

This document should be completed in your handwriting using permanent ink. This document must also be signed, dated, and witnessed by an adult of sound mind and body. We also recommend that this document be stored in a secure location that is known by close associates or family members only. Please consult an attorney for any legal questions.

Vital Statistics

Name: _____

Address: _____

SEX (Circle): Male Female E-Mail Address: Phone #

Race (Circle): Black, White, Hispanic, American Indian, Asian, other If other please specify:

SSN: _____

Place of Birth:
City County Sate Country

Marital Status (Circle): Married Never Married Divorced Widowed
Date

Name of Surviving Spouse: Address: Phone #:

Usual Occupation: Type of Business/Industry:

Employer Name: Employer City & State:

Education:
High School College Degree/s

Mother's Name: Father's Name:

Emergency Contact: _____

Name and Phone #

Alt. Emergency Contact: _____

Name and Phone #

Armed Forces Information

Branch of Service: _____

Service Number: _____

Dates of Service: _____

Locations: _____

Type of Discharge: _____

Discharge Date: _____

Place of Seperation: _____

Seperation Date: _____

Location of DD 214: _____

Highest Grade/Rank: _____

Duty Stations/Travels: _____

Additional Information/Medals/Honors/Awards/Citations: _____

Importance of a Will

If you die without a Will, state law and the courts determine who will administer your estate, handle financial matters, and act as gaurdian of your minor children. With a Will you can choose.

In some instances, joint ownership of property may not be a good substitute for a carefully drafted Will. As a result of a common accident, both you and your spouse may die before the survivor has had an opportunity to execute a proper Will. Your property will pass according to state law.

The law is very exacting in its requirements with respect to the publications, signing and witnessing of Wills. It is recommended that this matter be handled by a competent attorney. Homemade Wills may not stand up in court.

You should review your Will every few years, particularly if you have moved or your family situation has changed since you last executed a Will. State laws vary as to formal requirements and as to the rights of children and grandchildren born after a Will is executed.

When you realize how much is at stake, the well-being of your entire family and the protection of your property, we believe that you will find that the attorney's fee for drafting your Will and planning your estate is a worthwhile investment.

