



Household Record Guide



Contents

Introduction	3
Person #1's Life Record	4
Person #1's Medical Information	5
Health Insurance Card Copy – Person #1	6
Person #1's Family and Friends	7
Photo of Person #1	8
Person #2's Life Record	9
Person #2's Medical Information	10
Health Insurance Card Copy – Person #2	11
Person#2's Family and Friends	12
Photo of Person #2	13
Important Papers Locator	14
Family Financial Status - Assets	15
Family Financial Status - Liabilities	16
Insurance Policies and Bank Accounts	17
Veteran's Information and Benefits	18
Social Security Information and Benefits	19
Pet Information and Instructions	20
Legal and Estate Information	21
The Living Will	22
Living Will Instructions	23
Living Will Declarations for Person #1 and Person #2	24
Estate Information Locator	25
Person #1's Memorial Preference	26
Person #2's Memorial Preference	27
Checklist of Things To Do	28
Person #1's Comments	29
Person #2's Comments	30

About your confidential Household Record Guide . . .

One of the most difficult burdens that survivors face after the loss of a loved one is the gathering and organizing of the deceased's personal and financial records.

This Household Record Guide deals thoughtfully with the one true inevitability of life, and has been designed to provide you with a place to record virtually all of the vital personal and financial data that will one day be needed.

The Household Record Guide is as useful as you make it. A place for the needed information has been set forth in a concise and practical manner, but it needs you to complete it.

By keeping this Guide up to date, you will provide an important, ready reference for your family members at a most difficult time. By taking the time to fill out these pages, you will have peace of mind knowing that your loved ones will be guided by your wishes. Many of their questions will have already been answered because of your thoughtfulness.

We suggest that, once you complete this Household Record Guide, you keep it in a secure but accessible place for the use of those who will need it.

Person #1's Life Record

Name _____
 First **Middle** **Last**

Address _____
 Street **City** **State** **Zip**

Social Security # _____

Date of Birth _____
 Day **Month** **Year**

Birthplace _____
 State **City** **County**

Occupation _____ Job Title _____

Company _____
 Address **Years Employed**

Prior Employment _____

Education _____
 School **Degrees** **Year**

Clubs, Lodges _____

Civic Activities _____ Public Offices Held _____

Professional Achievements _____

Military Service

Veteran _____ Name of War or Dates Served _____

Military Branch _____ Rank _____ Enlisted _____ Date _____

Discharged _____ Date _____ Discharge Certificate Location _____

Military Citations, Recognitions or Awards _____

Person #1's Medical Information

Name _____
 First **Middle** **Last**

Address _____
 Street **City** **State** **Zip**

Social Security # _____

Date of Birth _____
 Day **Month** **Year**

Medicare # _____

Medicaid # _____

Medigap (Carrier and Number) _____

Long Term Care Insurance (Carrier and Number) _____

Blood Type _____ Allergies _____

Emergency Contact _____

Address _____ Telephone _____

Name of Health Care Proxy _____

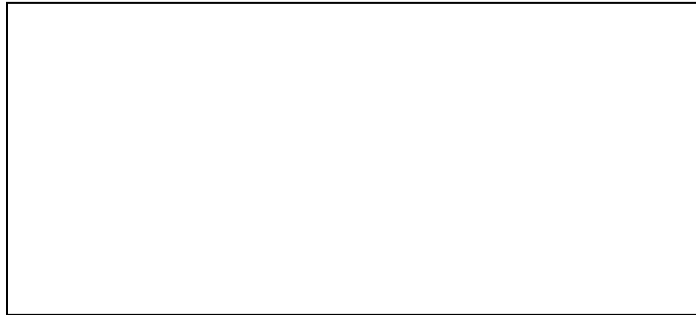
Address _____ Telephone _____

Description of any disabilities:

Current Medications:

