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**Emergency Contacts**

**My Info:**

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Info:**

(1) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Contact Info:**

Doctor Name. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Local Hospital\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Insurance Info:**

**Company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Policy #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Comments*** *(include any special medical or personal information you would want an emergency care provider to know – or special contact information:*

**Important Phone Numbers**

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chiropractor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pharmacy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Autoshop\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Financial Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Babysitter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daycare Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investment Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord/Mortgage Lender\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gas\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Electric\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sewer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Garbage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recycling\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plumber\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Electrican\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cable/Internet\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organizing Your Important Papers**

**Getting Organized** is important for households old and new. Each household will have to find a method that works best for them; however the following are tips that anyone can use to effectively get their important papers in order. The following are suggestions to help you get started organizing your finances.

**Starting your Financial Information Binder:**

* **What for?** Your Financial Information Binder is a quick reference to your entire financial situation. Not only will it help you manage your financial affairs, it will be ready to help the person who will manage your affairs for you in the event that you are unable to do so.
* **Maintenance?** Your Financial Information Binder should be updated annually and whenever a significant change (such as birth, death, marriage, divorce, relocation, purchase or sale of assets etc.) occurs.

**What You Need:**

* **Sturdy 3-ring binder**
* **At least 16 index dividers.**
* **Plastic page protectors**
* **College-ruled notebook paper**

**Suggested Binder Items:**

* **Personal Directory:** People who should be notified in case of death, incapacitation, or any other emergency
* **Professional Directory:** Medical, business, legal, religious, professional contacts.
* **Personal Property Inventory:** Should include all personal property that you own. This information is used for net worth statement and for insurance purposes.
* **Net Worth Statement**
* **Budget/Special Expenses**
* **Goals list**
* **Loan Papers:** All agreements you are in currently.
* **Income Tax Information and Documents:** All information that will be necessary when filing your taxes
* **Rental or Lease Agreements:** All agreements you are in currently.
* **Insurance Policies:** Types of policies, company names, and policy numbers.
* **Social Security Benefits Statement**
* **Credit Report:** You can get a free credit report once a year, so keep your most current copy here.
* **Birth Certificates, Immunization Records, Social Security Cards:** If these items are not stored here, list where they are so you can find them when you need them.
* **Paycheck Stubs:** Keep track of how much you have earned by keeping your check stubs together.

**Keep it somewhere safe and make sure someone knows where to find it in an emergency.**

**\*Following these guidelines, any home can have a well-organized financial system\***

# Documents to Organize and Share

Insurance Policies

* Life Insurance
* Health Insurance
* Car Insurance
* Home Insurance
* Other Insurance policies (theft, fire, earthquake, etc.)

Bank Accounts

* Checking accounts
* Savings accounts
* Money market accounts
* Certificates of deposit (CDs)
* Debit cards

Credit Cards

* Card number
* Expiration date
* Recent account statements
* Login and password information for online account management

Mortgages Or Loans

* Company through which mortgage or loan was given
* A copy of the mortgage or loan agreement

Tax Returns

* Most recent W-2 forms or federal self-employment tax return
* Income tax returns for the current and previous year, including 1040 variations and 1099s, if applicable
* Gift tax returns

Pension Plans And Retirement Benefit Information

* 401(k) or 403(b) plans
* IRAs
* Roth IRAs
* Simplified Employee Pension (SEP) plan
* Salary Reduction Simplified Employee Pension (SARSEP) plan

Titles Or Deeds To Any Property

* Real estate
* Motor vehicles
* Boats

Investment Portfolios

* Stocks
* Bonds
* Mutual funds

Will

* Copy of the Will
* Copies of previous versions of the Will
* Name of attorney or law firm that helped create the Will, if applicable

Trusts

* Declarations of trust or Trust agreements
* Name of attorney or law firm that helped create the Trust, if applicable
* Bank accounts associated with the Trust

Power Of Attorney

* Name of the person appointed to Power Of Attorney
* Power Of Attorney documentation
* Name of attorney or law firm that helped create the POA, if applicable

Safe Deposit Box

* Location of safe deposit box
* Safe deposit box keys or location of safe deposit box keys

Any Professionals Who Have Helped

* Lawyer
* Accountant
* Insurance agent

Advance Directive

* Living Will
* Health Care Proxy
* Do Not Resuscitate (DNR)

