

# ***PERSONAL PLANNING GUIDE***

*of*

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*compliments of*

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# VITAL STATISTICS OF

<b>First Name</b>	<b>Middle</b>	<b>Last</b>
Address: _____		
City: _____		
State: _____		Zip: _____
Residence Telephone: _____		Email _____
Social Security No.: _____		
Place of Birth: _____		Date of Birth: _____
<small>City</small>	<small>County</small>	<small>State</small>
		<small>Country</small>
Marital Status: Married _____ Never Married _____ Widowed _____ Divorced _____		
<small>Date</small>		
Name of Surviving Spouse _____		
Usual Occupation: _____		Employer: _____
Person to Complete Funeral Arrangements: _____		
<small>Name</small>		<small>Telephone Number</small>

## MILITARY SERVICE

Branch of Service: \_\_\_\_\_ Service No.: \_\_\_\_\_

Date Entered Service: \_\_\_\_\_ Location: \_\_\_\_\_

Type of Separation or Discharge: \_\_\_\_\_ Date: \_\_\_\_\_

Place of Separation: \_\_\_\_\_ Location of Discharge Papers (DD214): \_\_\_\_\_

Highest Rank Achieved: \_\_\_\_\_

Wars/Conflicts Served In: \_\_\_\_\_

Additional Information/Medals/Honors/Citations: \_\_\_\_\_

\_\_\_\_\_

# ESTATE PLANNING DOCUMENTS

I have a will: Yes \_\_\_ No \_\_\_      I have a Living Trust: Yes \_\_\_ No \_\_\_

Date of Will: \_\_\_\_\_

Location of Will: \_\_\_\_\_

Personal Representative:      Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Alternate Personal Rep.:      Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Living Trust: \_\_\_\_\_

Location of Living Trust: \_\_\_\_\_

Trustee:      Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Alternate Trustee:      Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I have Power of Attorney: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Power of Attorney: \_\_\_\_\_

Location of Power of Attorney: \_\_\_\_\_

Attorney in Fact: Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Alternate Attorney In Fact: Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Documents prepared by: Kelly E. Ford, Attorney at Law, 4800 SW Griffith Dr., Suite 320, Beaverton, OR 97005. Telephone—(503)641-3044; Facsimile—(503)641-8757; E-mail—kford.law@gte.net.

## FINANCIAL INFORMATION

### BANK/CREDIT UNION ACCOUNTS

1. Bank Name: \_\_\_\_\_ Type of Acct.: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Branch Location: \_\_\_\_\_

2. Bank Name: \_\_\_\_\_ Type of Acct.: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Branch Location: \_\_\_\_\_

3. Bank Name: \_\_\_\_\_ Type of Acct.: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Branch Location: \_\_\_\_\_

## **BROKERAGE ACCOUNTS**

Brokerage Name: \_\_\_\_\_ Location: \_\_\_\_\_

Representative: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Account No.: \_\_\_\_\_

## **RETIREMENT FUNDS**

1. Type (401K, IRA): \_\_\_\_\_ Custodian: \_\_\_\_\_

Location of Records: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_ Alternate Beneficiary \_\_\_\_\_

2. Type (401K, IRA): \_\_\_\_\_ Custodian: \_\_\_\_\_

Location of Records: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_ Alternate Beneficiary \_\_\_\_\_

3. Type (401K, IRA): \_\_\_\_\_ Custodian: \_\_\_\_\_

Location of Records: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_ Alternate Beneficiary \_\_\_\_\_

## **LIFE INSURANCE**

1. Type (Whole, Term, Universal, Variable Universal) \_\_\_\_\_ Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Prim. Ben. \_\_\_\_\_ Alt. Ben \_\_\_\_\_

Death Benefit: \_\_\_\_\_ Loan Amount: \_\_\_\_\_

2. Type (Whole, Term, Universal, Variable Universal) \_\_\_\_\_ Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Prim. Ben. \_\_\_\_\_ Alt. Ben \_\_\_\_\_

Death Benefit: \_\_\_\_\_ Loan Amount: \_\_\_\_\_

3. Type (Whole, Term, Universal, Variable Universal) \_\_\_\_\_ Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Prim. Ben. \_\_\_\_\_ Alt. Ben \_\_\_\_\_

Death Benefit: \_\_\_\_\_ Loan Amount: \_\_\_\_\_

**ANNUITIES**

1. Type (Fixed, Variable, Variable Universal) \_\_\_\_\_ Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Prim. Ben. \_\_\_\_\_ Alt. Ben \_\_\_\_\_

Death Benefit: \_\_\_\_\_ Loan Amount: \_\_\_\_\_

2. Type (Fixed, Variable, Variable Universal) \_\_\_\_\_ Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Prim. Ben. \_\_\_\_\_ Alt. Ben \_\_\_\_\_

