**CONFIDENTIAL**

**ESTATE INVENTORY OF:**

**Mr.** Click here to enter text.

**and**

**Mrs.** Click here to enter text.

**AS OF DATE:** Click here to enter text.

Dear Loved Ones,

In this booklet, we have recorded information you will need when the time comes, to settling our affairs. We have given a great deal of thought to our wishes concerning final arrangements as well. We have tried to minimize the emotional strain and distress that you would face if these decisions were left to you with no indication of our specific wishes. We trust that this booklet will help you to avoid confusion, extra expense and any undue anxiety.

With All Our Love,

(Husband / Dad) (Wife / Mom)

Date Crlick here to enter text.

**Emergency Contacts**

Husband: Click here to enter text. Phone #: Click here to enter text. (h) Click here to enter text. ©

Wife: Click here to enter text. Phone #: Click here to enter text.(h) Click here to enter text. ©

Child 1: Click here to enter text. Phone #: Click here to enter text.

Child 2: Click here to enter text. Phone #: Click here to enter text.

Primary Care Physician (Husband): Click here to enter text. Phone # Click here to enter text.

Primary Care Physician (Wife): Click here to enter text. Phone # Click here to enter text.

Power of Attorney: Click here to enter text. Phone #: Click here to enter text. Click here to enter text.

Pastor: Click here to enter text. Phone #: Click here to enter text.

Executor: Click here to enter text. Phone #: Click here to enter text. Click here to enter text.

Financial Advisor: Click here to enter text. Phone #: Click here to enter text.

Accountant: Click here to enter text. Phone #: Click here to enter text.

Hubert Wicker & Gent LLP

Attorney: Click here to enter text. Phone #: Click here to enter text.

The Fillmore Law Firm LLP 901 Lake St. Ft. Wotth, TX

Trustee: Click here to enter text. Phone #: Click here to enter text.

Funeral Arrangements at: Click here to enter text.

Funeral Director: Click here to enter text. Phone #: Click here to enter text.

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**Design & Purpose of this Document**

This booklet is designed to organize and record in one place a variety of valuable financial and personal data. It should be secured and accessible only by authorized individuals. It is not intended in any way to serve as a legal document.

IMPORTANT: Do not keep this booklet in your safe deposit box. After a death, the safe deposit box is usually sealed and cannot be opened unless the executor or administrator of the estate has been appointed or in the presence of an Inheritance Tax Department representative.

By maintaining a comprehensive record of your personal affairs, you can keep important information available for easy access. In times of emergency, it is important that you, and your family, be able to take immediate action with regard to financial affairs. Also, an inventory is invaluable when death occurs. This booklet can be as comprehensive as you deem necessary. Advise family members of this record, and where it is kept. Once-a-year update is advised.

In our society today, confusion and chaos is all around us. Organizing ones affairs is sometimes lost or forgotten. As we grow older our memory can sometimes start to fade a little. With this in mind, this booklet serves as an organizer of important information along with where to find certain documents that will be needed at the most critical and emotional of times.

"Freedom is a fragile thing and is never more than one generation away from extinction. It is not ours by inheritance; it must be fought for and defended constantly by each generation, for it comes only once to a people. Those who have known freedom, and then lost it, have never known it again." --Ronald Reagan

Today's older adults experienced the Great Depression and World War II and went on to create what younger generations are enjoying as a modern America, with all its privileges and responsibilities. Teamwork is how this generation got things done and duty came before pleasure! To all those who have served in our military past and present, we are grateful and do truly appreciate your sacrifice.

Many experts recommend that we look to the wisdom of older generations, which requires us to understand that our elders have life experiences from which we can learn. We must do away with all the myths and stereotypes of aging.

A wise man once said, "Experience does not come on young shoulders!!

When your estate is to be settled, there are many questions that must be answered. This booklet is designed to enable you to record the necessary facts for your family, your attorney and your executor. We suggest that you complete it and place it in a safe place so it will be there for possible revisions by you and later use by your family.

**WHAT TO KEEP IN YOUR SAFE DEPOSIT BOX (OR OTHER SAFE PLACE)**

|  |  |
| --- | --- |
| **What to keep permanently:**  Birth Certificate  Will  Marriage Record  Social Security Card  Personal Property Memorandum  Power of Attorney for Health Care  Paid Mortgage or Loan Contracts  Real Estate Deeds  Records of jointly owned property  Other Real Estate papers  Insurance policies inforce | **What to keep for 7 years:**  Savings pass book (after closed)  Cancelled checks  Check stubs  Bank statements  Receipts, bills and sales slips  **What to keep for 10 years:**  Income tax records  **What to keep while in force:**  U.S. Savings Bonds  Warranties and instruction books  **What to keep during Ownership (plus 7 years):**  Stocks and bonds records |

**SOCIAL SECURITY BENEFITS**

Social Security is a form of insurance that plays a very important part in estate planning. Most of us are entitled to some form of these benefits. But it is important to realize that SOCIAL SECURITY BENEFITS ARE NOT PAID AUTOMATICALLY.

You must apply for these benefits on special forms, and certain documents must be furnished at that time. These forms and documents, listed below, must be furnished within a specific TIME LIMIT.

**To File A Claim -( Documents You Need)**

1. Proof of Death (Certified Death Certificate)
2. Social Security Card for Deceased
3. Copy of Marriage Certificate
4. Birth Certificate of Applicant
5. Birth Certificate of Deceased
6. Birth Certificates of Minor Children
7. Disability Proof for children over l8
8. Proof of Support if applicant is parent or husband

**Survivor's Payments**

Monthly survivor benefits can be paid to relatives of a retired worker eligible for SS benefits after the worker's death. As with family benefits, eligible family members may include a spouse, dependent children, dependent parents or a divorced spouse. The benefit level varies from 75-l00% of the deceased's basic Social Security benefit.

Contact the Social Security Office near you for additional facts and information, or to find out the current status of your social security account. This information should be obtained at least once every three years. Request forms for your account can be obtained by calling your local Social Security Administration Office, listed in your telephone book or at your local post office.

