We can leave a very special gift to our spouse, partner, children and other very important people in our lives by organizing our affairs and expressing our wishes for end-of-life matters. The following is a suggested format. You may also contact your accountant, attorney or funeral director, who will likely be able to provide similar materials. You are encouraged to complete these materials, keep them up to date, store them in a safe place and let your loved ones know where the information can be found. Your loved ones responsible for managing your estate will be able to do so efficiently and in accordance with your wishes.

PART I – PERSONAL AND BUSINESS INFORMATION

DATE PR or UF	EPARED DATED:	
PERSONAL INFORM	<u>IATION</u>	
Full Name		Maiden name
Address _		
-		
-		
Phone _		Email
Social Security # _	Dat	te of Birth
Birthplace _		
Father's Name		
Mother's Name	Maia	den Name
Occupation _		
Retired from		
Religious Affilia		
Church /Synagog Mosque	ue/ 	Phone
Organ Donatio (Specify Request		

MARITAL INFORMATION

Spouse's Full Name			
Date of Marriage	City /State	Location	
Marriage	Marriag	e License	
Performed by		Location	
PREVIOUS MARRIAGES			
(This information is vital	for Social Security benefits.)		
Former Spouse's Name	e		
Divorce Decree Locatio	on		
	e		
Address			
<u>CHILDREN</u>			
Name	Birth Date	Phone	
Address		Email	
Name	Birth Date	Phone	
Address		Email	
Name	Birth Date	Phone	
Address		Email	
Name	Birth Date	Phone	
Address		Email	
Name	Birth Date	Phone	
Addrass		Email	

GRANDCHILDREN

Name	Relationship	Phone	
Address		Email	
Name	Relationship	Phone	
Address		Email	
Name	Relationship	Phone	
Address		Email	
Name	Relationship	Phone	
Address		Email	
Name	Relationship	Phone	
Address		Email	
Name	Relationship	Phone	
Address		Email	
Name	Relationship	Phone	
Address		Email	
Name	Relationship	Phone	
Address		Email	

RELATIVES

Name	e Relationship	Phone
Address	s	Email
Name	e Relationship	Phone
Address	s	Email
Name	e Relationship	Phone
Address	s	Email
Name	e Relationship	Phone
Address	's	Email
Name	e Relationship	Phone
Address		Email
Name	e Relationship	Phone
Address		Email
Name	e Relationship	Phone
Address		Email
Name	e Relationship	Phone
Address	<u> </u>	Email
-		

Health Issues			
Physicians			
Name	Specialty	Phone	
Name	Specialty	Phone	
	•		
Name	Specialty	Phone	
Name	Specialty	Phone	
Name	Specialty	Phone	
Donatist			
Dentist Name		Phone	



Organizing My AFFAIRS

MILITARY INFORMATION

Branch of			
Service	Rank	Service #	
Date of	Date of Discharge		
Enlistment	(Attach Copy of DD214)	VA #	
Service During War			
or Conflict			
Preference for			
Military Funeral			
Honors, Awards			
Additional Information			
Location of Military			
Awards, Medals, etc.			
EDUCATIONAL INFORMATION			
High School	Year of (Graduation	
Location			
	D. () . (•	
l la irra gaite r	Dates O		
University	Attendance	2	
Location	Area of Study	/	
Degree Granted	Yea	r	
	Dates O		
University	Attendance	2	
Location	Area of Study	/	
Degree Granted	Yea	r	
	Dates O	f	
University	Attendance	2	
Location	Area of Study	/	
Degree Granted	Yea	r	
Special Honors/Recognitions			

EMPLOYMENT HISTORY	
Employer	
Employer	
Position	Dates
Pension/Retirement Information	
Employer	
Position	Dates
Pension/Retirement Information	
Employer	
Position	Dates
Pension/Retirement Information	
T chistory rectirement information	
CLUBS AND ORGANIZATIONS	
SPECIAL ACHIEVEMENTS or RECOGNITIONS	
HOBBIES AND PERSONAL INTERESTS	
HODDIES AND FENSONAL HATENESTS	



Organizing My AFFAIRS

LOCATION of IMPORTANT DOCUMENTS

SAFETY DEPOSIT BOX: The bank will likely seal the box when the death becomes known to them.

Location	Location of Keys
----------	------------------

IMPORTANT DOCUMENTS

Will	
Trust	
Birth Certificate	
Driver's License	
Passport	
Marriage Certificate	
Divorce Decree	
Children's Birth Certificates/Adoption Papers	
Deeds/Titles	
Mortgages/Notes	
Annuities	
Retirement Accounts	
Stocks/Bonds	
Tax Records	
Insurance Policies	
Military Discharge	
Personal Address Book	
E-Mail & Password	
On-line Account Information (Including IDs and Passwords)	
-	
Living Will Powers of Attorney –	
Financial, Medical	
Immigration/Naturalization Papers	
Other	

FINANCIAL MATTERS (See location of documents listed on Page 8.)

