

Northern Arizona Fiduciaries (NAF), Inc., 101 E. Gurley, Suite 211, Prescott, AZ 86301 (928) 778-7885

Top Section for Office Use ONLY

PB #	Estate Admin:	NAF - AZ Supreme Court Lic: #20198
Bond \$	Carla M. Jones, Pres., AZ Supreme Court Lic: #20276	Website: www.northernarizonafiduciaries.com
Appt:	Licenced/Bonded/Registered Guardian	Email: carlajones@cableone.net

Section 1: Personal Information

Person #1 -

Person #2 -

Client's Name(s)		
Street Address		
City, State, Zip		
Phone #: H=Home/C=Cell		
Social Security #		
Date of Birth		
Born in City & State		
Email Account (s)		

Section 2: Family & Friends You would like Northern Arizona Fiduciaries, Inc. to Notify in and Emergency

Name		
Relationship		
Address		
City, State, Zip Code		
Phone #: H=Home / C=Cell		

Name		
Relationship		
Address		
City, State, Zip Code		
Phone #: H=Home / C=Cell		

Name		
Relationship		
Address		
City, State, Zip Code		
Phone #: H=Home / C=Cell		

Name		
Relationship		
Address		
City, State, Zip Code		
Phone #: H=Home / C=Cell		

Name		
Relationship		
Address		
City, State, Zip Code		
Phone #: H=Home / C=Cell		

Section 3: Pets

Name / Type (Cat/Dog/Etc.)	N/A	
Sex / DoB	Male / Female / DoB:	Male / Female / DoB:
Spayed / Neutered	Yes No	Yes No
Color/Markings		
Description (Long/Shorthair)		
Vet Name		
Vet Address		
Vet Phone #		
Current on Vaccinations	Yes No	Yes No
Medications		
Special Instructions		

Section 4: Personal Medical Information

	Person #1 -	Person #2 -
Primary Care Doctor Name		
Address		
Phone #		
Last Visit		
Current Medications		
Current Conditions		
Allergies		

Eye Doctor Name		
Address		
Phone #		
Last Visit		
Glasses or Contacts		

Dentist Name		
Address		
Phone #		
Last Visit		
Dentures, Partial, Etc.		

Veteran's Administration		
Doctor / PA Name		
Address		
Phone #		
Last Visit		
Type of Condition		
Medications		

Section 4: Personal Medical Information Continued

	Person #1 -	Person #2 -
Other Type of Doctor		
Name		
Address		
Phone #		
Last Visit		
Type of Condition		
Medications		

Other Type of Doctor		
Name		
Address		
Phone #		
Last Visit		
Type of Condition		
Medications		

Primary Medical Insurance		
Company Name		
Address		
Phone #		
Policy #		
Expires		
Notes		

Secondary Medical Insurance		
Company Name		
Phone # / Policy #		

LifeLine Ground Ambulance		
Account # / Renew		
Phone #		

Air Ambulance		
Account # / Renew		
Phone #		

Directives (Orange Sheet)

Pre-Hospital Directive		
Living Will/Trust		
Do Not Resuscitate		
Trust; POA'S		
Last Will & Testament		
Location of Originals		

Section 5: Organ/Body Donations

	Person #1 -	Person #2 -
Organ Donor		
Whole Body Donation		
Institute Name		
Phone #		
Cremation Disposition		

Section 6: Cremation/Funeral/Cemetery Arrangements

Cremation		
Disposition of Ashes		
Special Service/Wake		
Funeral Home Name		
Phone # / Address		
Cemetery Name / Lot #		
Phone # / Address		

Section 7: Assets

Banking Accounts	Person #1 -	Person #2 -
Financial Institution Name		
Phone #		
Type of Account & Account #		
Financial Institution Name		
Phone #		
Type of Account & Account #		
Financial Institution Name		
Phone #		
Type of Account & Account #		
Financial Institution Name		
Phone #		
Type of Account & Account #		

Section 7: Assets Continued

Other Accounts	Person #1 -	Person #2 -
Financial Institution Name		
Phone #		
Account #		

Safe Deposit Box		
Financial Institution Name		
Phone #		
Box #		
Inventoried Under Dual Control		

Investment Accounts		
Brokerage Financial Institute		
Investment Agent		
Phone #		
Account #		

Brokerage Financial Institute		
Investment Agent		
Phone #		
Account #		

Stock Certificates		
Stock Company Name		
Account #		
Phone #		

Stock Company Name		
Account #		
Phone #		

Stock Company Name		
Account #		
Phone #		

Section 7: Assets Continued

Real Estate Properties	Primary Residence	Secondary Residence
Residence Address		
City, State, Zip Code		
Are the Taxes Current?		
Parcel/Lot #		
How are Taxes Paid? (Circle)	w/Mortgage or Personal: Annual / Semi-Annual	w/Mortgage or Personal: Annual / Semi-Annual
Key Color and #s		
Where are keys located?		
Does anyone else have a key?	Yes No	Yes No
Name(s)/Phone #s		
Alarm or Gate Codes?	Yes No	Yes No
Does NAF have a key?	Yes No	Yes No
Landscaper? / How Often?	Yes No How Often?	Yes No How Often?
Name/Phone #		
Housekeeper? / How Often?	Yes No How Often?	Yes No How Often?
Name/Phone #		