**Death Benefit**

In addition to the monthly benefits, there is also a one-time death benefit that can be made to a spouse or minor children meeting qualifying criteria. Currently, this payment is $255.

**Veteran's Benefits**

Veterans' survivors are entitled to many burial related benefits. However, these benefits will not be paid automatically. Claims for Veterans' benefits must usually be made within two years from the date of final interment.

Honorably discharged veterans are entitled to:

A space at a national cemetery, a burial flag, a presidential memorial certificate, a grave liner, opening and closing of the grave, a government headstone or marker and perpetual care at no charge is available to the veteran. The burial benefit, however, is not all-inclusive as the costs for a casket or urn, services of the funeral director and transportation of the body are typically not covered. The value of the benefit varies according to locale but may be as much as $10,000 if the goods and services were purchased on the consumer market. Some VA assistance may be available for burial elsewhere, depending on service periods. The spouse or un-remarried surviving spouse of an eligible veteran is also eligible for burial in a national cemetery even if the veteran is not buried or memorialized in a national cemetery. Minor children of the eligible veteran may also be buried in a national cemetery.

All eligible veterans are entitled to receive military honors at the time of burial. Military honors consist of at least a two-person detail with one person from the veteran's branch of service. The funeral flag is folded by the detail and passed to the next of kin. Taps are played. While military honors are a right of all veterans, the family MUST REQUEST them to have them included in the service. The funeral director forwards this request to the Department of Defense.

Veterans' benefits are frequently altered and revised. There may also be Veterans benefits from your county. To determine your eligibility or to file your claim, contact your local Veterans Administration or write: Veterans Administration, Washington, DC 20421. Or call Toll free, 800-827-1000 or check the VA's website at www.va.gov.

**To File a Claim for Veteran's Benefits**

1. The following forms must be submitted:
2. Veteran's Discharge Papers (DD-214)
3. Certified copy of Death Certificate
4. Copy of Marriage Certificate
5. Birth Certificate of minor children
6. Receipted itemized funeral bill

**Federal Benefits for orphans and widows of veterans are as follows:**

* Burial in national cemeteries
* Burial expense reimbursement
* Burial flag for veterans (obtain at Post Office)
* Compensation for widows and orphans
* Pension for widows and minor children
* Parent's compensation
* Children's Education - for children of veterans whose death was service connected or who are 100% disabled
* Home loans for widows, unremarried widows of veterans who die of service connected causes are eligible for G.l. Home loan
* Headstone or Grave marker

For information, contact the Regional Veterans' Administration offices in Philadelphia or VA contact offices located throughout the state in larger communities. Veterans' organization service officers and county directors of veterans' offices are also qualified to provide benefit information and service.

**State benefits for widows and orphans are as follows:**

Emergency Financial aid for needy widows

Scholarship assistance for children of veterans whose death was service connected or who are l00% disabled

Scotland School for Veterans' children

Real estate tax exemption for needy unremarried widows of veterans who were 1007% disabled

For information or assistance in applying for State benefits, contact the local County Director of Veterans' Affairs.

**Importance of Last Will and Testament**

Everyone needs a will! A will is one of the finest protections you can give to those special people in your life...a husband or wife, children, relatives, good friends or a special charity.

An up-to-date will is the only way that you can control the distribution of your property at death. Otherwise, the state takes over and your property is distributed according to established laws of succession. Your lawyer will help you write your will tailored to your exact wishes. If you have not had a will drawn up, we urge you to consult your attorney and arrange to prepare one as soon as possible.

The information you enter in this booklet will be of value to family and personal representatives in the event of your death. It will not, however, determine the disposition of your property. Only your LAST WILL and TESTAMENT can do that.

**I have a LAST WILL and TESTAMENT which was prepared on: Click here to enter text.**

Located at: Click here to enter text.

My Executor(s): Click here to enter text.

Address of Executor: Click here to enter text.

Telephone No. of Executor: Click here to enter text.

Additional Comments: Click here to enter text.

**Living Will Information**

The idea of surrendering to death may be frightening, but for most people a natural, peaceful death is preferable to a meaningless and prolonged artificial existence.

It must be remembered that modern technology can keep you alive even when your brain is irrevocably damaged. Prolonged life can emotionally drain your loved ones who must endure your condition. It can also drain your assets and impose considerable financial hardship on your family.

A Living will is a legal paper in which you spell out your desire for care if you have a terminal medical condition or are in a state of complete incapacity or permanent unconsciousness.

With a living will you express, while you are in good health, your rational choice of when to discontinue life support.

Most importantly, with a living will you decide the precise circumstances for discontinuing treatment and also clearly state whom among your loved ones and healthcare providers should have the power to decide when to withdraw life support.

Most states have laws that say living wills are legal. Many doctors will honor living wills even in a state without a living will law.

It is important that your wishes be put in writing. Because of the complexities of this issue, it is wise to consult an attorney on the matter of a living will. It is also very important that you talk to your doctor about this issue while you are able to do so. If he or she indicates a problem in following your wishes, you have the right and may want to consider changing doctors.

I have a LIVING WILL, which was prepared on: Click here to enter text.

Representative(s): Click here to enter text.

Address of Representative: Click here to enter text. Representative's Phone No.: Click here to enter text.

**Power of Attorney (P.O.A) Information**

**Durable Power of Attorney**: A durable power of attorney gives someone (your agent) the authority to act on your behalf for specified business, financial, and legal transactions. Your durable power of attorney can become effective immediately or upon a subsequent incapacity.

**Medical Power of Attorney**: Appoints an agent (and alternate agents) to make healthcare decisions on your behalf if you are unable to make your own healthcare decisions. Your physician must certify in writing that you are unable to make your own healthcare decisions prior to your agent having authority to act on your behalf.

The law says that the attorney-in-fact can:

* Authorize your admission to a medical, nursing, residential or other facility;
* Enter into agreements for your care; and
* Authorize medical and surgical procedures

The power to "authorize medical and surgical procedures", means that your attorney-in-fact may arrange for and consent to medical, therapeutic, and surgical procedures for you, including the administration of drugs.

