

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 pass away.

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: <input checked="" type="checkbox"/>	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 #:		
Email:					
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:					
Home Telephone #:			Email:		
Spouse's Employer:					
Address of Employer:					
Work Telephone #:			Email:		
Name of Former Spouse:					
Current Home Address:					
Work Telephone #:			Email:		
Date & Place of Marriage:					
Date & Place of Divorce:					
Registry of Children:					
Given Name	Date of Birth	Given Name	Date of Birth	Given Name	

Current as of:

Family Registry

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

Grandchildren				
Name	Date of Birth	Place of Birth	SSN	Their Parents
Husband's Family				
Name of Father:		Deceased	SSN:	
Current Home Address:				
Home Telephone #:			Work Telephone #:	
Email:				
Husband's Family				
Name of Mother:		Deceased	SSN:	
Current Home Address:				
Home Telephone #:			Work Telephone #:	
Email:				
Registry of Brothers and Sisters				
Given Name	Date of Birth	Place of Birth	Address	
Wife's Family				
Name of Father:		Deceased	SSN:	
Current Home Address:				
Home Telephone #:			Work Telephone #:	
Email:				
Wife's Family				
Name of Mother:		Deceased	SSN:	
Current Home Address:				
Home Telephone #:			Work Telephone #:	
Email:				
Registry of Brothers and Sisters				
Given Name	Date of Birth	Place of Birth	Address	

Current as of:

In Case of Emergency These People Must be Notified

Name:		Relationship:
Address:		
Home Telephone #:		Work Telephone #:
Email:		
Name:		Relationship:
Address:		
Home Telephone #:		Work Telephone #:
Email:		
Name:		Relationship:
Address:		
Home Telephone #:		Work Telephone #:
Email:		
Name:		Relationship:
Address:		
Home Telephone #:		Work Telephone #:
Email:		
Name:		Relationship:
Address:		
Home Telephone #:		Work Telephone #:
Email:		
Name:		Relationship:
Address:		
Home Telephone #:		Work Telephone #:
Email:		

Current as of:

**IMPORTANT BUSINESS AND PERSONAL CONTACTS
TO BE NOTIFIED**

Supervisor:	Workplace:
Address:	
Work Telephone #:	Cell/Home Telephone #:
Email:	
Spouse's Supervisor:	Workplace:
Address:	
Work Telephone #:	Cell/Home Telephone #:
Email:	
Personal Physician:	Clinic/Hospital:
Address:	
Work Telephone #:	Cell/Home Telephone #:
Email:	
Clergy:	Place of Worship:
Address:	
Work Telephone #:	Cell/Home Telephone #:
Email:	
Attorney:	Firm:
Address:	
Work Telephone #:	Cell/Home Telephone #:
Email:	
Accountant:	Agency:
Address:	
Work Telephone #:	Cell/Home Telephone #:
Email:	
Insurance Agent:	Insurance Agency:
Address:	
Work Telephone #:	Cell/Home Telephone #:
Email:	
Banker:	Bank Name:
Address:	
Work Telephone #:	Cell/Home Telephone #:
Email:	
Broker:	Investment Co:
Address:	
Work Telephone #:	Cell/Home Telephone #:
Email:	

Dentist:	
Address:	
Work Telephone #:	Cell/Home Telephone #:
Email:	
Other:	Relationship:
Address:	
Work Telephone #:	Cell/Home Telephone #:
Email:	
Other:	Relationship:
Address:	
Work Telephone #:	Cell/Home Telephone #:
Email	
Other:	Relationship:
Address:	
Work Telephone #:	Cell/Home Telephone #:
Email:	
Other:	Relationship:
Address:	
Work Telephone #:	Cell/Home Telephone #:
Email:	
Other:	Relationship:
Address:	
Work Telephone #:	Cell/Home Telephone #:
Email:	
Other:	Relationship:
Address:	
Work Telephone #:	Cell/Home Telephone #:
Email:	

Current as of:

Personal Finance Information

Bank:	
Address:	
Checking Account #:	Is Account Joint?
Savings Account #:	Is Account Joint?
Bank:	
Address:	
Checking Account #:	Is Account Joint?
Savings Account #:	Is Account Joint?
Bank:	
Address:	
Checking Account #:	Is Account Joint?
Savings Account #:	Is Account Joint?
Certificate of Deposit #:	Bank:
Address:	
Certificate Location:	
Safety Deposit Box #:	Bank/Branch:
Address:	
Safe Deposit Box - Accessible By:	
Key Location:	
DD-214 - Record of Military Service Location:	
Investment/Stock Portfolio Location:	
Bonds Portfolio Location:	
IRA Certificate & File Location:	
401K Retirement File Location:	
Credit Card Accounts:	
Name:	Account #:
Issued by:	Is Account Balance Insured?
Telephone #:	
Name:	Account #:
Issued by:	Is Account Balance Insured?
Telephone #:	
Name:	Account #:
Issued by:	Is Account Balance Insured?
Telephone #:	

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 Location:				
Mortgage Insurance if any:				
Mortgage Insurance Policy Location:				
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:

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			
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, is my spouse 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:			
Name of Funeral Home:			
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 to be 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:

Trusts and Powers of Attorney

An attorney can best advise you if you need to execute a Will. While it's possible to create a Will using various software packages, it is not advisable to do so without having it reviewed by an attorney. Even copying an 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 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, then 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:

