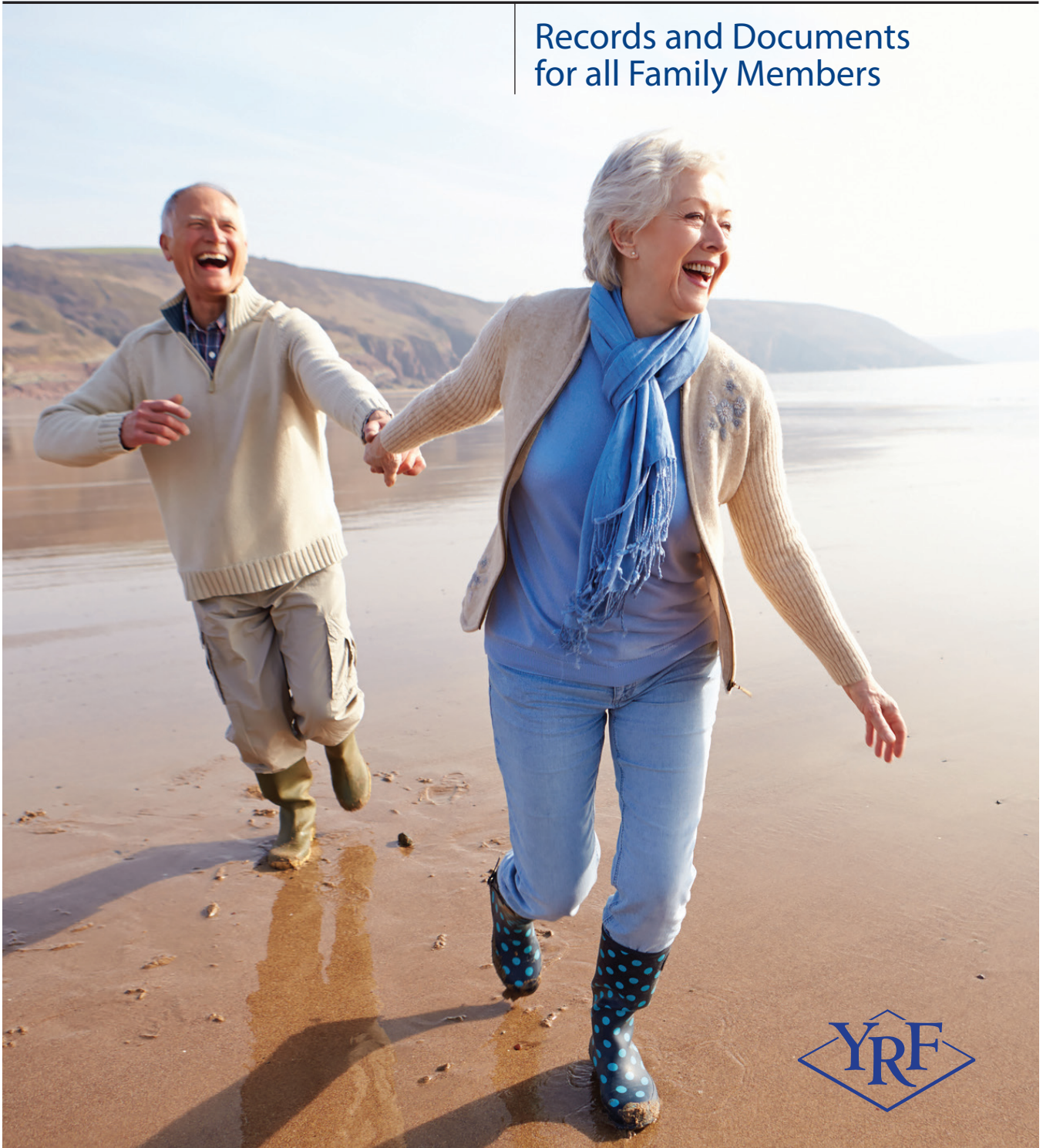


# MY PERSONAL RECORDS ORGANIZER

Records and Documents  
for all Family Members





## My Personal Records Organizer

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# Introduction

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In every family there are bound to be certain crises or “change points” when important decisions must be made, sometimes quickly, that affect the family’s welfare. All too often these decisions must be made at a time of stress—as when a spouse has died or has become seriously ill, or when a couple faces a change in career.