Proof Of Identity And Relationships

* Social Security card
* Armed Forces discharge papers
* Birth certificate
* Death certificate
* Marriage certificates
* Divorce certificates
* Prenuptial agreements
* Divorce settlements

Household Utilities

* Electricity
* Gas
* Water
* Phone
* Cable
* Internet

Automatically Renewing Medications

* Names of medications
* Name of pharmacy where medications are renewed
* Name of doctor who prescribed medication

Email

* Gmail
* Hotmail
* Yahoo! Mail
* AOL

Online Businesses

* Amazon
* PayPal
* Ebay

Social Media

* Facebook
* Twitter
* LinkedIn

**Taking a Household Inventory with a Camera**

**What is a Household Inventory?**

An inventory made with a camera is a collection of pictures of all of your possessions. The value of items and information about valuable articles is recorded on the back of each picture.

**Why Take a Household Inventory?**

An inventory of your household furnishings and personal belongings can be useful to you as well as other members of your family. By listing and providing information about each item, the household inventory serves many purposes:

* It is useful in planning and forecasting replacement needs for furnishings, equipment and clothing
* It helps you decide how much insurance protection you need to adequately cover your household furnishings and personal belongings
* The inventory provides a basis for filing insurance claims in the event of loss by fire, flood or other disasters
* It provides proof of loss due to burglary or theft
* It indicates the money value of your possessions for your net worth statements which show financial growth
* It provides evidence of ownership when property is held individually or jointly in the case of separation or divorce
* The inventory can be used when planning the distribution of your estate

**Where should you keep your inventory?**

Store your photo inventory in a safe place so it won’t be destroyed by fire. Consider placing the pictures in a bank safe deposit box or fireproof box at home. For convenience in updating the inventory, you may wish to make second copies of pictures to keep in your permanent home file. Remember to keep all copies up-to-date on an annual basis.

**When should you take an inventory?**

If you have never taken an inventory before, now is the time. If you already have an inventory, you will only need to take photographs of new items whenever you make major purchases to keep the inventory current.

**Who should take the inventory?**

The person responsible for keeping the records should be sure that the inventory is incomplete and updated annually. The assistance of someone who is handy with a camera would be a help.

\*Using a camera is only one way to make an inventory. You may prefer to use a written inventory or a tape recorder to record your descriptions of items in each room. Whatever method you prefer, you will need to collect the same information about each item.

**Getting Your Medical Records Organized**

**Why Have a Health History File for You and Your Family?** When is the last time you had a tetanus shot? How many different doctors have you visited in the last five years and for what reasons? In other word, do you have your medial history committed to memory? Few people do. Is your medical information organized?

Creating a system for organizing this important information reduces stress, encourages best use of your medical dollars and could save your life. By having the important facts in one place, it is easy to transport to medical appointments, take with you in an emergency situation and refer to as you manage your health. Having documents of your medical history easily accessible is important. It is good to keep all the medical information in one place at home for quick access.

Having your records organized can serve as a reminder of:

* When it is time for a screening test
* Who is in your family had when illnesses and diseases that put you at risk
* When symptoms for illnesses began, got worse or better and ended
* When to question certain procedures medical personnel are recommending

**A Record Speeds Up Time at the Doctor**

Having a list of medications, allergies, etc. can speed up the paperwork at the doctor’s office or hospital.

**Questions to Ask the Doctor**

Have a sheet of paper to jot down any information you want to know or questions to ask the next time you go.

**Collect Past Historical Information**

Go back and record any information you can find from previous files and records on the illness history, treatment, etc. If you need to, return to pharmacies you have visited in the past and obtain copies of their records. When you change doctors, ask for a copy of your file so you can make sure the information can be shared. This is important especially when physicians move, retire or pass away…it is often difficult to get information at that point.

**Have a Place to Keep the Information**

* Use a three ring binder, an expanding file, or a file in your filing cabinet with dividers. The first two locations are easier to transport to medical appointments in an emergency.
* Create a file for all medical receipts, prescription receipts to be used in applying for flexible spending reimbursement.

