

Answer Book:

My Personal and Financial Information

For Rossmoor Residents

Because we never know under what circumstances illness or death may occur, take this opportunity to fill out the Answer Book for your loved ones.

It is recommended that pencil be used so changes or corrections can easily be made. Each person in a couple should fill out their own Answer Book or create separate versions of relevant pages.

Review the contents periodically, updating any information as required. Keep the book in your safe deposit box or a secure place. You may wish to make copies for your family members.

This book has been prepared for your family to serve as an aid in answering questions and as a guide in making decisions.

Updated on _____

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PERSONAL INFORMATION

Name _____ Former name _____

Date of birth _____ Birthplace _____

Social Security _____ Naturalization date: _____

Name of spouse _____ DOB _____

Spouse's Social Security _____ Naturalization date: _____

Previous Address _____

Previous Address _____

Father's name _____ Birthplace _____

Mother's name _____ Birthplace _____

Children _____

Siblings _____

Schools/Military Service

High School _____

College _____

Other _____

Religious affiliation _____

Other memberships _____

Branch of military _____ Serial # _____

Enlistment date _____ Discharge date _____ Rank _____

PERTINENT HOUSEHOLD INFORMATION

Home address: _____ Walnut Creek, CA 94595

Phone _____ Alt phone _____

Entry _____ Rossmoor Mutual _____

Neighbor _____ Phone # _____

Address _____

Neighbor _____ Phone # _____

Address _____

Relative/Friend _____ Phone # _____

Address _____

Relative/Friend _____ Phone # _____

Address _____

Location of:

Carport/storage _____

Extra house key _____

Lockbox code _____

Safe/Key _____ Combination _____

Electrical breaker box _____

Thermostat _____

Alarm system box _____

ROSSMOOR NUMBERS

Rossmoor Counseling Services: 988-7750
Mutual Operations Division: 988-7650
Manor Alterations and Resales: 988-7660
Member Records Department: 988-7725 or 7727
Securitas/Public Safety: 988-7899

ROSSMOOR COUPON (Monthly association fees)

Approximately monthly cost:_____

DUE DATES_____BANK DRAFT_____CHECK_____OTHER_____

Household Contacts

Alarm company/Alarm code _____

Veterinarian _____

Electrician_____Plumber_____

PG+E: 1 (800) 743-5000 Account # _____

Telephone/Cell phone provider_____

Account information_____

Comcast: 1-800-COMCAST Account # _____

Emergency Response System provider_____

Household Special Instructions

Plants_____

Newspapers_____

Animal care plan_____

Other_____

ADVISORS

CLERGY _____ PHONE _____

ADDRESS _____

ATTORNEY _____ PHONE _____

ADDRESS _____

BANKER _____ PHONE _____

ADDRESS _____

ACCOUNTANT _____ PHONE _____

ADDRESS _____

FINANCIAL ADVISOR _____ PHONE _____

ADDRESS _____

STOCK BROKER _____ PHONE _____

ADDRESS _____

INSURANCE AGENT _____ PHONE _____

ADDRESS _____

REALTOR _____ PHONE _____

ADDRESS _____

LEASING AGENT _____ PHONE _____

ADDRESS _____

OTHER ADVISORS _____ PHONE _____

_____ PHONE _____

MEDICAL

1) PRIMARY PHYSICIAN _____

ADDRESS _____

PHONE _____ FAX _____

2) PHYSICIAN _____ SPECIALTY _____

ADDRESS _____

PHONE _____ FAX _____

3) PHYSICIAN _____ SPECIALTY _____

ADDRESS _____

PHONE _____ FAX _____

MEDICAL ALLERGIES:

MAJOR ILLNESSES:

_____ DATE _____
_____ DATE _____
_____ DATE _____
_____ DATE _____

OPERATIONS:

_____ DATE _____
_____ DATE _____
_____ DATE _____
_____ DATE _____

MEDICAL INSURANCE

MEDICARE # _____

MEDICARE PART D POLICY _____

SUPPLEMENTAL HEALTH INSURANCE OR HMO _____

AGENT'S NAME _____ PHONE _____

POLICY NUMBER _____

USER NAME _____ PASSWORD _____

DEDUCTIBLE _____ PREMIUM AMT. _____

DUE DATES _____ BANK DRAFT _____ CHECK _____ OTHER _____

LOCATION OF POLICY _____

DETAILS OF COVERAGE _____

LONG TERM CARE INSURANCE

TYPE OF COVERAGE _____ DEDUCTABLE _____

DEDUCTIBLE PERIOD _____

COMPANY _____

ADDRESS _____ PHONE _____

AGENT'S NAME _____ PHONE _____

POLICY # _____ PREMIUM AMOUNT _____

DUE DATES _____ BANK DRAFT _____ CHECK _____ OTHER _____

LOCATION OF POLICY _____

DETAILS OF POLICY _____

LEGAL DOCUMENTS

LOCATION OF WILL/TRUST _____

LOCATION OF COPIES _____

DATE OF WILLS _____

NAME OF ATTORNEY _____

ADDRESS _____

PHONE _____

EXECUTOR _____

ADDRESS _____

PHONE _____

TRUST TAXPAYER ID _____

ADVANCE HEALTH CARE DIRECTIVE/LIVING WILL:

LOCATION OF ORIGINAL _____

LOCATION OF COPIES _____

DATE EXECUTED _____

PRIMARY HEALTH CARE PROXY _____ PHONE _____

POWER OF ATTORNEY FOR FINANCE:

LOCATION OF ORIGINAL _____

LOCATION OF COPIES _____

DATE EXECUTED _____

IT IS STRONGLY RECOMMENDED THAT YOUR FAMILY PHYSICIAN RECEIVE A COPY OF YOUR ADVANCE HEALTH CARE DIRECTIVE.

FUNERAL AND BURIAL INSTRUCTIONS

OFFICIENT_____PHONE_____

FUNERAL HOME PREFERENCE_____

LOCATION OF SERVICE_____

CEMETARY LOT LOCATED IN_____

CEMETARY_____ADDRESS_____

LOT#_____BLOCK#_____SECTION_____

LOCATION OF DEED_____

PREPAID FUNERAL PLAN#_____

VIEWING WISHES: OPEN CASKET_____CLOSED CASKET_____

CREMATION_____

SPECIAL REQUESTS FOR FUNERAL SERVICE/MEMORIAL:

(Casket, biblical passages, clothing, jewelry, music, etc.)

IN LIEU OF FLOWERS, I WISH CONTRIBUTIONS TO BE MADE TO THE FOLLOWING ORGANIZATIONS:

DONOR'S CERTIFICATION: I THE UNDERSIGNED, BEING OF SOUND MIND AND OVER THE AGE OF 18, DONATE MY_____

AS AN ANATOMICAL GIFT AT THE TIME OF DEATH.

SIGNATURE_____DATE_____

WITNESS_____DATE_____

WITNESS_____DATE_____

PERSONS TO NOTIFY IN CASE OF DEATH

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

NAME _____ RELATIONSHIP _____

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NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

Rossmoor News Obituaries: 988-7800

Contra Costa Times Obituaries (925) 943-8020

KEEPING FAMILY/HOUSEHOLD RECORDS

The test is how easy or difficult it would be for other members of your household to figure out your record system. **Or... do you even have a system?**

You should keep two home files in addition to your safe deposit— one active and one for dead storage information:

ACTIVE FILE:

- Tax receipts
- Health benefit information
- Education information
- Receipts of expensive items not yet paid for
- Unpaid bills until paid
- Paid bill receipts
- Current cancelled checks
- Current bank statements
- Income tax working papers (after 3 years move to dead storage)
- Employment records
- Credit card information
- Insurance policies
- Copies of wills
- Family health records
- Appliance manuals and warranties
- Receipts of items under warranty
- Social security information on benefits and regulations
- Inventory of what is in your safe deposit box
- Tax receipts
- Loan statements
- Loan payment books

DEAD STORAGE:

- All active file papers over 3 years old

ITEMS TO DISCARD:

- Salary statements (after checking on W-2 forms)
- Cancelled checks for cash or nondeductible expenses
- Expired warranties