Such situations sometimes find a family “flying blind” without the financial and documented information needed for the sound handling of their affairs. As many people grieving the loss of a loved one can testify, uncertainty about family finances greatly increased the stress of their loss—and in some cases caused them to make costly mistakes. Ideally both spouses—and their adult children as well—should understand the family’s financial resources and arrangements, and have quick access to key records, legal documents and dependable sources of guidance. These include various insurance policies, details of financial assets and liabilities, the family wills, any trust agreements, deeds of property ownership, pension plans, important contracts, and the names and addresses of the family lawyers, insurance agents and financial advisors.

The purpose of this booklet is to provide you with an easy way to organize the records and documents to which all adult family members should have quick access. Those who fill out the various sections will have taken an important step toward putting their financial and legal affairs in order and making sound plans for the future. As you’re planning for retirement you will already have at hand many of the facts and figures on which your plans should be based. Such a central source of essential information will provide a much needed guide to your family in case of the death of either spouse and evidence of your concern for the security of your family.

To be most valuable, this document should be kept up-to-date. A copy should be available to you and your family as well as to your lawyer, the executor of your will and/or a trusted family friend. Whether you’re married or single, everyone has family responsibilities. This is as important to single people as to couples.

## Managing Your Records

An efficient record maintenance system consists of:

- 1) **A record book**—like the records organizer you are reading—containing accurate, updated information
- 2) **An at-home filing system**—organized so that any adult family member could find a document if necessary
- 3) **A safe-deposit box**—containing valuables and documents that are either difficult to replace or irreplaceable

## What Records to Keep Permanently

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- Birth certificates
- Adoption papers
- Marriage certificates and divorce decrees
- Citizenship papers
- Social Security cards and earnings records
- Military discharge papers
- Death certificates
- Education, employment, medical, and retirement plan records
- Copies of every filed tax return as a record of your financial history, though this is not required by law
- IRA contribution and distribution records

## What Records to Maintain Temporarily

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### TAX RECORDS

- **Supporting documents for Internal Revenue Service (IRS) Form 1040, and state income tax returns.** Retain for seven years. The receipts used to document expenses should be kept through the statute of limitations for that return. After that period has expired, the receipts should be examined to see if they fall into one of the areas that need to be saved for a longer period. The receipts that do not need to be kept longer, such as canceled checks, bank statements, and receipts which will not affect future transactions can be discarded.
  - The statute of limitations for IRS audits is three years from the date of the return.
  - The statute of limitations is seven years if you under-report income by 25 percent or more.
  - No statute of limitations exists if fraud is suspected or no return is filed.
  - Documentation for income taxes can include bills for drugs and medical services, loan agreements, credit card statements, canceled checks, and receipts.
- **Salary statements.** Discard each year after checking them against your W-2 form.
- **Gifts.** If you have received gifts of property other than cash, it is important to find out what the cost to the donor was and obtain receipts to verify the costs. This becomes necessary when you sell the property.
- **Inheritances.** If you inherit property, you need to keep records that establish the value on the date of death. These records usually come from the executor's records and should be retained for three years after the property is sold by you.

### PROOFS OF PURCHASE/WARRANTIES/ ESTIMATES

- **Canceled checks or credit card receipts for major purchases.** Keep for six years, unless it is a supporting document for a tax return in which case, seven years.

- **Sales receipts for home appliances.** Save as long as you own the item and keep them with the product manuals.
- **Warranties for specific repair.** Keep as long as it is valid.
- **Clothing and footwear receipts.** Keep for six months to one year in case of defect.
- **Sales contract for a car, motorcycle, etc.** Save as long as you own it.
- **Repair estimates, bills, receipts.** Save for six months.

### INVESTMENT RECORDS

Year-end brokerage statements from the purchase of stocks, bonds, and mutual funds should be retained for three years after the investment is sold. These statements will show the reinvestment of dividends, the purchase of shares, and the redemption of shares.

### PROPERTY RECORDS

- **Bill of purchase.** Hold as long as you own it.
- **Bill of sale for land or house.** Save for at least three years after sale.
- **Mortgage discharge.** Keep as long as you own the property and for four years after sale.

### INSURANCE POLICIES

- **Life & health.** Hold for the duration of the policy.
- **Homeowner and auto.** Keep as long as the statute of limitations runs in your state in case someone injured in your home or car files a claim.

### BILLS

- **Electric, fuel bills, etc.** Hold for two years.
- **Phone bills.** Keep for six months.

### MISCELLANEOUS

- **Rent payment receipts.** Keep for current year and the preceding year.
- **Bank statements.** Hold for five years.
- **Receipts for home improvements.** Keep for tax purposes to support the cost basis of your home.



# Vital Papers Locator

Use this form to locate all of your vital papers when necessary. Indicate in the space provided the exact location of the documents by writing the suggested code (1-7). The additional spaces are for locations not listed here by code.

**1** Home files   **2** Your safe-deposit box   **3** Your Spouse's safe-deposit box   **4** Attorney   **5** Executor of will  
**6** \_\_\_\_\_   **7** \_\_\_\_\_

Document	Yours	Spouse's	Joint
Adoption Papers			
Birth Certificates			
Bank Statements			
Citizenship Papers			
Deeds to Property			
Divorce Decrees			
Household Inventory			
Insurance Policies			
Life			
Health			
Automobile			
Homeowner's/Renter's			
Marriage Certificate			
Military Records			
Mortgages, Leases			
Income Tax Returns			
Pension Records			
Passports			
Passbooks for Savings Accounts			
Receipts			
Social Security Cards			
Stock and Bond Certificates			
Titles to Automobiles			
Warranties			
Prenuptial Agreement			
Wills (Regular—Original)			
Copies			
Wills (Living—Original)			
Copies			
Health Care Proxies			
Safe Deposit Box Inventory			



## Your Personal Statistics

---

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Place of Work \_\_\_\_\_

Business Address \_\_\_\_\_

## Your Family Records

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Date of Marriage \_\_\_\_\_ Place \_\_\_\_\_

Previous Marriages \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Place of Birth \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Mother's Place of Birth \_\_\_\_\_

## Your Parents & Siblings

---

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_



## Your Parents & Siblings (continued)

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First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

# Your Children

---

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Where Recorded \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

Grandchildren's Names \_\_\_\_\_

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First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Where Recorded \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

Grandchildren's Names \_\_\_\_\_

---

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Where Recorded \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

Grandchildren's Names \_\_\_\_\_

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First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Where Recorded \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

Grandchildren's Names \_\_\_\_\_

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## Your Children (continued)

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First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Where Recorded \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

Grandchildren's Names \_\_\_\_\_

---

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Where Recorded \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

Grandchildren's Names \_\_\_\_\_

---

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Where Recorded \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

Grandchildren's Names \_\_\_\_\_

---

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Where Recorded \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

Grandchildren's Names \_\_\_\_\_

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## Your Spouse's Personal Statistics

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First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Place of Work \_\_\_\_\_

Business Address \_\_\_\_\_

## Your Spouse's Family Records

---

Date of Marriage \_\_\_\_\_ Place \_\_\_\_\_

Previous Marriages \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Place of Birth \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Mother's Place of Birth \_\_\_\_\_

## Your Spouse's Parents & Siblings

---

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

## Your Spouse's Parents & Siblings (continued)

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First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

# Your Spouse's Children

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First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Where Recorded \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

Grandchildren's Names \_\_\_\_\_

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First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Where Recorded \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

Grandchildren's Names \_\_\_\_\_

---

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Where Recorded \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

Grandchildren's Names \_\_\_\_\_

---

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Where Recorded \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

Grandchildren's Names \_\_\_\_\_

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## Your Spouse's Children (continued)

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First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Where Recorded \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

Grandchildren's Names \_\_\_\_\_

---

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Where Recorded \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

Grandchildren's Names \_\_\_\_\_

---

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Where Recorded \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

Grandchildren's Names \_\_\_\_\_

---

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Where Recorded \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

Grandchildren's Names \_\_\_\_\_

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## Your Education Record

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Schools/University Attended	From	To	Course of Study	Degrees

## Your Spouse's Education Record

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Schools/University Attended	From	To	Course of Study	Degrees

## Your Military Record

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Branch \_\_\_\_\_ Serial No. \_\_\_\_\_

From	To	Rank	Progression	Details of Service

## Your Spouse's Military Record

---

Branch \_\_\_\_\_ Serial No. \_\_\_\_\_

From	To	Rank	Progression	Details of Service

# Your Employment Record

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Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ (Month/Yr) From-To \_\_\_\_\_

Insurance or Pension Benefits with Employer \_\_\_\_\_

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Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ (Month/Yr) From-To \_\_\_\_\_

Insurance or Pension Benefits with Employer \_\_\_\_\_

---

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ (Month/Yr) From-To \_\_\_\_\_

Insurance or Pension Benefits with Employer \_\_\_\_\_

---

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ (Month/Yr) From-To \_\_\_\_\_

Insurance or Pension Benefits with Employer \_\_\_\_\_

---

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ (Month/Yr) From-To \_\_\_\_\_

