

With the help of your elder, you can create a form like the one below to help identify and record important legal and financial matters. You should share this information with at least one other trusted family member, or at least ensure that he or she knows where to find it.

## LEGAL

Law firm: \_\_\_\_\_  
Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason for contact: \_\_\_\_\_  
Date of last contact: \_\_\_\_\_ Location of documents: \_\_\_\_\_  
Notes: \_\_\_\_\_

## FINANCIAL

**1. Name of company:** \_\_\_\_\_

Account type:

- |                                   |  |                                      |
|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Savings  | <input type="checkbox"/> CD                | <input type="checkbox"/> Loan        |
| <input type="checkbox"/> Checking | <input type="checkbox"/> Money market      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> IRA      | <input type="checkbox"/> Stock/mutual fund |                                      |

Account number: \_\_\_\_\_

Papers located: \_\_\_\_\_

**2. Name of company:** \_\_\_\_\_

Account type:

- |                                   |  |                                      |
|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Savings  | <input type="checkbox"/> CD                | <input type="checkbox"/> Loan        |
| <input type="checkbox"/> Checking | <input type="checkbox"/> Money market      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> IRA      | <input type="checkbox"/> Stock/mutual fund |                                      |

Account number: \_\_\_\_\_

Papers located: \_\_\_\_\_

*If an elder has numerous accounts, it may be beneficial to consolidate them. Contact your financial adviser for more information.*

## INSURANCE

**1. Name of company:** \_\_\_\_\_

Policy type:

- |                                 |   |                                      |
|---------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Health | <input type="checkbox"/> Life           | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Home   | <input type="checkbox"/> Long-term care |                                      |

Policy number: \_\_\_\_\_ Policy located: \_\_\_\_\_

Premium amount/due: \_\_\_\_\_

**2. Name of company:** \_\_\_\_\_

Policy type:

- |                                 |   |                                      |
|---------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Health | <input type="checkbox"/> Life           | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Home   | <input type="checkbox"/> Long-term care |                                      |

Policy number: \_\_\_\_\_ Policy located: \_\_\_\_\_

Premium amount/due: \_\_\_\_\_