PERSONAL FINANCIAL STATEMENT

ASSETS

Cash on hand (checking and Savings)	
Money Market, Certificates of Deposit	
Government Securities	
Stocks and Bonds (current value)	
Accounts, loans, and notes receivable	
Retirement plan (current retrievable funds)	
Other assets	
Real estate	
Autos/boats	
Life insurance	
Household furnishings	
Other	
TOTAL ASSETS	

LIABILITIES

Notes payable to banks	
Accounts and notes payable to others	
Credit card balances	
Mortgages	
Taxes due	
TOTAL LIABILITIES	

TOTAL ASSETS	
Less	
TOTAL LIABILITIES	
=	

NET WORTH

INCOME

Salary	
Commissions and Bonuses	
Dividends and interest	
Other	
TOTAL ANNUAL INCOME	

SAFE DEPOSIT BOX

BANK _____

ADDRESS _____

LOCATION OF KEYS _____

PERSONS AUTHORIZED TO SIGN _____

CONTENTS:

____ WILL _____

____ POWER OF ATTORNEY _____

____ BIRTH CERTIFICATES _____

____ DIVORCE PAPERS _____

____ MILITARY DISCHARGE PAPERS _____

____ PROPERTY DEEDS _____

____ STOCK/BOND CERTIFICATES _____

____ COPY OF TRUST _____

____ NOTES PAYABLE/RECEIVABLE _____

____ CITIZENSHIP PAPERS _____

____ LIVING WILL _____

____ MARRIAGE CERTIFICATES _____

____ ADOPTION PAPERS _____

____ DEATH CERTIFICATES _____

____ TITLES TO AUTOMOBILES _____

____ HOUSEHOLD INVENTORY _____

____ IMPORTANT CONTRACTS _____

OTHER:

