

Career Transition Center
George P. Shultz National Foreign Affairs Training Center
U.S. Department of State

What My Family Needs To Know



This document contains various lists for important information that you can modify based on your specific circumstances. Add and delete categories as best suits your needs.

The document is meant to contain all the information your family needs to know should you become incapacitated. You, and your family, should update it regularly, with date indicated in the footer.

We hope this document provides you with incentive to complete this important task, which needs to be done, but almost always gets deferred to “later” or never.

Compliments of and in memory of Dr. Michael Creedon.

DATE UPDATED: _____

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QUICK GUIDE TO LOCATION OF MY IMPORTANT DOCUMENTS

(Copy and paste more, if necessary)

| DOCUMENT / ITEM | LOCATION |
|--|----------|
| Address book – personal | |
| Address book – professional | |
| Adoption or legal guardianship papers | |
| Bank account information – check books, statements, debit cards, ATM cards, etc. | |
| Birth Certificate | |
| Credit cards – cards, statements, etc. | |
| Debts owed to me | |
| Deed | |
| Disability records & insurance | |
| Disposition of remains – prepaid burial plots, donor arrangements, etc. | |
| Divorce papers | |
| Employment – earnings & leave statements, contracts, etc. | |
| Family tree & other information | |
| Household effects inventory | |
| Income tax records | |
| Information on my inheritances | |
| Insurance policy – health | |
| Insurance policy – life | |
| Insurance policy – long term care | |
| Insurance policy – professional | |
| Insurance policy – property (mortgage, homeowners, etc.) | |
| Insurance policy – vehicle | |
| Investment records – stocks, bonds, 401K, IRA, etc. | |
| Key – safety deposit box | |
| Keys – home | |
| Keys – other properties | |
| Keys – vehicles | |
| Keys or combination - P.O. Box | |
| Lease | |
| Marriage certificate | |
| Military service records | |
| Miscellaneous debts I owe | |
| Naturalization papers | |
| Passport | |
| Pet records – vaccination, medical, AKC registration, etc. | |
| Power of attorney | |
| Social Security card | |
| Vaccination records | |
| Vehicle records – loan, title, registration, etc. | |
| Will, living will, etc. | |

DATE UPDATED: _____

MY PERSONAL INFORMATION

| | |
|---|--|
| FULL NAME: | |
| MAIDEN NAME: | |
| SOCIAL SECURITY NUMBER: | |
| DATE OF BIRTH: | |
| PLACE OF BIRTH <i>(include name of hospital, city, county, state, country):</i> | |
| CURRENT HOME ADDRESS: | |
| LOCATION OF HOUSE KEYS: | |
| CURRENT MAILING ADDRESS: | |
| LOCATION OF POST OFFICE BOX KEYS OR COMBINATION: | |
| CURRENT STATE OF LEGAL RESIDENCE <i>(state in which I vote):</i> | |
| DRIVER'S LICENSE STATE & NUMBER: | |
| HOME TELEPHONE: | |
| CELLULAR TELEPHONE: | |
| PERSONAL E-MAIL ADDRESS(ES): | |
| PERSONAL WEBSITE ADDRESS: | |
| MARITAL STATUS: | |
| TOTAL NUMBER OF BIOLOGICAL, ADOPTED, & STEPCHILDREN: | |
| LOCATION OF MY PERSONAL ADDRESS BOOK: | |
| LOCATION OF MY PROFESSIONAL ADDRESS BOOK: | |
| LOCATION OF INFORMATION REGARDING FAMILY TREE & HISTORY: | |

DATE UPDATED: _____

MY MARITAL HISTORY

MY CURRENT MARRIAGE

| | |
|--|--|
| NAME OF SPOUSE: | |
| DATE & PLACE OF MARRIAGE: | |
| LOCATION OF MARRIAGE CERTIFICATE: | |
| SPOUSE'S SOCIAL SECURITY NUMBER: | |
| SPOUSE'S DATE OF BIRTH: | |
| SPOUSE'S PLACE OF BIRTH: | |
| SPOUSE'S CELL PHONE: | |
| SPOUSE'S E-MAIL ADDRESS: | |
| SPOUSE'S PERSONAL WEBSITE ADDRESS: | |
| SPOUSE'S EMPLOYER: | |
| ADDRESS OF SPOUSE'S EMPLOYER: | |
| SPOUSE'S WORK TELEPHONE: | |
| SPOUSE'S E-MAIL ADDRESS: | |
| NAME & TELEPHONE OF SPOUSE'S SUPERVISOR: | |

