

# *Family Essential Records Quick-Access Guide*

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Certain life events, including illnesses, accidents or other emergencies can occur without notice, making it critical for loved ones to have ready-access to the information they need to assist you and carry out your wishes with confidence. The Essential Records Quick Access Guide provides an easy way to ensure your spouse, loved ones or caregivers know where to find important medical and financial documents, records, information and contacts – saving you and family members valuable time searching for information in a time of crisis or stress.

## PERSONAL INFORMATION

### Myself

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Name

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Address

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Mobile Phone #

Home Phone #

Work Phone #

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Date of Birth

Social Security Number

### Spouse (if applicable)

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Name

---

Address

---

Mobile Phone #

Home Phone #

Work Phone #

---

Date of Birth

Social Security Number

## MEDICAL/HEALTHCARE INFORMATION

### Health Insurance

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Primary Plan ID/Subscriber #

Phone #

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Supplemental Plan ID/Subscriber #

Phone #

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Primary Caregiver Name

Relationship

Address

Phone #

---

Primary Physician Name

Office Address

Phone #

---

Medical Specialist Name

Office Address

Phone #

### Medical Conditions

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Allergies

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Prescription Medications/Dosages

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Over-the-Counter Medications/Dosages

### Emergency Medical Instructions (check all that apply)

**Physician-Signed Do Not Resuscitate (DNR) Order**

**Health Care Proxy/Advanced Directive**

**Health Care Agent/Proxy**

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Healthcare Agent Proxy Name

Relationship

Phone #s (Home/Work/Cell)

## Long-term Care Policy

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Insurance Provider Name

Address

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Phone # for Claims

Policy Number

### ESTATE PLANNING DOCUMENTS

**I/we have executed the following Estate Planning documents  
(check all that apply):**

- Physician-Signed Do Not Resuscitate (DNR) Order
- Healthcare Proxy/Advanced Directive
- Healthcare Agent/Proxy

**Other:**

- Beneficiary Designations
- Guardianship Designations
- Adoption Papers
- Naturalization/Citizenship Papers
- Military Discharge Papers

**My/our Estate Planning documents are located in (check all that apply and indicate location for each):**

**Safety Deposit Box**

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Institution Name

Address

Location of Key(s)

**Safe**

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Location

Combination

**Fireproof Box**

---

Location

Combination

**Other**

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**The following are authorized to access these documents:**

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Name

Relationship

Phone #

Email

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Name

Relationship

Phone #

Email

**The following have certified copies of my/our Estate Planning documents:**

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Executor Name

Address

Cell Phone #

Home/Office Phone #

Email

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Power of Attorney Name

Address

Cell Phone #

Home/Office Phone #

Email

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Trustee Name

Address

Cell Phone #

Home/Office Phone #

Email

---

Co-Trustee Name

Address

Cell Phone #

Home/Office Phone #

Email

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Other Name

Address

Cell Phone #

Home/Office Phone #

Email



## BANK ACCOUNTS

### Checking

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Institution Name	Address
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Account Registration (name(s) on account)	Account #
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### Savings

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Institution Name	Address
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Account Registration (name(s) on account)	Account #
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### CDs

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Institution Name	Address
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Account Registration (name(s) on account)	Account #
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### Money Market Account(s)

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Institution Name	Address
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Account Registration (name(s) on account)	Account #
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### Pension/Retirement Accounts

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Account Type (i.e. pension, IRA, 401(k))	Institution Name	Address
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Account Registration (name(s) on account)	Account #
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Account Type (i.e. pension, IRA, 401(k))	Institution Name	Address
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Account Registration (name(s) on account)	Account #
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## INVESTMENTS

### Investment Assets

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Institution Name	Address
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Account Registration (name(s) on account)	Account #
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Institution Name	Address
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Account Registration (name(s) on account)	Account #
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### Real Estate (list properties owned, including primary residence)

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Property Address
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Mortgage Company (if applicable)	Location of Deed
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Property Address
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Mortgage Company (if applicable)	Location of Deed
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### Other Personal Property (i.e. boat, collectibles, antiques, jewelry)

## ONLINE ACCOUNTS

A list of institutions/companies where I/we have established online transaction capabilities (i.e. online banking, credit cards, utility companies, etc.), including user names and passwords, is located in:

**Safety Deposit Box**

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Institution Name	Address	Location of Key(s)
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**Safe**

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Location	Combination
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**Fireproof Box**

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Location	Combination
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**Other**

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## PROFESSIONAL CONTACTS/ADVISORS

### Financial Advisor/Planner

Name	Firm	Address
Phone #	Email	

### Attorney

Name	Firm	Address
Phone #	Email	

### CPA/Accountant/Tax Advisor

Name	Firm	Address
Phone #	Email	

### Insurance Agent

Name	Firm	Address
Phone #	Email	

### Other

Name	Firm	Address
Phone #	Email	

## NOTES



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