RETIREMENT PLAN

NAME OF FUND _____

INSTITUTION ADMINISTERING FUND _____

ADDRESS _____

AMOUNT IN FUND _____ DATE _____

DATE FUNDS ARE RETRIEVABLE _____

PERSON OR PERSONS FUNDS ARE AVAILABLE TO _____

LOCATION OF DOCUMENTS PERTAINING TO FUND _____

ADDITIONAL INFORMATION _____

NAME OF FUND _____

INSTITUTION ADMINISTERING FUND _____

ADDRESS _____

AMOUNT IN FUND _____ DATE _____

DATE FUNDS ARE RETRIEVABLE _____

PERSON OR PERSONS FUNDS ARE AVAILABLE TO _____

LOCATION OF DOCUMENTS PERTAINING TO FUND _____

ADDITIONAL INFORMATION _____

BANK ACCOUNTS

ACCOUNT NAME _____ PIN # _____

ACCOUNT # _____ BANK _____

ADDRESS _____

LOGIN ID _____ PASSWORD _____

JOINT _____ INDIVIDUAL _____ CHECKING _____ SAVINGS _____

THOSE AUTHORIZED TO SIGN ON ACCOUNT _____

BANK OFFICER TO CONTACT _____

LOCATION OF CHECKBOOK _____

ACCOUNT NAME _____ PIN # _____

ACCOUNT # _____ BANK _____

ADDRESS _____

LOGIN ID _____ PASSWORD _____

JOINT _____ INDIVIDUAL _____ CHECKING _____ SAVINGS _____

THOSE AUTHORIZED TO SIGN ON ACCOUNT _____

BANK OFFICER TO CONTACT _____

LOCATION OF CHECKBOOK _____

ACCOUNT NAME _____ PIN # _____

ACCOUNT # _____ BANK _____

ADDRESS _____

LOGIN ID _____ PASSWORD _____

JOINT _____ INDIVIDUAL _____ CHECKING _____ SAVINGS _____

THOSE AUTHORIZED TO SIGN ON ACCOUNT _____

BANK OFFICER TO CONTACT _____

LOCATION OF CHECKBOOK _____

CREDIT CARDS

CARD ISSUED BY _____ PHONE _____

CARD # _____ EX. DATE _____

LOCATION OF CARD _____

THOSE AUTHORIZED TO SIGN ON CARD _____

CARD ISSUED BY _____ PHONE _____

CARD # _____ EX. DATE _____

LOCATION OF CARD _____

THOSE AUTHORIZED TO SIGN ON CARD _____

CARD ISSUED BY _____ PHONE _____

CARD # _____ EX. DATE _____

LOCATION OF CARD _____

THOSE AUTHORIZED TO SIGN ON CARD _____

CARD ISSUED BY _____ PHONE _____

CARD # _____ EX. DATE _____

LOCATION OF CARD _____

THOSE AUTHORIZED TO SIGN ON CARD _____

CARD ISSUED BY _____ PHONE _____

CARD # _____ EX. DATE _____

LOCATION OF CARD _____

THOSE AUTHORIZED TO SIGN ON CARD _____

STOCKS AND BONDS

FIRMS _____ BROKER _____
ADDRESS _____ PHONE _____
ACCOUNT NAME _____ ACCT. # _____
ACCOUNT NAME _____ ACCT. # _____

FIRMS _____ BROKER _____
ADDRESS _____ PHONE _____
ACCOUNT NAME _____ ACCT. # _____
ACCOUNT NAME _____ ACCT. # _____

FIRMS _____ BROKER _____
ADDRESS _____ PHONE _____
ACCOUNT NAME _____ ACCT. # _____
ACCOUNT NAME _____ ACCT. # _____

SECURITIES HELD BY INDIVIDUAL

STOCK _____ #SHARES _____
LOCATION OF CERTIFICATES _____

STOCK _____ #SHARES _____
LOCATION OF CERTIFICATES _____

STOCK _____ #SHARES _____
LOCATION OF CERTIFICATES _____

STOCK _____ #SHARES _____
LOCATION OF CERTIFICATES _____

REAL ESTATE

PROPERTY ADDRESS _____

NAMES OF OWNERS _____

DATE OF PURCHASE _____

MORTGAGE HELD BY _____

APPROXIMATE MORTGAGE BALANCE _____

#OF YEARS ON MORTGAGE _____ INTEREST RATE _____

LOAN# _____ PAYMENT AMOUNT _____

DUE DATE _____ LATE DATE _____

PROPERTY TAXES _____

LOCATION OF TITLE/DEED _____

DESCRIPTION OF MAJOR IMPROVEMENTS:

_____ DATE: _____ COST _____

_____ DATE: _____ COST _____

_____ DATE: _____ COST _____

_____ DATE: _____ COST _____

_____ DATE: _____ COST _____

_____ DATE: _____ COST _____

_____ DATE: _____ COST _____

_____ DATE: _____ COST _____

LOCATION OF RECEIPTS _____

OTHER ASSETS

INFORMATION REGARDING CERTIFICATES OF DEPOSIT, RETIREMENT PLANS, ANNUITY CONTRACTS, STOCK-OPTION PLANS, PROFIT SHARING PLANS, LIMITED PARTNERSHIPS, GOLD COINS, ANTIQUES, ART. ETC...

ASSET _____

LOCATION OF INFORMATION PERTAINING TO THIS ASSET _____

ASSET _____

LOCATION OF INFORMATION PERTAINING TO THIS ASSET _____

ASSET _____

LOCATION OF INFORMATION PERTAINING TO THIS ASSET _____

ASSET _____

LOCATION OF INFORMATION PERTAINING TO THIS ASSET _____

ASSET _____

LOCATION OF INFORMATION PERTAINING TO THIS ASSET _____

ACCOUNTS, LOANS, AND NOTES RECEIVABLE

DEBTOR'S NAME _____

ADDRESS _____

HOME PHONE _____ BUSINESS PHONE _____

LOAN AMOUNT _____ DATE _____

TERMS OF PAYMENT _____

LOCATION OF AGREEMENT _____

ADDITIONAL INFORMATION _____

DEBTOR'S NAME _____

ADDRESS _____

HOME PHONE _____ BUSINESS PHONE _____

LOAN AMOUNT _____ DATE _____

TERMS OF PAYMENT _____

LOCATION OF AGREEMENT _____

ADDITIONAL INFORMATION _____

DEBTOR'S NAME _____

ADDRESS _____

HOME PHONE _____ BUSINESS PHONE _____

LOAN AMOUNT _____ DATE _____

TERMS OF PAYMENT _____

LOCATION OF AGREEMENT _____

ADDITIONAL INFORMATION _____

LOAN INFORMATION

(INCLUDE PERSONAL LOANS, INSTALLMENT PURCHASES, ETC.)

