

## PERSONAL AFFAIRS OF 1<sup>st</sup> NAME LAST NAME

Highest Military Grade		Branch of Service		SSN	
Street Address		City/State		Zip Code	
Service Number	Date of Entry	Date of Separation		Type + Character of Separation	

### Date + Place of Birth

City/State	Zip Code	Date of Birth
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### Parents' Information

Father's Name	1 <sup>st</sup> Name	Middle Name	Last Name
Mother's Name	1 <sup>st</sup> Name	Middle Name	Last Name

### Children

1 <sup>st</sup> Name	Middle Name	Last Name	Date of Birth
1 <sup>st</sup> Name	Middle Name	Last Name	Date of Birth

### Marital History

Spouse's Name	Spouse's SSN	Spouse's Date of Birth
Location of Marriage		Date of Marriage
Prior Spouse's Name (If applicable)		Date of Prior Marriage
Location of Prior Marriage		Date/Place/Circumstance of end of marriage (If applicable)
Your Total # of Marriages		Your Spouse's Total # of Marriages

### Trusted Associates

List a personal lawyer or trusted friend who may be consulted in regard to personal or business affairs.

1 <sup>st</sup> Name	Middle Name	Last Name
Address	Phone	Email

**Location of Family Records/Documents:** All family records are in the safe.

### Your Will

Location of Will	Executor's Name + Contact Information
Lawyer's Name + Contact Information	

### Power of Attorney

Name of POA	Location of Document:
City/State, Zip Code	Phone #:

### Bank/Credit Union Accounts

Name of Financial Institution	Account #
Name of Joint Account Holders	

### Credit Cards

Name of Credit Card + Account #	Phone #:
Name of Credit Card + Account #	Phone #:
Name of Credit Card + Account #	Phone #:
Name of Credit Card + Account #	Phone #:
Costco Membership #	

### Financial Documents

<b>401K</b>	Name of Company + Account #
<b>Stock</b>	Name of Company + Account #
<b>Stock</b>	Name of Company + Account #

### Real Estate

Primary Residence	
Mortgage Institution	Location of Physical Mortgage Note
Property Insurance Company	Policy #

**Investment Properties:** None

### Vehicles Owned

### Drivers License # + State of Issue:

Year	Make	Model	VIN #	Insurance
Year	Make	Model	VIN #	Insurance
Year	Make	Model	VIN#	Insurance

### Life Insurance

Insurance Company	Policy #	Face Value	Value
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<b>Insurance Company</b>	<b>Policy #</b>	<b>Face Value</b>	<b>Value</b>

### Health Insurance

<b>Type of Insurance</b>	<b>Policy #</b>
<b>Type of Insurance</b>	<b>Policy #</b>
<b>Type of Insurance</b>	<b>Policy #</b>

### Membership in Organizations or Associations

<b>Organization/Association</b>
<b>Organization/Association</b>
<b>Organization/Association</b>
<b>Organization/Association</b>

### Veterans Affairs Record

<b>Claim #:</b>	<b>Required Action</b>
<b>Monthly Payment</b>	<b>Location of VA Papers</b>

### Social Security

<b>SSN#</b>	<b>Required Action</b>
<b>Monthly Payment</b>	<b>Location of SSA Papers</b>

### Military Documents

<b>Location of DD-214</b>
<b>Location of Military Awards + Medical Records</b>

### Passwords

<b>Name + # of Account</b>	<b>Password:</b>
<b>Name + # of Account</b>	<b>Password:</b>
<b>Name+ # of Account</b>	<b>Password:</b>
<b>Name + # of Account</b>	<b>Password:</b>

### Funeral and Burial Arrangements

<b>Funeral Location</b>	<b>Funeral Director</b>
<b>Name of Funeral Home</b>	<b>Phone #</b>

<b>Clergy Person/Officiant</b>	<b>Phone #</b>
<b>Name of Church</b>	<b>Address</b>

**For Interment in a VA National Cemetery (Application has been submitted and approved.)**

<b>Date of Birth</b>	<b>SSN</b>	<b>Rank + Branch of Service</b>
<b>Date of Entry into Service</b>	<b>Date of Separation from Service</b>	<b>Service #</b>

**Other Suggestions or Wishes**

<p><b>Request internment at XXX Cemetery</b></p> <p><b>Song Selection</b></p> <p><b>Poem/Reading</b></p> <p><b>Military Honors</b></p> <p><b>Casket + Flowers</b></p> <p><b>Pall Bearers</b></p>
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One Way to Reduce the Expense of Flowers:

Have an open casket with the American flag draped and a small spray inside the casket.