Insurance or Pension Benefits with Employer \_\_\_\_\_

---

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ (Month/Yr) From-To \_\_\_\_\_

Insurance or Pension Benefits with Employer \_\_\_\_\_

---

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ (Month/Yr) From-To \_\_\_\_\_

Insurance or Pension Benefits with Employer \_\_\_\_\_

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# Your Spouse's Employment Record

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Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ (Month/Yr) From-To \_\_\_\_\_

Insurance or Pension Benefits with Employer \_\_\_\_\_

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Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ (Month/Yr) From-To \_\_\_\_\_

Insurance or Pension Benefits with Employer \_\_\_\_\_

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Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ (Month/Yr) From-To \_\_\_\_\_

Insurance or Pension Benefits with Employer \_\_\_\_\_

---

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ (Month/Yr) From-To \_\_\_\_\_

Insurance or Pension Benefits with Employer \_\_\_\_\_

---

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ (Month/Yr) From-To \_\_\_\_\_

Insurance or Pension Benefits with Employer \_\_\_\_\_

---

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ (Month/Yr) From-To \_\_\_\_\_

Insurance or Pension Benefits with Employer \_\_\_\_\_

---

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ (Month/Yr) From-To \_\_\_\_\_

Insurance or Pension Benefits with Employer \_\_\_\_\_

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# Your Professional Advisors

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## ATTORNEY

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

## INSURANCE AGENT

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

## ACCOUNTANT

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

## FINANCIAL PLANNER

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

## INVESTMENT BROKER

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

## CLERGY

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

# Your Spouse's Professional Advisors

---

## ATTORNEY

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

## INSURANCE AGENT

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

## ACCOUNTANT

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

## FINANCIAL PLANNER

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

## INVESTMENT BROKER

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

## CLERGY

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

## Estates & Wills

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*Estate planning is simply preparing for the orderly disposition of your assets according to your wishes, and enables you to:*

- Make arrangements that will minimize state and federal taxes on your estate
- Arrange your affairs so that probate and administrative costs are minimized
- Distribute your estate to your heirs according to your wishes
- Consider how readily your assets can be converted into cash
- Settle your estate with minimal red tape
- Have peace of mind about the welfare of your family after your death

When a person dies without a will, the estate is governed by state intestacy laws which arbitrarily distribute your assets to your family members. You should periodically review your will to see if it takes into account changes in your family situation and tax laws. For instance, your will should be updated if you have moved to a different state; if you have already disposed of some property mentioned in your will; if the size and nature of your estate have changed; if you have become married, divorced, or remarried; or if the new potential heirs have been born or others have died. (Any wills, trusts, or other forms of estate planning that were completed before the 1977 and 1982 revisions to federal estate and gift tax laws should be reviewed and adjusted where appropriate.)

In the event that you are unable to speak for yourself as a result of a terminal illness or accident, a Living Will can provide instructions to your caretakers about the terms under which certain medical treatments may be withheld. It is a signed, dated, and witnessed legal document, a separate entity from a regular will. Laws regarding Living Wills, however, vary from state to state.

Your original Living Will should be kept in your at-home files, not in a safe-deposit box. You may also want to consider giving copies to your attorney, physician, a close relative, or friend.

Some states also require a Health Care Proxy. This document names an individual to make decisions regarding your medical treatment in the event you are not able to make them yourself. You should keep this in the same place you keep your Living Will.

## Affairs in Order

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<b>Statistics of the Deceased for Burial Permit</b>	<b>Important Documents Regarding Deceased</b>	<b>Persons and Places to Notify</b>
<ul style="list-style-type: none"> <li>• Name, home address, phone</li> <li>• How long deceased had lived in the state</li> <li>• Name of business, address, phone</li> <li>• Occupation and title</li> <li>• Social Security number</li> <li>• Armed Service serial number</li> <li>• Date and place of birth</li> <li>• Citizenship</li> <li>• Father's name and birthplace</li> <li>• Mother's maiden name and birthplace</li> </ul>	<ul style="list-style-type: none"> <li>• Death certificate (certified copies for burial permit, pension plans, insurance, etc.)</li> <li>• Will</li> <li>• Birth certificate or other legal proof of age</li> <li>• Marriage certificate</li> <li>• Divorce decree, if any</li> <li>• Citizenship papers, if naturalized</li> <li>• Military discharge papers</li> <li>• Insurance policies</li> <li>• Bank books</li> <li>• Deeds to property, car title(s)</li> <li>• Income tax returns</li> <li>• Disability claims</li> </ul>	<ul style="list-style-type: none"> <li>• Doctor or HMO</li> <li>• Funeral Director or memorial society</li> <li>• Institution to which remains may be donated</li> <li>• Memorial park</li> <li>• Relatives, friends, employers of deceased</li> <li>• Insurance agents</li> <li>• Attorney, accountant or executor</li> <li>• Religious, fraternal, civic, veterans groups</li> <li>• Newspapers regarding notices</li> <li>• Credit cards, banks</li> </ul>