Health Insurance Card – Person #1

Front



Back

**Place a copy of the front and back of
your health insurance card here.**

Person #1's Family and Friends

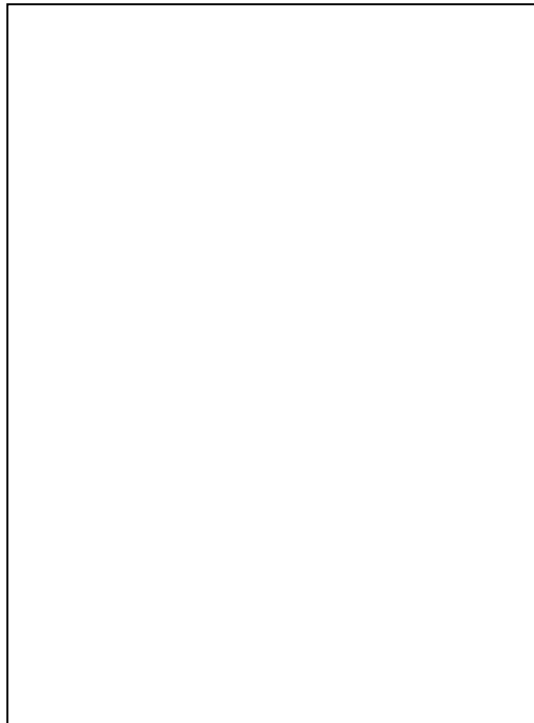
Name(s), Address(es), and Phone Number(s) of Person #1's Children

Name(s), Address(es), and Phone Number(s) of Person #1's Siblings

Names(s), Address(es) and Phone Number(s) of Person #1's Other Relatives

Names(s), Address(es) and Phone Number(s) of Person #1's Close Friends

Recent Photograph – Person #1



Person #2's Life Record

Name _____
 First **Middle** **Last**

Address _____
 Street **City** **State** **Zip**

Date of Birth _____
 Day **Month** **Year**

Social Security # _____

Birthplace _____
 State **City** **County**

Occupation _____ Job Title _____

Company _____
 Address **Years Employed**

Prior Employment _____

Education _____
 School **Degrees** **Year**

Clubs, Lodges _____

Civic Activities _____ Public Offices Held _____

Professional Achievements _____

Military Service

Veteran _____ Name of War or Dates Served _____

Military Branch _____ Rank _____ Enlisted _____ Date _____

Discharged _____ Date _____ Discharge Certificate Location _____

Military Citations, Recognitions or Awards _____

Person #2's Medical Information

Name _____
 First **Middle** **Last**

Address _____
 Street **City** **State** **Zip**

Social Security # _____

Date of Birth _____
 Day **Month** **Year**

Medicare # _____

Medicaid # _____

Medigap (Carrier and Number) _____

Long Term Care Insurance (Carrier and Number) _____

Blood Type _____ Allergies _____

Emergency Contact _____

Address _____ Telephone _____

Name of Health Care Proxy _____

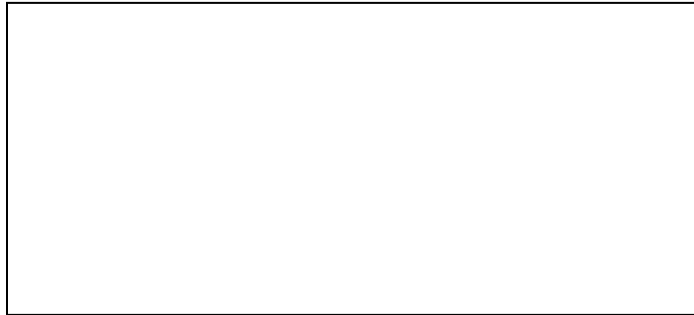
Address _____ Telephone _____

Description of any disabilities:

Current Medications:

Health Insurance Card – Person #2

Front



Back

**Place a copy of the front and back of
your health insurance card here.**

Person #2's Family and Friends

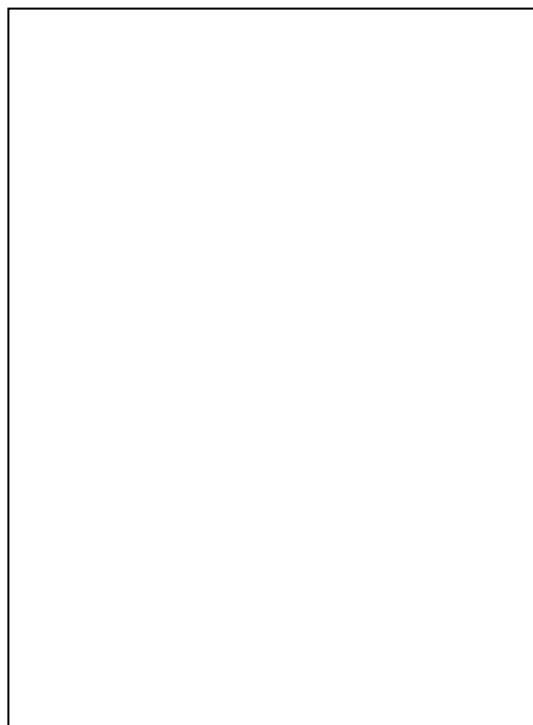
Name(s), Address(es), and Phone Number(s) of Person #2's Children