**Divide the Information Into Categories for Easy Access:**

* List of medical professionals-doctors, therapists, dentists, etc.
* Insurance coverage
* Medications: dosage, side effects, instructions
* Allergies to medications, foods, plants, metals or insects
* Special Health issues-pacemaker, hearing aids, epilepsy, stint in heart, etc.
* Chronic conditions-arthritis, asthma, diabetes, high blood pressure, heart issues
* Medical history
* Record of major illnesses, injuries: pneumonia, bronchitis, cellulites, staph infections, etc
* Immunization Records
* Health screening results: blood pressure, cholesterol, vision, and hearing
* Cancer screening results
* Other scans: bone scans, MRI, Cat Scans, etc.
* List of major diseases in your family-heart disease, stroke, cancer diabetes or other diseases
* Advance directives: living will, medical power of attorney

Create a place for all medical bills and statements that have come. Once they have been paid, keep them until you are completely finished with the illness, etc. Sometimes you are billed by the physician, hospital, lab or other professional before it has been processed by your insurance. You may also be billed for the same procedure on more than one bill if they don’t receive or process payment before the billing service mails the next bill. Make sure you document payment and double check all bills to make sure you do not pay twice. This is especially important if working with insurance or Medicare payments.

**Medical History**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Blood Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chronic Conditions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Date | Immunizations, Illnesses, Surgeries, etc. | Notes |
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**Personal Information**

 Self Spouse

Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Residence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthplace\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Birthplace\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Maiden Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Military Service\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religious Observance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children Birth Date Social Security Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Locating Documents and Personal Papers**

Safety Deposit Box

Location of Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of Keys: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of Keys: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of the Following:

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

Children’s Birth Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Divorce Decree:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deeds & Titles (including Vehicle Title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mortgage & Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Living Will Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organ Donor Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Will and Testament: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trust Agreement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last updated on \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Power of Attorney\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Executor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Military Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Naturalization Papers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Stock/Bond Certificates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website Login/Passwords:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Safe Combination:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Documents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Personal Financial Information Organizer**

**BANK ACCOUNTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Institution** | **Approx. Amount in this Account** | **Phone Number** | **Account Number** | **Type of Account** | **Location of Statements** |
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**INVESTMENTS**

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| --- | --- | --- | --- | --- | --- |
| **Name of Company** | **Approx. Amount in this Account** | **Phone Number** | **Account/ Serial Number** | **Type of Investment** | **Location of Statement** |
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**RETIREMENT PLANS**

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| --- | --- | --- | --- | --- | --- |
| **Name of Plan Administrator** | **Approx. Amount in this Account** | **Phone Number** | **Account Number** | **Type of Plan** | **Location of Statement** |
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**INSURANCE**

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| --- | --- | --- | --- | --- | --- | --- |
| **Name of Insurer** | **Phone Number** |  **Policy Number** | **Type of Insurance** | **Premium $** | **Due Date** | **Policy Amount** |
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**UTILITIES**

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| --- | --- | --- | --- | --- | --- |
| **Name of Service Provider** | **Phone Number** | **Account Number** | **Type of Utility** | **Payment & Due Date** | **Location of Statement** |
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**PROFESSIONAL ADVISORS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Phone** | **Occupation** |
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**OTHER**

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**Password Organizer**

Remember: Keep this in a safe an inconspicuous place in your house!

|  |
| --- |
| Cell Phone Unlock Code:Push Notification Apps/Passwords:Work Computer/Access:Laptop/Computer:Email:Email:Online Businesses (Amazon, Paypal, Ebay):Social Media:Social Media: |

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| Website:Username:Password:Email UsedSecurity Answer:Misc Notes: |

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| Website:Username:Password:Email UsedSecurity Answer:Misc Notes: |

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| Website:Username:Password:Email UsedSecurity Answer:Misc Notes: |

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| Website:Username:Password:Email UsedSecurity Answer:Misc Notes: |

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| Website:Username:Password:Email UsedSecurity Answer: |

**Password Organizer**

Remember: Keep this in a safe an inconspicuous place in your house!

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| Website:Username:Password:Email UsedSecurity Answer:Misc Notes: |

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**FINANCIAL GOALS WORKSHEET**

**Written goals are important.** A written goal brings clarity and focus. It gives you a direction. By reviewing your goals throughout a semester or year, you not only reaffirm what your goals are, but you ensure the goals are still relevant. With the passing of time you may have found new insights that bring greater clarity and focus to your goal and life. A written goal is a powerful reminder you can use to keep yourself on track to attain greater success in your financial life.

