

Personal and Financial Information

If additional space is needed, use back of form or separate sheet.

A. Personal Family Data

1. Individual

Name _____

Address _____

Phone Number _____

Date and Place of Birth _____

Social Security Number _____

2 Spouse or other primary personal contact

Name _____

Address _____

Spouse Phone Number _____

Date and Place of Birth _____

Date and Place of Marriage _____

Spouse SSN _____

3. Deceased or Prior Spouses (*if applicable*)

Name _____

Address _____

Date and Place of
Marriage _____

Divorce _____

Death _____

Former Spouse's SSN _____

4. Survivors (Parents, Children, Grandchildren or significant persons)

Name _____

Relationship _____

Address _____

Phone Number _____

Name _____

Relationship _____

Address _____

Phone Number _____

5. Pets

Name/s, age/s, description/s _____

Veterinarian Address _____

Phone Number _____

Instructions for disposition of pets

B. Personal Support System

Physician _____

Address _____

Phone Number _____

Dentist _____

Address _____

Phone Number _____

Attorney _____

Address _____

Phone Number _____

Accountant/Tax Preparer _____

Address _____

Phone Number _____

C. Durable Power of Attorney

Person named to act _____

Address _____

Phone Number _____

D. Health Care Declaration / Living Will

Person(s) named to act _____

Copies at Home Lawyer Safe Deposit Box
 Doctor Hospital Person(s) above

E. Executor of your Will

Name _____

Address _____

Phone Number _____

F. Trustees of any trust for you

Person named to act _____

Address _____

Phone Number _____

G. Financial Information

1. Insurance Agent _

Agent/Firm _____

Address _____

Phone Number _____

2. Stock Broker

Person/Firm _____

Address _____

Phone Number _____

3. Investment Advisor

Person/Firm _____

Address _____

Phone Number _____

4. Banker

Agent/Firm _____

Address _____

Phone Number _____

5. Pension Fund Payer

Agent/Firm _____

Address _____

Phone Number _____

H. Social Security Office: 1-800-772-1213

I. Veterans' Administration: 1-800-542-5826

J. Others to notify

Name _____

Address _____

Phone Number _____

Name _____

Address _____

Phone Number _____

- Other storage places for important property or documents Location _____

- Insurance Policies
 - Life Location _____
 - Health Location _____
 - Disability Location _____
 - Automobile Location _____
 - Homeowners Location _____
 - Excess liability Location _____
 - Long-term Care Location _____
 - Other Location _____

- Current papers/receipts for tax filing Location _____

- Income tax returns for last five years and supporting records Location _____

- *Do you have a safe deposit box? Yes No
 If so, where? _____

- Location of keys _____

- Other signatures _____

- *Most banks seal safe deposit boxes after a person dies until the executor of the will is recognized by the probate court.

- Other essential keys _____

L. Assets and Debts

Assets	Location
○ Checking Account Number _____	_____
Is this an automated bill paying account?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
○ Savings Account Number _____	_____
○ Money Markets/CDs _____	_____
○ Stocks _____	_____
○ Bonds _____	_____
○ Brokerage Account _____	_____
○ Mutual Fund _____	_____
○ Trusts for which you are a beneficiary _____	_____

○ Mortgages other debts owed to you _____	_____

○ Pensions, other retirement plans _____	_____

○ IRAs/Keoughs _____	_____

○ Autos/Boats/RVs, etc. _____	_____

- Primary Residence _____

- Vacation home _____

- Other real estate holdings _____

- Other investments _____

Debts

Location

- Mortgage _____

- Loans
 - Auto _____
 - Bank _____
 - Other _____
- List of credit cards

- Persons dependent on you for support

Name

Type of Support
