PERSONAL RECORDS

MY FULL LEGAL NAME

First Name	Middle Name	Last Name
LEGAL RESIDENCE		
Street		
City		
	Zip Code	
BIRTH CERTIFICATE		
It is located at		
I was born on	(Date)	
	(Date)	
In(City)		(State)
MARRIAGE CERTIFICA	ATE	
Is located at		
DIVORCE RECORDS (IF	APPLICABLE)	
Are located at		
OTHER PERTINENT MA	ARRIAGE DATA	
SOCIAL SECURITY		
My social security number	r is	
The card is located at		

CITIZENSHIP/NATURALIZATION PAPERS

Copies of my citizenship/naturalization papers are located at
MILITARY SERVICE
Branch of service
Dates served
My VA disability claim number
The location of my discharge papers
FAMILY DATA
Names and addresses of spouse, children and immediate relatives:
CONTACT LIST (NAME, E-MAIL ADDRESS, PHONE NUMBER)
Attorney
Accountant/Tax Advisor
Broker

Finan	cial Advisor
Insura	ance Company
	ious Leader
CHE	CKING ACCOUNTS
I have	e the following checking accounts:
(1)	Bank
	Account Number
	Joint Owner
(2)	Bank
	Account Number
	Joint Owner
The f	ollowing person has power to sign checks for me:
Name	2
Addro	ess
SAV]	INGS ACCOUNTS
I have	e the following savings accounts:
(1)	Bank
	Account Number
	Joint Owner
(2)	Bank
	Account Number
	Joint Owner
(3)	Bank

Account N	lumber
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Joint Owner

My bank books and bank records are located at:

Major cash gifts I have previously made to my children:

CREDIT UNION ACCOUNTS

I am a member of the following credit unions:

(1)	Name	

Account Number _____

(2) Name_____

Account Number _____

U.S. SAVING OR GOVERNMENT BONDS

I own U.S. Savings Bonds under the following ownership registrations:

My name alone	
Co-owner with	
I am beneficiary at death of	
At my death, beneficiary is	
The Bonds are located at	
The Bonds are located at	

A list of Bonds and their serial numbers is located at:

SAF	E DEPOST BOXES	
I hav	e a safe deposit box Yes	No
(1)	Box Location	Box Number
	Key Location	
(2)	Box Location	Box Number
	Key Location	
This	box is held jointly with:	
Nam	e	
Addr	ress	
The	following person has access to my safe depo	osit box:
Nam	e	
Addı	'ess	
CER	TIFICATES OF DEPOSIT	
I hav	e the following certificates of deposit:	
Fina	ncial Institution	Certificate No.

SECURITIES

I own various stocks and bonds which are located at:

Records of purchase and sale are located at:

Some of my securities were acquired by gift or inheritance _____ Yes _____ No

Papers concerning these securities are located at:

The following securities are pledged against loans:

They are held by:		
Name		
Address		
My Stockbroker is:		
Name		
Address		

CREDIT CARDS AND OTHER DEBTS

I posses the following credit cards:			
Company	Card/Account Number	Amount	Date
PERSONAL DE	EBTORS AND CREDITORS		
The following ov	we money to me		
I owe to the follo	owing		
	0		

Copies of notes, loan agreements, and receipts are located at:

BUS	INESS MATTERS		
My p	present business or employm	ent	
Nam	e of Company		
Addr	ess		
	e the following financial int		
Form	n of business		
	Partnership	Corporation	
	Sole Proprietorship	Other	
EMP	LOYEE SAVINGS/PENSI	ON/RETIREMENT PLANS	
I pos	sess the following plans:		
(a) Name and Address of Employer			
	Value of Plan		
	Type of Plan		

	Contact Information
(b)	Name and Address of Employer
	Value of Plan
	Type of Plan
	Contact Information
(c)	Name and Address of Employer
	Value of Plan
	Type of Plan
	Contact Information
Paper	s concerning business connections and agreements are located at:
TAX	RECORDS
Copie	es of my income tax returns are located at
Recei	pts, canceled checks, and tax worksheets to support these returns are located at

FINANCIAL POWER OF ATTORNEY

I have have	e not executed a	a power of a	attorney	
My power of attorney is date	ed			
I have named(Name of	f Person)		(Address)	
as power of attorney.				
LIVING WILL	_Yes	No		
If yes, it is located at				
DNR ORDER				
I have a Do Not Resuscitate	(DNR) order		Yes	No
If yes, it is located at				
TRUST				
I have established a living tr	ust for the bene	efit of		
The trust was established on				
The trust agreement is locate	ed at			
The trustees are				
The attorney who drafted the	e trust agreeme	ent is:		
Name				
Address				
LAST WILL AND TESTAN	MENT			
The original executed copy	of my will is lo	cated at		

The date of the will is _____

My will names as executors and trustees:

