

# Living Well, Planning Well

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Client Name \_\_\_\_\_

## Important Contacts

CONTACT	NAME	CONTACT INFORMATION
Substitute Decision Maker		
Alternate Substitute Decision Maker		
Lawyer		
Doctor		
Accountant		
Financial Planner		
Banking Information		
Safety Deposit Box		
Insurance Information		
Cultural/Spiritual Advisor		
Other		

## My Other Planning Documents Relevant to My Jurisdiction

DOCUMENT	LOCATION	PERSON TO CONTACT
Specific Health Directives of Medical Orders		
Documents related to Financial Matters/Plans		
Documents related to Insurance Matters		
Documents related to Taxes		
Banking Information		
Will, Final Testament		
Personal Requests		
Organ Donation		
Funeral Plan		
Special Wishes		
Other		