

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

# What My Family Needs To Know



This list contains important information in that you can modify based on our specific circumstance. See the next page for contents. The document is meant to contain all the information your family needs to know should you become incapacitated. It is a way for you to complete this task that needs to be done, but almost always gets deferred to “later.” The document can be found on the Career Transition Center’s portion of FSI’s website, under CTC Resources at:

<http://fsi.state.gov/fsi/tc/default.asp?Sec=Career%20Transition%20Center&Cat=CTC%20Resources>

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 (*include name of hospital, city, county, state, country*):

CURRENT HOME ADDRESS:

LOCATION OF HOUSE KEYS:

CURRENT MAILING ADDRESS:

LOCATION OF POST OFFICE BOX KEYS OR COMBINATION:

CURRENT STATE OF LEGAL RESIDENCE (*state in which I vote*):

DRIVER'S LICENSE STATE & NUMBER:

HOME TELEPHONE:

CELLULAR TELEPHONE:

HOME FAX NUMBER:

PERSONAL E-MAIL ADDRESS(ES):

PERSONAL WEBSITE ADDRESS:

MARITAL STATUS:

DATE UPDATED: \_\_\_\_\_

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 HOME ADDRESS:

SPOUSE'S HOME TELEPHONE:

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:

DATE UPDATED: \_\_\_\_\_

**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:

DATE UPDATED: \_\_\_\_\_



**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:

**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:

DATE UPDATED: \_\_\_\_\_

PLACE OF BIRTH:

SOCIAL SECURITY NUMBER:

ADDRESS:

TELEPHONE:

E-MAIL:

**SPOUSE'S 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:

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:

**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:

DATE UPDATED: \_\_\_\_\_

**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:

DATE UPDATED: \_\_\_\_\_

ADDRESS:

HOME TELEPHONE:

WORK TELEPHONE:

CELLULAR TELEPHONE:

E-MAIL:

**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:

DATE UPDATED: \_\_\_\_\_

SOCIAL SECURITY NUMBER:

CURRENT ADDRESS:

CURRENT TELEPHONE:

E-MAIL:

**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 (*include name & address*):

HOSPITAL I PREFER (*include name & address*):

**MISCELLANEOUS**

MEDICARE NUMBERS:

MEDICAID NUMBERS:

CASEWORKER NUMBERS, ADDRESS/TELEPHONE):

SOCIAL WORKER OR CASEWORKER NAMES & CONTACT INFO:

**GENERAL PRACTITIONER**

NAME:

DATE UPDATED: \_\_\_\_\_

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:  
*(Copy and paste more, if necessary.)*

NAME:  
NUMBER:  
LOCATION:

DATE OF MY NATURALIZATION:

LOCATION OF MY NATURALIZATION PAPERS:

NATURALIZATION OF FAMILY MEMBERS:  
*(Copy and paste more, if necessary.)*

NAME:  
DATE:  
LOCATION:

### **BIRTH & ADOPTION CERTIFICATES**

LOCATION OF MY BIRTH CERTIFICATE:

LOCATION OF SPOUSE'S & CHILDRENS' CERTIFICATES:

DATE UPDATED: \_\_\_\_\_

**WILL**

DATE:

LOCATION:

EXECUTOR:

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:

DATE UPDATED: \_\_\_\_\_

**LEGAL GUARDIANSHIP**

NAME OF PERSON FOR WHOM I HAVE LEGAL GUARDIANSHIP:

LOCATION OF DOCUMENT:

ATTORNEY:

LAW FIRM:

ADDRESS:

TELEPHONE:

**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.)*

DATE UPDATED: \_\_\_\_\_

NAME OF LESSOR:

ADDRESS:

TELEPHONE:

ADDRESS OF RENTED PROPERTY:

TYPE OF PROPERTY (*apartment, vacation cottage, house, stable, etc.*):

RENT (*include amount & due date*):

EXPIRATION DATE:

LOCATION OF LEASE DOCUMENT:

### **HOUSEHOLD EFFECTS INVENTORY**

LOCATION OF INVENTORY LIST (*including list of jewelry & valuables*):

ITEMS IN STORAGE (*include inventory; storage bin number; name & address of storage company & amount of monthly payment; & any insurance coverage*):

DATE UPDATED: \_\_\_\_\_

## **MY INSURANCE POLICIES**

### **HEALTH INSURANCE**

COMPANY:

ADDRESS:

FEDERAL PLAN?