Do you have a Will (Circle)? Yes NO Date of Will

Location of Will: _____

Executor/Executrix (Name, Address, Phone #, E-Mail Address): _____

Will Prepared by (Name, Address, Phone #, E-Mail Address) _____

Financial Information

Bank: _____ Branch Location: _____

Type of Account (Circle): Checking Acct #: _____ Savings Acct #: _____

Bank: _____ Branch Location: _____

Type of Account (Circle): Checking Acct #: _____ Savings Acct #: _____

Bank: _____ Branch Location: _____

Type of Account (Circle): Checking Acct #: _____ Savings Acct #: _____

Bank: _____ Branch Location: _____

Type of Account (Circle): Checking Acct #: _____ Savings Acct #: _____

Bank: _____ Branch Location: _____

Type of Account (Circle): Checking Acct #: _____ Savings Acct #: _____

Bank: _____ Branch Location: _____

Type of Account (Circle): Checking Acct #: _____ Savings Acct #: _____

Bank: _____ Branch Location: _____

Type of Account (Circle): Checking Acct #: _____ Savings Acct #: _____

Bank: _____ Branch Location: _____



Individual Estate Plan

Type of Account (Circle): Checking Acct #: _____ Savings Acct #: _____

Bank: _____ Branch Location: _____

Type of Account (Circle): Checking Acct #: _____ Savings Acct #: _____

Bank: _____ Branch Location: _____

Type of Account (Circle): Checking Acct #: _____ Savings Acct #: _____

Bank: _____ Branch Location: _____

Type of Account (Circle): Checking Acct #: _____ Savings Acct #: _____

Safe Deposit Location: _____ Key Location: _____ Box #: _____

Personal Safe Location: _____ Combo/Key Location: _____

Additional Information: _____

Credit Cards (Circle): Visa Mastercard Am. Express Discover Other

Acct #: _____ Expiration Date: _____

Visa Mastercard Am. Express Discover Other

Acct #: _____ Expiration Date: _____

Visa
 Mastercard
 Am. Express
 Discover
 Other

Acct #: _____ Expiration Date: _____

Visa
 Mastercard
 Am. Express
 Discover
 Other

Acct #: _____ Expiration Date: _____

Visa
 Mastercard
 Am. Express
 Discover
 Other

Acct #: _____ Expiration Date: _____

Visa
 Mastercard
 Am. Express
 Discover
 Other

Acct #: _____ Expiration Date: _____

Visa
 Mastercard
 Am. Express
 Discover
 Other

Acct #: _____ Expiration Date: _____

Location of Insurance Policies: _____

Type of Policy (Circle): Term Whole Life Universal Group Value: \$

Name of Company: _____ Policy # _____ Phone #: _____

Beneficiary (Name & Contact Info): _____

Type of Policy (Circle): Term Whole Life Universal Group Value: \$

Name of Company: _____ Policy # _____ Phone #: _____

Beneficiary (Name & Contact Info): _____

Type of Policy (Circle): Term Whole Life Universal Group Value: \$

Name of Company: _____ Policy # _____ Phone #: _____

Beneficiary (Name & Contact Info): _____

Type of Policy (Circle): Term Whole Life Universal Group Value: \$

Name of Company: _____ Policy # _____ Phone #: _____

Beneficiary (Name & Contact Info): _____

Type of Policy (Circle): Term Whole Life Universal Group Value: \$

Name of Company: _____ Policy # _____ Phone #: _____

Beneficiary (Name & Contact Info): _____

Type of Policy (Circle): Term Whole Life Universal Group Value: \$

Name of Company: _____ Policy # _____ Phone #: _____

Beneficiary (Name & Contact Info): _____

Real Estate Holdings

Description: _____

Address: _____

Deed Location: _____

Comments: _____

Description: _____

Address: _____

Deed Location: _____

Comments: _____

Description: _____

Address: _____

Deed Location: _____

Comments: _____

Description: _____

Address: _____

Deed Location: _____

Comments: _____

Stocks, Bonds, Mutual Funds, Annuities, and Other Assets.

Account Type: _____ Account #: _____

Company/Firm: _____ Address/Phone# _____

Description of Funds: _____

Account Type: _____ Account #: _____

Company/Firm: _____ Address/Phone# _____

Description of Funds: _____

Account Type: _____ Account #: _____

Company/Firm: _____ Address/Phone# _____

Description of Funds: _____

Account Type: _____ Account #: _____

Company/Firm: _____ Address/Phone# _____

Description of Funds: _____

Account Type: _____ Account #: _____

Company/Firm: _____ Address/Phone# _____

Description of Funds: _____

Personal Requests

Please list all family heirlooms and items of sentimental value below:

Item:	_____	Beneficiary:	_____
Item:	_____	Beneficiary:	_____
Item:	_____	Beneficiary:	_____
Item:	_____	Beneficiary:	_____
Item:	_____	Beneficiary:	_____
Item:	_____	Beneficiary:	_____
Item:	_____	Beneficiary:	_____
Item:	_____	Beneficiary:	_____
Item:	_____	Beneficiary:	_____
Item:	_____	Beneficiary:	_____

Social Security Information

Social Security Number of: _____

Social Security Number: _____

Address of Nearest Social Security office: _____

Phone #: _____

A lump sum payment may be made when an eligible person dies. To facilitate receiving Social Security Benefits please contact the Social Security Administration as soon as possible at: 1-800-772-1213, or www.ssa.gov

Veteran's Burial Benefits

The U. S. Department of Veteran Affairs provides many burial benefits for eligible veterans such as headstones and Markers, burial flags, and many other benefits. Please contact the Veterans Administration as soon as possible at: 800 - 827-1000, or www.va.gov to find out what benefits are available are available.

Medical History

This information may become very important for your spouse, children, and grandchildren. It is also suggested that you keep an updated copy of your medical records for your family, as physicians often ask for it.

I have been treated for (Circle): Cancer Kidney Disorder Diabetes Heart Disease Other

I am allergic to to following drugs: _____

Physician: _____ Address: _____ Phone: _____

I have a Living Will (Circle): Yes No Location _____ Additional Remarks: _____

I am an Organ Donor (Circle): Yes No Additional Remarks: _____

Funeral Service

The following is an expression of my funeral service decisions

Funeral Home/Mortuary/Crematorium Preferred: _____

Address: _____ Phone #: _____

Location of Funeral (Circle): Funeral Home Church Cemetery Graveside Other

Religious Preference: _____ Pastor/Clergyman _____

Participating Organizations (Military, Fraternal, Lodge etc.): _____

Flag (Circle): Draped Folded Presented to: _____

Wake/Rosary Service (Circle): Yes No Location _____ Officiator: _____

Viewing (Circle): Public Private None

Clothing Preference: From Current Wardrobe New Other: _____ Description/Color: _____

