What My Family Should Know

A GUIDE FOR GETTING YOUR AFFAIRS IN ORDER

Foreword

We cannot stress too often the importance of getting your personal affairs in order. This process is important for everyone, but even more important for those who often find themselves living away from family and friends. Throughout your life, you have tried to protect your loved ones and now you have a chance to help them at a time when they will need that help the most. Taking the time to plan now and record information for your loved ones will be the most unselfish gifts of love you can give.

What My Family Should Know

Although many of us are efficient in our daily lives and keep meticulous records in our professions, most of us leave inadequate and incomplete records of our economic and personal affairs when we die.

When and how your benefits will be paid and how your estate will be settled are many questions that must be answered. This guide has been compiled to help you record the necessary facts for your family, your attorney and your executor.

We suggest you complete this record and store it in a safe place so it will be available for possible revisions by you and later use by your family. It is not recommended that you keep this guide in your safety deposit box since most are sealed after death.

PERSONAL INFORMATION

Name:							
Social Security N	lo.						
Date of Birth:		Place o	Place of Birth:				
Current Home							
Address:							
Home Telephone	#:	Work T	elephone #:	Super	visor's Telephone #:		
					20		
					The market of Votal		
Prior or Permane	nt						
Address:							
	1000	· Pawiesi	f la baneul				
Marital Status:	Married:	Divorced:	Widowed:	Single:	Separated:		
Date and Place of	f Marriage:						
					Supplied to second		
Name of Spouse:							
(Please complete	e if different t	han above)					
Current Home							
Address:							
Telephone #:							
					ALTERNATION OF SERVICE		
Spouse's Employ	er:						
Address of							
Employer:							
Work Telephone	#:						
				399	ack was offer would		
Name of Former	Spouse:						
Current Home							
Address:							
Work Telephone	#:						
					Chestoff & set-		
Date & Place of							
Marriage:							
Date & Place of							
Divorce:							
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Registry of Chil							
Given Name	Date of B	Birth Plac	e of Birth	SSN	Address		
	1						

PERSONAL INFORMATION - SPOUSE

Name:						
Social Security N	No.					
Date of Birth:		Place o	of Birth:			
Current Home						
Address:						
Home Telephone	= #:	Work	Γelephone #:		Superv	isor's Telephone #:
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Prior or Permane	nt					The second secon
Address:						
Marital Status:	Married	Divorced	Widowed	Sir	ngle	Separated
Date and Place o	f Marriage:					-
Name of Spouse						
(Please complet	e if different tl	nan above)				
Current Home						
Address:						
Telephone #:						
Spouse's Employ	yer:					***
Address of						
Employer:						
Work Telephone	#:					
Name of Former	Spouse:					
Current Home						
Address:						
Work Telephone	#:					
Date & Place of						
Marriage:						
Date & Place of						
Divorce:						
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Registry of Chil	dren:			300	2007 200 (2015)	The state of the s
Given Name	Date of B	irth Plac	ce of Birth	SS	N	Address
»						
		and the second s				

FAMILY REGISTRY

Grandchildren				
Name	Date of Birth	Place of Birth	SSN	Their Parents
Husband's Family	,			
Name of Father:			SSI	N:
Current Home				
Address:				
Telephone #:				
Work Telephone #:				
Work Telephone W.				
Name of Mother:	自由1945年 (1946年) 1946年 (1946年)		SSI	\[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Current Home			331	.\.
Address:				
Telephone #:				
Work Telephone #:				
D 14 CD 4	10.4			
Registry of Brothe		2.1	07:1	
Given Name	Date of I	31rth Place	of Birth	Address
Wife's Family				
Name of Father:			SSI	N:
Current Home			221	
Address:				
Telephone #:				
Work Telephone #:				
WOIK Telephone π.				
Name of Mother:			SSI	NT.
Current Home			331	.N.
Address:				
Telephone #:	+			
Work Telephone #:				
Registry of Brothe				
Given Name	Date of I	Birth Place	of Birth	Address
				(4)

If any of the above family members are deceased, please indicate date of death next to the name. Current as of:

5

IN CASE OF EMERGENCY THESE PEOPLE MUST BE NOTIFIED

Name:	Relationship: Friend
Address:	
Home Phone:	Work Phone:
Name:	Relationship:
Address:	
Home Phone:	Work Phone:
Name:	Relationship:
Address:	
Home Phone:	Work Phone
Name:	Relationship:
Address:	
Home Phone:	Work Phone:
Name:	Relationship:
Address:	•
Home Phone:	Work Phone: 202-898-1619
Name:	Relationship:
Address:	
Home Phone:	Work Phone:
Name:	Relationship:
Address:	*
Home Phone:	Work Phone:
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Name:	Relationship:
Address:	,
Home Phone:	Work Phone:
Name:	Relationship:
Address:	, F
Home Phone:	Work Phone:
Name:	Relationship:
Address:	
Home Phone:	Work Phone:
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IMPORTANT BUSINESS AND PERSONAL CONTACTS TO BE NOTIFIED

Immediate Supervisor:			
Office Phone:	Home Phone:		
Spouse's Supervisor:			
Office Phone:	Home Phone:		
Takini Tinakan A	and the second second		
Personal Physician:			
Address:			
Office Phone:	Home Phone:		
	See Section 1997		
Clergy:	The state of the s		
Address:			
Office Phone:	Home Phone:		
Attorney:			
Address:			
Office Phone:	Home Phone:		
Dentist:			
Address:			
Office Phone:	Home Phone:		
Accountant:			
Address:			
Office Phone:	Home Phone:		
	Company of the compan		
Insurance Agent:	Insurance Agency:		
Address:			
Office Phone:			
Banker:			
Bank Name:			
Address:			
Office Phone:			
The state of the s			
Broker:			
Investment Co.			
Address:			
Office Phone:			
Other:	Relationship:		
Address:	,		
Home Phone:	Work Phone:		

PERSONAL FINANCE INFORMATION

Bank:			
Checking Account No.:	Is Account Joint?		
Savings Account No.:	Is Account Joint?		
Bank:	,		
Checking Account No.:	Is Account Joint?		
Savings Account No.:	Is Account Joint?		
Bank:			
Checking Account No.:	Is Account Joint?		
Savings Account No.:	Is Account Joint?		
Certificate of Deposit #:	Bank:		
Certificate is kept at:	mind devented a superior and the superio		
Safety Deposit Box #:	Bank:		
Address of Bank/Branch:			
Safe Deposit Box is accessible by:			
Key is kept at:	# 第57条 (利力) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2		
DD214 – Record of Military Service is located	at:		
Investment/Stock Portfolio is located at:			
Bonds Portfolio is located at:			
Bonds Fortiono is located at:			
IRA Certificate and file are located at:			
401K Retirement File is located at:			
40112 Retirement The Is located at.			
Credit Card Accounts:			
Name:	Account Number:		
Issued by:	Is Account Balance Insured?		
issued by.	13 Account Datance Insured:		
Name:	Account Number:		
Issued by:	Is Account Balance Insured?		
	13 Account Balance Instited:		
Name:	Account Number:		
Issued by:	Is Account Balance Insured?		
	is 1300 tale Balance insured.		
Name:	Account Number:		
Issued by:	Is Account Balance Insured?		
Name:	Account Number:		
Issued by:	Is Account Balance Insured?		

REAL ESTATE

We/I own the pro located at:	perty						
Mortgage on the property is held by:							
Address:							
Monthly Payment			Balance of Loan:				
Value of Property							
Homeowners Insu							
Homeowners Insu		ocated at:					
Mortgage Insuran							
Mortgage Insuran	ce Policy located	l at:					
I/We even other w	al astata atu (I :-	4 - 11 1		ARREST STATE OF THE PARTY OF TH			
I/we own other re	ear estate at: (Lis	t addresses and	same info as above):				
1							
Deeds, tax docum	ents and pay reco	ords are located	at·				
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			and the second s	(14.0 至14.15m2) Emily 2013年17			
AND THE REPORT OF THE PARTY OF THE PARTY.				APERICAL MANAGEMENT AND ASSESSED.			
	AUTOM	IOBILE AND	AUTO INSURANCE				
Make	Model	Year	Registered To	Status of			
			1108101144 10	Ownership			
				- Williamp			
	TRAILER	S AND OTHER	R MOTOR VEHICLES				
76.1		100 mm s					
Make	Model	Year	Registered To	Status of			
				Ownership			
		-					
	With the second second						
	OTHE	R IMPORTAN	T INFORMATION				

