

Lake Chapala End-of-Life Care Community

Emergency Information Form 8 - Financial Summary

Your Financial Advice Team

Planner/Advisor _____ Email _____ Phone _____
Banker _____ Email _____ Phone _____
Tax Preparer _____ Email _____ Phone _____
Attorney _____ Email _____ Phone _____

Banking and Investment Accounts

Asset Accounts Types include:

- Checking, Savings, Money Market, Certificates of Deposit (CDs), Trust accounts
- Savings and Retirement Accounts such as 401(k), 403(b), IRA, Roth IRA, 529 College Savings Plans
- Investments (Stocks, Bonds, Options, etc.), Precious Metals and Cryptocurrencies

Company Name _____ Customer Service Phone _____
Type of Account(s) _____ Primary Account Number _____
☐ I have a Debit Card for this account Notes _____

Company Name _____ Customer Service Phone _____
Type of Account(s) _____ Primary Account Number _____
☐ I have a Debit Card for this account Notes _____

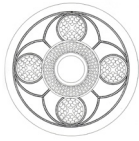
Company Name _____ Customer Service Phone _____
Type of Account(s) _____ Primary Account Number _____
☐ I have a Debit Card for this account Notes _____

Company Name _____ Customer Service Phone _____
Type of Account(s) _____ Primary Account Number _____
☐ I have a Debit Card for this account Notes _____

Sources of Income

Indicate your sources of regular income. Make notes of company or agency names and contact information.

☐ Social Security _____
☐ Pension _____
☐ Disability _____
☐ Military _____
☐ Alimony _____
☐ Annuity _____
☐ Other _____



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Credit Cards, Loans, Obligations

Liability Accounts include Credit Cards, Loans, Contracts for Deed.

Company Name _____ Customer Service Phone _____

Type of Account(s) _____ Primary Account Number _____

Notes _____

Company Name _____ Customer Service Phone _____

Type of Account(s) _____ Primary Account Number _____

Notes _____

Company Name _____ Customer Service Phone _____

Type of Account(s) _____ Primary Account Number _____

Notes _____

Company Name _____ Customer Service Phone _____

Type of Account(s) _____ Primary Account Number _____

Notes _____

Insurance Policies

List your finance-related insurance policies such as: Life, Disability, Long-Term Care

Company Name _____ Customer Service Phone _____

Type of Insurance _____ Policy Number _____

Agent _____ Agent Phone _____

Company Name _____ Customer Service Phone _____

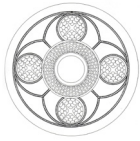
Type of Insurance _____ Policy Number _____

Agent _____ Agent Phone _____

Company Name _____ Customer Service Phone _____

Type of Insurance _____ Policy Number _____

Agent _____ Agent Phone _____



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☐ I have a **Safe Deposit Box**

Location _____ Box Number _____

Who has keys? _____ Who can sign? _____

☐ I have a **Home Safe**

Location _____

Who has keys or code? _____

☐ I have a **Business**

Name/Location _____

Notes _____

Location of Wills, Trusts, Deeds _____

Location of Tax Returns _____

Location of checkbooks, statements, cancelled checks _____

Other Finance-Related Information

☐ I owe money to other people

Person _____ Phone Number _____

Person _____ Phone Number _____

☐ Others owe money to me

Person _____ Phone Number _____

Person _____ Phone Number _____

Location of notes payable and receiveable _____