Unlike a Living will, you do not have to be in a terminal condition or permanent state of unconsciousness, for your attorney-in-fact to act on your behalf. It is unclear if your representative under a P.O.A. for health care can refuse or stop life sustaining treatment for you; a LIVING WILL clearly can be used for that purpose.

**Declaration of Guardian in the Event of Later Incapacity**: Directs a court on who you would want named as the guardian of your person and/or estate if you require a guardianship in the future. Can also direct who you do NOT want to serve as the guardian of your person or estate.

**Appointment of Agent to Control Disposition of Remains:** Gives someone the authority to make decisions regarding the disposition of your remains, including cremation. Can specify special directions regarding your wishes on services, burial, cremation, etc.

**Advanced Directive (Directive to Physicians and Family or Surrogates):** Makes your wishes regarding the use of life-sustaining treatment (aka life support) when diagnosed with certain terminal or irreversible conditions. This is not the same as a Do-Not-Resuscitate Order.

**HIPAA Authorization:** Provides your authorization for your healthcare providers to provide any and all of your protected healthcare information to your designated representative(s). Protected healthcare information can include your healthcare records as well as billing records.

I have a P.O.A, which was prepared on (date): Click here to enter text.

Located at: Click here to enter text. Attorney-in-fact: Click here to enter text.

Address of Attorney-in-fact: Click here to enter text.

Telephone No. of Attorney-in-fact Click here to enter text.

I have a Medical Directive, which was prepared on (date): Click here to enter text.

Located at: Click here to enter text.

I have a HIPPA Authorization, which was prepared on (date): Click here to enter text.

Located at: Click here to enter text.

**Personal Data (Husband)**

Name:First Click here to enter text.MiddleClick here to enter text.LastClick here to enter text.

Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

Telephone(s): Click here to enter text.

Years at Present Address: Click here to enter text.

Prior Address: Click here to enter text.

Social Security #: Click here to enter text. SS Card location Click here to enter text.

Date of Birth: Click here to enter text.

Citizen of: Click here to enter text.

Place of Birth: Click here to enter text. Birth Certificate location Click here to enter text.

Passport #: Click here to enter text. Country Click here to enter text. Expiration Date: Click here to enter text. Passport location Click here to enter text.

Marital Status:  Married  Divorced  Widower  Single License location home safe

Name of Father:Click here to enter text.

Father's Place of Birth: Click here to enter text.

Father's Date of Birth: Click here to enter text.

Father's Date of Death: Click here to enter text. Age at Death: Click here to enter text.

Name of Mother: (Maiden Name) Click here to enter text.

Mother's Place of Birth: Click here to enter text.

Mother's Date of Birth: Click here to enter text.

Mother's Date of Death: Click here to enter text. Age at Death: Click here to enter text.

**Schools Attended:**

School:Click here to enter text.

From: Click here to enter text. To: Click here to enter text. Highest Grade or Degree: Click here to enter text.

School :Click here to enter text.

From: Click here to enter text. To: Click here to enter text. Highest Grade or Degree: Click here to enter text.

School:Click here to enter text.

From: Click here to enter text. To: Click here to enter text. Highest Grade or Degree: Click here to enter text.

**Personal Data (Husband) - Continued**

**Fraternities & Honor Societies:** Click here to enter text.

Organization: Click here to enter text.

From: Click here to enter text. To: Click here to enter text. Position Held: Click here to enter text.

Organization: Click here to enter text.

From: Click here to enter text. To: Click here to enter text. Position Held: Click here to enter text.

Organization: Click here to enter text.

From: Click here to enter text. To: Click here to enter text. Position Held: Click here to enter text.

**Civic or Public Offices Held:**

Organization: none

From: Click here to enter text. To: Click here to enter text. Where: Click here to enter text.

Organization: Click here to enter text.

From: Click here to enter text. To: Click here to enter text. Where: Click here to enter text.

Organization: Click here to enter text.

From: Click here to enter text. To: Click here to enter text. Where: Click here to enter text.

**Special Achievements or Recognition:** Click here to enter text.

**Organization Affiliations:** (Mason, Lion's Club, Elk, etc.)

Organization Name: Click here to enter text.

Benefits Due:  Yes  No

Organization Name: Click here to enter text.

Benefits Due:  Yes  No

**Employment History:**

Company: Click here to enter text.

Job Title: Click here to enter text. From: Click here to enter text. To: Click here to enter text.

Company: Mostek, Core Laboratories, Texet

Job Title: Click here to enter text. From: Click here to enter text. To: Click here to enter text.

Company: Click here to enter text.

Job Title: Click here to enter text. From: Click here to enter text. To: Click here to enter text.

Company: Click here to enter text.

Job Title: Click here to enter text. From: Click here to enter text. To: Click here to enter text.

**Professional Achievements:** Click here to enter text.

**Military Service:**

Branch of Service: Click here to enter text. Service #: Click here to enter text.

Dates of Service - From: Click here to enter text. To: Click here to enter text.

Theater(s) of Service: Click here to enter text.

Grade/Rank: Click here to enter text. Rating/Specialty: Click here to enter text.

Citations, Recognitions. Awards: Click here to enter text.

Discharge Papers (DD-214) Located at: Click here to enter text.

G.I. Insurance Policy #: Click here to enter text.

VA Claim #: Click here to enter text.

**Personal Data (Husband) - Continued**

**Family Registry (Husband)**

**My Children:**

**Given Name # l:** Click here to enter text.

Address: Click here to enter text. Phone: Click here to enter text.

Date of Birth: Click here to enter text. Place of Birth: Click here to enter text.

**Given Name # 2:** Click here to enter text.

Address: Click here to enter text. Phone: Click here to enter text.

Date of Birth: Click here to enter text. Place of Birth: Click here to enter text.

**Given Name # 3** Click here to enter text.

Address: Click here to enter text. Phone: Click here to enter text.

Date of Birth: Click here to enter text. Place of Birth: Click here to enter text.

**Given Name # 4** Click here to enter text.

Address: Click here to enter text. Phone: Click here to enter text.

Date of Birth: Click here to enter text. Place of Birth: Click here to enter text.