(1)	Name		
	Address		
(2)	Name		
	Address		
(3)	Name		
As gi	uardians of my chi	ildren, my will names:	
(1)	Name		
	Address		
(2)			
	Address		
The l	awyer who drew	my will is	
Nam	e		
Addr	ess		
	SONAL REQUES		
Item		Location	Recipient

HEALTH INSURA	NCE INFORMATION	
I am enrolled in:	TRICARE	TRICARE for Life
	Medicare	Other Health Insurance
I have the following	g health insurance:	
Policy Number/Certificate N	umber	
Company		
This is a	TRICARE Supplement Plan	
	Medicare Supplement Plan	Major Medical Plan
DISABILITY INSU	JRANCE	

I have the following disability income insurance protection:

Policy Number/Certificate Number

Company

Benefits Amount

LIFE INSURANCE POLICIES AND ANNUTIES

Information concerning my SBP or Civil Service Survivors Benefits is located at:

I own the following policies on my life:

(a)	Policy Number
	Company
	Principal Amount
(b)	Policy Number
	Company
	Principal Amount
(c)	Policy Number
	Company
	Principal Amount
(d)	Policy Number
	Company
	Principal Amount
(e)	Policy Number
	Company

	Principal Amount	
(f)	Policy Number	
	Company	
	Principal Amount	
(g)	Policy Number	
	Company	
	Principal Amount	
(h)	Policy Number	
	Company	
	Principal Amount	
These	policies and any supporting papers are located at:	
	anies, organizations, or others holding insurance polici	
		les on my me:
(1)	Owner	·
(1)		Amount
(1) (2)	Owner	Amount
	Owner Beneficiary	Amount
	Owner Beneficiary Owner	Amount
(2)	Owner Beneficiary Owner Benficiary	Amount Amount
(2)	Owner Beneficiary Owner Benficiary Owner Owner	Amount Amount
(2) (3) My pri	Owner Beneficiary Owner Benficiary Owner Beneficiary	Amount Amount
(2)(3)My priName	Owner Beneficiary Owner Benficiary Owner Beneficiary Beneficiary ncipal life insurance adviser is:	Amount Amount Amount

(a)	Name	
	Address	
(b)	Company Name	
	Address	
	Company	Amount
(c)	Name	
	Address	
	Company	Amount
(d)	Name	_
	Address	
	Company	Amount
(e)	Name	
	Address	
	Company	Amount
Locatio	on of these policies	
I have	made loans against some of the policies	YesNo
Borrow	ved from	
I also c	own annuity contracts Yes	No
(1)	Contract Issued	Amount
	Location of Contract	
(2)	Contract Issued	
	Location of Contact	

CURRENT RESIDENCE AND OTHER REAL ESTATE

My residence address is
I own my residence Yes No
Ownership title is held in
My name along
OTHER REAL ESTATE
(1) Street
City
State
Zip Code
(2) Street
City
State
Zip Code
Location of deeds, insurance and other related documents
AUTOMOBILE
Make, model & year
Tag number
Located at
Title located at
License registration located at
Insurance Company

OTHER VEHICLES AND EQUIPMENT (SUCH AS BOATS, TRUCKS, RECREATIONAL VEHICLES,

AIRCRAFT, FARM EQUIPMENT)

Location	Title located at	Insurance Company
HOUSEHOLD FURNISH	INGS (ATTACH LIST)	
Located at		
FURS (ATTACH LIST)		
Located at		
JEWELRY (ATTACH LIST)		
Located at		
		LECTIONS, RARE BOOKS, ART, ANTIQUES, ETC.;
Located at		
Insurance policies for fire,	theft, or liability on this	property are located at
Bills of sale or other evider	nces of ownership are lo	ocated at

The following tangible personal property is owned by me jointly with:

Name		
Addr	ess	
(1)	Property	
	Location	
(2)	Property	
	Location	
Joint	names with	
There	e is a mortgage on this proper	rty held by
		· · · · · · · · · · · · · · · · · · ·
Tho f	collowing specified papers:	
	following specified papers:	Conv of Mortgage
	Deed	Copy of Mortgage
	Deed Title Insurance Policy	Title Abstract
	<pre>_ Deed _ Title Insurance Policy _ Surveys</pre>	
	Deed Title Insurance Policy	Title Abstract
	<pre>_ Deed _ Title Insurance Policy _ Surveys</pre>	Title Abstract Closing Statements
	 Deed Title Insurance Policy Surveys Insurance Policies Leases 	Title Abstract Closing Statements Tax Receipts
are lo	 Deed Title Insurance Policy Surveys Insurance Policies Leases 	Title Abstract Closing Statements Tax Receipts Building Cost Figures
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are lo CEM I owr	 Deed Title Insurance Policy Surveys Insurance Policies Leases bcated at ETERY PLOT a plot in the following ceme 	Title Abstract Closing Statements Tax Receipts Building Cost Figures

I have given instructions regarding my funeral in:

_____ My Will _____ A Letter _____ Other