

Organizing Your Estate

Date _____

Will and/or Trust

The Will (Trust) is located:

The person designated to carry out its provisions is:

If that person cannot or will not serve, the alternate is:

Attorney: Phone:

Accountant: Phone:

Income Benefits

1. Company Benefits

My/our heirs will begin receiving company benefits as follows:

Contact:

Phone:

2. Social Security Benefits

To receive Social Security benefits, go in person to the Social Security office located in:

This should be done promptly because a delay may void some of the benefits. When you go, take the following: (1) my Social Security card; (2) my death certificate; (3) your birth certificate; (4) our marriage certificate; (5) birth certificates for each child.

3. Veterans' Benefits

You are/are not eligible for veterans' benefits:

To receive these benefits, you should do the following:

4. Life Insurance Coverage

Insurance company:

Policy #:

Face value:

Person insured:

Beneficiary:

Insurance company:

Policy #:

Face value:

Person insured:

Beneficiary:

Insurance company:

Policy #:

Face value:

Person insured:

Beneficiary:

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Family Information

Family member's name:	<input type="text"/>	Social Security #:	<input type="text"/>
Address:	<input type="text"/>		
Family member's name:	<input type="text"/>	Social Security #:	<input type="text"/>
Address:	<input type="text"/>		
Family member's name:	<input type="text"/>	Social Security #:	<input type="text"/>
Address:	<input type="text"/>		
Family member's name:	<input type="text"/>	Social Security #:	<input type="text"/>
Address:	<input type="text"/>		
Family member's name:	<input type="text"/>	Social Security #:	<input type="text"/>
Address:	<input type="text"/>		

Military Service History

Branch of service:	<input type="text"/>	Service number:	<input type="text"/>
Length of service:	<input type="text"/>	From:	<input type="text"/>
		Until:	<input type="text"/>
Rank:	<input type="text"/>		
Location and description of military documents:	<input type="text"/>		

Funeral Instructions

Funeral Home:	<input type="text"/>		
Address:	<input type="text"/>		
Phone:	<input type="text"/>	My place of burial is located at:	<input type="text"/>
You request burial in the following manner:	<input type="text"/>		
You request that memorial gifts be given to the following church/organization:	<input type="text"/>		
Address:	<input type="text"/>		
You request that memorial gifts be given to the following church/organization:	<input type="text"/>		
Address:	<input type="text"/>		