SCHELL BRAY

SCHELL BRAY PLLC
Attorneys and Counselors at Law

What My Family Should Know

YOUR FULL LEGAL NAME

We are providing this document to you so that you can record vital information for your family to use if something should happen to you. By filling out this document, you will minimize delays and potential hardships in the handing and settling of your financial affairs.

We suggest that you keep this document in a safe place at home or in some other convenient location (not necessarily a safe deposit box, which would not be accessible on weekends or at night). You should be sure to let your closest family member or your executor know where you have stored this document. It would also be a good idea to review this document on a yearly basis.

Personal Information and Citizenship

Home Address:

_____

_____

Business Address:

_____

_____

State of Legal Residence: _____

Persons to Notify in Emergency:

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

My date of birth is: _____

My city, county, state and country of birth are:

_____

Birth Certificate: ☐ I have one ☐ I do not have one

Location of my Birth Certificate: _____

I am a citizen of: _____

Citizenship by: Birth ☐ Naturalization ☐ Marriage ☐

Location of Citizenship Papers: _____

Social Security

Social Security Number: _____

Or

Alternate Taxpayer Identification Number: _____
(If applicable; ITIN, EIN, ATIN or PTIN)

Passport

Passport Number/Issue Date: _____

City and State of Issue: _____

Location of Passport: _____

Physical Identification

Identifying marks or scars: _____

_____

Marital Information

Present marital status:

☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

I am married to: _____

Date, Place of Marriage: _____

Location of Marriage Certificate: _____

Previously married to: _____

Date, Place of Prior Marriage(s): _____

Terminated by: ☐ Divorce ☐ Annulment ☐ Separation ☐ Death

Date, Place of Termination: _____

Location of Papers: _____

Other Marital Details: _____

_____

Medical Information

Accident/Health Insurance (Companies and Policy Nos.):

