What My Family Should Know

A GUIDE FOR GETTING YOUR AFFAIRS IN ORDER

Name: _____

Date Completed: _____

Foreword

We cannot stress too often the importance of getting your personal affairs in order. This process is important for everyone, but even more important for those who often find themselves living away from family and friends. Throughout your life, you have tried to protect your loved ones and now you have a chance to help them at a time when they will need that help the most. Taking the time to plan now and record information for your loved ones will be the most unselfish gifts of love you can give.

What My Family Should Know

Although many of us are efficient in our daily lives and keep meticulous records in our professions, most of us leave inadequate and incomplete records of our economic and personal affairs when we die.

When and how your benefits will be paid and how your estate will be settled are many questions that must be answered. This guide has been compiled to help you record the necessary facts for your family, your attorney and your executor.

We suggest you complete this record and store it in a safe place so it will be available for possible revisions by you and later use by your family. It is not recommended that you keep this guide in your safety deposit box since most are sealed after death.

PERSONAL INFORMATION

Name:					
Social Security No.					
Date of Birth:		Place of Birth:			
Current Home Address:					
Home Telephone #:		Work Telephone #:		Supervisor's Telephone #:	
Prior or Permanent Address:					
Marital Status:	Married:	Divorced:	Widowed:	Single:	Separated:
Date and Place of Marriage:					
Name of Spouse:					
(Please complete if different than above)					
Current Home Address:					
Telephone #:					
Spouse's Employer:					
Address of Employer:					
Work Telephone #:					
Name of Former Spouse:					
Current Home Address:					
Work Telephone #:					
Date & Place of Marriage:					
Date & Place of Divorce:					
Registry of Children:					
Given Name	Date of Birth	Place of Birth	SSN	Address	

Current as of:

PERSONAL INFORMATION - SPOUSE

Name:					
Social Security No.					
Date of Birth:		Place of Birth:			
Current Home Address:					
Home Telephone #:		Work Telephone #:		Supervisor's Telephone #:	
Prior or Permanent Address:					
Marital Status:	Married	Divorced	Widowed	Single	Separated
Date and Place of Marriage:					
Name of Spouse:					
(Please complete if different than above)					
Current Home Address:					
Telephone #:					
Spouse's Employer:					
Address of Employer:					
Work Telephone #:					
Name of Former Spouse:					
Current Home Address:					
Work Telephone #:					
Date & Place of Marriage:					
Date & Place of Divorce:					
Registry of Children:					
Given Name	Date of Birth	Place of Birth	SSN	Address	

Current as of:

FAMILY REGISTRY

Grandchildren

Name	Date of Birth	Place of Birth	SSN	Their Parents

Husband's Family

Name of Father:		SSN:
Current Home Address:		
Telephone #:		
Work Telephone #:		
Name of Mother:		SSN:
Current Home Address:		
Telephone #:		
Work Telephone #:		

Registry of Brothers and Sisters

Given Name	Date of Birth	Place of Birth	Address

Wife's Family

Name of Father:		SSN:
Current Home Address:		
Telephone #:		
Work Telephone #:		
Name of Mother:		SSN:
Current Home Address:		
Telephone #:		
Work Telephone #:		

Registry of Brothers and Sisters

Given Name	Date of Birth	Place of Birth	Address

If any of the above family members are deceased, please indicate date of death next to the name.

Current as of:

IN CASE OF EMERGENCY
THESE PEOPLE MUST BE NOTIFIED

Name:	Relationship:
Address:	
Home Phone:	Work Phone:
Name:	Relationship:
Address:	
Home Phone:	Work Phone:
Name:	Relationship:
Address:	
Home Phone:	Work Phone:
Name:	Relationship
Address:	
Home Phone:	Work Phone:
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Address:	
Home Phone:	Work Phone:
Name:	Relationship:
Address:	
Home Phone:	Work Phone:
Name:	Relationship:
Address:	
Home Phone:	Work Phone:

Current as of:

