



PERSONAL HISTORY AND ESTATE RECORDS

*Dedicated to providing CARE (Connections, Assistance, Resources and Encouragement) for patients, caregivers, spouses and families

SEE EXTRA SHEETS ATTACHED TO THESE 9 PAGES UPDATED _____

This form is a template to help you record your personal history and estate records. *Print and complete these pages and store with your other important documents* (give a second completed set to your attorney, executor or other responsible person). Use the reverse side of each section and/or attach additional sheets as needed. **Review regularly and update as necessary.**

PERSONAL HISTORY (SEE REVERSE)

1	Full name (include maiden name):	
2	Address:	
3	Telephone number:	
4	Home of record (if military):	
5	Date of birth:	
6	Place of birth:	
7	Social Security number:	
8	Country of citizenship:	
9	Marital status (single, married, divorced, separated, widowed):	
10	Spouse's full legal name (including maiden name):	
11	Spouse's address (if different from your own):	
12	Spouse's date of birth:	
13	Spouse's place of birth:	
14	Spouse's Social Security number:	
15	Spouse's country of citizenship:	
16	Date of marriage:	
17	Former spouses' full names (include maiden names):	
18	Former spouses' addresses:	

19	Dates of marriages to former spouses:	
20	Children's full names (including maiden and married names):	
21	Children's addresses and telephone numbers:	
22	Children's dates of birth:	
23	Father's full name:	
24	Mother's full name (including maiden name):	
25	Grandchildren's full names (including maiden and married names):	

MILITARY SERVICE (☐ SEE REVERSE)

1	Branch of service:	
2	Dates of service:	
3	Rank at discharge:	
4	Service number:	
5	Date of discharge:	
6	Type of discharge:	
7	Service-connected disabilities (%):	
8	Location of military pension and retirement information:	

EMPLOYMENT (☐ SEE REVERSE)

1	Present employer:	
2	Present work address:	
3	Work telephone number:	
4	Date of employment:	
5	Position:	
6	Employment benefits (life insurance plans, stock options, pension plans, profit-sharing plans) (Include contact information for each):	

REAL ESTATE (☐ SEE REVERSE)

1	Addresses of real estate owned:	
2	How the real estate is owned (sole owner, jointly)?	
3	If property is owned jointly, names and addresses of other owners:	
4	Real estate purchase prices:	
5	Dates real estate purchased:	
6	Current tax assessment values:	
7	Mortgages or deeds of trust held by:	
8	Current loan amounts:	
9	Location of deeds, deeds of trust, title insurance, title abstracts:	
10	If real estate is leased, provide name, address, and telephone number of lessee and location of lease:	

FINANCIAL ACCOUNTS (☐ SEE REVERSE)

<u>Name of Institution</u>	<u>Type of Account</u>	<u>Account Number</u>	<u>Approximate Balance</u>

STOCKS AND BONDS (☐ SEE REVERSE)

1	Investment broker names, addresses, and telephone numbers:	
2	Type of assets (stocks, bonds, mutual funds, etc.):	
3	Account numbers, certificate numbers or serial numbers:	
4	Purchase prices:	
5	Current values:	
6	Maturity dates, if applicable:	
7	Location of certificates or bonds:	
8	Name of owner of accounts or certificates (provide all joint owners' names and addresses):	

AUTOMOBILES (☐ SEE REVERSE)

1	Make, model, and year:	1.	2.
2	Location of title:		
3	Loan amount:		
4	Name and address of holder of loan:		

BUSINESS INTERESTS (☐ SEE REVERSE)

1	Type of business (sole proprietorship, partnership, limited liability company, corporation):	
2	Type and amount of ownership (sole owner, shares, membership interest):	
3	Estimated value of business or share of ownership interest:	
4	Name, address, and telephone number of business contacts (CPA, attorney, manager, president):	

TITLED ASSETS (☐ SEE REVERSE)

1	Description of assets (boats, RVs, trailers, aircraft, etc.):	
2	Location of assets:	
3	Location of titles to assets:	
4	Purchase price of assets:	
5	Current value of assets:	
6	Name and addresses of co-owners:	

SAFE-DEPOSIT BOXES (☐ SEE REVERSE)

1	Location of safe-deposit boxes:	
2	Location of keys:	
3	Names and addresses of individuals with signature access to boxes:	

INSURANCE POLICIES (☐ SEE REVERSE)

1	Name, address and telephone number of insurance agent(s):	
2	Location of insurance policies:	

<u>Insurance Company</u>	<u>Type of Policy</u>	<u>Policy Number</u>	<u>Amount of Coverage</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FUNERAL/BURIAL INSTRUCTIONS (SEE REVERSE)

1	Instructions for burial or cremation:	
2	Cemetery name and address and lot numbers, if applicable:	
3	Location of deed to cemetery lot, if applicable:	
4	Name and address of memorial gifts, if applicable:	
5	Special wishes for ceremony:	
6	Location of copy of any prepaid funeral policy, if applicable.	

TAX RETURNS (SEE REVERSE)

1	Location of filed tax returns:	
2	Name, address, and telephone number of individual or company who prepared tax returns:	

WILL (SEE REVERSE)

1	Location of original will and any codicils:	
2	Date of will and any codicils:	
3	Name, address, and telephone number of attorney who prepared will:	
4	Name, address, and telephone number of executor:	

TRUSTS (☐ SEE REVERSE)

1	Location of any trusts:	
2	Date of trusts:	
3	Name, address, and telephone number of attorney who prepared trusts:	
4	Name, address, and telephone number of trustees:	

FINANCIAL POWER OF ATTORNEY (☐ SEE REVERSE)

1	Name of agent:	
2	Address and telephone number of attorney-in-fact (agent):	
3	Location of original power of attorney:	

MEDICAL POWER OF ATTORNEY (☐ SEE REVERSE)

1	Name of agent:	
2	Address and telephone number of agent:	
3	Location of power of attorney:	

LIVING WILL (☐ SEE REVERSE)

1	Location of living will:	
2	Date of living will:	
3	Name, address, and telephone number of attorney who prepared living will:	

STORAGE FACILITIES (☐ SEE REVERSE)

1	Location of storage facilities:	
2	Location of keys and/or lock combinations:	

ADDITIONAL CONTACTS (☐ SEE REVERSE)

1	Attorney name, address, and telephone number:	
2	Accountant name, address, and telephone number:	
3	Doctors' names, addresses, and telephone numbers:	

FAMILY (☐ SEE REVERSE)

The following family members should be notified of my death:

Name

Relationship

Phone Number

PERSONAL FRIENDS (☐ SEE REVERSE)

The following friends should be notified of my death:

<u>Name</u>	<u>City/State</u>	<u>Phone Number</u>
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