

Memorandum to my Family

1. My General Information

- a. I do do not have a safety deposit box. Box Location: _____
Key Location: _____.
- b. I do do not have a personal safe. Safe Location: _____
Combination: _____.
- c. My other important numbers are:

Item	Number
Social Security Number	
Driver's License Number	
Medicare Number	
Passport Number	
Other:	

2. Professional Contacts

- a. My attorney is:

- b. My accountant is:

- c. My financial advisor is:

- d. My insurance agent is:

- e. My family physician is:

f. My spiritual advisor is:

3. Banking

a. My banker's information is:

b. The banks at which I have accounts in my name are as follows:

Bank Name	Address	Phone	Account Type	Account Number

c. My bank statements may be found: _____

d. The online access information for my accounts is:

Account Type	Web Site	UserName	Password

4. Insurance

a. The following is information about my life insurance policy(ies):

Insurance Co. Name	Address	Phone	Policy Owner	Policy Number

b. I have the following other insurance policies:

Type	Carrier	Address	Phone	Policy Owner	Policy #
Long Term Care					
Disability					
Health Insurance					
Auto					
Home					
Other:					

5. Investments

a. My stockbroker's information is:

b. My stockbroker has all stock information except the holdings listed below:

c. My statements may be found: _____

d. The online access information for my accounts is:

Account Type	Web Site	UserName	Password

6. Documents

a. Important documents and their locations are as follows:

Item	Location or N/A
Will	
Living Trust	
Healthcare Power of Attorney	
Financial Power of Attorney	
Deed(s) to Real Property	
Income Tax Records	
Military Records	
Keys	
Birth Certificate	
Marriage License	
Pre or Post-Nuptial Agreement	
Divorce or Separation Agreement	
Other:	
Other:	

7. Employment Information. My last three employers were:

Name of Employer	Dates Worked	Approximate Income

8. Debts

a. I owe the following long term obligations:

Loan Type	Note Holder	Approximate Balance	Terms/Notes

b. The following people or company owe me money:

Debtor's Name	Loan Type	Approximate Balance	Location of Contract

9. Funeral Instructions

a. I would like the following persons to be notified of my death:

Name	Phone Number

b. Funeral Home: _____

Location: _____ Cemetery: _____

c. I request that my body be used for medical purposes as follows: _____

d. I request that my body be _____ buried or _____ cremated. (check one)

e. I would like the following persons to give the eulogy at my service:

f. In lieu of flowers, please ask for donations to: _____

g. I make the following requests regarding my funeral arrangements: _____

10. Family Information

- a. My birth place is: _____.
- b. My birth date is: _____/_____/_____.
- c. My parents names: _____.
- d. My maternal grandparents names: _____.
- e. My paternal grandparents names: _____.
- f. My siblings: _____.
- g. My children: _____.
- h. My grandchildren: _____.
- i. My great-grandchildren: _____.
- j. I am a member of the following spiritual groups, churches or establishments:
_____.
- k. I am involved in or support the following charities: _____
_____.
- l. Other information about my family history: _____

Signature

Date