

Longview's Adult Home  
**Legal Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Who handles your finances? \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you a veteran or spouse of a veteran? \_\_\_\_\_

Do you have a will? (circle one)            Yes            No

Executor of will: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Funeral Home: \_\_\_\_\_

Cemetery: \_\_\_\_\_

Please attach copies of the following:

Power-of-Attorney

Health Care Proxy

Living Will

Nonhospital Order Not to Resuscitate (if desired)

Proof of Birth (e.g., birth certificate or driver's license)