Lake Chapala End-of-Life Care Community

Emergency Information Form 6 - About Your Home (Owned or Rented)

Use this form to record the information that keeps your home running in the event that you need help.

Property Address _____

Ownership: ◯ I rent this property ◯ I own this property outright ◯ I own this property in a Trust

For Renters: Landlord Name _____ Phone _____

Location of Rental Lease _____

For Owners: Name on Deed _____ Phone _____

Location of Deed/Trust _____

People Who Have Keys to Property

Name _____ Phone _____ Name _____ Phone _____

Name _____ Phone _____ Name _____ Phone _____

Name _____ Phone _____ Name _____ Phone _____

Does someone rent this property from you?

Renter _____ Phone _____

Location of Important Papers

☐ I have a Safe

Notes _____

Utilities You Pay (List Company, your account number and phone number)

Electric	_____	Account #	_____	Phone	_____
Gas	_____	Account #	_____	Phone	_____
Cable	_____	Account #	_____	Phone	_____
Internet	_____	Account #	_____	Phone	_____
Phone	_____	Account #	_____	Phone	_____
Other	_____	Account #	_____	Phone	_____

Plans for this real estate after your death

Real Estate Agent _____ Phone _____

Attorney _____ Phone _____

Notes _____

_____

_____

_____

Make copies of this form if you have more than one property.