Personal Accessories (Circle): Wedding Band Stays On or Return to: _____

Eyeglasses Stays On or Return to: _____

Other Stays On or Return to: _____

Floral Preference (type and color): _____

Memorial donations may be made to: _____

Music: Organist: _____ Soloist(s): _____ Musical Selections: _____

Religious Passages Selected: _____

Eulogy by: _____ Notations for Eulogy: _____

Newspaper/Social Media Notices: _____

Casket (Circle): Open during Service Closed during Service

Type of Casket (Circle): Hardwood Metal Cremation Coffin Other

Description: _____

I have a funeral/pre-need policy (Circle): Yes No

Name of Plan: _____ Policy#: _____

Name of Receiving Funeral Home: _____ Address: _____

Phone #: _____ Comments: _____

Pallbearer's Names	Relationship	Phone #/E-Mail

Honorary Pallbearer's Names	Relationship	Phone #/E-Mail

Special Instructions/Notes/Awards/Life Achievements/Pictures/Obituary Requests/Items to be placed with the remains. _____

Cemetery Memorialization

Cemetery/Memorial Park Preferred: _____

Address and Phone #: _____

Type of Arrangements (Circle): Family Estate Companion Single

Type of Burial Rights (Circle): Mausoleum Lawn Crypt Ground Burial

Cremation w/Memorilization _____ Other: _____

If Owned, Name of Person Who Interment Rights are Deeded to: _____

Legal Description of Burial Rights: _____

Location of Deed: _____

I (Circle) : Own Prefer Vault/Outer Burial Container

Memorilization (Circle): Upright Monument Memorial Plaque Bronze Plaque Granite Plaque

Other: _____

Inscription: _____

Emblem(s): _____

Family Present During Closing of Property (Circle): Yes No

Opening and Closing of Property (Circle): Prepaid To be determined

If Cremation, What type of Disposition? (Circle) Burial Niche Scattering Garden Cremation Garden

Other: _____

Cremation Memorial Plaque Inscription: _____

Cremation Remains Container (Circle): Urn Keepsake Memorial Other: _____

Description: _____

Additional Remarks/Special Instructions/Items to be placed with the remains: _____

Family Members & Relatives

Name: _____ Relationship: _____ Phone # _____ E-Mail: _____

Address: _____

Name: _____ Relationship: _____ Phone # _____ E-Mail: _____

Address: _____

Name: _____ Relationship: _____ Phone # _____ E-Mail: _____

Address: _____

Name: _____ Relationship: _____ Phone # _____ E-Mail: _____

Address: _____

Name: _____ Relationship: _____ Phone # _____ E-Mail: _____

Address: _____

Name: _____ Relationship: _____ Phone # _____ E-Mail: _____

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Address: _____

Name: _____ Relationship: _____ Phone # _____ E-Mail: _____

Address: _____

Name: _____ Relationship: _____ Phone # _____ E-Mail: _____

Address: _____

Name: _____ Relationship: _____ Phone # _____ E-Mail: _____

Address: _____

To Be Notified

Name	Relationship	Phone# & E-Mail Address
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Advisors To Be Notified

Name	Firm/Professional Relationship	Phone #/E-Mail Address
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Organizations To Be Notified

Name of Organization:	Contact Person:	Phone #/E-Mail Address:
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Name of Organization:	Contact Person:	Phone #/E-Mail Address:
-----------------------	-----------------	-------------------------

Name of Organization:	Contact Person:	Phone #/E-Mail Address:
-----------------------	-----------------	-------------------------

Name of Organization: _____ Contact Person: _____ Phone #/E-Mail Address: _____

Name of Organization: _____ Contact Person: _____ Phone #/E-Mail Address: _____

Legacy Information

Early Childhood and upbringing: _____

Adolescent Years: _____

Early Adulthood: _____

My proudest family moments: _____

My proudest career accomplishments: _____

My proudest civic accomplishments/involvements: _____

Special Achievements/Awards/Offices Held/Additional Points of Interest and Memories: _____

I/We have completed this document of my/our own free will for the express purpose of relieving my family members and love ones of as much financial, and emotional burden as possible upon my/our death. Please carry out my/our arrangements as directed in this document.

Name & Signature

Date

Name & Signature

Witness Name and Signature

Date

Witness Name & Signature