

▶ PLEASE COMPLETE AND RETURN THIS FORM TO THE MARKETING OFFICE NO LATER THAN ONE WEEK (7 DAYS) PRIOR TO CONTRACT SIGNING. THANK YOU



NOT FOR PUBLICATION

RESIDENT'S INFORMATION AND PREFERENCE FORM

Please indicate title preference: _____

Name:

_____ **First** _____ **Middle** _____ **Last**

Ancestry: Birth Place: _____ U.S. Citizen? YES NO
Spouses Maiden Name: _____ Mother's Maiden Name: _____
Father's Name: _____ Mother's Name: _____
Father's Birthplace: _____ Mother's Birthplace: _____

Emergency Contacts: In an emergency, whom should we call?

1. **Spouse's Name** (if applicable): _____
Address: _____
Phone: Cell () _____ Work () _____ Other () _____
 Executor Power of Attorney / Finances Authorized to Handle Affairs Durable Power of Attorney / Health Care

2. **Name:** _____ **Spouse:** _____
Relationship: _____ **Email:** _____
Address: _____
Phone: Cell () _____ Work () _____ Other () _____
 Executor Power of Attorney / Finances Authorized to Handle Affairs Durable Power of Attorney / Health Care

3. **Name:** _____ **Spouse:** _____
Relationship: _____ **Email:** _____
Address: _____
Phone: Cell () _____ Work () _____ Other () _____
 Executor Power of Attorney / Finances Authorized to Handle Affairs Durable Power of Attorney / Health Care

4. **Name:** _____ **Spouse:** _____
Relationship: _____ **Email:** _____
Address: _____
Phone: Cell () _____ Work () _____ Other () _____
 Executor Power of Attorney / Finances Authorized to Handle Affairs Durable Power of Attorney / Health Care

Durable Power of Attorney for Health Care

Have you signed a durable power of attorney for health care? YES NO

If yes, please provide Hillcrest a copy

If yes, agent's name: _____

Address: _____

Phone () _____ Date Signed: _____

Durable Power of Attorney for Finances

Have you signed a durable power of attorney for finances? YES NO

If yes, please provide Hillcrest a copy

If yes, agent's name: _____

Address: _____

Phone () _____ Date Signed: _____

Do you have a trust? YES NO **Do you have a living will** YES NO

Trustee: _____ Executor: _____

Address: _____ Address: _____

Phone () _____ Phone () _____

Names and addresses of your children: (Use back of last page, if necessary)

1. Name: _____ Relationship: _____

Address: _____

Cell () _____ Other () _____

Email: _____

2. Name: _____ Relationship: _____

Address: _____

Cell () _____ Other () _____

Email: _____

3. Name: _____ Relationship: _____

Address: _____

Home Phone () _____ Other () _____

Email: _____

Closest Living Relative other than Children:

Name: _____ Relationship: _____

Address: _____

Cell () _____ Other () _____

Email: _____

Religious Information:

Religious preference (if any) Denomination: _____

Present / most recent place of worship: _____

Address: _____

Pastor's / Leader's Name: _____ Phone: () _____

Personal Information:

Please list organizations of which you have been and/or are still a member: _____

Offices held: _____

Your Email address: _____

I Enjoy Somewhat enjoy participating in social functions.

I Enjoy Somewhat enjoy conversing with others.

I like to go on trips, outings, shopping: Sometimes Often I like to be by myself

My favorite place to go is: _____

Anniversary date, if applicable: _____

Special Interests / Hobbies: List musical, art, other talents: _____

Previous Occupation / Business / Industry / Profession: _____

Funeral Home Preference:

Name: _____ Phone () _____

Address: _____

Burial Plans: _____

Do you have a Will? YES NO If yes, please list with whom your will is deposited:

Name: _____ Phone () _____

Address: _____

Your Signature _____ Date _____

Do you know someone who might be interested in receiving information about our Remarkable Retirement Community?

Please provide us with names of friends, family, or neighbors who might like information about Hillcrest. Referrals are always welcome.

_____	_____	_____
Name	Address	Phone #
_____	_____	_____
Name	Address	Phone #
_____	_____	_____
Name	Address	Phone #

Thank you!
Hillcrest Marketing Department

Additional Information:
