \_\_\_\_\_

**Financial Information:**

Bank Accounts:

Name of Bank and Account

Number: \_\_\_\_\_

Name of Bank and Account

Number: \_\_\_\_\_

Safe Deposit Boxes:

Name of Bank and branch location, location of keys, and Box

Number: \_\_\_\_\_

Retirement or Pension Plans:

Company: \_\_\_\_\_ Tel. \_\_\_\_\_

Claim Number: \_\_\_\_\_

Mortgage Information:

Company: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Other (including company, identifying numbers):

Stock Certificates: \_\_\_\_\_

Bonds: \_\_\_\_\_

Certificates of Deposit: \_\_\_\_\_

Mutual Funds: \_\_\_\_\_

IRA/401(k): \_\_\_\_\_

Annuities: \_\_\_\_\_

**Burial Arrangements**

Clergy: \_\_\_\_\_

Tele: \_\_\_\_\_

Burial Arrangements:

Funeral Home: \_\_\_\_\_ Tel.: \_\_\_\_\_

Prepaid Plan: \_\_\_\_\_

Cemetery Lot/Crematorium Address: \_\_\_\_\_

Organ Donation: \_\_\_\_\_

CAUTION: THIS DOCUMENT CONTAINS CONFIDENTIAL  
INFORMATION. DO NOT EMAIL IT OR DISTRIBUTE IT.  
PUT IT IN A SECURE LOCATION.



**Senior  
Rights  
Assistance**

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