A SUMMARY OF MY EMPLOYEE BENEFITS

Health Insurance		wet a consensure cons				
I have Self Only	Or Family	Coverag	ge with the	following health	plan:	
"					•	
This is a federal plan	YE	ES:		NO:		
I/We have additional coverage under my spouse's health plan YES: NO:						NO.
That plan is And is provided by:						1210.
Life Insurance (1)						The state of the s
I have Life Insurance	in the amount	of\$				
With						Company.
I have a designation		on file:	YES:		NO:	
The beneficiary nam						
He/She is aware of the	nis designation		YES:		NO:	
Life Insurance (2)						
I have Life Insurance	in the amount	of\$			*	
With						Company
I have a designation		on file:	YES:		NO:	
The beneficiary name					1	
He/She is aware of the	us designation	TO SECURITY OF THE SECURITY OF	YES:		NO:	and the same state of the same
T11-1 !	1					T
I am enrolled in other Plan Names:	r employee spo	insored si	upplementa	l insurance plans	s: Yes:	No:
Plan Names:						
		COMPANS.	SANTEHNINGERS	(A) TELEFORE (A) TELEFOR (A)		THE STATE OF A SECURE OF THE SECURE
Leaves Balances/Le	ave Programs					
Leaves Balances/Le As of (date):			e.	Hours of sick 1	eave:	
As of (date):	Hours of an	nual leav		Hours of sick l	eave:	No
As of (date): I am a member of a M	Hours of and Medical Leave	nual leav		Hours of sick 1 Yes:	eave:	No:
As of (date): I am a member of a M The beneficiary name	Hours of and Medical Leave les is:	nual leav Sharing I		Yes:	eave:	
As of (date): I am a member of a M	Hours of and Medical Leave les is:	nual leav Sharing I			eave:	No:
As of (date): I am a member of a M The beneficiary name	Hours of and Medical Leave les is:	nual leav Sharing I		Yes:	eave:	
As of (date): I am a member of a M The beneficiary name He/She is aware of th Investment Plans:	Hours of and Medical Leave es is:	nual leav Sharing I	Program:	Yes:	Color Sult of	
As of (date): I am a member of a M The beneficiary name He/She is aware of th Investment Plans: I am a member of Th	Hours of and Medical Leave es is: his designation: rift: Yes:	nual leave Sharing I	Program:	Yes: Yes:	ce:	
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As of (date): I am a member of a M The beneficiary name He/She is aware of th Investment Plans: I am a member of Th	Hours of and Medical Leave es is: uis designation: rift: Yes: of beneficiary of ed is:	nual leave Sharing I No: n file:	Program:	Yes: Yes:	ce: No:	
As of (date): I am a member of a Member of a Member of the beneficiary named He/She is aware of the Investment Plans: I am a member of The I have a designation of The beneficiary named	Hours of and Medical Leave es is: uis designation: rift: Yes: of beneficiary of ed is:	nual leave Sharing I No: n file:	Program:	Yes: Yes:	ce:	
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As of (date): I am a member of a M The beneficiary name He/She is aware of th Investment Plans: I am a member of Th I have a designation of The beneficiary name He/She is aware of th	Hours of and Medical Leave es is: uis designation: rift: Yes: of beneficiary of ed is: uis designation:	No:	Program: If yellow Yes:	Yes: Yes: Yes: Yes: Yes: Yes:	ce: No: No:	No:
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As of (date): I am a member of a Member of a Member of the beneficiary named He/She is aware of the Investment Plans: I am a member of The I have a designation of the beneficiary named He/She is aware of the I am a member of and I have a designation of the I have a designation of t	Hours of and Medical Leave es is: ais designation: rift: Yes: of beneficiary of the designation: other employees of beneficiary of the dis: of beneficiary of the dis:	No: c investment in file:	Program: If yellow Yes:	Yes: Yes: Yes: Yes: Yes: Yes:	ce: No: No: No: No: No	No:

RETIREMENT

I am a federal employee	Yes:		No:				
If federal employee, I am under the:							
Civil Service Retirement System (CSRS)							
Federal Employees Retirement System (FERS)							
Other							
I am eligible for retirement	as of:		access of				
Due to prior military service	e or federal ser	vice, I have been advi	sed 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 be	een paid?	Yes:	No:				
If my death accurs before to	tiromont man	phongo is oxygen that 1.	o/sho more ha alimitata fa ma				
If my death occurs before resurvivor annuity? Yes	: No:	spouse is aware that ne	e/sne may be eligible for a				
Amount: \$		Restrictions/Limitation	16.				
7 Hillouit. \$	i ci montii. 1	Cesti Chons/Emmation	15.				
Social Security:			第15日,日本海拔·罗州405至日本公司20日的日本公司20日至1				
	inder FERS, is	my spouse aware he/s	she and the children may qualify				
for benefits under Social Se	curity. Ye	s: No:					
Additional Benefits Informa	ition:						
			*				
			*				

FINAL WISHES

FINAL WISHES

Name:							
Church Preference:				Religious Affiliation:			
Clergy:				Phone:			
Funeral Ho	ome Preference:						
Address:							
Phone:							
				N. 212 MES	an may	BALL CHIEF THEY	
I have a Pr	e-Paid Burial Plan:	YES			NO:		
						east test strike sy	
	efer to have funeral	services held a	t:				
Funeral Ho	ome Name of	Funeral Home	:				
Church:	Name of Church	1:		Address:			
			Phone #:				
The Real Property						article or the real	
I prefer:		Internment	Ent	ombment		Cremation	
	of cemetery is:						
	purchased a lot.		I hav	e purchased	d a lot.		
	n the name of:						
Location o	f deed for lot:						
						MARY CHIEF SHEET	
I would lik	e to have the follow	ing persons ac	t as pallbe	arers:			
			ĺ				
If cremated	l, what do you wish	done with you	r ashes?			NAME OF A PARTY OF THE PARTY OF	
11 0101111100	i, what do you willi	done with you	r dones.				
Would you want an obituary published? YES			S·	***********	NO:		
rr dara yea	want an contain p	donsiled. 12	ю.		110.		
Please list	the following in my	obituary:		of the lateral and		East Veryting Court to	
I icase fist	me following in my	oonuary.					
				a payment in the section of			
I am entitle	ed to Veterans Bene	fits: YES:		ACREASES TO THE	NO:		
1 am emme	d to veterans bene	IIIS. IES.			NO:		
I am antitle	d to Militam: Hamas	WEG.			NO		
1 am entitie	ed to Military Honor	rs: YES:			NO:		
M : 10							
Musical Se	lections:						
0 115		and the same		real parents		Bridge Strain Strain	
Special Re	quests for Service:						

TRUSTS AND POWERS OF ATTORNEY

An attorney can best advise you if you need to execute a Will. While it is possible to do Wills using various software packages, it is not advisable to do so without having it reviewed by an attorney. Even coping an old Will could be a problem, if you have changed your home of record or have any changes in your family or your assets. You should also rely on your attorney to advise you regarding a power of attorney. While many can be done without the use of an attorney, again the money is well spent if it ensures you and your family that your affairs are in order.

TI BULLIA I						
I have a Will that is located at:						
The attorney who handled my	Will is:					
At the Law Firm of:						
Phone Number:						
My last Will is dated:	The state of the s					
The Executor is:	·					
Legal Guardianship Document	s are located at:					
	200					

TRUST FUNDS

You may wish to seek the advice of your attorney and investment counselor to determine if establishing a Trust Fund would be beneficial. There are many types of Trust Funds for various purposes and each must be done by an attorney. Just remember that if you are setting up a trust fund and want your employee benefits to be paid into the trust, than you must update your beneficiary forms to reflect this.

LIVING WILL OR HEALTH CARE POWER OF ATTORNEY

Individuals may also wish to execute a Living Will or Health Care Power of Attorney that instructs family members and physicians what steps they may want taken should they become unable to make health care decisions for themselves. Since copies of these documents may not be accepted by a physician, you should ensure that signed originals should be given to your private physician, your family members and possibly your attorney.

I have executed a "living Will"
That executed a HAIII AAII.

ORGAN DONATION

I DO NOT want any of my organs donated.	
I would like to donate ANY organs needed for	r transplant.
I would like to donate only the following orga	ns for transplant/research
	particular.
I would like to donate my body for research.	
Current as of:	

OTHER IMPORTANT INFORMATION