MY PREVIOUS MARRIAGES

(Copy and paste more, if necessary)

| | |
|---|--|
| NAME OF FORMER SPOUSE: | |
| DATE & PLACE OF MARRIAGE: | |
| DATE & PLACE OF DIVORCE: | |
| LOCATION OF DIVORCE PAPERS: | |
| FORMER SPOUSE'S CURRENT HOME ADDRESS: | |
| FORMER SPOUSE'S CURRENT HOME TELEPHONE: | |
| FORMER SPOUSE'S CURRENT WORK TELEPHONE: | |
| FORMER SPOUSE'S CURRENT E-MAIL ADDRESS: | |

DATE UPDATED: _____

MY SPOUSE

| | |
|--|--|
| NAME OF SPOUSE: | |
| DATE & PLACE OF MARRIAGE: | |
| LOCATION OF MARRIAGE CERTIFICATE: | |
| SPOUSE'S SOCIAL SECURITY NUMBER: | |
| SPOUSE'S DATE OF BIRTH: | |
| SPOUSE'S PLACE OF BIRTH: | |
| SPOUSE'S HOME ADDRESS: | |
| SPOUSE'S HOME TELEPHONE: | |
| SPOUSE'S E-MAIL ADDRESS: | |
| SPOUSE'S PERSONAL WEBSITE ADDRESS: | |
| SPOUSE'S EMPLOYER: | |
| SPOUSE'S WORK TELEPHONE: | |
| SPOUSE'S WORK E-MAIL ADDRESS: | |
| ADDRESS OF SPOUSE'S EMPLOYER: | |
| NAME & TELEPHONE OF SPOUSE'S SUPERVISOR: | |

SPOUSE'S MARITAL HISTORY

(Copy and paste more, if necessary)

| | |
|------------------------------------|--|
| NAME OF FORMER SPOUSE: | |
| DATE & PLACE OF PREVIOUS MARRIAGE: | |
| DATE & PLACE OF DIVORCE: | |
| HOME ADDRESS OF FORMER SPOUSE: | |
| HOME TELEPHONE OF FORMER SPOUSE: | |
| WORK TELEPHONE OF FORMER SPOUSE: | |
| E-MAIL ADDRESS OF FORMER SPOUSE: | |

DATE UPDATED: _____

SPOUSE'S CHILDREN WITH ME*(Copy and paste more, if necessary)*

| | |
|-------------------------|--|
| NAME: | |
| DATE OF BIRTH: | |
| PLACE OF BIRTH: | |
| SOCIAL SECURITY NUMBER: | |
| ADDRESS: | |
| TELEPHONE: | |
| E-MAIL: | |

SPOUSE'S CHILDREN BY PREVIOUS MARRIAGE*(Copy and paste more, if necessary)*

| | |
|-------------------------|--|
| NAME: | |
| DATE OF BIRTH: | |
| PLACE OF BIRTH: | |
| SOCIAL SECURITY NUMBER: | |
| ADDRESS: | |
| TELEPHONE: | |
| E-MAIL: | |

SPOUSE'S PARENTS

| | |
|----------------|--|
| FATHER'S NAME: | |
| DATE OF BIRTH: | |

DATE UPDATED: _____

| | |
|-------------------------|--|
| PLACE OF BIRTH: | |
| DATE OF DEATH: | |
| PLACE OF BURIAL: | |
| CAUSE OF DEATH: | |
| SOCIAL SECURITY NUMBER: | |
| ADDRESS: | |
| HOME TELEPHONE: | |
| WORK TELEPHONE: | |
| CELLULAR TELEPHONE: | |
| E-MAIL: | |
| MOTHER'S NAME: | |
| MOTHER'S MAIDEN NAME: | |
| DATE OF BIRTH: | |
| PLACE OF BIRTH: | |
| DATE OF DEATH: | |
| PLACE OF BURIAL: | |
| CAUSE OF DEATH: | |
| SOCIAL SECURITY NUMBER: | |
| ADDRESS: | |
| HOME TELEPHONE: | |
| WORK TELEPHONE: | |
| CELLULAR TELEPHONE: | |
| E-MAIL: | |

DATE UPDATED: _____

SPOUSE'S SIBLINGS*(Copy and paste more, if necessary)*

| | |
|-------------------------|--|
| NAME: | |
| DATE OF BIRTH: | |
| PLACE OF BIRTH: | |
| SOCIAL SECURITY NUMBER: | |
| ADDRESS | |
| HOME TELEPHONE: | |
| WORK TELEPHONE: | |
| CELLULAR TELEPHONE: | |
| E-MAIL: | |

