

Blase & Associates, LLC

What My Family Needs to Know



This document contains various lists for important information that you can modify based on your specific circumstances. Add and delete categories as best suits your needs.

The document is meant to contain all the information your family needs to know should you become incapacitated. You, and your family, should update it regularly, with date indicated in the footer.

We hope this document provides you with incentive to complete this important task, which needs to be done, but almost always gets deferred to “later” or never.

DATE UPDATED: _____

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QUICK GUIDE TO LOCATION OF MY IMPORTANT DOCUMENTS

(Copy and attach more pages, 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 <i>(include name of hospital, city, county, state, country):</i>	
CURRENT HOME ADDRESS:	
LOCATION OF HOUSE KEYS:	
CURRENT MAILING ADDRESS:	
LOCATION OF POST OFFICE BOX KEYS OR COMBINATION:	
CURRENT STATE OF LEGAL RESIDENCE <i>(state in which I vote):</i>	
DRIVER'S LICENSE STATE & NUMBER:	
HOME TELEPHONE:	
CELLULAR TELEPHONE:	
PERSONAL E-MAIL ADDRESS(ES):	
PERSONAL WEBSITE ADDRESS:	
MARITAL STATUS:	
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 CELL PHONE:	
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:	

MY PREVIOUS MARRIAGES

(Copy and attach more pages, 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:	

SPOUSE'S MARITAL HISTORY

(Copy and attach more pages, 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:	

DATE UPDATED: _____

SPOUSE'S CHILDREN WITH ME*(Copy and attach more pages, if necessary)*

NAME:	
DATE OF BIRTH:	
PLACE OF BIRTH:	
SOCIAL SECURITY NUMBER:	
ADDRESS:	
TELEPHONE:	
E-MAIL:	

SPOUSE'S CHILDREN BY PREVIOUS MARRIAGE*(Copy and attach more pages, if necessary)*

NAME:	
DATE OF BIRTH:	
PLACE OF BIRTH:	
SOCIAL SECURITY NUMBER:	
ADDRESS:	
TELEPHONE:	
E-MAIL:	

SPOUSE'S PARENTS

FATHER'S 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:	
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:	
ADDRESS:	
HOME TELEPHONE:	
WORK TELEPHONE:	
CELLULAR TELEPHONE:	
E-MAIL:	

DATE UPDATED: _____

SPOUSE'S SIBLINGS*(Copy and attach more pages, if necessary)*

NAME:	
DATE OF BIRTH:	
PLACE OF BIRTH:	
SOCIAL SECURITY NUMBER:	
ADDRESS	
HOME TELEPHONE:	
WORK TELEPHONE:	
CELLULAR TELEPHONE:	
E-MAIL:	

SPOUSE'S GRANDCHILDREN*(Copy and attach more pages, 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:	
ADDRESS:	
HOME TELEPHONE:	
WORK TELEPHONE:	
CELLULAR TELEPHONE:	
E-MAIL:	

DATE UPDATED: _____

SIBLINGS*(Copy and attach more pages, 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 attach more pages, if necessary)*

NAME:	
DATE OF BIRTH:	
PLACE OF BIRTH:	
SOCIAL SECURITY NUMBER:	
CURRENT ADDRESS:	
CURRENT TELEPHONE:	
E-MAIL:	

DATE UPDATED: _____

GRANDCHILDREN

(Copy and attach more pages, 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 attach more pages, 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 (<i>include name & address</i>):	
HOSPITAL I PREFER (<i>include name & address</i>):	

MISCELLANEOUS

MEDICARE NUMBERS:	
MEDICAID NUMBERS:	
CASEWORKER NUMBERS, ADDRESS/TELEPHONE):	
SOCIAL WORKER OR CASEWORKER NAMES & CONTACT INFO:	

DATE UPDATED: _____

GENERAL PRACTITIONER

NAME:	
ADDRESS:	
TELEPHONE:	
E-MAIL:	

DENTIST

NAME:	
ADDRESS:	
TELEPHONE:	
E-MAIL:	