**Short-Term Goals: Less than 1 year to achieve**

Financial priorities that will be accomplished by \_\_\_\_\_\_\_\_ {MONTH} {YEAR}

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal** | **Total cost** | **Number of months to achieve:** | **Amount to save each month:** | **Comments/Progress:** |
| e.g. Emergency Fund | $600 | 12 | $50 | Reduce entertainment spending by $50 until goal is achieved |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

**Mid-Term Goals: 1-5 years to achieve**

Financial priorities that will be accomplished by \_\_\_\_\_\_\_\_ {MONTH} {YEAR}.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal** | **Total Cost** | **Years/Months to achieve:** | **Amount to save each month:** | **Comments/Progress:** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

**Long-Term Goals: Over 5 years to achieve**

Financial Priorities that will be accomplished by \_\_\_\_\_\_\_\_ {MONTH} {YEAR}.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal** | **Total Cost** | **Years to achieve:** | **Amount to save each month:** | **Comments/Progress:** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
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**Recommended Budget Guidelines for Financial Wellness**

There are many different opinions about how much you should spend on your living expenses. The chart below represents the maximum percentage of your net income you should be spending in each area.

|  |  |  |  |
| --- | --- | --- | --- |
| Expenses | Recommended % of your net income | Ex. Using a $2,000 monthly paycheck | How much do you actually pay? |
| Give/Donate*Including: churches and other charities* | 10% | $200 |  |
| SavingsIncluding: savings accounts, CD’s, bonds, 401k,*Emergency Fund Goal= minimum of $1000 at all times* | Minimum 10%6%- Future/retirement2%- Emergency fund =6-8 months net expenses2%- Emotional “I wants!” | $200 |  |
| Housing*Including: mortgage(s) or rent payment only* | 25% | $500 |  |
| Debt*Including: auto loans, personal loans, credit cards, furniture etc.*  | 10% | $200 |  |
| Living Expenses*Including: utilities, groceries, gas, clothing, eating out etc.*  | 45% | $900 |  |
| Total | 100% | $2000 |  |

If you find you spend too much in any given expenses rea, re-evaluate your monthly spending plan. Look for ways to save additional money in areas you are currently spending too much, or pay down outstanding debts to free up additional income. Then, track your daily spending, re-work your monthly spending plan and re-figure these percentages to see if your adjustments worked. It usually just takes a little adjusting here and there to develop a healthy spending plan.

**Income and Expense Statement**

|  |  |
| --- | --- |
| EXPENSES | AMOUNT |
| Fixed |  |
| Rent/Mortgage |  |
| Savings/Investments |  |
| Revolving Savings |  |
| Loans |  |
| Insurance |  |
| Other |  |
| Subtotal |  |

|  |  |
| --- | --- |
| INCOME | AMOUNT |
| Salary |  |
|  |  |
| Bonuses, tips, etc. |  |
|  |  |

|  |  |
| --- | --- |
| EXPENSES | AMOUNT |
| Variable |  |
| Phone/Cell |  |
| Cable |  |
| Other |  |
| Food-Groceries |  |
| Eating Out |  |
| Gas for Car |  |
| Household |  |
| Personal Care |  |
| Clothing |  |
| Laundry/Dry Clean |  |
| Medical-Doctors |  |
| Prescriptions |  |
| Personal Allowance |  |
| Entertainment |  |
| Contributions |  |
| Miscellaneous |  |
| Other |  |
| Subtotal  |  |

**TOTAL INCOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Income $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expense - $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NET Gain/Loss $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Saved/Invested $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL EXPENSES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Revolving Savings Account (For Irregular Expenses)**

List all expense that come irregularly throughout the year. List items such as: auto registration, auto insurance, life insurance, school expenses, birthdays, anniversaries, holidays, celebrations, and vacations.

|  |  |
| --- | --- |
| **Month** | **Amount** |
| January |  |
| February |  |
| March |  |
| April |  |
| May |  |
| June |  |
| July |  |
| August |  |
| September |  |
| October |  |
| November |  |
| December |  |

 **TOTAL:**

 **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **÷ \_\_\_\_\_\_\_\_\_**12**\_\_\_\_\_\_\_\_\_**

 **= \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\***

***\*****This amount is part of a monthly budget to cover irregular expenses*

**Bill Tracker**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bill | Amount | Due Date | Balance Due | Auto/Manual Pay |
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**Know what you Owe- Credit Organization**

1. Make a goal to pay off credit cards to avoid paying interest

2. Is there more than one APR, such as purchase, cash advance, balance transfer, and promotional?

3. What is the APR, transaction fee, and promotional period on cash advances and balance transfers?

4. What happens if you don’t finish paying a balance transfer or purchase within their promotional period?

5. What are the grace period and fee on a late payment, and how are they calculated?

6. Will your card let you go over your limit, and is there a fee or other consequences involved?

7. Are there any special incentives or rewards with this card such as cash back, miles, purchase protection, insurance, etc.?

