

ORGANIZING YOUR EMERGENCY CONTACTS AND IMPORTANT INFORMATION

The Solo Senior Organizer is designed to help you organize vital information that will be needed in case of an emergency, incapacity, or after your passing. By completing these pages, you can ensure that your trusted individuals or professionals have the information they need to act quickly and effectively on your behalf. However, I want to emphasize that:

This organizer is not a substitute for legal planning documents. At a minimum you should have:

A Health Care Proxy • A Power of Attorney • A Last Will and Testament.

You are NOT creating the above legal documents by filling out these pages.

If you need assistance creating legal documents designed for the unique circumstances of solo seniors, please visit Solo Allies (<http://www.soloallies.com>) for resources and a directory of attorneys in your area who may be able to assist you.

HOW TO USE THE ORGANIZER

- Complete all sections of the Solo Senior Organizer to the best of your ability.
- Store your Organizer in a secure but accessible location, along with your estate planning documents. Let your Power of Attorney know where they can find this planner, or if you feel comfortable and trust this person, give them a copy now. It will help them be prepared if they need it.
- Make a copy of the completed Emergency Contact Information sheets to display in a prominent place in your home, for example, on your refrigerator.
- Update the information in your Solo Senior Organizer periodically to keep the information current.
- Be careful about sharing your personal information with others, and please avoid scams.

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If you need further guidance or you are overwhelmed about planning for your future, www.soloallies.com offers resources and planning tools (including DIY planning tools) and partners with attorneys, such as Senior Solutions Attorneys at Law (www.seniorsolutionsinfo.com) to provide one-on-one estate planning services.

COMPLETING YOUR FINANCIAL AND TANGIBLE ASSET INFORMATION

In the pages about your financial and tangible assets, please provide information about your real estate, businesses, bank accounts, investments, retirements accounts, annuities, insurance, and more. If you need more space, you can add a spreadsheet or other pages.

In addition to basic information about each asset, such as property addresses, account numbers, and financial institutions, please fill in the following:

Co-owner(s) – If you jointly own an asset with other people, give their names.

Title – “Title” refers to the name(s) listed on the account or asset. Financial accounts, real estate or trusts can be titled in several ways, for example:

- In an individual’s name alone (e.g., “Joan Doe”)
- Jointly with another person (e.g., “Joan Doe and John Doe”)
- In the name of a trust (e.g., “The Joan Doe Revocable Trust”)

Estimated Value – Provide the dollar amount of the asset’s value at the time when you complete the Organizer.

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COMPLETING YOUR OTHER IMPORTANT INFORMATION

In these pages, please provide information about items you have in safekeeping—what they are, where they are stored, and how they can be accessed.

Please answer the provided questions to remind your Health Care Proxy and Power of Attorney about your wishes. For things not covered in the questions, you can make notes on the last page and attach additional pages as needed.

MY BASIC INFORMATION

Full Legal Name: _____

Other Names: _____

Date of Birth: _____

Home Address: _____

Cell Phone: _____

Other Phones: _____

Email: _____

Notes: _____

EMERGENCY CONTACTS

In case of a health emergency, please contact my

Health Care Proxy

Name: _____

Relationship To Me: _____

Cell Phone: _____

Other Phones: _____

Email: _____

Address: _____

Notes: _____

EMERGENCY CONTACTS

If my Health Care Proxy cannot be contacted, please contact my

Back-Up Health Care Proxy

Name: _____

Relationship To Me: _____

Cell Phone: _____

Other Phones: _____

Email: _____

Address: _____

Notes: _____

EMERGENCY CONTACTS

If case of a health emergency, please contact my

Primary Care Doctor

Name: _____

Office Address: _____

Office Phone: _____

Other Phones: _____

Email: _____

Notes: _____

OTHER IMPORTANT CONTACTS

*(Attorney, Neighbor, Friend, Pastor, Pet Sitter,
Financial Advisor, Accountant, etc.)*

Name: _____

Cell Phone: _____

Other Phones: _____

Email: _____

Address: _____

Relationship To Me: _____

Reason for Contacting: _____

OTHER IMPORTANT CONTACTS

*(Attorney, Neighbor, Friend, Pastor, Pet Sitter,
Financial Advisor, Accountant, etc.)*

Name: _____

Cell Phone: _____

Other Phones: _____

Email: _____

Address: _____

Relationship To Me: _____

Reason for Contacting: _____

OTHER IMPORTANT CONTACTS

*(Attorney, Neighbor, Friend, Pastor, Pet Sitter,
Financial Advisor, Accountant, etc.)*

Name: _____

Cell Phone: _____

Other Phones: _____

Email: _____

Address: _____

Relationship To Me: _____

Reason for Contacting: _____

PREFERENCES FOR CARE

If your health or cognitive abilities decline, where would you like to live?