IMPORTANT BUSINESS AND PERSONAL CONTACTS
TO BE NOTIFIED

Immediate Supervisor:	
Office Phone:	Home Phone:
Spouse's Supervisor:	
Office Phone:	Home Phone:
Personal Physician:	
Address:	
Office Phone:	Home Phone:
Clergy:	
Address:	
Office Phone:	Home Phone:
Attorney:	
Address:	
Office Phone:	Home Phone:
Dentist:	
Address:	
Office Phone:	Home Phone:
Accountant:	
Address:	
Office Phone:	Home Phone:
Insurance Agent:	Insurance Agency:
Address:	
Office Phone:	
Banker:	
Bank Name:	
Address:	
Office Phone:	
Broker:	
Investment Co.	
Address:	
Office Phone:	
Other:	Relationship:
Address:	
Home Phone:	Work Phone:

Current as of:

PERSONAL FINANCE INFORMATION

Bank:	
Checking Account No.:	Is Account Joint?
Savings Account No.:	Is Account Joint?
Bank:	
Checking Account No.:	Is Account Joint?
Savings Account No.:	Is Account Joint?
Bank:	
Checking Account No.:	Is Account Joint?
Savings Account No.:	Is Account Joint?
Certificate of Deposit #:	Bank:
Certificate is kept at:	
Safety Deposit Box #:	Bank:
Address of Bank/Branch:	
Safe Deposit Box is accessible by:	
Key is kept at:	
DD214 – Record of Military Service is located at:	
Investment/Stock Portfolio is located at:	
Bonds Portfolio is located at:	
IRA Certificate and file are located at:	
401K Retirement File is located at:	
Credit Card Accounts:	
Name:	Account Number:
Issued by:	Is Account Balance Insured?
Name:	Account Number:
Issued by:	Is Account Balance Insured?
Name:	Account Number:
Issued by:	Is Account Balance Insured?
Name:	Account Number:
Issued by:	Is Account Balance Insured?
Name:	Account Number:
Issued by:	Is Account Balance Insured?

Current as of:

REAL ESTATE

We/I own the property located at:	
Mortgage on the property is held by:	
Address:	
Monthly Payments:	Balance of Loan:
Value of Property:	
Homeowners Insurance Held by:	
Homeowners Insurance Policy is located at:	
Mortgage Insurance if any:	
Mortgage Insurance Policy located at:	

I/We own other real estate at: (List addresses and same info as above):

Deeds, tax documents and pay records are located at:

AUTOMOBILE AND AUTO INSURANCE

Make	Model	Year	Registered To	Status of Ownership

TRAILERS AND OTHER MOTOR VEHICLES

Make	Model	Year	Registered To	Status of Ownership

OTHER IMPORTANT INFORMATION

Current as of:

A SUMMARY OF MY EMPLOYEE BENEFITS

Health Insurance		
I have Self Only	Or Family	Coverage with the following health plan:
This is a federal plan	YES:	NO:
I/We have additional coverage under my spouse's health plan	YES:	NO:
That plan is	And is provided by:	
Life Insurance (1)		
I have Life Insurance in the amount of $		
With		Company.
I have a designation of beneficiary on file:	YES:	NO:
The beneficiary named is:		
He/She is aware of this designation:	YES:	NO:
Life Insurance (2)		
I have Life Insurance in the amount of $		
With		Company
I have a designation of beneficiary on file:	YES:	NO:
The beneficiary named is:		
He/She is aware of this designation:	YES:	NO:
I am enrolled in other employee sponsored supplemental insurance plans:	Yes:	No:
Plan Names:		
Leaves Balances/Leave Programs:		
As of (date):	Hours of annual leave:	Hours of sick leave:
I am a member of a Medical Leave Sharing Program:	Yes:	No:
The beneficiary names is:		
He/She is aware of this designation:	Yes:	No:
Investment Plans:		
I am a member of Thrift: Yes:	No:	If yes, current balance:
I have a designation of beneficiary on file:	Yes:	No:
The beneficiary named is:		
He/She is aware of this designation:	Yes:	No:
I am a member of another employee investment plan	Yes:	No:
I have a designation of beneficiary on file:	Yes:	No:
The beneficiary named is:		
He/She is aware of this designation:	Yes:	No:

Current as of:

RETIREMENT

I am a federal employee	Yes:	No:
If federal employee, I am under the:		
Civil Service Retirement System (CSRS)		
Federal Employees Retirement System (FERS)		
Other		
I am eligible for retirement as of:		
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 he/she may be eligible for a survivor annuity? Yes: ___ No: ____		
Amount: $	Per month. Restrictions/Limitations:	
Social Security:		
If I am a federal employee under FERS, is my spouse aware he/she and the children may qualify for benefits under Social Security. Yes: ___ No: ____		
Additional Benefits Information:		

Current as of:

FINAL WISHES

Name:			
Church Preference:		Religious Affiliation:	
Clergy:			Phone:
Funeral Home Preference:			
Address:			
Phone:			
I have a Pre-Paid Burial Plan:	YES	NO:	
I would prefer to have funeral services held at:			
Funeral Home	Name of Funeral Home:		
Church:	Name of Church:	Address: Phone #:	
I prefer:	Internment	Entombment	Cremation
My choice of cemetery is:			
I have not purchased a lot.		I have purchased a lot.	
The lot is in the name of:			
Location of deed for lot:			
I would like to have the following persons act as pallbearers:			
If cremated, what do you wish done with your ashes?			
Would you want an obituary published?	YES:	NO:	
Please list the following in my obituary:			
I am entitled to Veterans Benefits:	YES:	NO:	
I am entitled to Military Honors:	YES:	NO:	
Musical Selections:			
Special Requests for Service:			

Current as of:

FINAL WISHES

Name:			
Church Preference:		Religious Affiliation:	
Clergy:			Phone:
Funeral Home Preference:			
Address:			
Phone:			
I have a Pre-Paid Burial Plan:	YES	NO:	
I would prefer to have funeral services held at:			
Funeral Home	Name of Funeral Home:		
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Would you want an obituary published?	YES:	NO:	
Please list the following in my obituary:			
I am entitled to Veterans Benefits:	YES:	NO:	
I am entitled to Military Honors:	YES:	NO:	
Musical Selections:			

Special Requests for Service:

Current as of:

TRUSTS AND POWERS OF ATTORNEY

An attorney can best advise you if you need to execute a Will. While it is possible to do Wills using various software packages, it is not advisable to do so without having it reviewed by an attorney. Even coping and old Will could be a problem, if you have changed your home of record or have any changes in your family or your assets. You should also rely on your attorney to advise you regarding a power of attorney. While many can be done without the use of an attorney, again the money is well spent if it ensures you and your family that your affairs are in order.

I have a Will that is located at:	
The attorney who handled my Will is:	
At the Law Firm of:	
Phone Number:	
My last Will is dated:	
The Executor is:	
Legal Guardianship Documents are located at:	

TRUST FUNDS

You may wish to seek the advice of your attorney and investment counselor to determine if establishing a Trust Fund would be beneficial. There are many types of Trust Funds for various purposes and each must be done by an attorney. Just remember that if you are setting up a trust fund and want your employee benefits to be paid into the trust, than you must update your beneficiary forms to reflect this.

LIVING WILL OR HEALTH CARE POWER OF ATTORNEY

Individuals may also wish to execute a Living Will or Health Care Power of Attorney that instructs family members and physicians what steps they may want taken should they become unable to make health care decisions for themselves. Since copies of these documents may not be accepted by a physician, you should ensure that signed originals should be given to your private physician, your family members and possibly your attorney.

I have NOT executed a "living Will"	**I have executed a "living Will"**
My "living Will" is located at:	

ORGAN DONATION

I DO NOT want any of my organs donated.	
I would like to donate ANY organs needed for transplant.	
I would like to donate only the following organs for transplant/research:	

I would like to donate my body for research.	

Current as of:

OTHER IMPORTANT INFORMATION

Current as of: