Getting Your Affairs in Order Worksheet

Your Name: _____ Birthdate: _____

Address: _____

Telephone: _____ Social Security #: _____

IN CASE OF EMERGENCY CONTACT

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

RESOURCE CONTACTS

Employer: _____ Telephone: _____

Doctor(s): _____ Telephone: _____

Attorney: _____ Telephone: _____

Accountant: _____ Telephone: _____

FINANCIAL

Checking Account:

Bank/Branch: _____ Account #: _____

Savings Account:

Bank/Branch: _____ Account #: _____

Credit Union:

Branch: _____ Account #: _____

Other:

Certificates: _____

Stocks, bonds: _____

Retirement Accounts: _____

Real Estate: _____

How title is held: _____

Loans to others: _____

DOCUMENTS

Will:

Location: _____ Date: _____

Living Will (Advance Directive/Health Care Proxy):

Location: _____ Date: _____

Rental / Lease Agreement:

Location: _____

Deposits to be returned: _____

Tax Records:

Location: _____

Real Estate Documents:

Location: _____

Safe Deposit Box:

Location: _____ Location of key: _____

Who has access to box? _____

Vehicle #1:

Vehicle Registration #: _____ License #: _____

Location of Title: _____ Other documents: _____

Vehicle #2:

Vehicle Registration #: _____ License #: _____

Location of Title: _____ Other documents: _____

INSURANCE COVERAGE

Health Insurance:

Name of Company: _____ Telephone: _____

Address: _____

Agent / contact: _____

Life Insurance:

Name of Company: _____ Telephone: _____

Address: _____

Agent / contact: _____

Disability Insurance:

Name of Company: _____ Telephone: _____

Address: _____

Agent / contact: _____

Long Term Care Insurance:

Name of Company: _____ Telephone: _____

Address: _____

Agent / contact: _____

Auto / Home / Other Insurance:

Name of Company: _____ Telephone: _____

Address: _____

Agent / contact: _____

Name of Company: _____ Telephone: _____

Address: _____

Agent / contact: _____

DEFICITS

Loans:

Mortgage: _____

Car loan: _____

Personal: _____

Other: _____

CREDIT ACCOUNTS / DEPARTMENT STORES / GAS / CARDS

_____ # _____

_____ # _____

_____ # _____

_____ # _____

_____ # _____

MISCELLANEOUS

Possessions to be listed in your will that you would like special individuals to receive:

Item Person's Name

_____

_____

_____

_____

_____

Who has copies of this form?

_____

_____

Location of "Love Drawer" _____

Preplanning Funeral Form

Funeral and Burial Instructions

I, _____, on _____ (date) herewith indicate the following instructions concerning my funeral / memorial service:

1. **Service to be held at : _____**

   _____

2. **Service to be led by: _____**

3. **I wish to use the following funeral director:**

   Name _____ Telephone _____

   Address _____

4. **Burial arrangements:**
   Cemetery / Memorial gardens _____

   _____

   Are facilities pre-arranged? Y N Cremation? Y N

   Lot / Grave number _____ Block / section _____

5. **Preferences for funeral / memorial service:**

   Theme / type and style of service _____

   Music/song selection _____

   _____

   _____

   Scripture Readings _____

   Acknowledgements _____

   Open / closed casket? _____

   Location of pre-written obituary _____

Vital Statistics

Full name: _____

Address: _____

Telephone number: _____ **SS#:** _____

Single ___ Married ___ Widowed ___ Divorced ___

Name of husband / wife: _____

Date of birth: _____ **Place of birth:** _____

Occupation: _____

Name of father: _____ **Name of mother:** _____

Schools attended: _____

_____

If veteran, war and rank: _____

Volunteer activity / Awards / Offices held: _____

_____

Church or other religious membership: _____

_____

Living children

Name	Address	Phone

Living brothers and sisters

Name	Address	Phone

Grandchildren / great-grandchildren

Name	Address	Phone