



Hospice

and Palliative Care of Greensboro

MY PERSONAL DATA

Full legal name: _____

Address: _____

Social Security number: _____

BANK ACCOUNTS

Financial assets

Account number

Company name, phone
and address

Checking:

Savings:

Credit Union:

Other:

INVESTMENTS

Financial assets

Account number

Company name, phone
and address

Stocks:

Bonds:

Mutual funds:

Retirement:

Pensions:

2500 Summit Avenue
Greensboro, NC 27405
336.621.2500 phone
336.621.4516 fax
www.hospicegso.org



Hospice

and Palliative Care of Greensboro

INSURANCE

Financial assets

Account number

Company name, phone
and address

Life insurance:

Auto insurance:

Long-term care:

Homeowner's insurance:

CREDIT/DEBIT

Financial assets

Account number

Company name, phone
and address

Mortgage(s):

Credit cards:

Personal loans:

IMPORTANT DOCUMENTS

Location

Where they are stored

Deed to house:

Car titles:

Safe deposit box:

Last will and testament:

Living will:

Durable power of attorney:

Beneficiary for:

Retirement accounts:

Life insurance policies:

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IMPORTANT CONTACTS

Phone

Address

Email

Lawyer:

Accountant/
financial advisor:

Employer:

Family:

Friends:

Clergy:

ARRANGEMENTS FOR PETS

Vet:

Party responsible for
pet in my absence:

Wishes:

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