MEMBER NUMBER:

GROUP POLICY NUMBER:

PERSONS COVERED:

ADDITIONAL COVERAGE:

PAYMENT *(include amount & due date, if not deducted automatically from salary):*

LOCATION OF POLICY:

MEDICARE NUMBERS:

MEDICAID NUMBERS:

CASEWORKER NUMBERS, ADDRESS/TELEPHONE):

### **LONG TERM CARE INSURANCE**

COMPANY:

ADDRESS:

POLICY NUMBER:

PAYMENT *(include amount & due date):*

LOCATION OF POLICY:

DATE UPDATED: \_\_\_\_\_



**LIFE INSURANCE**

COMPANY:

AMOUNT:

BENEFICIARY:

LOCATION OF POLICY:

SPOUSE'S LIFE INSURANCE POLICY & COMPANY:

POLICIES ON SPOUSE & CHILDREN:

PAYMENT *(include amount & due date)*:

LOCATION OF POLICY:

**DISABILITY INSURANCE**

NAME:

ADDRESS:

MEMBER NUMBER:

LOCATION OF POLICY:

**PROFESSIONAL INSURANCE**

COMPANY:

ADDRESS:

MEMBER NUMBER:

GROUP POLICY NUMBER:

PAYMENT *(include amount & due date)*:

DATE UPDATED: \_\_\_\_\_

LOCATION OF POLICY:

**PROPERTY INSURANCE**

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

MORTGAGE INSURANCE COMPANY:

POLICY NUMBER:

ADDRESS:

PAYMENT *(include amount & due date):*

LOCATION OF MORTGAGE INSURANCE POLICY:

HOMEOWNER'S INSURANCE COMPANY:

POLICY NUMBER:

ADDRESS:

PAYMENT *(include amount & due date):*

LOCATION OF HOMEOWNER'S INSURANCE POLICY:

**VEHICLE INSURANCE**

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

COMPANY:

ADDRESS:

POLICY NUMBER:

PAYMENT *(include amount & due date):*

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 *(include account & amount):*

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:

### **SAFETY DEPOSIT BOX**

DATE UPDATED: \_\_\_\_\_

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:

DATE UPDATED: \_\_\_\_\_

E-MAIL:

**RECORDS OF OTHER DEBTS OWED BY ME**

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

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:

DATE UPDATED: \_\_\_\_\_



**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 *(stand alone house? apartment? townhouse? warehouse? office building? other?):*

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 *(amount & due date):*

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 *(sedan? SUV? truck? minivan? other?):*

MAKE:

MODEL:

YEAR:

REGISTERED TO *(include location of registration document):*

STATUS OF OWNERSHIP *(lien? own? lease?):*

BANK/CREDITOR THAT HANDLES LOAN:

ADDRESS:

PAYMENT *(amount & due date):*

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: MALE FEMALE

NEUTERED? YES NO

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:

DATE UPDATED: \_\_\_\_\_

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 (*music, flowers, readings, etc.*):

AM I ENTITLED TO MILITARY HONORS? YES NO

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? YES NO

SPECIAL INSTRUCTIONS FOR ORGAN DONATION:

FUNERAL HOME PREFERENCE:

ADDRESS:

TELEPHONE:

BURIAL (*casket, vault, crypt*)?

MY CHOICE OF CEMETARY:

PRE-PAID BURIAL PLAN?

LOCATION OF PLAN:

CLOTHING TO BE BURIED IN:

PALLBEARERS: (*Copy and paste more, if necessary.*)

NAME:

ADDRESS:

TELEPHONE:

CREMATION?

DATE UPDATED: \_\_\_\_\_

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: \_\_\_\_\_

**ALSO NOTIFY:**

(Names & contact details listed in other sections.)

\_\_\_\_\_ EMPLOYER(S)

\_\_\_\_\_ DOCTOR(S)

\_\_\_\_\_ RELATIVES & FRIENDS IN ADDRESS BOOK & E-MAIL ADDRESS BOOK

\_\_\_\_\_ ATTORNEY

\_\_\_\_\_ ACCOUNTANT / FINANCIAL MANAGER

\_\_\_\_\_ BANK(S)

\_\_\_\_\_ BROKER(S)

\_\_\_\_\_ INSURANCE COMPANIES

\_\_\_\_\_ ORGANIZATIONS OF WHICH I AM A MEMBER

\_\_\_\_\_ OTHER \_\_\_\_\_

\_\_\_\_\_ OTHER \_\_\_\_\_

\_\_\_\_\_ OTHER \_\_\_\_\_

\_\_\_\_\_ OTHER \_\_\_\_\_

\_\_\_\_\_ OTHER \_\_\_\_\_

DATE UPDATED: \_\_\_\_\_

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