

# 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 in:

\_\_\_\_\_

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: \_\_\_\_\_