SPOUSE'S GRANDCHILDREN*(Copy and paste more, if necessary)*

| | |
|-------------------------|--|
| NAME: | |
| DATE OF BIRTH: | |
| PLACE OF BIRTH: | |
| SOCIAL SECURITY NUMBER: | |
| ADDRESS: | |
| TELEPHONE: | |
| E-MAIL: | |

DATE UPDATED: _____

MY FAMILY HISTORY

PARENTS

| | |
|-------------------------|--|
| FATHER'S NAME: | |
| DATE OF BIRTH: | |
| PLACE OF BIRTH: | |
| DATE OF DEATH: | |
| PLACE OF BURIAL: | |
| CAUSE OF DEATH: | |
| SOCIAL SECURITY NUMBER: | |
| ADDRESS: | |
| HOME TELEPHONE: | |
| WORK TELEPHONE | |
| CELLULAR TELEPHONE: | |
| E-MAIL: | |

| | |
|-------------------------|--|
| MOTHER'S NAME: | |
| MOTHER'S MAIDEN NAME: | |
| DATE OF BIRTH: | |
| PLACE OF BIRTH: | |
| DATE OF DEATH: | |
| PLACE OF BURIAL: | |
| CAUSE OF DEATH: | |
| SOCIAL SECURITY NUMBER: | |
| ADDRESS: | |
| HOME TELEPHONE: | |
| WORK TELEPHONE: | |
| CELLULAR TELEPHONE: | |
| E-MAIL: | |

DATE UPDATED: _____

SIBLINGS*(Copy and paste more, if necessary)*

| | |
|-------------------------|--|
| NAME: | |
| DATE OF BIRTH: | |
| PLACE OF BIRTH: | |
| SOCIAL SECURITY NUMBER: | |
| ADDRESS: | |
| HOME TELEPHONE: | |
| WORK TELEPHONE: | |
| CELLULAR TELEPHONE: | |
| E-MAIL: | |

MY CHILDREN*(Copy and paste more, if necessary)*

| | |
|-------------------------|--|
| NAME: | |
| DATE OF BIRTH: | |
| PLACE OF BIRTH: | |
| SOCIAL SECURITY NUMBER: | |
| CURRENT ADDRESS: | |
| CURRENT TELEPHONE: | |
| E-MAIL: | |

DATE UPDATED: _____

GRANDCHILDREN*(Copy and paste more, if necessary)*

| | |
|-------------------------|--|
| NAME: | |
| DATE OF BIRTH: | |
| PLACE OF BIRTH: | |
| SOCIAL SECURITY NUMBER: | |
| ADDRESS: | |
| TELEPHONE: | |
| E-MAIL: | |

DATE UPDATED: _____

MEDICAL INFORMATION

BLOOD TYPE

| | |
|---------------------------|--|
| MY BLOOD TYPE | |
| MY SPOUSE'S BLOOD TYPE | |
| MY CHILDREN'S BLOOD TYPES | |

MEDICATIONS

(Include eyeglasses, if applicable. Copy and paste more, if necessary)

MY MEDICATIONS

| | |
|----------------------|--|
| NAME OF MEDICINE: | |
| DOCTOR PRESCRIBING: | |
| PRESCRIPTION NUMBER: | |
| DOSAGE: | |

MY SPOUSE'S MEDICATIONS

| | |
|----------------------|--|
| NAME OF MEDICINE: | |
| DOCTOR PRESCRIBING: | |
| PRESCRIPTION NUMBER: | |
| DOSAGE: | |

MY CHILDREN'S MEDICATIONS

| | |
|----------------------|--|
| NAME OF MEDICINE: | |
| DOCTOR PRESCRIBING: | |
| PRESCRIPTION NUMBER: | |
| DOSAGE: | |

DATE UPDATED: _____

ALLERGIES

| | |
|-------------------------|--|
| MY ALLERGIES | |
| MY SPOUSE'S ALLERGIES | |
| MY CHILDREN'S ALLERGIES | |

VACCINATION RECORDS

| | |
|----------------------------------|--|
| LOCATION OF MY RECORDS: | |
| LOCATION OF MY SPOUSE'S RECORDS: | |
| LOCATION OF CHILDREN'S RECORDS: | |

HOSPITAL

| | |
|---|--|
| HOSPITAL NEAREST MY HOME (<i>include name & address</i>): | |
| HOSPITAL I PREFER (<i>include name & address</i>): | |

MISCELLANEOUS

| | |
|--|--|
| MEDICARE NUMBERS: | |
| MEDICAID NUMBERS: | |
| CASEWORKER NUMBERS, ADDRESS/TELEPHONE): | |
| SOCIAL WORKER OR CASEWORKER NAMES & CONTACT INFO: | |