Home Mortgages	Primary Residence	Secondary Residence
Company Name		
Agent's Name		
Address		
City, State, Zip Code		
Phone #		
Account #		
Expires		

Homeowners Insurance	Primary Residence	Secondary Residence
Company Name		
Agent's Name		
Address		
City, State, Zip Code		
Phone #		
Policy #		
Renewal Date		

Timeshare Properties	Yes	No	Location	Contract Paid Off
Name:	Phone:	Acct #:	City/State:	Yes / No
Name:	Phone:	Acct #:	City/State:	Yes / No
Name:	Phone:	Acct #:	City/State:	Yes / No
Name:	Phone:	Acct #:	City/State:	Yes / No

Section 7: Assets Continued

Automobiles	Vehicle #1		Vehicle #2	
Make, Model, Year				
VIN #				
State Issued/License Plate #				
Is the registration current?	Yes	No	Yes	No
Lienholder(s)	Yes	No	Yes	No
Name of Financial Company				
Phone # / Account #				
Where are keys located?				
Does anyone else have a key?	Yes	No	Yes	No
Name(s)/Phone #s				
Does NAF have a key?	Yes	No	Yes	No

Automobile Insurance	Vehicle #1		Vehicle #2	
Company Name				
Agent's Name				
Address				
City, State, Zip Code				
Phone #				
Policy #				
Member ID#s				
Renewal Date				

Other Personal Property	Person #1 -		Person #2 -	
Jewelry / Coins / _____				
Appraised	Yes	No	Yes	No
Jewelry / Coins / _____				
Appraised	Yes	No	Yes	No
Jewelry / Coins / _____				
Appraised	Yes	No	Yes	No

Section 8: Life Insurance

Personal Life Insurance	Person #1 -		Person #2 -	
Company Name				
Address				
City, State, Zip Code				
Phone #				
Policy #				
Company Name				
Address				
City, State, Zip Code				
Phone #				
Policy #				

Section 9: Other Identification (ID) Cards

ID Cards	Person #1 -		Person #2 -	
US Passport ID #: Every 10 yrs	ID#:	Expires:	ID#:	Expires:
DoD ID #:	ID#:	Expires:	ID#:	Expires:
VA ID #:	ID#:	Expires:	ID#:	Expires:
	ID#:	Expires:	ID#:	Expires:
	ID#:	Expires:	ID#:	Expires:

Section 10: Utilities, Credit/Debit Cards, and Other Debts

Utilities, Etc. (Sample: APS, UES, DirecTV, Etc.)

Electric Co	Name:	Phone #:	Acct #:
Gas Co	Name:	Phone #:	Acct #:
Water Co	Name:	Phone #:	Acct #:
Trash Co	Name:	Phone #:	Acct #:
Television Co	Name:	Phone #:	Acct #:
Telephone (Land Line) Co	Name:	Phone #:	Acct #:
Cell Phone Co	Name:	Phone #:	Acct #:
HOA Co	Name:	Phone #:	Acct #:
Solar Co	Name:	Phone #:	Acct #:
Other Co	Name:	Phone #:	Acct #:
Other Co	Name:	Phone #:	Acct #:
Other Co	Name:	Phone #:	Acct #:

Credit/Debit Card Companies

	Phone:	Acct #:
	Phone:	Acct #:
	Phone:	Acct #:
	Phone:	Acct #:
	Phone:	Acct #:
	Phone:	Acct #:
	Phone:	Acct #:

Other Debts (not listed elsewhere)

Company Name & Address	
Phone # / Account #	
Company Name & Address	
Phone # / Account #	
Company Name & Address	
Phone # / Account #	
Company Name & Address	
Phone # / Account #	
Company Name & Address	
Phone # / Account #	

Section 11: Income & Tax Information (Optional)

Income	Person #1 -	Person #2 -
Current Job Salary/Retirement		
Social Security		
Mil / VA (Svc Connected)		
Civil Service Pensions (OPM)		
Phone # / Account #		
IRAs / TSP / 401k / Etc.		
Phone # / Account #		

Federal/State Taxes

Year last Taxes were filed?		
Filing Status from Form?		
IRS Forms	Yes	No
AZ State Forms	Yes	No
Another State's Forms	Yes	No
Accountant's Name		
Address		
City, State, Zip Code		
Phone #		

Section 12: Online Accounts (Optional)

Online Accounts	Person #1 or Person #2 Name(s) or Both	Location of Logins & Passwords
Banks & Financial Institutes	Yes	No
Stocks & Investments	Yes	No
Insurance Companies	Yes	No
Mortgage Companies	Yes	No
Utility Companies	Yes	No
Timeshares	Yes	No
Lienholders	Yes	No
Credit/Debit Card Companies	Yes	No
Debt Companies	Yes	No
Rental Companies	Yes	No
Miscellaneous Websites, Etc.	Yes	No
PayPal	Yes	No
Amazon	Yes	No
Facebook	Yes	No
Craigslist	Yes	No
eBay	Yes	No
	Yes	No
	Yes	No
	Yes	No
	Yes	No