Name(s), Address(es), and Phone Number(s) of Person #2's Siblings

Names(s), Address(es) and Phone Number(s) of Person #2's Other Relatives

Names(s), Address(es) and Phone Number(s) of Person #2's Close Friends

Recent Photograph – Person #2



Important Papers Locator

Insert the proper code letter in the box, indicating the location of important papers.

S = Safe Deposit Box H = Home O = Office L = Lawyer E = Elsewhere (specify where)

Insurance Policies

Bank Books

Birth Certificates

Promissory Notes

Tax Returns

Stocks and Bonds

Diplomas

Certificates of Ownership
(Cemetery/Mausoleum Property)

Military Papers

Notes & Obligations

Social Security Cards

Bills of Sale

Deed to House

Titles

Passports

Other Important Papers _____

Other Important Papers _____

Family Financial Status

Assets

Cash on hand and in banks \$ _____ Date _____

U.S. Government and Marketable Securities:

of Shares _____
Description _____
In Name of _____
Cost _____
Value _____

of Shares _____
Description _____
In Name of _____
Cost _____
Value _____

of Shares _____
Description _____
In Name of _____
Cost _____
Value _____

of Shares _____
Description _____
In Name of _____
Cost _____
Value _____

Non-marketable Securities \$ _____ Date _____

\$ _____ Date _____

Account and Notes Receivable \$ _____ Date _____

\$ _____ Date _____

Real Estate \$ _____ Date _____

\$ _____ Date _____

Life Insurance Cash Value \$ _____ Date _____

Automobiles and Personal Property \$ _____ Date _____

Automobile Title in the Name of _____ Title Location _____

Make/Model _____ Year _____

Vehicle ID Number _____ Color _____ Date Purchased _____

Price _____ Dealer _____ Address _____

Other Assets – Itemized \$ _____ Date _____

\$ _____ Date _____

Family Financial Status

Liabilities

Notes Payable to banks – Secured \$ _____ Date _____

\$ _____ Date _____

Notes Payable to banks – Unsecured \$ _____ Date _____

\$ _____ Date _____

Notes Payable to others \$ _____ Date _____

\$ _____ Date _____

Accounts and Bills Due \$ _____ Date _____

\$ _____ Date _____

\$ _____ Date _____

Unpaid Taxes and Interest \$ _____ Date _____

Real Estate Mortgages \$ _____ Date _____

Notes Payable and Other Debts:

Payable to _____

Payable to _____

Terms _____

Terms _____

Maturity Date _____

Maturity Date _____

Net Amount of Loan _____

Net Amount of Loan _____

Total Amount of Loan _____

Total Amount of Loan _____

Insurance Policies and Bank Accounts

Name of Insured _____ Beneficiary _____

Insurance Company _____ Amount of Benefit _____

Name of Insured _____ Beneficiary _____

Insurance Company _____ Amount of Benefit _____

Name of Insured _____ Beneficiary _____

Insurance Company _____ Amount of Benefit _____

Name of Insured _____ Beneficiary _____

Insurance Company _____ Amount of Benefit _____

Name of Insured _____ Beneficiary _____

Insurance Company _____ Amount of Benefit _____

Location of Above Policies _____

Bank Accounts

Name on Account _____ Account # _____ Type of Account _____

Bank Name and Address _____

Name on Account _____ Account # _____ Type of Account _____

Bank Name and Address _____

Name on Account _____ Account # _____ Type of Account _____

Bank Name and Address _____

Name on Account _____ Account # _____ Type of Account _____

Bank Name and Address _____

Safety Deposit Box Located At _____

Location of Key(s) _____

Other Savings Plans (Thrift Savings, IRA etc.) _____

Veteran's Information and Benefits

As an honorably discharged veteran, you and your family may be entitled to a number of benefits, ranging from educational and medical benefits to various forms of death benefits for your survivors.

