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 _____

Make copies of this form if needed.

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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 _____