OTHER DOCTORS

(Copy and attach more pages, 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 attach more pages, 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: <i>(Copy and attach more, if necessary.)</i>	
NAME: NUMBER: LOCATION:	
DATE OF MY NATURALIZATION:	
LOCATION OF MY NATURALIZATION PAPERS:	
NATURALIZATION OF FAMILY MEMBERS: <i>(Copy and attach more, if necessary.)</i>	
NAME: DATE: LOCATION:	

BIRTH & ADOPTION CERTIFICATES

LOCATION OF MY BIRTH CERTIFICATE:	
LOCATION OF SPOUSE'S & CHILDRENS' CERTIFICATES:	

WILL

DATE:	
LOCATION:	
EXECUTOR:	

DATE UPDATED: _____

ATTORNEY: LAW FIRM: ADDRESS: TELEPHONE:	
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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 attach more, if necessary)

WHO HAS MY POWER OF ATTORNEY?	
LOCATION OF (ORIGINAL) POWER OF ATTORNEY DOCUMENTS:	

LEGAL GUARDIANSHIP

NAME OF PERSON FOR WHOM I HAVE LEGAL GUARDIANSHIP:	
LOCATION OF DOCUMENT:	
ATTORNEY: LAW FIRM: ADDRESS: TELEPHONE:	

DATE UPDATED: _____

TRUST FUNDS*(Copy and attach more pages, if necessary)*

TYPE:	
BENEFICIARY:	
ATTORNEY: LAW FIRM: ADDRESS: TELEPHONE:	

INHERITANCE

DETAILS REGARDING INHERITANCES DUE TO ME:	
LOCATION OF RELEVANT DOCUMENTS:	

LEASE*(Copy and attach more pages, if necessary)*

NAME OF LESSOR:	
ADDRESS:	
TELEPHONE:	
ADDRESS OF RENTED PROPERTY:	
TYPE OF PROPERTY (<i>apartment, vacation cottage, house, stable, etc.</i>):	
RENT (<i>include amount & due date</i>):	
EXPIRATION DATE:	
LOCATION OF LEASE DOCUMENT:	

DATE UPDATED: _____

HOUSEHOLD EFFECTS INVENTORY

LOCATION OF INVENTORY LIST (<i>including list of jewelry & valuables</i>):	
ITEMS IN STORAGE (<i>include inventory; storage bin number; name & address of storage company & amount of monthly payment; & any insurance coverage</i>):	

DATE UPDATED: _____

MY INSURANCE POLICIES

HEALTH INSURANCE

COMPANY:	
ADDRESS:	
FEDERAL PLAN?	
MEMBER NUMBER:	
GROUP POLICY NUMBER:	
PERSONS COVERED:	
ADDITIONAL COVERAGE:	
PAYMENT <i>(include amount & due date, if not deducted automatically from salary):</i>	
LOCATION OF POLICY:	
MEDICARE NUMBERS:	
MEDICAID NUMBERS:	
CASEWORKER NUMBERS, ADDRESS/TELEPHONE:	

LONG TERM CARE INSURANCE

COMPANY:	
ADDRESS:	
POLICY NUMBER:	
PAYMENT <i>(include amount & due date):</i>	
LOCATION OF POLICY:	

DATE UPDATED: _____

LIFE INSURANCE

COMPANY:	
AMOUNT:	
BENEFICIARY:	
LOCATION OF POLICY:	
SPOUSE'S LIFE INSURANCE POLICY & COMPANY:	
POLICIES ON SPOUSE & CHILDREN:	
PAYMENT <i>(include amount & due date)</i> :	
LOCATION OF POLICY:	

DISABILITY INSURANCE

NAME:	
ADDRESS:	
MEMBER NUMBER:	
LOCATION OF POLICY:	

PROFESSIONAL INSURANCE

COMPANY:	
ADDRESS:	
MEMBER NUMBER:	
GROUP POLICY NUMBER:	
PAYMENT <i>(include amount & due date)</i> :	
LOCATION OF POLICY:	

