



Longview

an Ithacare Community

Assisted Living Residence/ Enhanced Assisted Living Residence Legal Information

Name: _____ Date: _____

Your Attorney

Name: _____

Address: _____

Phone: _____ Fax #: _____

Do you have a will? Yes No

If yes; Executor of the Will:

Name: _____

Address: _____

Phone: Day: _____ Evening: _____ Cell: _____

Attach copies of the following:

*Health Care Proxy: _____
(Required)

*Proof of Birth: _____
(Required) *Photo ID or Birth Certificate*

Power of Attorney: _____
(Optional but requested)

Living Will: _____
(Optional)

Nonhospital Do Not Resuscitate Order (if desired): _____

If you have made funeral arrangements...

Funeral Home: _____

Cemetery: _____

Who handles your finances?

Name: _____

Address: _____

Phone: Day: _____ Evening: _____ Cell: _____