AMOUNT OF LOAN _____ DATE _____

LOAN # _____ LENDER _____

ADDRESS _____

COLLATERAL _____

INTEREST RATE _____ # OF PAYMENTS _____ PAYMENT AMT. _____

DUE DATE _____ LATE DATE _____ FINAL PAYMENT _____

LOCATION OF AGREEMENT _____

REASON FOR LOAN _____

ADDITIONAL INFORMATION _____

AMOUNT OF LOAN _____ DATE _____

LOAN # _____ LENDER _____

ADDRESS _____

COLLATERAL _____

INTEREST RATE _____ # OF PAYMENTS _____ PAYMENT AMT. _____

DUE DATE _____ LATE DATE _____ FINAL PAYMENT _____

LOCATION OF AGREEMENT _____

REASON FOR LOAN _____

ADDITIONAL INFORMATION _____

AUTO INFORMATION

MAKE _____ MODEL _____ YEAR _____

VEHICLE I.D. # _____ LICENSE# _____

REGISTERED OWNER _____

DATE PURCHASED _____ SELLER _____

ADDRESS _____

LOAN CARRIED BY _____

ADDRESS _____

TITLE # _____ LOCATION OF TITLE _____

Other information _____

=====

MAKE _____ MODEL _____ YEAR _____

VEHICLE I.D. # _____ LICENSE # _____

REGISTERED OWNER _____

DATE PURCHASED _____ SELLER _____

ADDRESS _____

LOAN CARRIED BY _____

ADDRESS _____

TITLE # _____ LOCATION OF TITLE _____

Other information _____

AUTO INSURANCE

LICENSED DRIVER:

NAME _____ STATE LICENSE _____ EXP _____

LICENSE LIMITATIONS _____

ORGAN DONOR _____

AUTO _____

TYPE OF COVERAGE _____ DEDUCTABLE _____

COMPANY _____

ADDRESS _____ PHONE _____

AGENT'S NAME _____ PHONE _____

POLICY # _____ PREMIUM AMOUNT _____

DUE DATES _____ BANK DRAFT _____ CHECK _____ OTHER _____

LOCATION OF POLICY _____

DETAILS OF POLICY _____

PROPERTY INSURANCE

PROPERTY _____

AMOUNT OF COVERAGE _____ DEDUCTABLE _____

COMPANY _____

ADDRESS _____

AGENT'S NAME _____ PHONE _____

POLICY # _____ PREMIUM AMOUNT _____

DUE DATES _____ CHECK _____ OTHER _____

LOCATION OF POLICY _____

DETAILS OF COVERAGE _____

LIFE INSURANCE

INSURED _____ AMOUNT _____
 MATURITY DATE _____ CASH VALUE _____ DATE _____
 BENEFICIARY _____
 OWNER OF POLICY _____ DATE ISSUED _____
 COMPANY _____ ADDRESS _____
 AGENT'S NAME _____ PHONE _____
 POLICY NUMBER _____ PREMIUM AMOUNT _____
 DUE DATES _____ BANK DRAFT _____ CHECK _____ OTHER _____
 LOCATION OF POLICY _____
 DETAILS _____

DISABILITY INSURANCE

INSURED _____
 AMOUNT _____
 ELIMINATION PERIOD _____ ILLNESS _____ ACCIDENT _____
 COMPANY _____
 ADDRESS _____
 AGENT'S NAME _____ PHONE _____
 POLICY# _____ PREMIUM AMOUNT _____
 DUE DATES _____ BANK DRAFT _____ CHECK _____ OTHER _____
 LOCATION OF POLICY _____
 DETAILS OF COVERAGE _____

COMPUTER ACCOUNTS

Email Address _____

User Name _____ Password: _____

Additional Email Address _____

User Name _____ Password: _____

Online account _____

Purpose _____

User Name _____ Password: _____

Online account _____

Purpose _____

User Name _____ Password: _____

Online account _____

Purpose _____

User Name _____ Password: _____

AUTOMATIC PAYMENTS

1. Account _____ Amount _____

2. Account _____ Amount _____

3. Account _____ Amount _____

4. Account _____ Amount _____

5. Account _____ Amount _____

6. Account _____ Amount _____