

IN THE EVENT OF DEATH
INSTRUCTIONS FOR SPOUSE OR BENEFICIARIES
IN THE EVENT OF MY DEATH

General Information Needed

- ★ Death certificate of deceased. (10 certified copies)
- ★ Death certificate of prior spouse of decedent and of present spouse
- ★ Decedent's Birth Certificate
- ★ Dependent's Birth Certificate
- ★ Marriage certificates
- ★ Decedent's Armed Forces Discharge papers (DD-214-two copies)
- ★ Deeds to Real Estate property owned by decedent
- ★ Insurance policies, stocks and bond certificates
- ★ Documentation of checking, savings, loan accounts, safety deposit boxes, partnership agreements, contracts, etc.
- ★ Burial instructions

VITAL STATISTICS

FULL NAME _____

CURRENT ADDRESS _____

TELEPHONE _____

COUNTY OF RESIDENCE _____

BIRTH PLACE _____

DATE OF BIRTH _____

MY BIRTH CERTIFICATE IS LOCATED AT _____

I AM CURRENTLY COVERED BY SOCIAL SECURITY: YES _____ NO _____

MARITAL STATUS: NEVER MARRIED _____ DIVORCED _____

REMARRIED _____ WIDOWED _____ OTHER _____

SPOUSE _____

MARRIAGE CERTIFICATE IS LOCATED AT _____

MARRIAGE TOOK PLACE IN _____

DATE OF CURRENT MARRIAGE _____

RELIGIOUS PREFERENCE _____

FAMILY INFORMATION

NAME OF FATHER _____

BIRTH PLACE AND DATE _____

MAIDEN NAME OF MOTHER _____

BIRTH PLACE AND DATE _____

OTHER FAMILY MEMBERS

RELATIONSHIP _____ NAME _____

ADDRESS _____

TELEPHONE _____

RELATIONSHIP _____ NAME _____

ADDRESS _____

TELEPHONE _____

RELATIONSHIP _____ NAME _____

ADDRESS _____

TELEPHONE _____

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RELATIONSHIP _____ NAME _____

ADDRESS _____

TELEPHONE _____

RELATIONSHIP _____ NAME _____

ADDRESS _____

TELEPHONE _____

FUNERAL ARRANGEMENTS

NAME OF MORTUARY _____

ADDRESS _____

TELEPHONE _____

TYPE OF ARRANGEMENTS _____

SPECIAL INSTRUCTIONS _____

INSURANCES

HOME OWNERS INSURANCE

COMPANY _____

ADDRESS _____

TELEPHONE _____

POLICE NUMBER _____ AGENT _____

CAR INSURANCE

COMPANY _____

ADDRESS _____

TELEPHONE _____

POLICE NUMBER _____ AGENT _____

MEDICAL INSURANCE

COMPANY _____

ADDRESS _____

TELEPHONE _____

POLICE NUMBER _____ AGENT _____

LIFE INSURANCE

COMPANY _____

ADDRESS _____

TELEPHONE _____

BENEFICIARY _____

POLICE NUMBER _____ AGENT _____

REAL ESTATE

TYPE OF PROPERTY _____

LOCATED AT _____

TYPE OF PROPERTY _____

LOCATED AT _____

TYPE OF PROPERTY _____

LOCATED AT _____

TYPE OF PROPERTY _____

LOCATED AT _____

TYPE OF PROPERTY _____

LOCATED AT _____

TYPE OF PROPERTY _____

LOCATED AT _____

LIVING TRUST AND WILL

LIVING TRUST AND WILL LOCATED AT _____

DATE TRUST WAS EXECUTED _____

ATTORNEY THAT DREW THE TRUST AND WILL _____

LIVING TRUST AND WILL LOCATED AT _____

DATE TRUST WAS EXECUTED _____

ATTORNEY THAT DREW THE TRUST AND WILL _____

DOCUMENTS AND LOCATION

TRUST AND WILL _____

BIRTH CERTIFICATES _____

DEATH CERTIFICATES _____

MARRIAGE CERTIFICATES _____

TAX INFORMATION AND RETURNS _____

INSURANCE POLICIES _____

DEEDS, MORTGAGES AND TITLES _____

VEHICLE REGISTRATIONS AND PINK SLIPS _____

RETIREMENT DOCUMENTS _____

FUNERAL INSTRUCTIONS _____

CHECK BOOKS _____

SAVINGS ACCOUNTS _____

CREDIT UNION ACCOUNTS _____

OTHER FINANCIAL ACCOUNTS _____

SAFE DEPOSIT BOX

LOCATION _____

BOX NUMBER _____

KEY LOCATION _____

LOCATION _____

BOX NUMBER _____

KEY LOCATION _____

FINANCIAL PROFILE

BANK NAME _____

ADDRESS _____

TYPE OF ACCOUNTS _____

ACCOUNT NUMBERS _____

BANK NAME _____

ADDRESS _____

TYPE OF ACCOUNTS _____

ACCOUNT NUMBERS _____

CREDIT UNION _____

ADDRESS _____

TYPE OF ACCOUNTS _____

ACCOUNT NUMBERS _____

INVESTMENT COMPANY _____

ADDRESS _____

TYPE OF ACCOUNTS _____

ACCOUNT NUMBERS _____

INVESTMENT COMPANY _____

ADDRESS _____

TYPE OF ACCOUNTS _____

ACCOUNT NUMBERS _____

LOAN COMPANY _____

ADDRESS _____

TYPE OF ACCOUNTS _____

ACCOUNT NUMBERS _____

LOAN COMPANY _____

ADDRESS _____

TYPE OF ACCOUNTS _____

ACCOUNT NUMBERS _____

LOAN COMPANY _____

ADDRESS _____

TYPE OF ACCOUNTS _____

ACCOUNT NUMBERS _____

DEBTORS AND CREDITORS

CREDIT CARDS:

1. NAME _____ NUMBER _____

2. NAME _____ NUMBER _____

3. NAME _____ NUMBER _____

4. NAME _____ NUMBER _____

5. NAME _____ NUMBER _____

HOME LOAN

COMPANY _____

ADDRESS _____

ACCOUNT NUMBER _____

CAR LOAN

COMPANY _____

ADDRESS _____

ACCOUNT NUMBER _____

OTHER LOANS

COMPANY _____

ADDRESS _____

ACCOUNT NUMBER _____

TELEPHONE NUMBERS

DOCTORS:

1. NAME _____ NUMBER _____

2. NAME _____ NUMBER _____

3. NAME _____ NUMBER _____

4. NAME _____ NUMBER _____

5. NAME _____ NUMBER _____

ACCOUNTANT:

1. NAME _____ NUMBER _____

INVESTMENT ADVISOR:

1. NAME _____ NUMBER _____

ATTORNEY:

1. NAME _____ NUMBER _____

INSURANCE AGENTS:

HOME OWNERS:

1. NAME _____ NUMBER _____

CAR:

1. NAME _____ NUMBER _____

MEDICAL

1. NAME _____ NUMBER _____