**My Brothers and Sisters Still Living:**

**Given Name # l:** Click here to enter text.

Address: Click here to enter text. Phone: Click here to enter text.

Date of Birth: Click here to enter text. Place of Birth:Click here to enter text.

**Given Name # 2:** Click here to enter text.

Address: Click here to enter text. Phone: Click here to enter text.

Date of Birth: Click here to enter text. Place of Birth:Click here to enter text.

**Given Name # 3** Click here to enter text.

Address: Click here to enter text. Phone: Click here to enter text.

Date of Birth: Click here to enter text. Place of Birth:Click here to enter text.

**Given Name # 4** Click here to enter text.

Address: Click here to enter text. Phone: Click here to enter text.

Date of Birth: Click here to enter text. Place of Birth:Click here to enter text.

**Deceased Members of My Family:**

**Name:** Click here to enter text.Date of BirthClick here to enter text.

Relationship: Click here to enter text. Age at Death: Click here to enter text.

Date of Passing: Click here to enter text. Cemetery: Click here to enter text.

**Name:** Click here to enter text.Date of BirthClick here to enter text.

Relationship: Click here to enter text. Age at Death: Click here to enter text.

Date of Passing: Click here to enter text. Cemetery: Click here to enter text.

**Name:** Click here to enter text.Date of BirthClick here to enter text.

Relationship: Click here to enter text. Age at Death: Click here to enter text.

Date of Passing: Click here to enter text. Cemetery: Click here to enter text.

**Name:** Click here to enter text.Date of BirthClick here to enter text.

Relationship: Click here to enter text. Age at Death: Click here to enter text.

Date of Passing: Click here to enter text. Cemetery: Click here to enter text.

**Name:** Click here to enter text.Date of BirthClick here to enter text.

Relationship: Click here to enter text. Age at Death: Click here to enter text.

Date of Passing: Click here to enter text. Cemetery: Click here to enter text.

**Family Registry (Husband) Continued**

**Other Relatives & Friends: (see Family Tree on page 26 )**

**Name:** Click here to enter text. Relationship: Click here to enter text.

Address: Click here to enter text. Telephone #: Click here to enter text.

**Name:** Click here to enter text. Relationship: Click here to enter text.

Address: Click here to enter text. Telephone #: Click here to enter text.

**Name:** Click here to enter text. Relationship: Click here to enter text.

Address: Click here to enter text. Telephone #: Click here to enter text.

**Name:** Click here to enter text. Relationship: Click here to enter text.

Address: Click here to enter text. Telephone #: Click here to enter text.

**Name:** Click here to enter text. Relationship: Click here to enter text.

Address: Click here to enter text. Telephone #: Click here to enter text.

**Name:** Click here to enter text. Relationship: Click here to enter text.

Address: Click here to enter text. Telephone #: Click here to enter text.

**Legacy Information (Husband) –**

Everyone needs a meaningful obituary written in their honor. It is here that you may list accomplishments and achievements and that are meaningful to you and your loved ones.

Early Childhood and upbringing Click here to enter text.

Adolescent years Click here to enter text.

Early adulthood Click here to enter text.

My proudest family moments Click here to enter text.

My proudest career accomplishments Click here to enter text.

My civic accomplishments Click here to enter text.

Special achievements/awards/offices held Click here to enter text.

Favorite song Click here to enter text.

Favorite color Click here to enter text.

Hobbies Click here to enter text.

Other things to remember Click here to enter text.

**Personal Data (Wife)**

**Name:** FirstClick here to enter text.Middle Click here to enter text.LastClick here to enter text.

Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

Telephone(s): (Click here to enter text.

Years at Present Address: Click here to enter text.

Prior Address: Click here to enter text.

Social Security #: Click here to enter text. SS Card location Click here to enter text.

Date of Birth: Click here to enter text.

Citizen of: Click here to enter text.

Place of Birth: Click here to enter text. Birth Certificate location Click here to enter text.

Passport #: Click here to enter text. Country Click here to enter text. Expiration Date: Click here to enter text. Passport location Click here to enter text.

Marital Status:  Married  Divorced  Widower  Single License location Click here to enter text.

**Name of Father:** Click here to enter text.

Father's Place of Birth: Click here to enter text.

Father's Date of Birth: Click here to enter text.

Father's Date of Death: Click here to enter text. Age at Death: Click here to enter text.

**Name of Mother:** (Maiden Name) Click here to enter text.

Mother's Place of Birth: Click here to enter text.

Mother's Date of Birth: Click here to enter text.

Mother's Date of Death: Click here to enter text. Age at Death: Click here to enter text.

**Schools Attended:**

School: Click here to enter text.

From: Click here to enter text. To: Click here to enter text. Highest Grade or Degree: Click here to enter text.

School: Click here to enter text.

From: Click here to enter text. To: Click here to enter text. Highest Grade or Degree: Click here to enter text.

School:Click here to enter text.

From: Click here to enter text. To: Click here to enter text. Highest Grade or Degree: Click here to enter text.

**Personal Data (Wife) - Continued**

**Fraternities & Honor Societies:** Click here to enter text.

Organization: Click here to enter text.

From: Click here to enter text. To: Click here to enter text. Position Held: Click here to enter text.

Organization: Click here to enter text.

From: Click here to enter text. To: Click here to enter text. Position Held: Click here to enter text.

Organization: Click here to enter text.

From: Click here to enter text. To: Click here to enter text. Position Held: Click here to enter text.

**Civic or Public Offices Held:**

Organization: Click here to enter text.

From: Click here to enter text. To: Click here to enter text. Where: Click here to enter text.

Organization: Click here to enter text.

From: Click here to enter text. To: Click here to enter text. Where: Click here to enter text.

Organization: Click here to enter text.

From: Click here to enter text. To: Click here to enter text. Where: Click here to enter text.

**Special Achievements or Recognition:** Click here to enter text.

**Organization Affiliations:** (Mason, Lion's Club, Elk, etc.)

Organization Name: Click here to enter text.

Benefits Due:  Yes  No

Organization Name: Click here to enter text.