BUSINESS CONTACTS

Attorney	Phone	
Address	Email	
Accountant	Phone	
Address	Email	
Financial Advisor	Phone	
Address	Email	
Business Associate	Phone	
Address	Email	
BANK ACCOUNTS		
Name of Bank	Phone	
Address		
Account Type	Account #	
Name of Bank	Phone	
Address		
Account Type	Account #	
Name of Bank	Phone	
Address		
Account Type	Account #	
Name of Rank	26	
Name of Bulk	Phone	
Address		
Account Type	Account #	

CREDIT CARDS

ssuer	Account #	Phone	
IORTGAGES/LOANS/NOTE	S PAYABLE		
Mantagana		1 a ma 1D#	
Mortgagor		Loan ID#	
Address		Phone	
Property			
Description			
Mortgagor		Loan ID#	
		204111211	
Address		Phone	
Property			
Description			
Loan/Note			
Payable to		Loan ID#	
Address		Phone	
Purpose			
Loan/Note			
Payable to		Loan ID#	
Address		Phone	
Purpose			
·			

OTHER DEBTS		
STOCKS AND BONDS		
Stockbroker Name	Email	
Firm Name	Phone	
Address	Fax	
Account Name	Account Number	
Holdings (name, number of shares, face value, location of certificates)		
Stockbroker Name	Email	
Firm Name	Phone	
Address	Fax	
Account Name	Account Number	
Holdings (name, number of shares, face value, location of certificates)		
Stockbroker Name	Email	
Firm Name	Phone	
Address	Fax	
Account Name	Account Number	
Holdings (name, number of shares, face value, location of certificates)		

RETIREMENT ACCOUNTS

Type of Account		
(IRA, 401k, etc.)	Account #	
Financial		
Institution Name	Phone	
Contact	Email	
Type of Account		
(IRA, 401k, etc.)	Account#	
Financial	7.0004.1107	
Institution Name	Phone	
Institution Nume	THORE	
Contact	Email	
	· ·	
Type of Account		
(IRA, 401k, etc.)	Account#	
Financial		
Institution Name	Phone	
Contact	Email	
TRUSTS		
Type of Trust	Trust Name	
Trustee	Phone	
Trustee	Filone	
Address	Email	
Tune of Trust	Trust Name	
Type of Trust	Trust Nume	
Trustee	Phone	
Trustee	THORE	
Address	Email	
Towns of Towns	To state the	
Type of Trust	Trust Name	
Trustee	Phone	
Trustee	T HOHE	
Address	Email	

LIFE INSURANCE POLICIES

Company		Policy #			
Agent		Phone			
Insured		Amount			
Beneficiary					
Company		Policy #			
Agent		Phone			
Insured		Amount			
Beneficiary					
Company		Policy #			
Agent		Phone			
Insured		Amount			
Beneficiary					
HEALTH INSURA	ANCE (Supplement, Prescription)				
Company		Member I	D#		
Contact		Pho	one		
		Premiums Au	to-	Yes	No
Insured		Deducte	?a?		
_					
Company		Member I			
Contact		Pho Premiums Au			
Insured		Deducte		Yes	No

HOMEOWNER'S INSURANCE

Company	Policy #	
Agent	Phone	

AUTOMOBILE INSURANCE

Company	Policy #	
Agent	Phone	
Insured		

OTHER INSURANCE

Company	Policy #	
Agent	Phone	
Insured	Amount	
Beneficiary		

Company	Policy #	
Agent	Phone	
Insured	Amount	
Beneficiary		

VEHICLES (Autos, ATVs, Watercraft, Aircraft, Etc.)

Description (Make/Model)	Location of Title
REAL ESTATE	
Description	Location of Deed
IMPORTANT INFORMATION NOT PREVIOUSLY RECORDED	

PART II - FUNERAL / CREMATION PREFERENCES

DATE PREP			
or UPDA	ATED:		
PRE-ARRANGEMENT	Attach copies of completed	I forms, agreements and paid receipts.	
Funeral plans have be		funeral home.	
Address		Phone	
Funeral Director			
	Pre-arranged Services		
-	nd Dates of Payments)		
Cemetery Property			
Cemetery Name			
and Address			
Description o	of property		
(Crypt/Space or Sec			
Payments Made for			
-	Dates of Payments)		
I HAVE NOT MADE PI Funeral Home	RE-ARRANGED SERVICE PLAN	IS;THE FOLLOWING ARE MY PREFERENCES Funeral Director	
Address		Phone	
Place of Religious or	-	Officiating	
Memorial Service		Clergy/Celebrant	
	articipation in Service		
•	oetry or Other Readings		
(Include Title and A	Author or Attach Copies)		
Musical Selections			
Vocalist (Name an			
Contact Information	•		
Organist/Musicians	-		
and Contact Inforn	nation)		
Pallbearers			
Honorary			
Pallhearers			

I HAVE NOT MADE PRE-ARRANGED SERVICE PLANS; MY PREFERENCES continued from previous page.

Visitation Requests (hours,			
wake or vigil services, etc.)			
Memorial Tributes			
Flowers			
Casket and/or Urn (Type,			
Color, Other Preferences			
Type of Disposition (select from dropdown list)			
If Cremation, Memorialization Pref	erence		
(select from dropdov			
(20.000)			
Military Services	See page 5 under Milita	ry Information	
Instructions for Clothing,			
Jewelry, Glasses, etc			
(Attach a Photo to Assist			
Funeral Director with Hair			
Styling and Cosmetics.)			
Specify Jewelry to Remain or be Removed			
nemam or se nemorea			
Monument/Marker Type			
Emblem			
Inscription			
Newspapers to Contact			
Photo to be Included	Yes	No	
Alumni Association and Contact			
Information			
Other Special Wishes and			
Instructions			

Answers overflowing the provided spaces above may be seen in full here by clicking the Post button. (This page may also be printed.) Changed answers can be reposted by clicking the button again.