8. What damage and theft protection does this card offer?

9.       What other features or information should you be aware of?

10. Have you recorded your login and passwords for each account in your financial binder?

|  |
| --- |
| Credit Card Name:Credit Line:Amount Borrowed: Percent of line used:Annual Percentage Rate (APR): Monthly Interest rate (Divide APR by 12): Annual Fee: Date Opened:Minimum Payment:Account will be paid off: or this card is paid in full each monthPayment Due Date: Late Fee:Incentives for using this card:Website to make payment: Circle any applicable statements: This bill is on auto-pay I pay through bank transfer I pay by mail I pay this card in full each month  |

|  |
| --- |
| Credit Card Name:Credit Line:Amount Borrowed: Percent of line used:Annual Percentage Rate (APR): Monthly Interest rate (Divide APR by 12): Annual Fee: Date Opened:Minimum Payment:Account will be paid off: or this card is paid in full each monthPayment Due Date: Late Fee:Incentives for using this card:Website to make payment: Circle any applicable statements: This bill is on auto-pay I pay through bank transfer I pay by mail I pay this card in full each month  |

Page 1

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| --- |
| Credit Card Name:Credit Line:Amount Borrowed: Percent of line used:Annual Percentage Rate (APR): Monthly Interest rate (Divide APR by 12): Annual Fee: Date Opened:Minimum Payment:Account will be paid off: or this card is paid in full each monthPayment Due Date: Late Fee:Incentives for using this card:Website to make payment: Circle any applicable statements: This bill is on auto-pay I pay through bank transfer I pay by mail I pay this card in full each month  |

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| --- |
| Credit Line Name:Credit Line:Amount Borrowed: Percent of line used:Annual Percentage Rate (APR): Monthly Interest rate (Divide APR by 12): Annual Fee: Date Opened:Minimum Payment:Payment Due Date: Late Fee:Incentives for using this card:Website to make payment: Circle any applicable statements: This bill is on auto-pay I pay through bank transfer I pay by mailI pay this line in full each month  |

|  |
| --- |
| Loan Name:Loan amount:Annual Percentage Rate (APR): Monthly Interest rate (Divide APR by 12): Date Opened: Account will be paid off: Minimum Payment:Payment Due Date: Late Fee:Website to make payment: Circle any applicable statements: This bill is on auto-pay I pay through bank transfer I pay by mail |

Page 2

**Debt Reduction Goal—Action Plan**

**Date:­­­­­­­­­**

**Overall Goal:**

Reduce my debt by $ in months.

Example: Reduce debt by $1,800 in 6 months.

**Monthly Goals:**

* Reduce my debt by $ every month.

Example: Reduce debt by $300 every month.

* I will increase my income by $ each month to meet my debt reduction goal.
* I will reduce expenses $ each month and put this additional amount toward debt.

**Example:**

If the current minimum monthly payment on $1,800 is $54 per month, you need to find an additional $246 either by increasing income or decreasing expenses.

**Additional action steps I will take to reach my goal:**

1.

2.

3.

4.

**Financial Check-up**

Use this checklist to evaluate your financial health and learn where you could improve:

* Budgeting
	+ Tracking expenses- knowing where your money is going
	+ Having an emergency fund
	+ Where are your spending leaks
* Credit reports
	+ What goes into a credit score
	+ How to pull your credit report for free
	+ Protecting yourself from identify theft
* Student loan debt and repayment
	+ Repayment options
	+ When to consolidate
	+ Borrowing wisely and planning for tuition
* Managing debt
	+ Credit cards and minimum payments
	+ How to become debt-free
* Being a savvy consumer
	+ Managing food and utility costs
	+ Home or car purchases
* Investing and planning for the future
	+ How to start saving
	+ The magic of compound interest