_____

_____

Long Term Care Insurance (Company and Policy Nos.): _____

_____

Physician: _____

Address: _____

Telephone: _____

Eye Specialist: _____

Address: _____

Telephone: _____

Dentist: _____

Address: _____

Telephone: _____

Other Specialists: _____

_____

Other Medical Details: _____

_____

Family Records

Father's Full Name: _____

Place, Date of Birth: _____

Mother's Full Name: _____

Place, Date of Birth: _____

Children (names, addresses): _____

_____

_____

Grandchildren (names, addresses): _____

_____

_____

Other Close Relative: _____

_____

Military Service

Service in the Military: ☐ I have served ☐ I have not served

Country Served: _____

From: _____ To: _____ Branch: _____

Serial No./Grade: _____

Service-Connected Disability: ☐ Yes ☐ No

Claim No: _____

Military Honors or Decoration: _____

_____

Location of Discharge, Disability & Honors Papers: _____

_____

Education

Schools Attended: _____

_____

Diplomas, Degrees, Dates: _____

_____

Location of Diplomas: _____

Special Honors: _____

_____

Religious, Fraternal and Professional Organizations and Affiliations

Membership, Financial Benefits: _____

_____

Group Life & Other Insurance Benefits: _____

_____

Location of Membership Cards/Insignia: _____

Current Employment

I am employed by: _____

Address: _____

Date Employed: _____ Title: _____

Location of Employment Agreement/Proof of Benefits: _____

_____

Benefits in Which I Participate

Pension/Deferred Compensation Plan: _____

_____

Profit Sharing: _____

_____

Stock Options: _____

_____

401(k) and/or 403(b) Plans: _____

_____

Others: _____

Location of Documents: _____

Former Employment

1. Employer: _____

   Address: _____

   From: _____ To: _____

   Pension, Profit Sharing, Benefits: _____

   _____

   Location of Documents: _____

2. Employer: _____

   Address: _____

   From: _____ To: _____

   Pension, Profit Sharing, Benefits: _____

   _____

   Location of Documents: _____

3. Employer: _____

   Address: _____

   From: _____ To: _____

   Pension, Profit Sharing, Benefits: _____

   _____

   Location of Documents: _____

4. Employer: _____

   Address: _____

   From: _____ To: _____

   Pension, Profit Sharing, Benefits: _____

Location of Documents: _____

Professional Advisors

Attorney: _____

Address: _____

Telephone: _____

Accountant: _____

Address: _____

Telephone: _____

Executor: _____

Address: _____

Telephone: _____

Insurance Agent: _____

Address: _____

Telephone: _____

Financial Advisor: _____

Address: _____

Telephone: _____

I have given my Power of Attorney to: _____

Address: _____

Telephone: _____

Additional Information: _____

_____

Sources of Income and Liabilities

Income: (Check where applicable)

☐ Salary ☐ Stock/Bonds ☐ Interest ☐ Social Security ☐ Trust(s)

☐ Mortgages ☐ Annuities ☐ Pension ☐ Other

Location of Documents: _____

Accounts Receivable:

I am owed money/other assets: ☐ Yes ☐ No

Location of Documents: _____

Liabilities:

I owe money or I am obligated financially for the following:

Bank/Loan(s): _____

Mortgage(s): _____

Other: _____

_____

Location of Documents: _____

_____

Personal Financial Information and Affairs

Investment Accounts – Roth and Traditional IRAs:

1. Name of Financial Institution: _____

   ☐ Roth ☐ Traditional: Account Number _____

   Address: _____

   Telephone: _____

2. Name of Financial Institution: _____

   ☐ Roth ☐ Traditional: Account Number _____

   Address: _____

   Telephone: _____

Bank Accounts

1. Name of Bank: _____

   Type of Account: _____

   Account Number: _____

   Address: _____

   Telephone: _____

2. Name of Bank: _____

   Type of Account: _____

   Account Number: _____

   Address: _____

   Telephone: _____

3. Name of Bank: _____

   Type of Account: _____

   Account Number: _____

   Address: _____

   Telephone: _____

Safe Deposit Box/Location of Safe, Strong Box:

Name of Bank/Type of Box: _____

Location of Box/Key: _____

In Whose Name: _____

Insurance Policies:

I have the following life insurance policies:

1. Company/Phone No.: _____

   Name of Insured: _____

   Type of Policy: _____

Policy No.: _____ Amount of Benefit: _____

Beneficiary: _____

2. Company/Phone No.: _____

Name of Insured: _____

Type of Policy: _____

Policy No.: _____ Amount of Benefit: _____

Beneficiary: _____

3. Company/Phone No.: _____

Name of Insured: _____

Type of Policy: _____

Policy No.: _____ Amount of Benefit: _____

Beneficiary: _____

I have the following other types of policies:

Automobile Insurance Company: _____

Policy No.: _____

Homeowners Insurance Company: _____

Policy No.: _____

Disability Insurance Company: _____

Policy No.: _____

Umbrella Policy Company: _____

Policy No.: _____

Real Estate:

Owned by: _____

Location of Real Estate (State, County): _____

Location of Deeds and Titles: _____

Other Documents: _____

Brokerage Accounts and Securities

1. Name of Financial Institution: _____

   Account Number: _____

   Address: _____

   Telephone: _____

2. Name of Financial Institution: _____

   Account Number: _____

   Address: _____

   Telephone: _____

3. Name of Financial Institution: _____

   Account Number: _____

   Address: _____

   Telephone: _____

4. Name of Financial Institution: _____

   Account Number: _____

   Address: _____

   Telephone: _____

I own certificated stocks and/or bonds: ☐ Yes ☐ No

Stocks/Bonds and Location of Certificates: _____

_____

Location of Records of Sales and Purchases: _____

Personal Property:

I have prepared an inventory of my valuable personal property: ☐ Yes ☐ No

Location of Inventory: _____

_____

Location of List of Personal Assets and Suggested Distribution: _____

_____

Business Interests I Own:

1. Name of Company: _____

   Ownership Percentage: _____

   Position on Board/Officer Position(s) I Hold: _____

   Is this company an S Corporation for federal tax purposes? ☐ Yes ☐ No

   Location of Shareholder Agreement/Bylaws/Operating Agreement/Other

   Agreements related to the management of or ownership interests in the Company:

   _____

2. Name of Company: _____

   Ownership Percentage: _____

   Position on Board/Officer Position(s) I Hold: _____

   Is this company an S Corporation for federal tax purposes? ☐ Yes ☐ No

   Location of Shareholder Agreement/Bylaws/Operating Agreement/Other

   Agreements related to the management of or ownership interests in the Company:

   _____

3. Name of Company: _____

   Ownership Percentage: _____

   Position on Board/Officer Position(s) I Hold: _____

   Is this company an S Corporation for federal tax purposes? ☐ Yes ☐ No

Location of Shareholder Agreement/Bylaws/Operating Agreement/Other

Agreements related to the management of or ownership interests in the Company:

_____

Digital Assets I Own: _____

_____

_____

Frequent Flyer Loyalty Accounts

(Include usernames, passwords and account numbers)

Account	Username	Password

Logins, Passwords, and PINs

(Include accounts and passwords for email, social media, financial services, etc.)

Account	Username	Password/PIN

Notes: _____

_____

_____

_____

_____

Last Will and Testament

I have made a Will: ☐ Yes ☐ No

Date of my Last Will and Testament: _____

Executor(s): _____

Address(es): _____

Telephone: _____

Attorney Who Drafted My Will: _____

Address: _____

Telephone: _____

Location of my Last Will and Testament (original and all copies): _____

_____

I have made changes (codicils) to my Will: ☐ Yes ☐ No

Date(s) of Codicil(s): _____

Location of Codicil(s): _____

Other Details: _____

_____

Trust Documents

Name and Date of Trust: _____

Identity of Trustee: _____

Address of Trustee: _____

Contact Info of Trustee: _____

Attorney who Drafted Trust: _____

Other Information: _____

Health Care Directives

I have made Health Care Directives: ☐ Yes ☐ No

Date of my Health Care Directives: _____

Attorney who Drafted my Health Care Directives: _____

Address(es): _____

Telephone: _____

Location of Health Care Directives: _____

I have notified my physician that I have made Health Care Directives: ☐ Yes ☐ No

Name of Physician Notified: _____

Other Details: _____

Location of Other Important Papers

Automobile/Boat Titles/Registrations: _____

Income Tax Records/Return: _____

Other: _____

Funeral Service Instructions & Information

I have made arrangements for my funeral and burial/cremation: ☐ Yes ☐ No

My preferences are:

Funeral Home: _____

Place of Service: _____

Place of Worship Preference: _____

Place of Worship Address: _____

Officiant's Name: _____

Address(es): _____

Telephone: _____

Participating organizations (fraternal/military): _____

_____

Pallbearers: (Names, addresses, telephone numbers)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Alternates: _____

_____

_____

Readings/Songs: _____

Organist Name/Phone: _____

Soloist Name/Phone: _____

Visitation: ☐ Yes ☐ No Casket: ☐ Open ☐ Closed

Clothing: _____

Flowers or Memorials/Donations in Lieu of Flowers: _____

_____

Obituary: ☐ Yes ☐ No

Newspapers: _____

Addresses: _____

_____

Name of Cemetery: _____

Address: _____

Lot in Name of: _____

Location of Lot: _____

Preference for Marker Inscription: _____

Cremation/Disposition of Ashes: _____

Other special instructions or information: _____

_____

Relatives & Friends Who Should Be Notified

Relationship/Names/Addresses/Telephone Numbers:

_____

_____

_____

_____

_____

_____

_____

Notes:



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