

THE AGING PARENT ORGANIZER

EVERYTHING YOUR FAMILY NEEDS—ORGANIZED, WITHIN REACH,
AND READY BEFORE THINGS GET COMPLICATED.



Her ParentsHelp · hermidlifewellnesshelp.com

Aging Parent Document Organizer

Everything your family needs — organized, accessible, and ready before the crisis hits.

This organizer was built for the woman who just realized something has shifted — and who wants to make sure her family is never scrambling in a crisis.

Work through each section at your own pace. You do not have to finish it in one sitting. Every section you complete is one less thing your family will have to figure out later.

HOW TO USE THIS ORGANIZER

Fill in what you know today. Leave blank what you need to find. This is a living document — update it whenever something changes. Keep the original in a fireproof safe. Share digital copies with family members who need access.

WHAT'S INSIDE

01 Personal & Contact Information	<i>Names, addresses, emergency contacts</i>
02 Medical Information	<i>Doctors, medications, insurance, medical history</i>
03 Legal Documents	<i>Powers of Attorney, will, advance directive</i>
04 Financial Accounts	<i>Banking, insurance, investments, income</i>
05 Final Arrangements	<i>Wishes, funeral preferences, pre-need plans</i>
06 Important Passwords & Access	<i>Digital accounts and login information</i>
07 Property & Vehicles	<i>Real estate, vehicles, storage</i>
08 Action Checklist	<i>What to do next — in order</i>

SECTION 1 Personal & Contact Information

Fill this out first. This section alone can save hours in an emergency.

Full Legal Name _____	Preferred Name / Nickname _____
Date of Birth _____	Place of Birth _____
Social Security Number _____	Medicare Number _____
Current Address _____	
Home Phone _____	Cell Phone _____
Email Address _____	Primary Language _____

EMERGENCY CONTACTS

Primary Emergency Contact

Name _____	Relationship _____
Phone _____	Address / City _____

Secondary Emergency Contact

Name _____	Relationship _____
Phone _____	Address / City _____

Neighbor / Local Contact

Name _____	Relationship _____
Phone _____	Address / City _____

SECTION 2 Medical Information

The medication list is the single most important document. Bring it to every appointment.

Primary Care Doctor _____ Phone _____

Cardiologist _____ Phone _____

Neurologist / Specialist _____ Phone _____

Other Specialist _____ Phone _____

Primary Health Insurance _____ Policy / Member ID _____

Secondary Insurance _____ Policy / Member ID _____

Pharmacy Name _____ Pharmacy Phone _____

Blood Type _____ Known Allergies _____

COMPLETE MEDICATION LIST

Updated: _____

Medication Name	Dose / Frequency	What It Treats	Prescribing Doctor

SECTION 2 Medical History & Conditions

SIGNIFICANT MEDICAL CONDITIONS / DIAGNOSES

Condition / Diagnosis	Year Diagnosed	Current Status	Treating Doctor

HOSPITALIZATIONS / SURGERIES

Date	Hospital / Facility	Reason	Outcome / Notes

VACCINATIONS

Flu (last date): _____ COVID (last date): _____
 Pneumonia (date): _____ Other Vaccinations: _____

SECTION 3 Legal Documents

URGENT — Powers of Attorney
 Powers of Attorney can only be created while your parent has legal capacity. If these documents do not exist — contact an elder law attorney this week. Find one at naela.org or call 800-677-1116.

DURABLE FINANCIAL POWER OF ATTORNEY

Exists and located Exists — need to find Does NOT exist — URGENT

Date Signed: _____ Agent Name: _____

Agent Phone: _____ Alternate Agent: _____

Location of Document: _____

DURABLE HEALTHCARE POWER OF ATTORNEY

Exists and located Exists — need to find Does NOT exist — URGENT

Date Signed: _____ Agent Name: _____

Agent Phone: _____ Alternate Agent: _____

Location of Document: _____

ADVANCE DIRECTIVE / LIVING WILL

Exists and located Exists — need to find Does NOT exist

Date Completed: _____ Location of Document: _____

Healthcare Agent: _____ Agent Phone: _____

WILL / TRUST

Will Revocable Living Trust Neither — need to address

Date Created / Last Updated: _____

Location of Document: _____ Attorney Name: _____

Attorney Phone: _____ Executor Name: _____

Executor Phone: _____

You do not need account passwords here — just enough to know what exists and where.

BANK ACCOUNTS

Bank Name	Account Type	Last 4 Digits	Notes

LIFE INSURANCE POLICIES

Insurance Company	Policy Number	Death Benefit	Beneficiary	Policy Location

Social Security Monthly Benefit: _____

Date Deposited: _____

Pension / Retirement Income Source: _____

Investment / Retirement Accounts — Institution: _____

Safe Deposit Box Location: _____ Key Location: _____

RECURRING BILLS

Bill / Service	Amount	Due Date	Payment Method	Account / Notes

SECTION 5 Final Arrangements & Wishes

Having this conversation and documenting these wishes is one of the most loving things your family can do. This page removes the impossible decisions from grieving people and replaces them with a clear, honoring plan.

BURIAL PREFERENCES

Traditional Burial Cremation Green Burial No preference

Preferred Cemetery / Location: _____ **Pre-need Arrangement? (Y/N):** _____

Funeral Home (if pre-arranged): _____ **Contract / Policy Number:** _____

FINAL EXPENSE INSURANCE

Policy exists No policy — action needed

Insurance Company: _____ **Policy Number:** _____

Death Benefit Amount: _____ **Beneficiary:** _____

Location of Policy: _____ **Agent Name / Phone:** _____

SERVICE PREFERENCES

Religious service Celebration of life Private family only No service

Religious / Faith Community: _____ **Pastor / Clergy Name:** _____

Preferred Music or Readings: _____ **Specific Requests:** _____

IN THEIR OWN WORDS — Any additional wishes:

ORGAN DONATION

Yes — registered donor No Unknown

Donor Registration State: _____ **Noted on Driver's License? (Y/N):** _____

SECTION 6 Important Passwords & Digital Access

Keep this page in a separate secure location — or use a trusted password manager. This information should only be accessible to the Financial Power of Attorney agent.

DIGITAL ACCOUNTS

Account / Service	Website / App	Username / Email	Password or Hint	Notes

Email Address (primary): _____

Email Password or Hint: _____

Phone PIN / Passcode: _____

Computer Password or Hint: _____

Location of Physical Keys: _____

Safe / Lock Box Combination: _____

SECTION 7 Property & Vehicles

REAL ESTATE

Property Address	Ownership Type	Mortgage? (Y/N)	Lender / Servicer	Deed Location

VEHICLES

Year / Make / Model	License Plate	VIN (last 6)	Title Location	Auto Insurance

Storage Unit Location: _____ Storage Unit # / Code: _____

Home Insurance Company: _____ Policy Number: _____

Home Insurance Agent: _____ Agent Phone: _____

NOTES

SECTION 8 Action Checklist — What to Do Next Complete this checklist in order. The items at the top are the most urgent. Three priorities per week.

- URGENT — This Week**
- Confirm whether Durable Financial Power of Attorney exists
 - Confirm whether Durable Healthcare Power of Attorney exists
 - If either is missing — contact an elder law attorney (naela.org)
 - Create or update the complete medication list
 - Ensure medication list is in two wallets and in digital folder

- IMPORTANT — This Month**
- Create digital folder: Legal, Medical, Financial, Emergency sections
 - Scan and upload all key documents to digital folder
 - Share digital folder with at least two family members
 - Complete Sections 1 through 7 of this organizer
 - Confirm will or trust exists and is current
 - Review beneficiary designations on all life insurance and retirement accounts
 - Schedule Annual Wellness Visit with Medicare (free)
 - Have the final wishes conversation — even one question is a start

- ONGOING — Build Over Time**
- Research Medicaid eligibility at medicaid.gov
 - Review Medicare Part D plan during Annual Enrollment Period (Oct–Dec)
 - Update medication list every time anything changes
 - Update this organizer whenever information changes
 - Call Eldercare Locator — 800-677-1116 — ask what is available locally
 - Schedule your own medical appointments — your health matters too

NOTES

The most loving thing you can do for your family is get organized before the crisis hits.

KEY RESOURCES

Eldercare Locator [800-677-1116](tel:800-677-1116)

Free local resources — available in Spanish

Find an Elder Law Attorney naela.org

National Academy of Elder Law Attorneys

Medicare Information [1-800-MEDICARE](tel:1-800-MEDICARE)

medicare.gov — plan comparisons and coverage

Medicaid Information medicaid.gov

State-specific eligibility and applications

SHIP Counselors (Free) shiphelp.org

Free unbiased Medicare guidance in every state

Family Caregiver Alliance caregiver.org

Support, resources, and community

Her Parents Help · hermidlifewellnesshelp.com · Her Midlife Wellness LLC
Wellness for every part of her life.