DATE UPDATED: _____

GENERAL PRACTITIONER

| | |
|------------|--|
| NAME: | |
| ADDRESS: | |
| TELEPHONE: | |
| E-MAIL: | |

DENTIST

| | |
|------------|--|
| NAME: | |
| ADDRESS: | |
| TELEPHONE: | |
| E-MAIL: | |

OTHER DOCTORS*(Copy and paste more, if necessary)*

| | |
|-----------------|--|
| NAME: | |
| TYPE OF DOCTOR: | |
| ADDRESS: | |
| TELEPHONE: | |
| E-MAIL: | |

DATE UPDATED: _____

TO NOTIFY IN CASE OF EMERGENCY

(Include family and business contacts. Copy and paste more, if necessary)

| | |
|-----------------|--|
| NAME: | |
| HOME TELEPHONE: | |
| WORK TELEPHONE: | |
| RELATIONSHIP: | |
| ADDRESS: | |
| E-MAIL: | |

| | |
|-----------------|--|
| NAME: | |
| HOME TELEPHONE: | |
| WORK TELEPHONE: | |
| RELATIONSHIP: | |
| ADDRESS: | |
| E-MAIL: | |

| | |
|-----------------|--|
| NAME: | |
| HOME TELEPHONE: | |
| WORK TELEPHONE: | |
| RELATIONSHIP: | |
| ADDRESS: | |
| E-MAIL: | |

DATE UPDATED: _____

MY LEGAL DOCUMENTS

SOCIAL SECURITY

| | |
|-------------------|--|
| NUMBER: | |
| LOCATION OF CARD: | |

PASSPORT & NATURALIZATION PAPERS

| | |
|--|--|
| MY PASSPORT NUMBER: | |
| LOCATION OF MY PASSPORT: | |
| PASSPORT NUMBERS OF FAMILY MEMBERS: <i>(Copy and paste more, if necessary.)</i> | |
| NAME: NUMBER: LOCATION: | |
| DATE OF MY NATURALIZATION: | |
| LOCATION OF MY NATURALIZATION PAPERS: | |
| NATURALIZATION OF FAMILY MEMBERS: <i>(Copy and paste more, if necessary.)</i> | |
| NAME: DATE: LOCATION: | |

BIRTH & ADOPTION CERTIFICATES

| | |
|---|--|
| LOCATION OF MY BIRTH CERTIFICATE: | |
| LOCATION OF SPOUSE'S & CHILDRENS' CERTIFICATES: | |

WILL

| | |
|-----------|--|
| DATE: | |
| LOCATION: | |
| EXECUTOR: | |

DATE UPDATED: _____

| | |
|--|--|
| ATTORNEY: LAW FIRM: ADDRESS: TELEPHONE: | |
|--|--|

OTHER DOCUMENTS *(living will, advance directive, "Five Wishes," DNR, etc.)*

| | |
|---|--|
| LOCATION OF DOCUMENTS: | |
| MY "HEALTH CARE AGENTS" FIRST CHOICE NAME: ADDRESS: TELEPHONE: | |
| SECOND CHOICE NAME: ADDRESS: TELEPHONE: | |

POWER OF ATTORNEY

(Copy and paste more, if necessary)

| | |
|---|--|
| WHO HAS MY POWER OF ATTORNEY? | |
| LOCATION OF (ORIGINAL) POWER OF ATTORNEY DOCUMENTS: | |

LEGAL GUARDIANSHIP

| | |
|--|--|
| NAME OF PERSON FOR WHOM I HAVE LEGAL GUARDIANSHIP: | |
| LOCATION OF DOCUMENT: | |
| ATTORNEY: LAW FIRM: ADDRESS: TELEPHONE: | |

DATE UPDATED: _____

TRUST FUNDS*(Copy and paste more, if necessary)*

| | |
|--|--|
| TYPE: | |
| BENEFICIARY: | |
| ATTORNEY: LAW FIRM: ADDRESS: TELEPHONE: | |

INHERITANCE

| | |
|---|--|
| DETAILS REGARDING INHERITANCES DUE TO ME: | |
| LOCATION OF RELEVANT DOCUMENTS: | |

LEASE*(Copy and paste more, if necessary)*

| | |
|---|--|
| NAME OF LESSOR: | |
| ADDRESS: | |
| TELEPHONE: | |
| ADDRESS OF RENTED PROPERTY: | |
| TYPE OF PROPERTY (<i>apartment, vacation cottage, house, stable, etc.</i>): | |
| RENT (<i>include amount & due date</i>): | |
| EXPIRATION DATE: | |
| LOCATION OF LEASE DOCUMENT: | |

