

# BEGLEY, CARLIN & MANDIO, LLP

ATTORNEYS AT LAW



## Essential Family Information

**Information about all your important accounts and documents including:**

- Personal information
- Healthcare providers
- Insurance policies
- Deed and mortgage locations
- Personal property
- Financial documents
- Will and last wishes

Dear Clients and Friends

The lawyers at Begley Carlin & Mandio have prepared this booklet for you to keep vital information in one place in the event of your incapacitation or death. We think it is an excellent idea for you and your spouse, if you are married, to each complete this booklet and review it annually.

Please tell your executor, attorney and other family members that you have completed this booklet and where it is located. This will greatly assist them in making sure your wishes are followed.

If you would like additional copies of this booklet, please do not hesitate to contact any of the lawyers in our Estates Group:

**Thomas J. Profy IV**

Phone (215) 750-0110

Email: [tprofyiv@begleycarlin.com](mailto:tprofyiv@begleycarlin.com)

**Francis X. Dillon**

Phone (215) 750-0110

Email: [fdillon@begleycarlin.com](mailto:fdillon@begleycarlin.com)

**Lynn S. Evans**

Phone (215) 750-0110

Email: [levans@begleycarlin.com](mailto:levans@begleycarlin.com)

The completion or receipt of this booklet does not constitute an attorney-client relationship between our firm and the recipient.

  
BEGLEY, CARLIN & MANDIO, LLP

[www.begleycarlin.com](http://www.begleycarlin.com)

680 Middletown Boulevard • Langhorne, PA 19047  
(215) 750-0110



## Contact Information

### Personal

Name \_\_\_\_\_

Address (Legal) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

### Business

Company \_\_\_\_\_

Address \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

## NOTES:

## Personal Information

Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Place of Birth \_\_\_\_\_

Location of Birth Certificate \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Location of Social Security Card \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Passport Number \_\_\_\_\_

Location of Passport \_\_\_\_\_

## Marital Status

Single  Married  Divorced

Location of Marriage Certificate \_\_\_\_\_

Location of Termination Papers \_\_\_\_\_

Existence of Pre-marital agreements? \_\_\_\_\_

Widowed?  No  Yes: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_



## NOTES:

### Children

1. Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

3. Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

4. Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

### Parents

**Father**  Living  Deceased

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

**Mother**  Living  Deceased

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_



**NOTES:**

## Guardians of Minor Children

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

## Education

## Military Service

Branch \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

## Health Care

### Insurance

Policy Number \_\_\_\_\_

Company \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Primary Physician \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Dentist \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Cardiologist \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

OB/GYN \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_



## NOTES:

Eye \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Other (please list) \_\_\_\_\_

Allergies?  Yes  No

Please describe \_\_\_\_\_

Medications Currently Taking (Please date and indicate dosage)

Product Name \_\_\_\_\_ Dosage \_\_\_\_\_

Product Name \_\_\_\_\_ Dosage \_\_\_\_\_

Personal History (Indicate major surgeries or health problems) \_\_\_\_\_

### Documents:

Durable General  
Power of Attorney  Yes  No Location \_\_\_\_\_

Durable Health Care  
Power of Attorney  Yes  No Location \_\_\_\_\_

Living Will  Yes  No Location \_\_\_\_\_

Do Not Resuscitate Order  Yes  No Location \_\_\_\_\_

Organ Donor  Yes  No Location \_\_\_\_\_

## Personal Property

**Please list any property you own or co-own**

Location of Deed(s) \_\_\_\_\_

Location of Mortgage Papers \_\_\_\_\_

Escrow Mortgage Accounts

Loan Documents (proof of debt owed) \_\_\_\_\_

Interests in any closely held businesses? Location of Documentation \_\_\_\_\_



**List of all Bank and Investment Account Numbers:**

Bank \_\_\_\_\_ Acct. # \_\_\_\_\_  
Bank \_\_\_\_\_ Acct. # \_\_\_\_\_  
Bank \_\_\_\_\_ Acct. # \_\_\_\_\_

**CDs**

Name \_\_\_\_\_ Acct. # \_\_\_\_\_  
Name \_\_\_\_\_ Acct. # \_\_\_\_\_  
Name \_\_\_\_\_ Acct. # \_\_\_\_\_

**Retirement Accounts**

Name \_\_\_\_\_ Acct. # \_\_\_\_\_  
Name \_\_\_\_\_ Acct. # \_\_\_\_\_

**Annuities**

Name \_\_\_\_\_ Acct. # \_\_\_\_\_  
Name \_\_\_\_\_ Acct. # \_\_\_\_\_

**Stocks and bonds**

Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_

**Other Instruments (describe)**

Location of Safety Deposit Box and Key \_\_\_\_\_

Pensions \_\_\_\_\_

**NOTES:**



## NOTES:

List of all Debts \_\_\_\_\_

### Credit Cards

Type \_\_\_\_\_ Acct. # \_\_\_\_\_

Type \_\_\_\_\_ Acct. # \_\_\_\_\_

Type \_\_\_\_\_ Acct. # \_\_\_\_\_

### Life Insurance Policies

1. Company \_\_\_\_\_ Policy # \_\_\_\_\_

Agent \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Location \_\_\_\_\_

2. Company \_\_\_\_\_ Policy # \_\_\_\_\_

Agent \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Location \_\_\_\_\_

### Contact Information

#### Stockbroker

Name \_\_\_\_\_

Phone (     ) \_\_\_\_\_

#### Attorney

Name \_\_\_\_\_

Phone (     ) \_\_\_\_\_

#### Insurance Agent

Name \_\_\_\_\_

Phone (     ) \_\_\_\_\_

#### Accountant

Name \_\_\_\_\_

Phone (     ) \_\_\_\_\_





### Other Advisors

Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

### Last Wishes:

Do You Have a Will?  Yes  No Location \_\_\_\_\_

Any Codicils?  Yes  No Location \_\_\_\_\_

Name of Executor \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Location of any trust documents \_\_\_\_\_

\_\_\_\_\_

### Funeral/Memorial Information

Burial or Cremation Instructions \_\_\_\_\_

\_\_\_\_\_

Funeral Paid for?  Yes  No

### Miscellaneous

Computer Password(s) \_\_\_\_\_

Do you co-own property or a business with anyone?  Yes  No

If yes, please explain. \_\_\_\_\_

### NOTES:



## NOTES:

List of all vehicles owned and location of titles and loan documents.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List of all other significant property (jewelry, paintings, art, heirlooms and location of each)

Item \_\_\_\_\_ Location \_\_\_\_\_

Item \_\_\_\_\_ Location \_\_\_\_\_

Item \_\_\_\_\_ Location \_\_\_\_\_

Have you hidden anything you want someone to know about? If so who, and where?

## Notes

**Date this book was completed**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



Begley Carlin and & Mandio is one of the largest full-service law firms in Bucks County. From our office in Langhorne, the firm represents individuals, businesses, banks, municipalities, educational institutions, and school districts in a variety of practice areas including business law, litigation, trusts and estates, family law, real estate, elder and criminal law matters. A presence in Bucks County, Pennsylvania, since 1933, Begley, Carlin & Mandio, LLP is known as a firm with the reputation and community relations it takes to get things done.

BEGLEY, CARLIN & MANDIO, LLP

ATTORNEYS AT LAW

[www.begleycarlin.com](http://www.begleycarlin.com)

680 Middletown Boulevard • Langhorne, PA 19047  
(215) 750-0110