DATE UPDATED: _____

PROPERTY INSURANCE*(Copy and attach more pages, if necessary)*

MORTGAGE INSURANCE COMPANY:	
POLICY NUMBER:	
ADDRESS:	
PAYMENT <i>(include amount & due date):</i>	
LOCATION OF MORTGAGE INSURANCE POLICY:	
HOMEOWNER'S INSURANCE COMPANY:	
POLICY NUMBER:	
ADDRESS:	
PAYMENT <i>(include amount & due date):</i>	
LOCATION OF HOMEOWNER'S INSURANCE POLICY:	

VEHICLE INSURANCE*(Copy and attach more pages, if necessary)*

COMPANY:	
ADDRESS:	
POLICY NUMBER:	
PAYMENT <i>(include amount & due date):</i>	
LOCATION OF POLICY:	

DATE UPDATED: _____

MY EMPLOYMENT

CURRENT EMPLOYER / BUSINESS

(Copy and attach more pages, 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 <i>(include account & amount)</i> :	
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:	
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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 attach more pages, 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 attach more pages, if necessary. Include IRAs, TSP/401Ks, Certificates of Deposit, Stocks, Bonds, etc.)

ACCOUNT NUMBER:	
TYPE:	
COMPANY:	
BENEFICIARY:	
LOCATION OF RECORDS:	

DATE UPDATED: _____

SAFETY DEPOSIT BOX

SAFETY DEPOSIT BOX NUMBER:	
BANK:	
ADDRESS:	
ACCESSIBLE BY:	
LOCATION OF KEY:	
CONTENTS:	

CREDIT CARDS*(Copy and attach more pages, 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 attach more pages, if necessary)*

NAME & TITLE:	
NAME OF BUSINESS:	
ADDRESS:	
TELEPHONE:	
E-MAIL:	

DATE UPDATED: _____

RECORDS OF DEBTS (OTHER THAN MORTGAGE) OWED BY ME

(Copy and attach more pages, 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 attach more pages, if necessary)

NAME OF DEBTOR:	
ADDRESS:	
TELEPHONE:	
TYPE OF DEBT:	
AMOUNT:	
DUE DATE:	
LOCATION OF DOCUMENTATION:	

INCOME TAXES

LOCATION OF TAX RETURNS/RECORDS:	
NAME & ADDRESS OF TAX PREPARER:	

DATE UPDATED: _____

MY REAL ESTATE

(Copy and attach more pages, if necessary)

TYPE OF PROPERTY (<i>stand alone house? apartment? townhouse? warehouse? office building? other?</i>):	
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 (<i>amount & due date</i>):	
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 attach more pages, 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 attach more pages, if necessary.)

COMPANY:	
ACCOUNT NUMBER:	
LOGON NAME:	
PASSWORD:	

DATE UPDATED: _____

MY VEHICLES

(Copy and attach more pages, if necessary)

TYPE (<i>sedan? SUV? truck? minivan? other?</i>):	
MAKE:	
MODEL:	
YEAR:	
REGISTERED TO (<i>include location of registration document</i>):	
STATUS OF OWNERSHIP (<i>lien? own? lease?</i>): BANK/CREDITOR THAT HANDLES LOAN: ADDRESS: PAYMENT (<i>amount & due date</i>): 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 attach more pages, if necessary)

NAME:	
TYPE:	
BREED:	
SEX:	
NEUTERED?	
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:	
ADDRESS:	
TELEPHONE:	

DATE UPDATED: _____

MY MEMBERSHIPS & CHARITIES

(Include professional and recreational memberships. Copy and attach more pages, 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 (<i>music, flowers, readings, etc.</i>):	
AM I ENTITLED TO MILITARY HONORS?	
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? SPECIAL INSTRUCTIONS FOR ORGAN DONATION:	
FUNERAL HOME PREFERENCE: ADDRESS: TELEPHONE:	
BURIAL (<i>casket, vault, crypt</i>)? MY CHOICE OF CEMETARY: PRE-PAID BURIAL PLAN? LOCATION OF PLAN: CLOTHING TO BE BURIED IN: PALLBEARERS: (<i>Copy and paste more, if necessary</i>) NAME: ADDRESS: TELEPHONE:	
CREMATION?	
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 attach pages 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: _____