DATE UPDATED: _____

HOUSEHOLD EFFECTS INVENTORY

| | |
|---|--|
| LOCATION OF INVENTORY LIST (<i>including list of jewelry & valuables</i>): | |
| ITEMS IN STORAGE (<i>include inventory; storage bin number; name & address of storage company & amount of monthly payment; & any insurance coverage</i>): | |

DATE UPDATED: _____

MY INSURANCE POLICIES

HEALTH INSURANCE

| | |
|--|--|
| COMPANY: | |
| ADDRESS: | |
| FEDERAL PLAN? | |
| MEMBER NUMBER: | |
| GROUP POLICY NUMBER: | |
| PERSONS COVERED: | |
| ADDITIONAL COVERAGE: | |
| PAYMENT <i>(include amount & due date, if not deducted automatically from salary):</i> | |
| LOCATION OF POLICY: | |
| MEDICARE NUMBERS: | |
| MEDICAID NUMBERS: | |
| CASEWORKER NUMBERS, ADDRESS/TELEPHONE: | |

LONG TERM CARE INSURANCE

| | |
|---|--|
| COMPANY: | |
| ADDRESS: | |
| POLICY NUMBER: | |
| PAYMENT <i>(include amount & due date):</i> | |
| LOCATION OF POLICY: | |

DATE UPDATED: _____

LIFE INSURANCE

| | |
|--|--|
| COMPANY: | |
| AMOUNT: | |
| BENEFICIARY: | |
| LOCATION OF POLICY: | |
| SPOUSE'S LIFE INSURANCE POLICY & COMPANY: | |
| POLICIES ON SPOUSE & CHILDREN: | |
| PAYMENT <i>(include amount & due date)</i> : | |
| LOCATION OF POLICY: | |

DISABILITY INSURANCE

| | |
|---------------------|--|
| NAME: | |
| ADDRESS: | |
| MEMBER NUMBER: | |
| LOCATION OF POLICY: | |

PROFESSIONAL INSURANCE

| | |
|--|--|
| COMPANY: | |
| ADDRESS: | |
| MEMBER NUMBER: | |
| GROUP POLICY NUMBER: | |
| PAYMENT <i>(include amount & due date)</i> : | |
| LOCATION OF POLICY: | |

DATE UPDATED: _____

PROPERTY INSURANCE*(Copy and paste more, if necessary)*

| | |
|---|--|
| MORTGAGE INSURANCE COMPANY: | |
| POLICY NUMBER: | |
| ADDRESS: | |
| PAYMENT <i>(include amount & due date):</i> | |
| LOCATION OF MORTGAGE INSURANCE POLICY: | |
| HOMEOWNER'S INSURANCE COMPANY: | |
| POLICY NUMBER: | |
| ADDRESS: | |
| PAYMENT <i>(include amount & due date):</i> | |
| LOCATION OF HOMEOWNER'S INSURANCE POLICY: | |

VEHICLE INSURANCE*(Copy and paste more, if necessary)*

| | |
|---|--|
| COMPANY: | |
| ADDRESS: | |
| POLICY NUMBER: | |
| PAYMENT <i>(include amount & due date):</i> | |
| LOCATION OF POLICY: | |

DATE UPDATED: _____

MY EMPLOYMENT

CURRENT EMPLOYER / BUSINESS

(Copy and paste more, if necessary)

| | |
|-------------------------------|--|
| NAME OF EMPLOYER: | |
| NAME OF OFFICE: | |
| ADDRESS: | |
| MY WORK TELEPHONE: | |
| MY WORK E-MAIL ADDRESS: | |
| DATES OF MY EMPLOYMENT: | |
| MY CURRENT TITLE: | |
| MY CURRENT RANK: | |
| NAME OF SUPERVISOR: | |
| TELEPHONE OF SUPERVISOR: | |
| E-MAIL OF SUPERVISOR: | |
| BUSINESS LICENSE INFORMATION: | |

SALARY

| | |
|--|--|
| ANNUAL SALARY: | |
| FREQUENCY OF PAYMENT: | |
| AUTOMATIC DEDUCTIONS <i>(include account & amount)</i> : | |
| LOCATION OF EARNINGS & LEAVE STATEMENTS: | |

DATE UPDATED: _____

LEAVE PROGRAM

| | |
|---|--|
| ANNUAL LEAVE BALANCE: | |
| SICK LEAVE BALANCE: | |
| HOME LEAVE BALANCE: | |
| MEMBER OF A MEDICAL LEAVE SHARING PLAN? BENEFICIARY: | |

