

Life Organizer





Using this organizer

Your [Life Organizer](#) is an easy way to record personal information, such as financial details, medical data, and the location of your important documents.

In the event that you are incapacitated or someone should make decisions on your behalf, this organizer can be a critical resource for your family and professional advisors.

- Remember to review and update your information periodically.
- **Keep this document stored in a secure place** such as a fireproof safe or a safety deposit box.
- Share the document location with a trusted family member or advisor who would need access to your records.

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Last Updated:

_____	_____
_____	_____
_____	_____



Personal information

Full name

Street address

City

State

Zip

Home phone

Mobile phone

Email address

Employer name

Phone

Safety deposit box and key location

Veteran: yes no

Veteran's service number

Location of discharge papers

Branch of service

Dates served

Pets: yes no

Veterinarian

Phone



Emergency information

Emergency contact

Home phone

Mobile phone

Durable power of attorney for health care decisions

Designated agent

Date

Document location

Date issued

Living will: Yes No

If yes, does your primary care physician have a copy of document: Yes No

Document location

Date issued

Do not resuscitate: Yes No

If yes, does your primary care physician have a copy of document: Yes No

Document location

Organ donation: Yes No

If yes, does your primary care physician have a copy of document: Yes No

Document location



Health insurance provider

Provider name

Customer service phone

Medicare

Medicaid

Prescription coverage

Health care professionals

Primary care physician

Address

Phone

Eye doctor

Address

Phone

Dentist

Address

Phone

Specialist

Address

Phone

Specialist

Address

Phone

Specialist

Address phone

Pharmacy and allergies

Pharmacy

Address

Phone

Allergies (medications, food, etc.)

Medications (prescription and over the counter)

Medication name Dosage

Prescribing physician

Financial professionals and contacts

Accountant

Name	Email
Firm/company	
Address	Phone

Financial advisor

Name	Email
Firm/company	
Address	phone

Bank/credit union/savings and loan accounts

Institution name
Address

Institution name
Address

Institution name
Address

Institution name
Address

Institution name
Address

Institution name
Address

Institution name
Address

Institution name
Address

Stocks, bonds, mutual funds, certificates of deposit, pension funds

Institution name

Address

Contact

Phone

Type of account

Institution name

Address

Contact

Phone

Type of account

Insurance policies (auto, life, health, disability, long-term care, etc.)

Company

Agent

Phone

Type of insurance

Amount of coverage

Beneficiary

Company

Agent

Phone

Type of insurance

Amount of coverage

Beneficiary

Company

agent

phone

Type of insurance

amount of coverage

Beneficiary

Insurance policies (auto, life, health, disability, long-term care, etc.) (continued)

Company	Agent	Phone
Type of insurance	Amount of coverage	
Beneficiary		

Company	Agent	Phone
Type of insurance	Amount of coverage	
Beneficiary		

Company	Agent	Phone
Type of insurance	Amount of coverage	
Beneficiary		

Company	Agent	Phone
Type of insurance	Amount of coverage	
Beneficiary		

Financial professionals and contacts

Stockbroker

Name

Firm/company

Address

Phone

Email

Lawyer

Name

Firm/company

Address

Phone

Email

Trust officer

Name

Firm/company

Address

Phone

Email

Executor of estate

Name

Firm/company

Address

Phone

Email

Durable power of attorney

Name

Firm/company

Address

Phone

Email

Final arrangements

Making your own final arrangements assures the fulfillment of your personal wishes and spares your family from making decisions that can be emotionally and financially difficult. The following information is normally needed when making these arrangements, no matter who makes them.

Your biographical information

Full name (first, middle, last)

Address

Phone

Resident since

Place of birth (city, county, state/province/country)

Occupation

Employed by or retired from

Marital status

Spouse's/partner's name

Education (elementary, high school, college)

Religious affiliation

Children

Child

Address

Phone

Child

Address

Phone

Child

Address

Phone