If you checked one or more boxes or have any financial questions, schedule a free financial counseling appointment by calling 801-585-7379 or emailing pmmc@sa.utah.edu

**Consumer Resources**

Utah State Attorney General

* + 1-800-AG4-INFO

-http://attorneygeneral.utah.gov

Utah Division of Consumer Protection

* + 1-800-721-SAFE
	+ <http://consumerprotection.utah.gov/index.html>

Better Business Bureau

* + <http://www.utah.bbb.org/>
	+ 800-456-3907
	BBB On-line <http://www.bbb.org/online/>

Federal Trade Commission

* + 1-877-FTC-HELP
	+ [http://ftc.gov](http://ftc.gov/)

Consumer Financial Protection Bureau

* 855-411-2372
* <http://www.consumerfinance.gov/>

**What to do if you become a Victim**

The Federal Trade Commission (FTC) recommends taking the following steps if you are the victim of identity theft:

* + 1. Place a “fraud alert” on your credit report. Contact these three major credit bureaus to report the fraud and obtain free reports and/or place a security freeze on your report:

**Equifax** – 1-800-525-6285

**Experian** – 1-888-397-3742

**TransUnion** – 1-800-680-289

* + 1. Close any accounts that have been tampered with or opened fraudulently. If you are closing existing accounts and opening new ones, use new PIN numbers and passwords.\
		2. If your checks have been stolen or misused, close the account and ask your bank to notify the appropriate check verification service.
		3. 4. Call SCAN (1-800-262-7771) to find out if the identity thief has been passing bad checks in your name.
		4. File a report with your local police or the police in the community where the ID theft took place.
		5. Keep a copy of the report if you need to validate your claims with creditors. If you are unable to get a copy, get the report number.
		6. File a complaint with FTC:

[www.consumer.gov/idtheft](http://www.consumer.gov/idtheft)

**Identity Theft Hotline**

1-877-IDTHEFT (438-4338)

**Identity Theft Clearing House**

Federal Trade Commission

600 Pennsylvania Avenue, NW

Washington, DC 20580

**First Things to do at the Time of my Death**

1. Call a friend or family member to help. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Cal the most important friends and family members:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Notify employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Make arrangements with funeral home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Request at least 10 copies of the death certificate. Ask the funeral director to get them for you.

6. Call my attorney to begin settling my will\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Set up an appointment with the local social security office and file a claim immediately to avoid any possibility of losing any benefit checks. Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Notify the insurance company to start process of collecting benefits:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Notify lenders (mortgage company, credit card companies, etc.) with which I have accident or death insurance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Other:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Utah Advance Health Care Directive**

**(Pursuant to Utah Code Section 75-2a-117, effective 2009 ) \***

|  |
| --- |
| ***Part I: Allows you to name another person to make health care decisions for you when you cannot make decisions or speak for yourself.*** ***Part II: Allows you to record your wishes about health care in writing.*** ***Part III: Tells you how to revoke or change this directive.*** ***Part IV: Makes your directive legal.*** |

**My Personal Information**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Part I: My Agent (Health Care Power of Attorney)**

|  |  |  |
| --- | --- | --- |
| **A. No Agent** If you do not want to name an agent, initial the box below, then go to Part II; do not name an agent in B or C below. No one can force you to name an agent.

|  |  |
| --- | --- |
|  |  **I do not want to choose an agent.** |

 |

|  |
| --- |
| **B. My Agent** Agent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **C. My Alternate Agent** ***This person will serve as your agent if your agent, named above, is unable or unwilling to serve.*** Alternate Agent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Page 1 of 4**

**Part I: My Agent (continued)**

|  |
| --- |
| **D. Agent’s Authority** If I cannot make decisions or speak for myself (in other words, after my physician or another authorized provider finds that I lack health care decision making capacity under Section 75-2a-104 of the Advance Health Care Directive Act), my agent has the power to make any health care decision I could have made such as, but not limited to: • Consent to, refuse, or withdraw any health care. This may include care to prolong my life such as food and fluids by tube, use of antibiotics, CPR (cardiopulmonary resuscitation), and dialysis, and mental health care, such as convulsive therapy and psychoactive medications. This authority is subject to any limits in paragraph F of Part I or in Part II of this directive. • Hire and fire health care providers. • Ask questions and get answers from health care providers. • Consent to admission or transfer to a health care provider or health care facility, including a mental health facility, subject to any limits in paragraphs E or F of Part I. • Get copies of my medical records. • Ask for consultations or second opinions. My agent cannot force health care against my will, even if a physician has found that I lack health care decision making capacity. |

