

# *What My Family Should Know*

*Name:* \_\_\_\_\_

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## What My Family Should Know

This packet is one of the ways you can assure that your estate plan is carried out. By completing the information contained in this packet, you can save your loved ones the stress and worry that comes with having to track down your papers and make difficult decisions for you.

### Personal Information (This information is needed for a death certificate)

Full Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_

Military Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Branch of the Service: \_\_\_\_\_

Where Served: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Highest Grade Completed [Elementary (0-12) or College(1-4 or 5+)]: \_\_\_\_\_

Occupation During Most of Working Life: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Employer: \_\_\_\_\_

Race: \_\_\_\_\_

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

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

County: \_\_\_\_\_ Number of Years in County: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's                                      Full                                      Maiden                                      Name:  
\_\_\_\_\_

Additional Personal Information

Church/Synagogue: \_\_\_\_\_

Minister/Rabbi: \_\_\_\_\_

Civic memberships: \_\_\_\_\_

Titles and honors: \_\_\_\_\_

Community service: \_\_\_\_\_

Sports: \_\_\_\_\_

Special interests: \_\_\_\_\_

Pets: \_\_\_\_\_

Other special events or memories: \_\_\_\_\_

## Family

Parents: \_\_\_\_\_

Step-parents: \_\_\_\_\_

Grandparents: \_\_\_\_\_

Siblings: \_\_\_\_\_

Children: \_\_\_\_\_

Grandchildren: \_\_\_\_\_

Special friends: \_\_\_\_\_

My Address Book is Located: \_\_\_\_\_

Important Information

My estate planning attorney is:  
Kristin Lillquist Reeder, PLLC  
2370 130th Ave. N.E., Suite #103  
Bellevue, WA 98005  
(425) 861-1109  
(425) 882-0313 fax  
kristin@KLRLaw.net

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

Safe-deposit box: \_\_\_\_\_

Other important documents

Document:

Location:

Birth Certificate \_\_\_\_\_

Marriage License \_\_\_\_\_

Divorce Decree \_\_\_\_\_

Children's birth certificates \_\_\_\_\_

Deed to home \_\_\_\_\_

Title to automobile \_\_\_\_\_

Tax Returns \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My insurance agent is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

Type of policy:	Policy number:	Beneficiary:
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<u>Homeowners</u>	_____	_____
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<u>Automobile</u>	_____	_____
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<u>Life</u>	_____	_____
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<u>Medical</u>	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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My accountant/tax preparer is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

Assets

Bank accounts:

Account number and type:	Bank:	Names on the account:
Checking Account		
Savings Account		
Certificates of Deposit		
Savings Bonds		
Mutual Funds		

Retirement benefits:

401KPlan: \_\_\_\_\_  
\_\_\_\_\_

Pension: \_\_\_\_\_  
\_\_\_\_\_

IRAaccount: \_\_\_\_\_  
\_\_\_\_\_

Annuities: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Investment property:

Real estate rentals: \_\_\_\_\_

\_\_\_\_\_

Other investment property: \_\_\_\_\_

\_\_\_\_\_

Stocks & Bonds:

Type: \_\_\_\_\_ Number of shares: \_\_\_\_\_

Name of Broker: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

Type: \_\_\_\_\_ Number of shares: \_\_\_\_\_

Name of Broker: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

Type: \_\_\_\_\_ Number of shares: \_\_\_\_\_

Name of Broker: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

Type: \_\_\_\_\_ Number of shares: \_\_\_\_\_

Name of Broker: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

Mortgages/notes: \_\_\_\_\_

\_\_\_\_\_

Property involved:	Person owing:	Amount:
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_____	_____	_____
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_____	_____	_____
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Liabilities

Mortgages/notes: \_\_\_\_\_

Property involved:	Lienholder:	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Credit cards:

Name of bank: \_\_\_\_\_ Account # \_\_\_\_\_

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

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

Name of bank: \_\_\_\_\_ Account # \_\_\_\_\_

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

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

Name of bank: \_\_\_\_\_ Account # \_\_\_\_\_

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

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

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Funeral Service

If you have pre-paid your funeral, it is likely you made arrangements with the funeral home for the type of service or memorial you want. However, if your family knows these details, it can make things go smoothly.

Type of service: \_\_\_\_\_

\_\_\_\_\_

Funeral or memorial location: \_\_\_\_\_

\_\_\_\_\_

Who should conduct the services: \_\_\_\_\_

\_\_\_\_\_

Who will give the eulogy: \_\_\_\_\_

\_\_\_\_\_

Readings during the service: \_\_\_\_\_

\_\_\_\_\_

Body present at the service: \_\_\_\_\_

Type of viewing: \_\_\_\_\_

Flowers: \_\_\_\_\_

\_\_\_\_\_

Charities: \_\_\_\_\_

\_\_\_\_\_

Music: \_\_\_\_\_

\_\_\_\_\_



Clothing, hair, and make-up preferences

Choice of clothing: \_\_\_\_\_

\_\_\_\_\_

Hair style (include a picture if possible): \_\_\_\_\_

\_\_\_\_\_

Hair stylist name: \_\_\_\_\_

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

Make-up: foundation color, lipstick color, eye shadow, etc.: \_\_\_\_\_

\_\_\_\_\_

Jewelry: \_\_\_\_\_

Is jewelry to be removed after viewing:

\_\_\_\_\_

To whom should it be given: \_\_\_\_\_

Disposition

Embalming: \_\_\_\_\_

Followed by Burial/Cremation: \_\_\_\_\_

Cremation: \_\_\_\_\_

Followed by Burial/Urn/Columbarium Niche/Scattered: \_\_\_\_\_

\_\_\_\_\_

Pre-paid Cremation Contract:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Immediate Burial: \_\_\_\_\_

Cemetery

Name of Cemetery: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Earth Burial/Mausoleum: \_\_\_\_\_

Type of burial receptacle: \_\_\_\_\_

Location of paperwork for pre-purchased plot: \_\_\_\_\_

Grave Marker pre-paid and selected: \_\_\_\_\_

If not pre-paid and selected, type of marker wanted: \_\_\_\_\_

Designs or inscriptions: \_\_\_\_\_

Grave Marker pre-set: \_\_\_\_\_

If not pre-set, monument company: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

Other instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_