

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 at:

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: _____

FAMILY INFORMATION

Family member's name:

_____ Address: _____
_____ Social Security #: _____
_____ Address: _____
_____ Social Security #: _____
_____ Address: _____
_____ Social Security #: _____
_____ Address: _____
_____ Social Security #: _____
_____ Address: _____
_____ Social Security #: _____

MILITARY SERVICE HISTORY

Branch of Service: _____ Service number: _____

Length of Service: _____ From: _____ Until: _____

Rank: _____ Location and description of important military documents:

FUNERAL INSTRUCTIONS

Funeral Home: _____ Address: _____

_____ Phone: _____

My/our place of burial is located at: _____

You request burial in the following manner: _____

You request that memorial gifts be given to the following church/organization:

_____ Address: _____

_____ Address: _____