- **At home with private assistance.**
 - **In an assisted living or Memory Care facility. Do you have a preference?**
-

- **If a nursing home becomes the only option, do you have a preference?**
-

In addition to your Health Care Proxy, do you have an Advanced Directive? (If so, keep a copy with this document. If not, describe how you feel about end-of-life care, in your own words here.)

HEALTH INSURANCE

Provider (Medicare, Blue Cross, etc.): _____

Policy No: _____

Coverage Type (General Health, Dental, Vision, MedEx Supplement, etc.):

Additional Health Insurance Notes: _____

ESTATE PLANNING CONTACTS

I have chose the following person to act as my

Power of Attorney (Primary)

Name: _____

Cell Phone: _____

Other Phones: _____

Email: _____

Address: _____

Notes: _____

ESTATE PLANNING CONTACTS

If my Primary Power of Attorney cannot serve, please contact

Power of Attorney (Successor)

Name: _____

Cell Phone: _____

Other Phones: _____

Email: _____

Address: _____

Notes: _____

ESTATE PLANNING CONTACTS

I have appointed this person to manage my estate after I die:

Executor (Personal Representative)

Name: _____

Cell Phone: _____

Other Phones: _____

Email: _____

Address: _____

Notes: _____

ESTATE PLANNING CONTACTS

If my Executor (Personal Representative) cannot serve, contact
Executor (Successor)

Name: _____

Cell Phone: _____

Other Phones: _____

Email: _____

Address: _____

Notes: _____

FINANCIAL ACCOUNTS

(Bank Accounts, CDs)

Bank Name: _____

Account Type: _____

Account No: _____

Co-Owner(s) on Title: _____

Estimated Value: _____

Bank Name: _____

Account Type: _____

Account No: _____

Co-Owner(s) on Title: _____

Estimated Value: _____

FINANCIAL ACCOUNTS

(Bank Accounts, CDs)

Bank Name: _____

Account Type: _____

Account No: _____

Co-Owner(s) on Title: _____

Estimated Value: _____

Bank Name: _____

Account Type: _____

Account No: _____

Co-Owner(s) on Title: _____

Estimated Value: _____

RETIREMENT ACCOUNTS

(401K, IRA, Pension, etc.)

Bank/Brokerage Name: _____

Account Type: _____

Account No: _____

Employer Plan (Yes/No): _____

Estimated Value: _____

Bank/Brokerage Name: _____

Account Type: _____

Account No: _____

Employer Plan (Yes/No): _____

Estimated Value: _____

INVESTMENT ACCOUNTS

(Brokerage, Stocks, Bonds, Mutual Funds, etc.)

Bank/Brokerage Name: _____

Account Type: _____

Account No: _____

Co-Owner(s): _____

Estimated Value: _____

Bank/Brokerage Name: _____

Account Type: _____

Account No: _____

Co-Owner (s): _____

Estimated Value: _____

ANNUITIES
(Investment-Based or Insurance-Based)

Provider: _____

Policy/Account No: _____

Type (Fixed, Variable, Indexed, etc.): _____

Beneficiaries: _____

Monthly/Annual Payout: _____

Provider: _____

Policy/Account No: _____

Type (Fixed, Variable, Indexed, etc.): _____

Beneficiaries: _____

Monthly/Annual Payout: _____

LIFE INSURANCE

Insurance Company: _____

Policy No: _____

Type (Term Life, Whole Life, Universal Life, Group, etc.):

Coverage Amount (\$): _____

Beneficiary Name(s): _____

Start Date: _____

Notes: _____

REAL ESTATE

Property Address:

Co-owner(s): _____

Name(s) Listed on Title: _____

Estimated Value: _____

Property Address:

Co-owner(s): _____

Name(s) Listed on Title: _____

Estimated Value: _____

BUSINESS ASSETS

(Partnership / LLC / S-Corp, etc.)

Business Name: _____

Type (LLC, S-Corp, etc): _____

Address/URL: _____

Co-owner(s): _____

Estimated Value: _____

Notes: _____

OTHER KEY INFORMATION

Does anyone owe you money? (Person, amount, reason)

Do you have safe deposit box at a bank? (Note: You must add someone as a signer to access this account.)

Do you keep large amounts of cash or valuable belongings (\$10,000+) at home? List them here:

OTHER KEY INFORMATION

Does anyone have a key to your home that can be used in an emergency?

Where are your estate planning documents kept? Who has the original documents?

If you have a pet, please provide information such as type of pet, name, age, and veterinarian:

FUNERAL/BURIAL INFORMATION

Do you have any specific instructions for your funeral arrangements? If so, please provide this information here:

Have you prepaid any funeral or burial arrangements? If so, please provide information here.