Also, please be aware that VETERAN'S BENEFITS MUST BE APPLIED FOR; THEY ARE NOT PAID AUTOMATICALLY. There is a time limit for claiming benefits, or they will be lost.

When filing a claim for Veteran's Benefits, most or all of the following documents will be needed:

- **Veteran's Death Certificate**
- **Veteran's Discharge Papers**
- **Copy of Veteran's Marriage Certificate**
- **Birth Certificate of Veteran's Minor Children**
- **Receipt of Itemized Funeral Bill for Veteran**

Types of benefits available and criteria for qualifications change periodically, so it is important to obtain pertinent, current information. You can contact your local or regional office of the U.S. Department of Veterans Affairs for current information on benefits and claims procedures, or call the Department of Veteran's Affairs at:

202-273-5400

or write to:

**Department of Veteran's Affairs
810 Vermont Avenue, NW
Washington, DC 20420**

On Line: (www.va.gov)

Social Security Information and Benefits

Social Security benefits can play a vital role in planning your family's future. Most of us are entitled to some type of benefit, but the nature of the benefit(s) and the qualifications are subject to change. It is important to obtain current information every few years on what benefits may be due.

It is also important to remember that SOCIAL SECURITY BENEFITS MUST BE APPLIED FOR; THEY ARE NOT PAID AUTOMATICALLY. Also, benefits must be applied for within a specific time frame. To facilitate the filing of a claim for your Social Security benefits, you will need most or all of the following documents:

- **Death Certificate**
- **Birth Certificate of the Deceased**
- **Social Security of the Deceased**
- **Marriage Certificate (copy)**
- **Birth Certificate of Applicant**
- **Birth Certificate of Minor Children**
- **Disability Proof for Children over 18**
- **Funeral Bill Receipt**

In addition to various retirement and support payments that you may be eligible for while alive, there are certain lump sum available benefits for which your spouse may qualify. Also, the widow, widower, or dependent parents may be eligible to receive benefits.

You can contact your local Social Security Office for current information on benefits and claims procedures, or call the national toll-free number at:

1-800-772-1213

You may write to your local office or the national Social Security Office at:

**Social Security Administration
Baltimore, MD 21238**

On line: www.ssa.gov

Pet Information and Instructions

Name of Pet _____ **Age** _____

Name of Veterinarian _____

Address _____ **Telephone** _____

Allergies _____

Medications _____

Special Instructions _____

Name of Pet _____ **Age** _____

Name of Veterinarian _____

Address _____ **Telephone** _____

Allergies _____

Medications _____

Special Instructions _____

Legal and Estate Information

Everyone needs a Will. If you die without a Will, state law will determine who inherits your property, and it is very unlikely that your property will pass to the persons and in the proportions you prefer. If you do not have a Will, state laws and the probate judge determine who will administer your estate, handle financial matters, and act as guardian of your children. With a Will, you can make these important decisions ahead of time.

Joint ownership of property is not a good substitute for carefully drafted Wills. As a result of a common accident, both you and your spouse may die before the survivor has an opportunity to execute a new Will, thereby causing the property to be distributed according to state inheritance laws. It is recommended that both husband and wife have their own Wills.

For larger estate (generally those with assets valued in excess of \$600,000), properly drafted Wills and an Estate Plan can often provide significant tax savings for federal and state.

The law is very exacting in its requirements with respect to the signing, publication and witnessing of Wills. It is recommended that the preparation and execution be handled by a competent attorney. Homemade Wills usually do not stand up in court.

You should review your Will every few years, especially if you have moved or if your family situation (i.e. divorce, birth of a child, death of beneficiary, etc.) has changed since you last executed a Will.

State laws may vary as to formal requirements and as to the rights of children and grandchildren born after a Will is executed.

Upon your death, your Will must be probated and your estate administered. The Will is formally offered in court; the personal representative is approved by the court; an estate inventory is prepared and filed; debts and taxes are recognized and paid; and finally, the representative files his or her account and requests that the remaining assets of the estate be distributed in accordance with your wishes as state in the Will. This process is complicated and takes time. You are advised to discuss the administration of your estate with an attorney.