PREVIOUS EMPLOYMENT

| | |
|---|--|
| LOCATION OF RECORDS OF PREVIOUS EMPLOYMENT: | |
|---|--|

RETIREMENT

| | |
|--|--|
| RETIREMENT SYSTEM: | |
| DATE OF ELIGIBILITY FOR RETIREMENT: | |
| DUE TO PRIOR MILITARY SERVICE OR FEDERAL SERVICE, I HAVE BEEN ADVISED THAT I MAY NEED TO PAY EITHER A DEPOSIT OR A RE-DEPOSIT TO FULLY RECEIVE CREDIT FOR THAT SERVICE: YES NO | |
| HAVE DEPOSITS/RE-DEPOSITS BEEN PAID? YES NO | |
| IF MY DEATH OCCURS BEFORE RETIREMENT, MY SPOUSE IS AWARE THAT S/HE MAY BE ELIGIBLE FOR A SURVIVOR ANNUITY? YES NO | |
| AMOUNT PER MONTH: | |
| RESTRICTIONS/LIMITATIONS: | |
| IF I AM A FEDERAL EMPLOYEE UNDER FERS, IS MY SPOUSE AWARE S/HE & THE CHILDREN MAY QUALIFY FOR SOCIAL SECURITY BENEFITS? YES NO | |

DATE UPDATED: _____

MY MILITARY SERVICE

| | |
|--|--|
| MILITARY ID NUMBER: | |
| BRANCH OF SERVICE: | |
| YEARS OF SERVICE: | |
| RANK AT SEPARATION: | |
| LOCATION OF RECORD OF MILITARY SERVICE (DD 214): | |

DATE UPDATED: _____

MY FINANCIAL INFORMATION

BANK ACCOUNTS

(Copy and paste more, if necessary)

| | |
|--|--|
| BANK: | |
| ADDRESS: | |
| CHECKING ACCOUNT NUMBER: IS THIS A JOINT ACCOUNT? WITH WHOM? IS THERE A DEBTOR CARD(S) ISSUED ON THIS ACCOUNT? | |
| SAVINGS ACCOUNT NUMBER: IS THIS A JOINT ACCOUNT? WITH WHOM? | |
| ATM CARD NUMBER & PIN NUMBER: | |
| LOCATION OF CHECKBOOKS, STATEMENTS, & OTHER INFO: | |

INVESTMENTS:

(Copy and paste more, if necessary. Include IRAs, TSP/401Ks, Certificates of Deposit, Stocks, Bonds, etc.)

| | |
|----------------------|--|
| ACCOUNT NUMBER: | |
| TYPE: | |
| COMPANY: | |
| BENEFICIARY: | |
| LOCATION OF RECORDS: | |

DATE UPDATED: _____

SAFETY DEPOSIT BOX

| | |
|----------------------------|--|
| SAFETY DEPOSIT BOX NUMBER: | |
| BANK: | |
| ADDRESS: | |
| ACCESSIBLE BY: | |
| LOCATION OF KEY: | |
| CONTENTS: | |

CREDIT CARDS*(Copy and paste more, if necessary)*

| | |
|--------------------------------------|--|
| NAME: | |
| ACCOUNT NUMBER: | |
| PIN NUMBER: | |
| ISSUED BY: | |
| ADDRESS: | |
| IS ACCOUNT BALANCE INSURED? | |
| LOCATION OF STATEMENTS & OTHER INFO: | |

FINANCIAL ADVISOR / PLANNER / MANAGER / ACCOUNTANT*(Copy and paste more, if necessary)*

| | |
|-------------------|--|
| NAME & TITLE: | |
| NAME OF BUSINESS: | |
| ADDRESS: | |
| TELEPHONE: | |
| E-MAIL: | |

RECORDS OF OTHER DEBTS OWED BY ME*(Copy and paste more, if necessary)*

DATE UPDATED: _____

| | |
|----------------------------|--|
| DEBT OWED TO: | |
| ADDRESS: | |
| TELEPHONE: | |
| TYPE OF DEBT: | |
| AMOUNT: | |
| DUE DATE: | |
| LOCATION OF DOCUMENTATION: | |

RECORDS OF ANY DEBT OWED TO ME

(Copy and paste more, if necessary)

| | |
|----------------------------|--|
| NAME OF DEBTOR: | |
| ADDRESS: | |
| TELEPHONE: | |
| TYPE OF DEBT: | |
| AMOUNT: | |
| DUE DATE: | |
| LOCATION OF DOCUMENTATION: | |