|  |
| --- |
| **E. Other Authority** My agent has the powers below only if I initial the “**yes**” option that precedes the statement. I authorize my agent to:\_\_\_YES \_\_\_ NO Get copies of my medical records at any time, even when I can speak for myself. \_\_\_YES \_\_\_ NO Admit me to a licensed health care facility, such as a hospital, nursing home, assisted living,  or other facility for long-term placement other than convalescent or recuperative care. |

|  |
| --- |
| **F.** **Limits/Expansion of Authority I wish to limit or expand the powers of my health care agent as follows:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **G. Nomination of Guardian** *Even though appointing an agent should help you avoid a guardianship, a guardianship may still be necessary. Initial the "YES" option if you want the court to appoint your agent or, if your agent is unable or unwilling to serve, your alternate agent, to serve as your guardian, if a guardianship is ever necessary.* \_\_\_\_YES \_\_\_\_ NO I, being of sound mind and not acting under duress, fraud, or other undue influence, do  hereby nominate my agent, or if my agent is unable or unwilling to serve, I hereby  nominate my alternate agent, to serve as my guardian in the event that, after the date of  this instrument, I become incapacitated. |

|  |
| --- |
| **H. Consent to Participate in Medical Research** \_\_\_\_YES \_\_\_\_ NO I authorize my agent to consent to my participation in medical research or clinical trials,  even if I may not benefit from the results. |

|  |
| --- |
| **I. Organ Donation** \_\_\_\_YES \_\_\_\_ NO If I have not otherwise agreed to organ donation, my agent may consent to the donation of my organs for the purpose of organ transplantation. |

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Part II: My Health Care Wishes (continued)**

 Additional instructions about your health care wishes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If you do not want emergency medical service providers to provide CPR or other life sustaining measures, you must work with a physician or APRN to complete an order that reflects your wishes on a form approved by the Utah Department of Health.*

**Part III: Revoking or Changing a Directive**

I may revoke or change this directive by:

♦ Writing “void” across the form, burning, tearing, or otherwise destroying or defacing this document or directing another person to do the same on my behalf;

♦ Signing a written revocation of the directive, or directing another person to sign a revocation on my behalf;

♦ Stating that I wish to revoke the directive in the presence of a witness who: is 18 years of age or older; will not be appointed as my agent in a substitute directive; will not become a default surrogate if the directive is revoked; and signs and dates a written document confirming my statement; or

♦ Signing a new directive**. (If you sign more than one Advance Health Care Directive, the most recent one applies.)**

**Part IV: Making My Directive Legal**

I sign this directive voluntarily. I understand the choices I have made and declare that I am emotionally and mentally competent to make this directive. My signature on this form revokes any living will or power of attorney form naming a health care agent that I have completed in the past.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City, County, and State of Residence

I have witnessed the signing of this directive, I am 18 years of age or older, and I am not:

1. Related to the declarant by blood or marriage;

2. Entitled to any portion of the declarant's estate according to the laws of intestate succession of any state or jurisdiction or under any will or codicil of the declarant,

3. A beneficiary of a life insurance policy, trust, qualified plan, pay on death account, or transfer or death deed that is held, owned, made, or established by, or on behalf of, the declarant;

4. Entitled to benefit financially upon the death of the declarant;

5. Entitled to a right to, or interest in, real or personal property upon the death of the declarant;

6. Directly financially responsible for the declarant's medical care;

7. A health care provider who is providing care to the declarant or an administrator at a health care facility in which the declarant is receiving care; or

8. The appointed agent or alternate agent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness Printed Name of Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Street Address City State Zip

***If the witness is signing to confirm an oral directive, describe below the circumstances under which the directive was made.*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page 4 of 4**

**Personal Priorities and Spiritual Values Important to Your Medical Decisions**

People have personal priorities and spiritual beliefs that effect their medical decisions. This is especially true at the end of life with regard to the use of life-sustaining treatments. To make your values and beliefs more clear, consider answering the questions below. Use more paper if you need more space.

PERSONAL PRIORITIES/CONCERNS

1. What do you most value about your physical or mental wellbeing? For example, do you most love to be outdoors? To be able to read or listen to music? To be aware of your surroundings and who is with you? Seeing, tasting, touching?