## Your Last Will & Testament

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Prepared and Signed  Yes  No Date Completed \_\_\_\_\_

Location \_\_\_\_\_

Name of Executor \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name of Attorney \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

## Your Living Will

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Prepared and Signed  Yes  No Date Completed \_\_\_\_\_

Location \_\_\_\_\_

## Your Health Care Proxy

---

Prepared and Signed  Yes  No Date Completed \_\_\_\_\_

Location \_\_\_\_\_

## Your Power of Attorney

---

Held by \_\_\_\_\_ Type of Authority \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Your Spouse's Last Will & Testament

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Prepared and Signed  Yes  No Date Completed \_\_\_\_\_

Location \_\_\_\_\_

Name of Executor \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name of Attorney \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

## Your Spouse's Living Will

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Prepared and Signed  Yes  No Date Completed \_\_\_\_\_

Location \_\_\_\_\_

## Your Spouse's Health Care Proxy

---

Prepared and Signed  Yes  No Date Completed \_\_\_\_\_

Location \_\_\_\_\_

## Your Spouse's Power of Attorney

---

Held by	Type of Authority
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

# Your Final Choices

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## CARE OF YOUR BODY

My wish is that my body be cared for as follows:

Burial Details \_\_\_\_\_  
\_\_\_\_\_

Cremation Details \_\_\_\_\_

Organs to be donated \_\_\_\_\_

Body to be donated to medical school for medical or anatomical studies:

Name of School \_\_\_\_\_

Location of Agreement \_\_\_\_\_

I do not wish my body to be embalmed.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## FUNERAL SERVICES

A memorial service (without my body present)

A funeral service (with my body present)

A committal service (at graveside)

A private service, limited to family and close friends

An open service

No service of any kind

An open casket

A closed casket

Display and visiting of my body

No display or visiting of my body

No flowers

Flowers at the discretion of my family

No limitations regarding flowers

I would like:

Other arrangements as listed here (scripture, literature, music, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate cost I regard as appropriate: \_\_\_\_\_

Other comments on the costs or qualities of caskets, vaults, services, memorials:

\_\_\_\_\_  
\_\_\_\_\_

I would prefer donations, instead of flowers, to the following:

Religious memorial funds

Medical research or hospital funds

Charity of Choice \_\_\_\_\_

Other \_\_\_\_\_

Even where the law does not as yet allow me the right to make these wishes of mine legally binding, I hope that my next of kin will consider these options to be morally binding.

Signed \_\_\_\_\_ Date \_\_\_\_\_

# Your Spouse's Final Choices

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## CARE OF YOUR SPOUSE'S BODY

My spouse's wish is that his/her body be cared for as follows:

Burial Details \_\_\_\_\_  
\_\_\_\_\_

Cremation Details \_\_\_\_\_

Organs to be donated \_\_\_\_\_

Body to be donated to medical school for medical or anatomical studies:

Name of School \_\_\_\_\_

Location of Agreement \_\_\_\_\_

I do not wish my body to be embalmed.

Spouse Signs \_\_\_\_\_ Date \_\_\_\_\_

## FUNERAL SERVICES

A memorial service (without body present)

A funeral service (with body present)

A committal service (at graveside)

A private service, limited to family and close friends

An open service

No service of any kind

An open casket

A closed casket

Display and visiting of body

No display or visiting of body

No flowers

Flowers at the discretion of family

No limitations regarding flowers

My spouse would like:

Other arrangements as listed here (scripture, literature, music, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate cost my spouse regards as appropriate: \_\_\_\_\_

Other comments on the costs or qualities of caskets, vaults, services, memorials:

\_\_\_\_\_  
\_\_\_\_\_

My spouse would prefer donations, instead of flowers, to the following:

Religious memorial funds

Medical research or hospital funds

Charity of Choice \_\_\_\_\_

Other \_\_\_\_\_

Even where the law does not as yet allow me the right to make these wishes of mine legally binding, I hope that my next of kin will consider these options to be morally binding.

Spouse Signs \_\_\_\_\_ Date \_\_\_\_\_















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