In the absence of a Will, the procedure is the same except that the court makes the critical decisions, and the process is likely to take much longer. In the meantime, your assets may be tied up for a long time before being distributed by the court in accordance with the state laws on inheritance.

When you realize that the well being of your entire family and the protection of your property are at stake, you will find that an attorney's fee for drafting your Will and planning your estate is modest.

If your will was prepared *prior to August 10, 1981*, it may need to be rewritten due to changes in federal estate tax laws. Your attorney should review your Will to ensure that it takes the maximum advantage of the changes in the law.

The Living Will

Today, more than ever, issues concerning “death with dignity” or the “right to die” have received increased attention. As advances in medical and scientific techniques find new ways to maintain bodily functions, more people have become concerned with “quality of life” issues, in contrast to simple continued existence.

On June 25, 1990, the Supreme Court ruled in the Nancy Cruzan case that American do have a constitutional “right to die,” and indicated that a Living Will or Durable Power of Attorney may be the best way to protect that right.

Issues concerning the use of “heroic measures” to sustain life, and quality of life issues, are very personal and very important. It is recommended that you and your family discuss these issues, to avoid the uncertainty that could arise at the difficult time of a serious, prolonged illness.

Today, most states have Living Will statutes, specifying documents which anyone can copy and sign according to state law. On the following page is a Living Will in general language, drafted by the Society for the Right to Die. This document may or may not meet the applications in your state, so you are encouraged to check further. As with all of your important decisions, we encourage you to consult with an attorney.

You may obtain additional information regarding about your state or about this issue by writing to:

**The Society for the Right to Die
250 West 57th Street
New York, NY 10107**

Living Will Instructions

- A. This declaration sets forth your directions regarding medical treatment.**
- B. You have the right to refuse treatment you do not want, and you may request the care you want.**
- C. You may list specific treatment you do not want. For example:**
 - **Cardiac resuscitation**
 - **Mechanical respiration**
 - **Artificial feeding/fluids by tube**

Otherwise your general statement in section “A” will stand for your wishes.

- D. You may want to add instructions or care you do want – for example, pain medications or that you prefer to die at home if possible.**
- E. If you want, you can name someone to see that your wishes are carried out, but you do not have to do this.**
- F. Sign and date here in the presence of two adult witnesses, who should also sign.**

Keep the signed original with your personal papers at home. Give signed copies to doctors, family, and proxy. Review your Declaration from time to time; initial and date it to show it still expresses your intent.

The following Living Will Declaration forms are reprinted by permission of the Society for the Right to Die, strictly for the convenience of those persons who may wish to make such a declaration. The inclusion of this information in the Family Record Guide should not be construed as a reflection of the opinions or attitudes of McNeal-Loftis, Inc.

Living Will Declarations Person #1

A. I, _____, being of sound mind, make this statement as a directive to be followed if I become unable to participate in decisions regarding my medical care.

If I should be in an incurable or irreversible mental or physical condition with no reasonable expectation of recovery, I direct my attending physician to withhold or withdraw treatment that merely prolongs my dying. I further direct that treatment be limited to measures to keep me comfortable and to relieve pain.

B. These directions express my legal right to refuse treatment. Therefore, I expect my family, doctors, and everyone concerned with my care to regard themselves as legally and morally bound to act in accordance with my wishes, and in so doing, to be free of any legal liability for having followed my directions.

C. I especially do not want: _____

D. Other instructions/comments: _____

Person #2

A. I, _____, being of sound mind, make this statement as a directive to be followed if I become unable to participate in decisions regarding my medical care.

If I should be in an incurable or irreversible mental or physical condition with no reasonable expectation of recovery, I direct my attending physician to withhold or withdraw treatment that merely prolongs my dying. I further direct that treatment be limited to measures to keep me comfortable and to relieve pain.

B. These directions express my legal right to refuse treatment. Therefore, I expect my family, doctors, and everyone concerned with my care to regard themselves as legally and morally bound to act in accordance with my wishes, and in so doing, to be free of any legal liability for having followed my directions.

