

**PERSONAL INFORMATION FOR MY SURVIVORS UPON MY DEATH OR BY BECOMING OTHERWISE INCAPACITATED**

Name: \_\_\_\_\_ SSN# \_\_\_\_\_

Date of last update: \_\_\_\_\_

In case of emergency, these people must be notified: attach additional sheets as needed

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ work phone: \_\_\_\_\_

Important business and/or personal contacts:

My employer (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse's Employer (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Pension Board: \_\_\_\_\_ Phone: \_\_\_\_\_

Department of Retirement: \_\_\_\_\_ Phone: \_\_\_\_\_

Union Local: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Clergyman: \_\_\_\_\_ Phone: \_\_\_\_\_

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Accountant: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Banker: \_\_\_\_\_

Bank name (branch): \_\_\_\_\_ Phone: \_\_\_\_\_

Broker: \_\_\_\_\_ Phone: \_\_\_\_\_

**Personal documents & information:**

My birth date is: \_\_\_\_\_ My birth certificate is located at: \_\_\_\_\_  
I was born in: \_\_\_\_\_ My social security number is: \_\_\_\_\_  
I was married in: \_\_\_\_\_ On: \_\_\_\_\_  
To: \_\_\_\_\_ Number of children from this marriage: \_\_\_\_\_  
I was divorced on: \_\_\_\_\_ State of: \_\_\_\_\_

Repeat as necessary for additional marriages

Marriage certificate(s) are located at \_\_\_\_\_

Divorce decree(s) are located at: \_\_\_\_\_

Children's birth certificate(s) are located at: \_\_\_\_\_

Children's adoption papers are located at: \_\_\_\_\_

Children's names/Date of Birth/Residence

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**Add additional page if needed**

I served in the armed forces: \_\_\_\_\_ branch: \_\_\_\_\_ service number: \_\_\_\_\_

Enlisted or drafted on: \_\_\_\_\_ at: \_\_\_\_\_

Discharge date: \_\_\_\_\_ discharge papers located at: \_\_\_\_\_

Husband's relatives and address: (if deceased, indicate after their name)

1. Mother: \_\_\_\_\_

2. Father: \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Add additional page if needed**

Wife's relatives and addresses: (if deceased, indicate after their name)

1. Mother: \_\_\_\_\_

2. Father: \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Add additional page if needed**

Grandchildren:

Names/Date of Birth/Parents

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**Add additional page if needed**

**Pension benefits:**

The following benefits are provided by my pension:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_
- 5. \_\_\_\_\_ 6. \_\_\_\_\_

**Necessary contacts regarding my pension:**

Pension board: \_\_\_\_\_ phone: \_\_\_\_\_

Department of Retirement Systems (Olympia): P.O. Box 48380, Olympia, WA 98504-8380

Phone: (360) 664-7000 or toll-free (outside the Olympia area) 1-800-547-6657

Union Local: Local \_\_\_\_\_ phone: \_\_\_\_\_

RFFOW: 9134 - 207th Place SW, Edmonds, WA 98026-6659, (425) 775-9080

**Bank accounts and investments:**

Checking acct #: \_\_\_\_\_ bank: \_\_\_\_\_

Checking acct #: \_\_\_\_\_ bank: \_\_\_\_\_

Savings acct #: \_\_\_\_\_ bank: \_\_\_\_\_

Savings acct #: \_\_\_\_\_ bank: \_\_\_\_\_

Certificate of deposit #: \_\_\_\_\_ bank: \_\_\_\_\_

Certificate of deposit #: \_\_\_\_\_ bank: \_\_\_\_\_

Safe deposit box #: \_\_\_\_\_ bank: \_\_\_\_\_

Safe deposit box is accessible to: \_\_\_\_\_ Key is kept at: \_\_\_\_\_

Investment/stock portfolio is located at: \_\_\_\_\_

Bond portfolio is located at: \_\_\_\_\_

Ira cert and file is located at: \_\_\_\_\_

Investment file located at: \_\_\_\_\_

Pension file located at: \_\_\_\_\_

**Credit cards:**

I have credit cards with the following companies:

Name acct. Number location of statements insurance provided ?

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**Tax returns:**

Copies of my income tax returns are located at: \_\_\_\_\_

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**Living Will:**

I have executed a living will: Yes: \_\_\_\_\_ No: \_\_\_\_\_

An "Original" signed copy of my living will is located at: \_\_\_\_\_

Additional copies of my living will are on file with my:

Personal Physician: \_\_\_\_\_ Attorney \_\_\_\_\_

Children: \_\_\_\_\_ Other: \_\_\_\_\_

**Will:**

I have a will: Yes: \_\_\_\_\_ No: \_\_\_\_\_ My will is located at: \_\_\_\_\_

The Attorney who handled my will is: \_\_\_\_\_

At the law firm of: \_\_\_\_\_ Phone: \_\_\_\_\_

My last will is dated: \_\_\_\_\_

The Executor is: \_\_\_\_\_

**Organ Donation:**

\_\_\_\_\_ I do not want any of my organs donated

\_\_\_\_\_ I would like to have organs donated for transplant

\_\_\_\_\_ I would like to donate the following organs for transplant/research:

\_\_\_\_\_

**Funeral Details:**

Church of preference: \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

Clergyman: \_\_\_\_\_ Phone: \_\_\_\_\_

Funeral home to be used: \_\_\_\_\_

Phone: \_\_\_\_\_ Pre-paid Burial Plan? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Contact: \_\_\_\_\_

I prefer: Internment: \_\_\_\_\_ Entombment: \_\_\_\_\_ Cremation: \_\_\_\_\_

My choice of cemetery is: \_\_\_\_\_

I've purchased a plot: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes the lot is in the name of: \_\_\_\_\_

Section: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Location of deed for lot: \_\_\_\_\_

If internment is in another city, give information on the receiving funeral home:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Pallbearers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Cremation:**

If cremated, what do you wish done with your ashes?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Obituary:**

Obituary?: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please list the following in my obituary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am entitled to Veterans benefits: Yes: \_\_\_\_\_ No: \_\_\_\_\_

I am entitled to Military honors: Yes: \_\_\_\_\_ No: \_\_\_\_\_

I would like a "Lodge" Service: Yes: \_\_\_\_\_ No: \_\_\_\_\_

By: \_\_\_\_\_

Flowers: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Disposal of flowers: \_\_\_\_\_

Donation in Lieu of flowers to: \_\_\_\_\_

Musical selections: \_\_\_\_\_

\_\_\_\_\_  
Special requests for service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Considerations:**

Other information you may need to include:

- Information regarding your personal business ventures
- Information regarding your real estate, such as mortgage holder, homeowners insurance, taxes, titles, payment records
- Information regarding vehicles, boats, RV's etc., such as insurance, titles, registration, payments to
- Information regarding any life insurance policies, such as the location of the policies, your insurance agent, address and phone number

This list has put together in an effort to save your survivors as much heartache as possible immediately following your death or the death of a loved one. This is, however, only a guide and there may be additional information not listed that would be applicable to you and therefore should be included in your personal record.

All the planning and preparation in the world won't save a family serious heartache if you don't make this information known to family members before the time comes. Take time with your spouse and family members to sit down and complete this personal information. It may save your survivors many hours of searching for legal and financial documents at some difficult time in the future.