

Care Plan



Community of Care
CASS COUNTY, ND

Arthur Office

335 1st Street
(In the Mall)
PO Box 187
Arthur, ND 58006
Phone: 701-967-8502
Toll Free: 877-815-8502

Casselton Office

11 Langer Avenue N
(In Bremer Bank)
PO Box 73
Casselton, ND 58012
Phone: 701-347-0032
Toll Free: 866-347-0032

Check Us Out At

www.communityofcarend.com

INFORMATION ABOUT YOU

<u>FULL NAME</u>	<u>SOCIAL SECURITY #</u>	<u>DATE OF BIRTH/PLACE OF BIRTH</u>
<u>FATHER'S NAME/PLACE OF BIRTH</u>		<u>MOTHER'S MAIDEN NAME/PLACE OF BIRTH</u>

INFORMATION ABOUT YOUR SPOUSE

<u>FULL NAME</u>	<u>SOCIAL SECURITY #</u>	<u>DATE OF BIRTH/PLACE OF BIRTH</u>
<u>FATHER'S NAME/PLACE OF BIRTH</u>		<u>MOTHER'S MAIDEN NAME/PLACE OF BIRTH</u>

INFORMATION ABOUT EACH OTHER

<u>DATE OF MARRIAGE</u>	<u>PLACE OF MARRIAGE</u>	<u>LOCATION OF MARRIAGE CERTIFICATE</u>
<u>YOUR LIFE INSURANCE COMPANY AND POLICY #</u>		<u>NAME OF AGENT</u>
<u>YOUR SPOUSE'S LIFE INSURANCE COMPANY AND POLICY #</u>		<u>NAME OF AGENT</u>

INFORMATION ABOUT YOUR CHILDREN

<u>FULL NAME - ADDRESS - PHONE - SSN</u> <input type="checkbox"/> M <input type="checkbox"/> F	<u>DATE/PLACE OF BIRTH</u>	<u>LIFE INS. POLICY, CO. & AGENT</u>
<u>FULL NAME - ADDRESS - PHONE - SSN</u> <input type="checkbox"/> M <input type="checkbox"/> F	<u>DATE/PLACE OF BIRTH</u>	<u>LIFE INS. POLICY, CO. & AGENT</u>
<u>FULL NAME - ADDRESS - PHONE - SSN</u> <input type="checkbox"/> M <input type="checkbox"/> F	<u>DATE/ PLACE OF BIRTH</u>	<u>LIFE INS. POLICY, CO. & AGENT</u>
<u>FULL NAME - ADDRESS - PHONE - SSN</u> <input type="checkbox"/> M <input type="checkbox"/> F	<u>DATE/PLACE OF BIRTH</u>	<u>LIFE INS. POLICY, CO. & AGENT</u>
<u>FULL NAME - ADDRESS - PHONE - SSN</u> <input type="checkbox"/> M <input type="checkbox"/> F	<u>DATE/PLACE OF BIRTH</u>	<u>LIFE INS. POLICY, CO. & AGENT</u>

WHO ARE YOUR ADVISORS?

<u>ADVISOR</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
POWER-OF-ATTORNEY			
PERSONAL REPRESENTATIVE			
LAWYER & LAW FIRM			
ACCOUNTANT & COMPANY			
BANKER & BANK			
STOCKBROKER & COMPANY			
FINANCIAL ADVISOR & COMPANY			
DOCTOR & CLINIC			

WHAT ARE YOUR ASSETS?

<u>ASSETS</u>	<u>DESCRIPTION</u>	<u>DOC. ID NO.</u>	<u>MORTGAGE</u>		<u>VALUE</u>
			Yes	No	
HOUSE #1					
HOUSE #2					
FARM LAND					
LAKE HOME					
AUTO #1					
AUTO #2					
BOAT					
STOCKS					
MUTUAL FUNDS					
BONDS					
CD'S					
LIFE INS.					
RETIREMENT PLAN					
IRA'S					
PERSONAL PROPERTY					

Care Plan For

MISCELLANEOUS INFORMATION

HEALTH INSURANCE COMPANY AND POLICY NUMBER:

WHERE ARE YOUR MEDICAL RECORDS LOCATED ON FILE?

WHO SHOULD BE CONTACTED IN AN EMERGENCY? PHONE NUMBER?

DO YOU HAVE DISABILITY INSURANCE? WHERE IS THE POLICY?

DO YOU HAVE A HEALTH CARE DIRECTIVE? WHERE IS IT LOCATED?

ARE YOU AN ORGAN DONOR?

WHERE ARE YOUR BIRTH CERTIFICATES?

BANK AND ACCOUNT NUMBERS:

DO YOU HAVE A SAFETY DEPOSIT BOX? WHERE? WHERE IS THE KEY?

DO YOU HAVE A COMPANY RETIREMENT PLAN? WITH WHAT COMPANY? WHERE IS IT?

WHERE IS THE DEED TO YOUR PROPERTY?

WHERE ARE THE TITLES TO YOUR VEHICLES?

DO YOU HAVE ANY TRUSTS? WHERE? TYPE? TRUSTEE?

ARE YOU ELIGIBLE FOR ANY MILITARY BENEFITS?

ARE YOU DUE ANY INHERITANCE?

DO YOU HAVE A WILL? WHERE IS YOUR WILL? EXECUTOR OF WILL?

DO YOU HAVE ANY FUNERAL ARRANGEMENTS? WHERE IS IT? WITH WHOM?

DO YOU HAVE A CEMETERY LOT? WHERE?

DO YOU HAVE CREDIT CARDS THAT ARE PAID UPON DEATH?