2. What are your fears regarding the end of life?

3. Would you want to be sedated if it were necessary to control your pain, even if it makes you drowsy or puts you to sleep much of the time?

4. Would you want to have a hospice or other palliative care team (i.e., comfort care) available to you?

5. If you could plan it today, what would the last day or week of your life be like? -- For example… Where would you be? What would your environment be like? Who would be present? What would you be doing? What would you eat if you could eat? What would be your final words or last acts?

6. Are there people to whom you want to write a letter or for whom you want to prepare a taped message, perhaps marked for opening at a future time?

7. How do you want to be remembered? (If you wrote your own epitaph or obituary, what would it say?)

8. What are your wishes for a memorial service – for example, the songs or readings you want, or the people you hope will participate?

9. How would you describe your spiritual or religious life?

10. What gives your life its purpose and meaning?

11. What is important for others to know about the spiritual or religious part of your life?

12. What do you need for com fort and support as you journey near death? For example, to pray with a member of the clergy? To have others pray for you? To be read to from spiritual or religious texts? To have music playing in your room? To be held?

**Other Decisions to Think About Now**

After the death of a loved one, family and friends are often left with some tough decisions. You can help ease the pain and anxiety by making your wishes -- about burial, autopsy and organ donations -- clear in advance.

1. Do you want to donate viable ORGANS for transplant? (Circle one)

**Yes** If **Yes**, check one: \_\_\_\_ I will donate any organs \_\_\_­Donate just the following:\_\_\_\_\_\_\_\_\_

**No**

**Not Sure**

2. Do you want to donate viable TISSUES for transplant? (Circle one)

**Yes**  If **Yes**, check one: \_\_\_\_ I will donate any organs \_­\_\_Donate just the following:\_\_\_\_\_\_\_\_\_

**No**

**Not Sure**

Attention! If you circled yes for either of the above, be sure to register as an organ donor when you renew your driver’s license and register with the Utah Organ Donor Registry at www.yesutah.org.

But be sure to tell your agent and family that you want to be a donor. Make sure they will support your wishes. Even with an organ donor card, hospitals will ask your agent or family to sign a consent form

3. If you do not donate organs or tissue, you may choose to donate your WHOLE BODY for medical research or education. Would you like to do this?

**Yes No Not sure**

If you circle Yes, you must contact a medical institution to which you are interested in making this donation. Medical schools, research facilities and other agencies need to study bodies to gain greater understanding of disease mechanisms in humans. Note that total body donation is not an option if you also choose to be an organ or tissue donor.

The University of Utah School of Medicine has a body donor program. Information is available at http://www.neuro.utah.edu/bodydonor/ or University of Utah, Department of Neurobiology and Anatomy 401 MREB Salt Lake City, Utah 84132-3401 Phone (8 a.m.-4 p.m.): (801) 581-6728 Phone (After hours, weekends, and holidays): (801) 581-2121

4. Would you agree to an autopsy? (Autopsies, done after death, are used for diagnostic and research purposes. The body can still be viewed and buried.)

**Yes No Not sure**

**Burial Arrangements**

 5. I would prefer to be: (circle one)

 **Buried Cremated No Preference**

6. I would like my remains to be placed:

7. What are your thoughts about your memorial service – such as songs or readings you want, or the people you hope will participate?

8. Other preferences:

**Five Times to Re‐Examine Your Health Care Wishes**

1. Before each annual physical exam.

2. At the start of each decade of your life.

3. After any major life change – such as a birth in the family, marriage, divorce, re-marriage, and especially after the death of a loved one.

4. After any major medical change – such as being diagnosed with a serious disease or terminal illness. Or if such conditions worsen.

5. After losing your ability to live independently.

 If Your Wishes Change You can make a new advance directive if your wishes change. To revoke an old advance directive, you may destroy the old one, write “revoked” across the old one, write a new one, or tell someone that you want to revoke it. If you tell someone that you want to revoke the advance directive, you should do so in the presence of an adult witness who should then sign and date a written statement confirming that you have revoked the advance directive. If you change your advance directives, it is important to notify everyone who has a copy of your old forms.

**Personal Property**

On this page, list personal items and what you would like done with them in case of your death. Note where documentation, titles, possessions are located.

Item Description/Notes Location Instructions

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_