

PERSONAL INFORMATION OF

Name

Date

This Booklet is provided by:
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PLEASE NOTE: This booklet has been prepared for residents of Sussex County, New Jersey. The only purpose is to assist you in listing important information and the location of documents which others will need in the event of your serious illness or death. *It will be important to tell others where you keep this booklet, so they can find and use it when necessary.*

This information is issued as a public service by the Sussex County Surrogate and does not constitute legal advice, which can only be given by your attorney. The statements pertain only to the laws of the State of New Jersey.

My Physicians are:

Name	Specialty	Phone
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Name	Specialty	Phone
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Name	Specialty	Phone
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Name	Specialty	Phone
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(Add extra page if more space needed)

Hospital Patient Identification Numbers are:

Hospital	Patient Number
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Hospital	Patient Number
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Health Insurance Policy: _____

Identification Number: _____ **Phone:** _____

Filing Instructions to file Health Insurance Claims are located:

My Pharmacy is: _____

P.A.A.D (pharmacy) card is located: _____

My Medicare Number is: _____

Medicare phone number for New Jersey is: 1-800-633-4227

My Medicaid Number is: _____

**Medicaid phone number for Sussex County is: 973-383-3600 ext. 5123 or 5124
(Division of Social Services)**

LOCATION OF MY IMPORTANT DOCUMENTS

Birth Certificate: _____

Social Security Card: _____

Marriage Certificate: _____

Proof of Divorce: _____

Veteran's Discharge Certificate: _____

Citizenship/Naturalization Papers: _____

(Length of Residence in this State _____ years; in USA _____ years)

Driver's License: _____

Real Estate Deed(s): _____

Rental Lease(s): _____

Power of Attorney Document: _____

A Copy of the POA is located: _____

I have given Power of Attorney to: _____
Name

Address Phone

Living Will is located: _____

A Copy has been issued to: _____

INSURANCE

Health Insurance Policies

Name:	Policy Number:	Location
_____	_____	_____
_____	_____	_____

Life Insurance Policies

Name:

Policy Number:

Location:

Vehicle Insurance Policies

Name:

Policy Number & Vehicle:

Location:

Residential Insurance Policies

Name:

Policy Number & Property:

Location:

Additional Insurance Policies

Type:

Name:

Policy Number:

Location:

FINANCES

***Income Tax Returns* for the last 5 years are located: _____**

***Safe Deposit Box* is located: _____**

Number is: _____ Keys are located: _____

Others who can access are: _____

Checking Accounts

Bank/Savings Institution Location Account Number Book Location

Persons on my account are: _____

Computer Access: _____ Password: _____

Savings Accounts

Bank/Savings Institution Location Account Number Passbook

Persons on my account are: _____

Computer Access: _____ **Password:** _____

Pension does _____ does not _____ have survivor benefits.

Issued by _____

Company/Agency

Phone

Address

Pension Papers are located: _____

Debts owed to me are:

Debtor

Address

Amount

Location of papers

Trust Accounts

Bank/Savings Institution Location Account Number Trustee

IRA

Investment Type Institution Account # Location Value

Certificate of Deposit, Treasury Notes, Mutual Funds, Stocks, Bonds, etc.

Investment type ID/Account # Bank/Institution Location

(Add extra page if more space needed)

Vehicle Registrations

Vehicle Type	License Number	Location of Documents
_____	_____	_____
_____	_____	_____

(Add extra page if more space needed)

Real Property (also list Burial Plot)

Property Type	Address	Owners	Location of Deed/Mortgage
_____	_____	_____	_____
_____	_____	_____	_____

(Add extra page if more space needed)

Miscellaneous Investments

Type	Location of Ownership Papers
_____	_____
_____	_____

(Add extra page if more space needed)

DEBTS

Credit Cards, Type/Company Name	Account Number	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Loans, Mortgages, and Other Debts that I Owe:

Creditor	Address	Location of Legal Papers
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMPUTER CODES AND PASSWORDS

Identify, cell phone, PC, etc.	Access Code	Password
_____	_____	_____
_____	_____	_____
_____	_____	_____

MY WILL

Original Will is located: _____

A copy is located: _____

Executor(s) of my Will is/are: _____
Name(s)

Address & Phone

Guardian of Dependent Children: _____
Name

Address & Phone
Attorney who prepared Will: _____

Address & Phone

IN THE EVENT OF MY DEATH

Instructions regarding my funeral service are: _____

Instructions regarding my burial/cremation are: _____

I do ___ do not ___ own a burial plot located at: _____

Deed is located: _____

Funeral Director of choice: _____
Name

Address & Phone

Pastor/Priest/Rabbi: _____
Name

Address & Phone

Membership in Lodge/Fraternal/Service Organizations: _____

Personal Address Book/List is located: _____

Care for my pet(s) as follows:

Comments: _____

My Signature: _____