Death Benefit: \_\_\_\_\_ Loan Amount: \_\_\_\_\_

**STOCKS/BONDS/MUTUAL FUNDS NOT IN BROKERAGE ACCOUNT**

1. Type/Description: \_\_\_\_\_ Location: \_\_\_\_\_

2. Type/Description: \_\_\_\_\_ Location: \_\_\_\_\_

3. Type/Description: \_\_\_\_\_ Location: \_\_\_\_\_

4. Type/Description: \_\_\_\_\_ Location: \_\_\_\_\_

**OTHER FINANCIAL ASSETS**

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**CREDIT CARDS**

1. Type (Mastercard, Visa, AMEX, Discover, Other): \_\_\_\_\_ Account No.: \_\_\_\_\_

2. Type (Mastercard, Visa, AMEX, Discover, Other): \_\_\_\_\_ Account No.: \_\_\_\_\_

3. Type (Mastercard, Visa, AMEX, Discover, Other): \_\_\_\_\_ Account No.: \_\_\_\_\_

4. Type (Mastercard, Visa, AMEX, Discover, Other): \_\_\_\_\_ Account No.: \_\_\_\_\_

# REAL ESTATE

1. Description: \_\_\_\_\_

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

Deed Location: \_\_\_\_\_

2. Description: \_\_\_\_\_

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

Deed Location: \_\_\_\_\_

# PERSONAL BEQUESTS

In accordance with the power given to me in my will to make specific gifts of personal property by letter to my personal representative, I direct my personal representative to distribute the following items to the people listed:

Item:

Beneficiary:

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Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

# SOCIAL SECURITY INFORMATION

***Social Security Administration Toll Free Number: 1-800-772-1213***

My Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address of nearest Social Security Office: \_\_\_\_\_

A lump sum payment will be made when an eligible person dies. This payment will only be made if there is an eligible surviving widow, widower, or entitled child. Also, survivor's checks may go to certain members of a worker's family.

To facilitate receiving eligible Social Security benefits, you will need the following information when you contact your Social Security office:

- |                                  |  |
|----------------------------------|--|
| 1. Social Security Number        | 4. W2 for last two years                         |
| 2. Marriage License              | 5. Proof of widow(er)'s age if 62 years or older |
| 3. Children's Birth Certificates | 6. Certified copy of death certificate           |

An application for the lump sum death payment usually must be made within two years after the worker's death. Do not delay applying because you don't have all the required proof. The Social Security worker will tell you about the types of proof that can be used when you apply.

## VETERAN'S BURIAL BENEFITS

***Veterans' Administration Toll Free Number: 1-800-827-1000***

### **Veterans' Burial Allowance:**

The U.S. Department of Veterans Affairs (VA) furnishes a partial reimbursement of eligible veterans' burial and funeral costs. When the cause of death is not service-related, the reimbursement is generally described as two payments: (1) a burial and funeral expense allowance, and (2) a plot interment allowance. You may be entitled to a VA burial allowance if:

- You paid for a veteran's burial or funeral AND
- You have not been reimbursed by any other government agency or some other source, such as the deceased veteran's employer AND
- The veteran was discharged under condition other than dishonorable.

In addition, at least one of the following conditions must be met:

- The veteran died because of a service-related disability OR
- The veteran was getting VA pension or compensation at the time of death OR
- The veteran was entitled to receive VA pension or compensation but decided not to reduce his or her military retirement or disability pay OR
- The veteran died in a VA hospital or while in a nursing home under VA contract.

*Service-related death.* The VA will pay an allowance toward burial expenses.

*Non-service related death.* The VA will pay an allowance toward burial and funeral expenses, and a plot interment allowance. If the death happened while the veteran was in a VA hospital or under contracted nursing care, the cost of moving the deceased may be reimbursed.

## **Headstones and Markers**

The VA furnishes upon request, at no charge to the applicant, a government headstone or marker to mark the otherwise unmarked grave of an eligible veteran in any cemetery around the world.

Flat bronze, granite, or marble markers and upright granite and marble headstones are available. The style chosen must be consistent with existing monuments at the place of burial. Niche markers are also available to mark columbaria used for inurnment of cremated remains.

## **Burial Flags**

Most veterans are eligible for a burial flag. Reservists entitled to retired pay are also eligible to receive a burial flag.

To facilitate receiving veteran benefits for which you may be eligible, you will need the following information when you contact the VA office:

- Proof of veteran's military service (DD214)
- Service Serial Number
- Marriage License (if applicable)
- Children's Birth Certificates (if applicable)
- Certified Copy of Death certificate