

**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: _____

BIBLIOGRAPHY & RESOURCES

Aging With Dignity (Five Wishes) - www.agingwithdignity.org

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

American Association of Retired People - www.aarp.org

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

Life and Death Preparation Kit published by Compass Home Page (www.willprepkit.com/) for \$19.95

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

The Medical Directive - www.medicaldirective.org

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

Partnership for Caring - www.partnershipforcaring.org

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

“Personal Records” published by the USAA Educational Foundation in 2001

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

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