C. I especially do not want: _____

D. Other instructions/comments: _____

E. Proxy Designation Clause: Should I become unable to communicate my instructions as state above, I designate the following to act in my behalf:

Name _____

Address: _____

If the person I have named above is unable to act on my behalf, I authorize the following to do so:

Name _____

Address: _____

This Living Will Declaration expresses my personal treatment preferences. The fact that I may have also executed a document in the form recommended by state law should not be construed to limit or contradict the Living Will Declaration, which is an expression of my common-law and constitutional right.

F. Signed: _____

Date: _____

Witness: _____

Address: _____

Witness: _____

Address: _____

E. Proxy Designation Clause: Should I become unable to communicate my instructions as state above, I designate the following to act in my behalf:

Name _____

Address: _____

If the person I have named above is unable to act on my behalf, I authorize the following to do so:

Name _____

Address: _____

This Living Will Declaration expresses my personal treatment preferences. The fact that I may have also executed a document in the form recommended by state law should not be construed to limit or contradict the Living Will Declaration, which is an expression of my common-law and constitutional right.

F. Signed: _____

Date: _____

Witness: _____

Address: _____

Witness: _____

Address: _____

Estate Information Locator

Location of the Will _____

Location of the Codicil _____

Date of Will _____ Date of Codicil _____

Will Prepared by _____

Witness to the Will _____

Name of Executor _____

Executor's Address & Telephone _____

Location of Trust Agreement _____

Name and Date of Trust _____

Name of Trustee _____

Trustee's Address & Telephone _____

Name of Beneficiary _____

Beneficiary's Address & Telephone _____

Approx. Value of Trust _____

Name of Power of Attorney for Finances _____

POA's Address & Telephone _____

Name of Power of Attorney for Health Care _____

POA's Address & Telephone _____

Person #1's Memorial Preference

In calm recognition of the inevitable, you will find the following arrangements are in accordance with my wishes.

Memorial Service

Cemetery Preference _____

Type of Burial: () Mausoleum () Lawn Crypt () Ground Burial () Cremation

Location or Description of Memorial Estate _____

Mortuary Preference _____

Casket Preference _____

Memorial Service: () Public () Private () Military Flag _____ (yes, no)

Religious Denomination _____

Church _____ Clergyman _____

Church Address _____
City State

Music and Reading

Reader _____ Soloist _____

Music Selections _____

Bible Passages _____

Special Request _____

Notices

Local Newspaper _____

Hometown Newspaper _____

Special Groups or Lodges _____

Signature _____ Date _____

Person #2's Memorial Preference

In calm recognition of the inevitable, you will find the following arrangements are in accordance with my wishes.

Memorial Service

Cemetery Preference _____

Type of Burial: () Mausoleum () Lawn Crypt () Ground Burial () Cremation

Location or Description of Memorial Estate _____

Mortuary Preference _____

Casket Preference _____

Memorial Service: () Public () Private () Military Flag _____ (yes, no)

Religious Denomination _____

Church _____ Clergyman _____

Church Address _____
City State

Music and Reading

Reader _____ Soloist _____

Music Selections _____

Bible Passages _____

Special Request _____

Notices

Local Newspaper _____

Hometown Newspaper _____

Special Groups or Lodges _____

Signature _____ Date _____

Checklist of Things to Do

At the time of death, there are countless things that must be done. The lists below contain examples of these and many are decisions that can be made and information that can be assembled **AHEAD OF TIME.**

Notify:

- () Doctor or Coroner
- () Funeral Director
- () Cemetery or Memorial Park
- () Minister and Church
- () Relatives
- () Friends
- () Employers of mourners
- () Organist and Singer
- () Pallbearers
- () Insurance and Fraternal Organizations
- () Newspapers
- () Attorney, Accountant or Executor of Estate
- () Financial Institutions
- () Providing vital statistics about the deceased
- () Preparing and signing necessary papers
- () Providing addresses for those who must be notified
- () Answering sympathetic phone calls, messages
- () Planning funeral car list
- () Greeting friends and relatives who call
- () Providing lodging for out of town guests
- () Prepare home for visitors

Decide On:

- () Cemetery/Mausoleum
- () Memorial or Monument
- () Casket
- () Vault or Outer Case
- () Clothing
- () Flowers
- () Music
- () Obituary Information
- () Service Time and Place
- () Transportation
- () Cards of Thanks
- () _____
- () _____
- () _____
- () _____
- () _____
- () _____
- () _____
- () _____
- () _____
- () _____