Benefits Due:  Yes  No

**Employment History:**

Company: Click here to enter text.

Job Title: Click here to enter text. From: Click here to enter text. To: Click here to enter text.

Company: Click here to enter text.

Job Title: Click here to enter text. From: Click here to enter text. To: Click here to enter text.

Company: Click here to enter text.

Job Title: Click here to enter text. From: Click here to enter text. To: Click here to enter text.

**Professional Achievements:** Click here to enter text.

**Military Service:**

Branch of Service: Click here to enter text. Service #: Click here to enter text.

Dates of Service - From: Click here to enter text. To: Click here to enter text.

Theater(s) of Service: Click here to enter text.

Grade/Rank: Click here to enter text. Rating/Specialty: Click here to enter text.

Citations, Recognitions. Awards: Click here to enter text.

Discharge Papers (DD-214) Located at: Click here to enter text.

G.I. Insurance Policy #: Click here to enter text.

VA Claim #: Click here to enter text.

**Personal Data (Wife) - Continued**

**Family Registry (Wife)**

**My Children:**

**Given Name # l:** Click here to enter text.

Address: Click here to enter text. Phone: Click here to enter text.

Date of Birth: Click here to enter text. Place of Birth: Click here to enter text.

**Given Name # 2:** Click here to enter text.

Address: Click here to enter text. Phone: Click here to enter text.

Date of Birth: Click here to enter text. Place of Birth: Click here to enter text.

**Given Name # 3** Click here to enter text.

Address: Click here to enter text. Phone: Click here to enter text.

Date of Birth: Click here to enter text. Place of Birth: Click here to enter text.

**Given Name # 4** Click here to enter text.

Address: Click here to enter text. Phone: Click here to enter text.

Date of Birth: Click here to enter text. Place of Birth: Click here to enter text.

**My Brothers and Sisters Still Living:**

**Given Name # l:** Click here to enter text.

Address: Click here to enter text. Phone: Click here to enter text.

Date of Birth: Click here to enter text. Place of Birth: Click here to enter text.

**Given Name # 2:** Click here to enter text.

Address: Click here to enter text. Phone: Click here to enter text.

Date of Birth: Click here to enter text. Place of Birth:Click here to enter text.

**Given Name # 3** Click here to enter text.

Address: Click here to enter text. Phone: Click here to enter text.

Date of Birth: Click here to enter text. Place of Birth:Click here to enter text.

**Given Name # 4** Click here to enter text.

Address: Click here to enter text. Phone: Click here to enter text.

Date of Birth: Click here to enter text. Place of Birth:Click here to enter text.

**Deceased Members of My Family:**

**Name:** Click here to enter text.Date of BirthClick here to enter text. Place of Birth: Click here to enter text.

Relationship: Click here to enter text. Age at Death: Click here to enter text.

Date of Passing: Click here to enter text. Cemetery: Click here to enter text.

**Name:** Click here to enter text.Date of BirthClick here to enter text.Place of Birth: Click here to enter text.

Relationship: Click here to enter text. Age at Death: Click here to enter text.

Date of Passing: Click here to enter text. Cemetery: Click here to enter text.

**Name:** Click here to enter text.Date of BirthClick here to enter text.Place of Birth: Click here to enter text.

Relationship: Click here to enter text. Age at Death: Click here to enter text.

Date of Passing: Click here to enter text. Cemetery: Click here to enter text.

**Name:** Click here to enter text.Date of BirthClick here to enter text.

Relationship: Click here to enter text. Age at Death: Click here to enter text.

Date of Passing: Click here to enter text. Cemetery: Click here to enter text.

**Name:** Click here to enter text.Date of BirthClick here to enter text.

Relationship: Click here to enter text. Age at Death: Click here to enter text.

Date of Passing: Click here to enter text. Cemetery: Click here to enter text.

**Family Registry (Wife) Continued**

**Other Relatives & Friends:**

**Name:** Click here to enter text. Relationship: Click here to enter text.

Address: Click here to enter text. Telephone #: Click here to enter text.

**Name:** Click here to enter text. Relationship: Click here to enter text.

Address: Click here to enter text. Telephone #: Click here to enter text.

**Name:** Click here to enter text. Relationship: Click here to enter text.

Address: Click here to enter text. Telephone #: Click here to enter text.

**Name:** Click here to enter text. Relationship: Click here to enter text.

Address: Click here to enter text. Telephone #: Click here to enter text.

**Name:** Click here to enter text. Relationship: Click here to enter text.

Address: Click here to enter text. Telephone #: Click here to enter text.

**Name:** Click here to enter text. Relationship: Click here to enter text.

Address: Click here to enter text. Telephone #: Click here to enter text.

**Legacy Information (Wife) –**

Everyone needs a meaningful obituary written in their honor. It is here that you may list accomplishments and achievements that are meaningful to you and your loved ones.

Early Childhood and upbringing Click here to enter text.

Adolescent years Click here to enter text.

Early adulthood Click here to enter text.

My proudest family moments Click here to enter text.

My proudest career accomplishments Click here to enter text.

My civic accomplishments Click here to enter text.

Special achievements/awards/offices held Click here to enter text.

Favorite song Click here to enter text.

Favorite color Click here to enter text.

Hobbies Click here to enter text.

Other things to remember Click here to enter text.

**Location of Important Documents**

Safe Combination or location of key: Click here to enter text.

Birth Certificate (Husband): Click here to enter text.

Birth Certificate (Wife): Click here to enter text.

Marriage License: Click here to enter text.

Children's Birth Certificates: Click here to enter text.

Mortgage Paperwork / Deeds: Click here to enter text.

Income Tax Returns: Click here to enter text.

Current Years Tax Info: Click here to enter text.

Bank Statements: Click here to enter text.

Automobile Titles: Click here to enter text.

Insurance Policies: Click here to enter text.

Social Security Cards: Click here to enter text.

Check Stubs / Cancelled Checks: Click here to enter text.

Spare Keys: Click here to enter text.

Warranties & Instruction books: Click here to enter text.

Other: Click here to enter text. Click here to enter text.

**Safe Deposit Box**

A safe deposit box is an inexpensive form of protection for important papers and records against fire and theft. Certain items cannot be replaced once lost or destroyed.

Bank Name: Click here to enter text.

Bank Location: Click here to enter text.

Box #: Click here to enter text. Key #: Click here to enter text.

Key Location: Click here to enter text.

Those having access to box: Click here to enter text. Phone No.Click here to enter text.

Contents of box: Click here to enter text.

**Former Employer Benefit Info**

**Most Recent Employer (Husband):** Click here to enter text.

Address: Click here to enter text.

Telephone: Click here to enter text.

Date of Employment: Click here to enter text.

Date of Retirement / Termination: Click here to enter text.

Retirement Benefits: Click here to enter text.

Health Coverage: Click here to enter text.

Other Benefits: Click here to enter text.

Name & Phone # of Company Benefit Specialist: Click here to enter text.

**Most Recent Employer (Wife):** Click here to enter text.

Address: Click here to enter text.

Telephone: Click here to enter text.

Date of Employment: Click here to enter text.

Date of Retirement / Termination: Click here to enter text.

Retirement Benefits: Click here to enter text.

Health Coverage: Click here to enter text.

Other Benefits: Click here to enter text.

Name & Phone # of Company Benefit Specialist: Click here to enter text.

**Bank Accounts**

Thousands of dollars are lost each year in unclaimed bank accounts by unknowing families who did not have knowledge of the accounts.

**Bank / Credit Union / Savings & Loan:**

Financial Institution: Click here to enter text.

Address: Click here to enter text.

Account #: Click here to enter text. Location of Book or Statements: Click here to enter text.

Type of Acct: Click here to enter text.

**Bank / Credit Union / Savings & Loan:**

Financial Institution: Click here to enter text.

Address: Click here to enter text.

Account #: Click here to enter text. Location of Book or Statements: Click here to enter text.

Type of Acct: Click here to enter text.

**Certificates of Deposit**

**Issuing Institution:** Click here to enter text.

Address: Click here to enter text. Phone #: Click here to enter text.

Maturity Date: Click here to enter text. Certificate #: Click here to enter text.

Dollar Amt: Click here to enter text.

**Issuing Institution:** Click here to enter text.

Address: Click here to enter text. Phone #: Click here to enter text.

Maturity Date: Click here to enter text. Certificate #: Click here to enter text.

Dollar Amt: Click here to enter text.

**Issuing Institution:** Click here to enter text.

Address: Click here to enter text. Phone #: Click here to enter text.

Maturity Date: Click here to enter text. Certificate #: Click here to enter text.

Dollar Amt: Click here to enter text.

**Savings Bonds**

**Date Series Type Cost Maturity Value Location**

Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

**Mutual Funds / Stocks (Non-IRA)**

***Reference file name Investment Portfolio-2015.xlsx for Summary of all funds***

**Mutual Fund Name:** Click here to enter text.

Account #: Click here to enter text. Location of Statements: Click here to enter text.

Broker Name: Click here to enter text.

Phone #: Click here to enter text.

Approx. Value: Click here to enter text. As of Date: Click here to enter text.

**Mutual Fund Name:** Click here to enter text.

Account #: Click here to enter text. Location of Statements: Click here to enter text.

Broker Name: Click here to enter text.

Phone #: Click here to enter text.

Approx. Value: Click here to enter text. As of Date: Click here to enter text.

**Mutual Fund Name:**

Account #: Click here to enter text. Location of Statements: Click here to enter text.

Broker Name: Click here to enter text.

Phone #: Click here to enter text.

Approx. Value: Click here to enter text. As of Date: Click here to enter text.

**Individual Retirement Accounts (IRA / 401k)**

**Name on Account:** (Husband or Wife?) Click here to enter text.

Mutual Fund or Bank Name: Click here to enter text.

Account #: Click here to enter text. Location of Statements: Click here to enter text.

Brokerage Name: Click here to enter text.

Representative: Click here to enter text. Phone #: Click here to enter text.

Beneficiary Name: Click here to enter text.

Approx. Value: Click here to enter text. As of Date: Click here to enter text.

**Name on Account:** (Husband or Wife?) Click here to enter text.

Mutual Fund or Bank Name: Click here to enter text.

Account #: Click here to enter text. Location of Statements: Click here to enter text.

Brokerage Name: Click here to enter text.

Representative: Click here to enter text. Phone #: Click here to enter text.

Beneficiary Name: Click here to enter text.

Approx. Value: Click here to enter text. As of Date: Click here to enter text.

**Name on Account:** (Husband or Wife?) Click here to enter text.

Mutual Fund or Bank Name: Click here to enter text.

Account #: Click here to enter text. Location of Statements: Click here to enter text.

Brokerage Name: Click here to enter text.

Representative: Click here to enter text. Phone #: Click here to enter text.

Beneficiary Name: Click here to enter text.

Approx. Value: Click here to enter text. As of Date: Click here to enter text.

**Individual Retirement Accounts (IRA / 401k) (continued)**

**Name on Account:** (Husband or Wife?) Click here to enter text.

Mutual Fund or Bank Name: Click here to enter text.

Account #: Click here to enter text. Location of Statements: Click here to enter text.

Brokerage Name: Click here to enter text.

Representative: Click here to enter text. Phone #: Click here to enter text.

Beneficiary Name: Click here to enter text.

Approx. Value: Click here to enter text. As of Date: Click here to enter text.

**Name on Account:** (Husband or Wife?) Click here to enter text.

Mutual Fund or Bank Name: Click here to enter text.

Account #: Click here to enter text. Location of Statements: Click here to enter text.

Brokerage Name: Click here to enter text.

Representative: Click here to enter text. Phone #: Click here to enter text.

Beneficiary Name: Click here to enter text.

Approx. Value: Click here to enter text. As of Date: Click here to enter text.

**Name on Account:** (Husband or Wife?) Click here to enter text.

Mutual Fund or Bank Name: Click here to enter text.

Account #: Click here to enter text. Location of Statements: Click here to enter text.

Brokerage Name: Click here to enter text.

Representative: Click here to enter text. Phone #: Click here to enter text.

Beneficiary Name: Click here to enter text.

Approx. Value: Click here to enter text. As of Date: Click here to enter text.

**Insurance Policies, Annuities & Trusts**

Insurance is an important source of immediate cash for the family. Policies and premium receipts should be preserved in a safe place. A record of policy numbers, insurance companies, beneficiary's, etc. should be given to your executor, with a copy placed in the safe deposit box.

**Life Insurance Policy(s)**

**Name of Insured: (Husband or Wife)** Click here to enter text.

Insurance Co. Name: Click here to enter text.

Policy #: Click here to enter text. Issue Date: Click here to enter text.

Policy Type: Click here to enter text. Face Value: Click here to enter text.

Beneficiary(s): Click here to enter text.

Agent's Name or Agency: Click here to enter text. Phone #: Click here to enter text.

Location of Policy: Click here to enter text.

**Name of Insured: (Husband or Wife)** Click here to enter text.

Insurance Co. Name: Click here to enter text.

Policy #: Click here to enter text. Issue Date: Click here to enter text.

Policy Type: Click here to enter text. Face Value: Click here to enter text.

Beneficiary(s): Click here to enter text.

Agent's Name or Agency: Click here to enter text. Phone #: Click here to enter text.

Location of Policy: Click here to enter text.

**Other Life Policies** not listed above Click here to enter text.

**Policy Value Beneficiary(s) Location:**

**Insurance Policies, Annuities & Trusts (Continued)**

**Health Insurance**

**Primary Insurer Company Name:** Click here to enter text.

Policy #: Click here to enter text. Location of Policy: Click here to enter text.

Agent Name: Click here to enter text. Phone #: Click here to enter text.

**Secondary Insurer Company Name:** Click here to enter text.

Policy #: Click here to enter text. Location of Policy: Click here to enter text.

Agent Name: Click here to enter text. Phone #: Click here to enter text.

**Primary Insurer Company Name:** Click here to enter text.

Policy #: Click here to enter text. Location of Policy: Click here to enter text.

Agent Name: Click here to enter text. Phone #: Click here to enter text.

**Secondary Insurer Company Name:** Click here to enter text.

Policy #: Click here to enter text. Location of Policy: Click here to enter text.

Agent Name: Click here to enter text. Phone #: Click here to enter text.

**Auto Insurance**

**Auto Insurer Company Name:** Click here to enter text. Title location Click here to enter text.

Policy #: Click here to enter text. Location of Policy: Click here to enter text.

Agent Name: Click here to enter text. Phone #: Click here to enter text.

**Homeowners Insurance**

Home Insurer Company Name: Click here to enter text. Deed location Click here to enter text.

Policy #: Click here to enter text. Location of Policy: Click here to enter text.

Agent Name: Click here to enter text. Phone #: Click here to enter text.

**Annuities**

**Annuitant Name:** Click here to enter text. Insurance Co: Click here to enter text.

Agent Name: Click here to enter text. Phone #: Click here to enter text.

Policy #: Click here to enter text.

Effective Date: Click here to enter text. Approx. Value: Click here to enter text.

Location of Policy: Click here to enter text.

**Annuitant Name:** Click here to enter text. Insurance Co: Click here to enter text.

Agent Name: Click here to enter text. Phone #: Click here to enter text.

Policy #: Click here to enter text.

Effective Date: Click here to enter text. Approx. Value: Click here to enter text.

Location of Policy: Click here to enter text.

**Annuitant Name:** Click here to enter text. Insurance Co: Click here to enter text.

Agent Name: Click here to enter text. Phone #: Click here to enter text.

Policy #: Click here to enter text.

Effective Date: Click here to enter text. Approx. Value: Click here to enter text.

Location of Policy: Click here to enter text.

**Trust Information**

Trustee: Click here to enter text. Date Established: Click here to enter text.

Trust Type: Click here to enter text.

Attorney Name: Click here to enter text. Phone #: Click here to enter text.

Agreement Location: Click here to enter text.

**Long-Term Care Policy (Husband)**

Insured Name: Click here to enter text. Insurance Co. Name: Click here to enter text.

Phone #: Click here to enter text. Agent: Click here to enter text.

Policy #: Click here to enter text. Issue Date: Click here to enter text.

Daily Benefit Amt: Click here to enter text. Elimination Period: Click here to enter text.

Benefit Period: Click here to enter text. Inflation Rider: Click here to enter text.

Location of Policy: Click here to enter text.

**Long-Term Care Policy (Wife)**

Insured Name: Click here to enter text. Insurance Co. Name: Click here to enter text.

Phone #: Click here to enter text. Agent: Click here to enter text.

Policy #: Click here to enter text. Issue Date: Click here to enter text.

Daily Benefit Amt: Click here to enter text. Elimination Period: Click here to enter text.

Benefit Period: Click here to enter text. Inflation Rider: Click here to enter text.

Location of Policy: Click here to enter text.

**Credit Cards**

Card Type (Visa, MC): **Click here to enter text.** Card #: Click here to enter text. Source: Click here to enter text.

Name on Card: Click here to enter text. Joint or Individual: Click here to enter text. Outstanding Debt: Click here to enter text.

Card Type (Visa, MC): **Click here to enter text.** Card #: Click here to enter text. Source: Click here to enter text.

Name on Card: Click here to enter text. Joint or Individual: Click here to enter text. Outstanding Debt: Click here to enter text.

Card Type (Visa, MC): **Click here to enter text.** Card #: Click here to enter text. Source: Click here to enter text.

Name on Card: Click here to enter text. Joint or Individual: Click here to enter text. Outstanding Debt: Click here to enter text.

Card Type (Visa, MC): **Click here to enter text.** Card #: Click here to enter text. Source: Click here to enter text.

Name on Card: Click here to enter text. Joint or Individual: Click here to enter text. Outstanding Debt: Click here to enter text.

Card Type (Visa, MC): **Click here to enter text.** Card #: Click here to enter text. Source: Click here to enter text.

Name on Card: Click here to enter text. Joint or Individual: Click here to enter text. Outstanding Debt: Click here to enter text.

**Funeral Service & Burial Arrangements**

**Husband's Wishes**

Type of Service: (Check boxes below)

Church  Funeral Home  Graveside  Cemetery Chapel  Home  Other

Clergy: Click here to enter text.

Denomination: Click here to enter text.

Special Wishes: (i.e. Scripture, Hymns, flowers, music, etc.) Click here to enter text.

Favorite Bible Verse(s): Click here to enter text.

Favorite Hymns: Click here to enter text.

Favorite Poem/ motto: Click here to enter text.

Favorite flower: Click here to enter text.

Other: Click here to enter text.

Pallbearers:

Click here to enter text. Click here to enter text. Click here to enter text.

Click here to enter text. Click here to enter text. Click here to enter text.

Preference in Burial Arrangements: Funeral Arrangements at: Click here to enter text.

Funeral Director: Click here to enter text. Phone #: Click here to enter text.

Ground Burial  Cremation  Mausoleum  Other

Inscription Preference: Click here to enter text.

Cemetery plot / Columbarium owned at: Click here to enter text.

Deed Location: Click here to enter text.

**Wife's Wishes**

Type of Service: (Check boxes below)

Church  Funeral Home  Graveside  Cemetery Chapel  Home  Other

Clergy: Click here to enter text.

Denomination: Click here to enter text.

Special Wishes: (i.e. Scripture, Hymns, flowers, music, etc.) Click here to enter text.

Favorite Bible Verse(s): Click here to enter text.

Favorite Hymns: Click here to enter text.

Favorite Poem/ motto: Click here to enter text.

Favorite flower: Click here to enter text.

Other: Click here to enter text.

Pallbearers:

Click here to enter text. Click here to enter text. Click here to enter text.

Click here to enter text. Click here to enter text. Click here to enter text.

Preference in Burial Arrangements: Funeral Arrangements at: Click here to enter text.

Funeral Director: Click here to enter text. Phone #: Click here to enter text.

Ground Burial  Cremation  Mausoleum  Other

Inscription Preference: Click here to enter text.

Cemetery plot / Columbarium owned at: Click here to enter text.

Deed Location: Click here to enter text.

**Personal Debtors & Creditors**

The Following Owe Money to Me:

Click here to enter text.

Click here to enter text.

Not Including Secured Loans, Such as Mortgages, I Owe the Following:

Click here to enter text.

Click here to enter text.

Copies of Notes, Loan Agreements, & Receipts are Located:

Click here to enter text.

Click here to enter text.

**Additional Information & Personal Comments**

Often, Life Insurance Policies derived from Membership in Organizations such as the American Legion, VFW, Automobile and Travel clubs, and Fraternal Societies are Overlooked by Beneficiaries.

I belong to the Following Organizations, Which May Provide Such Benefits:

Click here to enter text.

Click here to enter text.

**Important Usernames & Passwords**

Type /Name: Click here to enter text.

Location: Click here to enter text.

Type /Name: Click here to enter text.

Location: Click here to enter text.

Type /Name: Click here to enter text.

Location: Click here to enter text.

Type /Name: Click here to enter text.

Location: Click here to enter text.

**Important Usernames & Passwords**

**Note:** Click here to enter text.

**Computer** username Click here to enter text. login id Click here to enter text.

**File Name:** Click here to enter text.

**Bank** Click here to enter text. username Click here to enter text. login id Click here to enter text.

**Financial site**

site Click here to enter text. username Click here to enter text. login id Click here to enter text.

Additional info: Click here to enter text.

**Financial site**

site Click here to enter text. username Click here to enter text. login id Click here to enter text.

Additional info: Click here to enter text.

**Resource List For You and Your Family:**

(Many of these websites have links to other helpful information)

National Do Not Call Registry - www.donotcall.gov - 888 - 382-1222

Society of Certified Senior Advisors - www.society-csa.com - 800 - 653-1785

Social Security Administration - www.ssa.gov - 800 - 112 -1213

Veterans Administration - www. va.gov - 800 - 827-1000

Bureau of Consumer Protection Agency - 800 - 441 - 2555

Pace & PaceNet- 800 -225 -7223

Senior Corps - www.seniorcorps.org - 202 - 606 - 5000

National Council on Aging - www.ncoa.org - 202 - 479 - 1200

AARP - www.aarp.org -- 800 - 424 - 3410

AARP's Guide to Internet Resources - www.research.aarp.org

Medicare (Official Gov't Site) - www.medicare.gov - 800 - 633 - 4227

Administration on Aging - www.aoa.gov - 202 401 - 4634

Hospice Foundation of Amer \* www.hospicefoundation.org -800 - 854 - 3402

Alzheimer's Assoc - www.alz.org - 800 - 272 - 3900

American Heart & Stroke Assoc - www.americanheart.org - 800 - 242 - 8721

Caregiver's Guide to Long Term Care - www.keytocare,com

Library of resources on Senior Needs ---elderweb.com ----

The Eldercare Locator - www. Eldercare.gov - 800 - 677 -1116

U.S. Dept of Health & Human Services - www.hhs.gov - 877 - 696 - 6775

Gateway to U.S. Gov't. lnfo - www.firstgov.org

National Academy of Elder Law Attorneys - www.naela.org

Senior Web Site That Refuses to Act its Age - www.thirdage.com

Consumers Taking Charge - www.wellnessweb.com

National lnstitute of Health - www.nih.gov - 301 - 496 - 4000

Library of Resources on Senior Needs - www.elderweb.com

American Federation on Aging - www.infoaging.org - 212 - 703 - 9977

Senior Concerns & Interests - www.seniorjoumal.com/seniorlinks.htm

National Assoc of Professional Geriatric Care Managers - www.caremanager.org - 520 - 881 - 8008

INTERESTING BOOKS TO READ:

"Successful Aging", by John W. Rowe, M.D. & Robert L. Kahn, Ph.D

"Living To 100 - Lessons in Living to Your Max Potential At Any Age," by Thomas T. Perls

FAMILY TREE