

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.

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