

PERSONAL INFORMATION FOR MY SURVIVORS UPON MY DEATH OR BY BECOMING OTHERWISE INCAPACITATED

Name: _____ SSN# _____

Date of last update: _____

In case of emergency, these people must be notified: attach additional sheets as needed

Name: _____ Relationship: _____

Address: _____

Home phone: _____ work phone: _____

Important business and/or personal contacts:

My employer (if applicable): _____

Address: _____ Phone: _____

Spouse's Employer (if applicable): _____

Address: _____ Phone: _____

Pension Board: _____ Phone: _____

Department of Retirement: _____ Phone: _____

Union Local: _____ Phone: _____

Personal physician: _____ Phone: _____

Clergyman: _____ Phone: _____

Attorney: _____ Phone: _____

Dentist: _____ Phone: _____

Accountant: _____ Phone: _____

Insurance Agent: _____

Insurance Company: _____ Phone: _____

Banker: _____

Bank name (branch): _____ Phone: _____

Broker: _____ Phone: _____

Personal documents & information:

My birth date is: _____ My birth certificate is located at: _____

I was born in: _____ My social security number is: _____

I was married in: _____ On: _____

To: _____ Number of children from this marriage: _____

I was divorced on: _____ State of: _____

Repeat as necessary for additional marriages

Marriage certificate(s) are located at _____

Divorce decree(s) are located at: _____

Children's birth certificate(s) are located at: _____

Children's adoption papers are located at: _____

Children's names/Date of Birth/Residence

Add additional page if needed

I served in the armed forces: _____ branch: _____ service number: _____

Enlisted or drafted on: _____ at: _____

Discharge date: _____ discharge papers located at: _____

Husband's relatives and address: (if deceased, indicate after their name)

1. Mother: _____

2. Father: _____

3. _____

4. _____

Add additional page if needed

Wife's relatives and addresses: (if deceased, indicate after their name)

1. Mother: _____

2. Father: _____

3. _____

4. _____

Add additional page if needed

Grandchildren:

Names/Date of Birth/Parents

Add additional page if needed

Pension benefits:

The following benefits are provided by my pension:

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____

Necessary contacts regarding my pension:

Pension board: _____ phone: _____

Department of Retirement Systems (Olympia): P.O. Box 48380, Olympia, WA 98504-8380

Phone: (360) 664-7000 or toll-free (outside the Olympia area) 1-800-547-6657

Union Local: Local _____ phone: _____

RFFOW: 9134 - 207th Place SW, Edmonds, WA 98026-6659, (425) 775-9080

Bank accounts and investments:

Checking acct #: _____ bank: _____

Checking acct #: _____ bank: _____

Savings acct #: _____ bank: _____

Savings acct #: _____ bank: _____

Certificate of deposit #: _____ bank: _____

Certificate of deposit #: _____ bank: _____

Safe deposit box #: _____ bank: _____

Safe deposit box is accessible to: _____ Key is kept at: _____

Investment/stock portfolio is located at: _____

Bond portfolio is located at: _____

Ira cert and file is located at: _____

Investment file located at: _____

Pension file located at: _____

Credit cards:

I have credit cards with the following companies:

Name acct. Number location of statements insurance provided ?

Tax returns:

Copies of my income tax returns are located at: _____

Living Will:

I have executed a living will: Yes: _____ No: _____

An "Original" signed copy of my living will is located at: _____

Additional copies of my living will are on file with my:

Personal Physician: _____ Attorney _____

Children: _____ Other: _____

Will:

I have a will: Yes: _____ No: _____ My will is located at: _____

The Attorney who handled my will is: _____

At the law firm of: _____ Phone: _____

My last will is dated: _____

The Executor is: _____

Organ Donation:

_____ I do not want any of my organs donated

_____ I would like to have organs donated for transplant

_____ I would like to donate the following organs for transplant/research:

Funeral Details:

Church of preference: _____ Religious Affiliation _____

Clergyman: _____ Phone: _____

Funeral home to be used: _____

Phone: _____ Pre-paid Burial Plan? Yes: _____ No: _____

Contact: _____

I prefer: Internment: _____ Entombment: _____ Cremation: _____

My choice of cemetery is: _____

I've purchased a plot: Yes: _____ No: _____ If yes the lot is in the name of: _____

Section: _____ Lot: _____ Block: _____

Location of deed for lot: _____

If internment is in another city, give information on the receiving funeral home:

Name: _____ Phone: _____

Address: _____

Pallbearers: _____

Cremation:

If cremated, what do you wish done with your ashes?: _____

Obituary:

Obituary?: 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: _____

I would like a "Lodge" Service: Yes: _____ No: _____

By: _____

Flowers: Yes: _____ No: _____

Disposal of flowers: _____

Donation in Lieu of flowers to: _____

Musical selections: _____

Special requests for service: _____

Other Considerations:

Other information you may need to include:

- Information regarding your personal business ventures
- Information regarding your real estate, such as mortgage holder, homeowners insurance, taxes, titles, payment records
- Information regarding vehicles, boats, RV's etc., such as insurance, titles, registration, payments to
- Information regarding any life insurance policies, such as the location of the policies, your insurance agent, address and phone number

This list has put together in an effort to save your survivors as much heartache as possible immediately following your death or the death of a loved one. This is, however, only a guide and there may be additional information not listed that would be applicable to you and therefore should be included in your personal record.

All the planning and preparation in the world won't save a family serious heartache if you don't make this information known to family members before the time comes. Take time with your spouse and family members to sit down and complete this personal information. It may save your survivors many hours of searching for legal and financial documents at some difficult time in the future.