INCOME TAXES

| | |
|----------------------------------|--|
| LOCATION OF TAX RETURNS/RECORDS: | |
| NAME & ADDRESS OF TAX PREPARER: | |

FINANCIAL INFORMATION OF SPOUSE & CHILDREN

DATE UPDATED: _____

MY REAL ESTATE

(Copy and paste more, if necessary)

| | |
|--|--|
| TYPE OF PROPERTY (<i>stand alone house? apartment? townhouse? warehouse? office building? other?</i>): | |
| JOINT OWNERSHIP? | |
| ADDRESS: | |
| LOCATION OF DEED: | |
| VALUE OF PROPERTY: | |
| PROPERTY MANAGEMENT COMPANY: | |
| MORTGAGE ON THE PROPERTY IS HELD BY: | |
| ADDRESS: | |
| BALANCE OF LOAN: | |
| MONTHLY PAYMENT (<i>amount & due date</i>): | |
| LOCATION OF MORTGAGE & TAX PAYMENT DOCUMENTS & RECEIPTS: | |
| MORTGAGE INSURANCE: | |
| LOCATION OF MORTGAGE INSURANCE POLICY: | |
| HOMEOWNER'S INSURANCE HELD BY: | |
| LOCATION OF HOMEOWNER'S INSURANCE POLICY: | |

DATE UPDATED: _____

UTILITIES*(Copy and paste more, if necessary)***ADDRESS WHERE PAID:****ELECTRICITY**

| | |
|-----------------|--|
| COMPANY: | |
| ACCOUNT NUMBER: | |

WATER

| | |
|-----------------|--|
| COMPANY: | |
| ACCOUNT NUMBER: | |

GAS

| | |
|-----------------|--|
| COMPANY: | |
| ACCOUNT NUMBER: | |

TELEPHONES

| | |
|-------------------|--|
| COMPANY: | |
| ACCOUNT NUMBER: | |
| TELEPHONE NUMBER: | |

| | |
|-------------------|--|
| COMPANY: | |
| ACCOUNT NUMBER: | |
| TELEPHONE NUMBER: | |

DATE UPDATED: _____

NEWSPAPER

| | |
|-----------------|--|
| COMPANY: | |
| ACCOUNT NUMBER: | |

INTERNET SERVICE

| | |
|-----------------|--|
| COMPANY: | |
| ACCOUNT NUMBER: | |
| LOGON NAME: | |
| PASSWORD: | |

CABLE TELEVISION

| | |
|-----------------|--|
| COMPANY: | |
| ACCOUNT NUMBER: | |
| LOGON NAME: | |
| PASSWORD: | |

OTHER SUBSCRIPTIONS*(Copy and paste more, if necessary.)*

| | |
|-----------------|--|
| COMPANY: | |
| ACCOUNT NUMBER: | |
| LOGON NAME: | |
| PASSWORD: | |

DATE UPDATED: _____

MY VEHICLES

(Copy and paste more, if necessary)

| | |
|---|--|
| TYPE (<i>sedan? SUV? truck? minivan? other?</i>): | |
| MAKE: | |
| MODEL: | |
| YEAR: | |
| REGISTERED TO (<i>include location of registration document</i>): | |
| STATUS OF OWNERSHIP (<i>lien? own? lease?</i>): BANK/CREDITOR THAT HANDLES LOAN: ADDRESS: PAYMENT (<i>amount & due date</i>): BALANCE: LOCATION OF LOAN PAPERS & INVOICES: | |
| VIN NUMBER | |
| LICENSE PLATE NUMBER: | |
| LOCATION OF TITLE: | |
| LOCATION OF EXTRA KEYS: | |
| INSURED BY: | |
| ADDRESS OF INSURANCE COMPANY: | |
| INSURANCE POLICY NUMBER: | |
| LOCATION OF INSURANCE POLICY: | |

DATE UPDATED: _____

MY PETS

(Copy and paste more, if necessary)

| | |
|--|--|
| NAME: | |
| TYPE: | |
| BREED: | |
| SEX: | |
| NEUTERED? | |
| DATE OF BIRTH: | |
| MEDICAL PROBLEMS: | |
| DIET: | |
| SPECIAL NEEDS: | |
| LOCATION OF RECORDS (vaccination, AKC registration, etc.): | |
| DISPOSITION IN CASE OF MY DEATH: | |

VETERINARIAN

| | |
|------------|--|
| NAME: | |
| ADDRESS: | |
| TELEPHONE: | |
| E-MAIL: | |

PET INSURANCE

| | |
|----------------|--|
| COMPANY: | |
| POLICY NUMBER: | |
| ADDRESS: | |
| TELEPHONE: | |

DATE UPDATED: _____

MY MEMBERSHIPS & CHARITIES

(Include professional and recreational memberships. Copy and paste more, if necessary)

| | |
|-----------------------|--|
| NAME OF ORGANIZATION: | |
| ADDRESS: | |
| TELEPHONE: | |
| MY MEMBERSHIP NUMBER: | |

| | |
|-----------------------|--|
| NAME OF ORGANIZATION: | |
| ADDRESS: | |
| TELEPHONE: | |
| MY MEMBERSHIP NUMBER: | |

| | |
|-----------------------|--|
| NAME OF ORGANIZATION: | |
| ADDRESS: | |
| TELEPHONE: | |
| MY MEMBERSHIP NUMBER: | |

| | |
|-----------------------|--|
| NAME OF ORGANIZATION: | |
| ADDRESS: | |
| TELEPHONE: | |
| MY MEMBERSHIP NUMBER: | |

DATE UPDATED: _____

FUNERAL ARRANGEMENTS

| | |
|------------------------|--|
| RELIGIOUS AFFILIATION: | |
| CHURCH: | |
| ADDRESS: | |
| TELEPHONE: | |

FUNERAL SERVICES

| | |
|---|--|
| TYPE OF SERVICE: | |
| PLACE: | |
| TIME: | |
| CLERGY: | |
| ADDRESS: | |
| TELEPHONE: | |
| E-MAIL: | |
| SPECIAL REQUESTS FOR SERVICE (<i>music, flowers, readings, etc.</i>): | |
| AM I ENTITLED TO MILITARY HONORS? | |
| WHO WOULD I LIKE TO DO THE EULOGY? | |
| ADDRESS: | |
| TELEPHONE: | |
| E-MAIL: | |
| WHO WOULD I ESPECIALLY LIKE TO ATTEND? | |

DATE UPDATED: _____

OBITUARY

| | |
|--|--|
| DO I WANT AN OBITUARY PUBLISHED? Where? | |
| WHAT I WANT INCLUDED IN THE OBITUARY: | |

DISPOSITION OF REMAINS

| | |
|--|--|
| ORGAN DONOR? SPECIAL INSTRUCTIONS FOR ORGAN DONATION: | |
| FUNERAL HOME PREFERENCE: ADDRESS: TELEPHONE: | |
| BURIAL (<i>casket, vault, crypt</i>)? MY CHOICE OF CEMETARY: PRE-PAID BURIAL PLAN? LOCATION OF PLAN: CLOTHING TO BE BURIED IN: PALLBEARERS: (<i>Copy and paste more, if necessary</i>) NAME: ADDRESS: TELEPHONE: | |
| CREMATION? | |
| WHAT I WOULD LIKE DONE WITH MY ASHES: | |
| DONATION OF BODY? ORGANIZATION TO RECEIVE MY REMAINS: ARRANGEMENTS MADE FOR THIS IN ADVANCE: LOCATION OF DOCUMENTS: | |

DATE UPDATED: _____

TO NOTIFY IN CASE OF DEATH

(Copy and paste more, if necessary. Include family and business contacts.)

| | |
|-----------------|--|
| NAME: | |
| HOME TELEPHONE: | |
| WORK TELEPHONE: | |
| RELATIONSHIP: | |
| ADDRESS: | |
| E-MAIL: | |

| | |
|-----------------|--|
| NAME: | |
| HOME TELEPHONE: | |
| WORK TELEPHONE: | |
| RELATIONSHIP: | |
| ADDRESS: | |
| E-MAIL: | |

| | |
|-----------------|--|
| NAME: | |
| HOME TELEPHONE: | |
| WORK TELEPHONE: | |
| RELATIONSHIP: | |
| ADDRESS: | |
| E-MAIL: | |

DATE UPDATED: _____

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American Bar Association - www.abanet.org/aging/

American Association of Retired People - www.aarp.org

“The F.I.L.E.” published by the Baltimore County Department of Aging in 1997

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McPhelimy, Lynn; In the Checklist of Life – A Working Book To Help You Live and Leave This Life!

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Oishi, Emily and Thompson, Sue; Before It’s Too Late: Don’t Leave Your Loved Ones Unprepared

Partnership for Caring - www.partnershipforcaring.org

“Personal Affairs Record Book” published by the Council for Court Excellence in February 2002 and printed as a public service by GEICO

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Todd, Elaine and Schultz, Alan D.; All Together Now: Records, Instructions and Wishes for Those You Love

“What My Family Should Know: A Guide For Getting Your Affairs In Order” published by the National Guard Family Program