

## ADVICE ABOUT YOUR ESTATE PLANNING DOCUMENTS

Thank you for taking the time to complete your estate planning. Your estate plan is a wonderful gift you are leaving your loved ones because it will greatly reduce their stress during what will inevitably be a very difficult time for them. Below are some additional steps you can take to make things as easy and simple for your loved ones when the time arrives that your estate plan will be put into action. Completing this packet of information is admittedly a tedious task, but completing it will be a tremendous resource for your loved ones as they close out your affairs and grieve the loss of you in their lives. Let the thought of them thanking you after you're gone for making things easier for them be your motivation in completing this packet for them.

1. Your estate planning documents are provided to you in an original, hardcopy form only. **The Missouri Veterans Commission (MVC) does not retain a record or copy of your documents, or any information you provided to create them.** These documents are designed to meet your basic estate planning needs and not to maximize tax benefits or make you eligible for government benefits or programs. If you have substantial assets, or if eligibility for government benefits and programs are a concern for you, it is strongly recommended that you consult with an elder law or estate planning attorney.
2. The attorney who helped you with these services is not your attorney for any other purpose and does not have to give you any legal help beyond the drafting of the documents you requested. In providing you these free services, the attorney is required to act in your best interest and give you competent help. The attorney does not have to give you assistance on any other matter and only provided you the assistance that he or she felt comfortable in providing. While performing the limited legal services provided in drafting these documents, the attorney nor MVC did not promise any particular outcome, strictly relied upon your disclosure of facts, and did not make any independent investigation of the information you provided.
3. **Safeguarding Your Estate Planning Documents:** Only your original will has legal effect and so should be kept in a location where it is protected from fire, theft, damage, or other loss. Regardless of how or where you store your estate planning documents, make sure the personal representative(s) you named in your will know where they are and can access them when they are needed.
4. **Making Copies:** Limit the number of copies you make of your Will to persons with a need to know (executors, trustees, guardians). However, you must bear in mind that the more copies you make, the harder it will be in the future to retrieve them all for destruction should you decide to make a new Will. Any copies you make should clearly state "Copy" on every page.
5. **Powers of Attorney:** Make as many copies of your Power of Attorney that you feel are necessary. Medical Powers of Attorney should be placed in your medical records. Make sure your appointed agent and alternate have copies of these documents. Please note that Missouri law does not require anyone to accept a power of attorney. Although most places will accept them, it is up to the institution or individual to determine if they will honor it. If they do not accept it because it does not conform to their preferred format or language, ask if

they have a form power of attorney that you can use at their institution. Powers of Attorney are extremely difficult to revoke. Do not give a Power of Attorney to your agent unless you are convinced they are trustworthy and will act in your best interests.

6. **Advanced Medical Directive:** Your Advanced Medical Directive should be placed in your medical records and/or given to your treating physician(s). Make as many copies that you feel are necessary. These documents do not expire, but it is a good idea to update them every five years so your family and friends will know that you have recently thought about what you would want to do under these circumstances.
7. **Beneficiary Deed:** If you requested a beneficiary deed, please see the enclosed sheet of additional information pertaining to it. Further, please remember to file this document at your local Recorder of Deeds Office. It is not legally effective until you do. There is a small fee for filing it, so I recommend calling ahead to find out the amount of that fee and acceptable modes of payment. For your convenience, an alphabetized list of Missouri's Recorders of Deeds is also enclosed.
8. **Old Estate Planning Documents:** If you previously executed a will or other estate planning document that you are replacing with these new documents, please DESTROY YOUR OLD DOCUMENTS AND ANY COPIES IMMEDIATELY. The documents contained in this packet are legally effective and will remain so until you destroy them, or otherwise nullify them in accordance with the law.
9. **When To Review or Change Your Will:** There are several reasons to review your estate planning documents and perhaps change them, such as:
  - The death of any person named in the documents;
  - If you get married or divorced;
  - A substantial change in your financial situation;
  - Mental or physical disability of someone named in the documents; or
  - Any other event that influences how you want your property distributed.
10. **DO NOT try to change your estate planning documents by crossing out or adding words or marks.** Such alterations may invalidate the document, or at the very least may cause a legal battle between your loved ones to ensue after your passing. If changes are necessary, seek the services of an attorney to do so. MVC's estate planning initiative is the product of current personnel on staff and may or may not be available in the future, so start there for assistance in changing your estate planning documents at no charge.
11. MVC is pleased to have been able to provide you with this service. If you have any questions or concerns regarding your estate planning, please contact us at (573) 751-3779.
12. You should prepare a list of your real and personal property to be kept with your will, giving the description and location of each item. This list should include life insurance policies, bank accounts, safety deposit boxes, stocks, bonds, debts owed to you, real estate, business interests, and significant pieces of personal property. This list should be kept current by checking it periodically. The following pages of this packet provide you an organized way of creating these lists, if you complete them.

## Where To Find Your Local Recorder of Deeds

***NOTE: Pursuant to Missouri law, section 59.480.2 RSMo, all county Recorder of Deeds must file military discharges free of charge.***

Below is an alphabetical, by-county listing of Missouri Recorders of Deeds:

### **A**

Adair County: 106 W. Washington, Kirksville, MO 63501; (660) 665-3890.  
Andrew County: 411 Court Street, Savannah, MO 64485; (816) 324-4221.  
Atchison County: 400 S. Washington Street, Rock Port, MO 64482; (660) 744-2707.  
Audrain County: 101 N. Jefferson Street, Mexico, MO 65265; (573) 473-5830.

### **B**

Barry County: 700 Main Street #6, Cassville, MO 65625; (417) 847-2914  
Barton County: 1004 Gulf Street, Lamar, MO 64759; (417) 682-2110  
Bates County: 103 W. Dakota Street, Room 3, Butler, MO 64730; (660) 679-3611  
Benton County: 316 Van Buren, Warsaw, MO 65355; (660) 438-5732  
Bollinger County: 204 High St, Marble Hill, MO 63764; (573) 238-2710  
Boone County: 801 E. Walnut Street, Room 132, Columbia, MO 65201; (573) 886-4345  
Buchanan County: 411 Jules, Room 103, St. Joseph, MO 64501; (816) 271-1437  
Butler County: 100 N. Main Street, Room 106, Poplar Bluff, MO 63901; (573) 686-8086

### **C**

Caldwell County: 49 East Main, Kingston, MO 64650; (816) 586-3080  
Callaway County: 10 E. 5th Street, Fulton, MO 65251; (573) 642-0787  
Camden County: 1155 N. Business Route 5, Camdenton, MO 65020; (573) 346-4440, ext. 1300  
Cape Girardeau County: #1 Barton Square, Suite 203, Jackson, MO 63755; (573) 243-8123  
Carroll County: 8 S. Main Street, Carrollton, MO 64633; (660) 542-1466  
Carter County: 105 Main Street, Van Buren, MO 63965; (573) 323-9656  
Cass County: 102 E. Wall Street, Harrisonville, MO 64701; (816) 380-8118  
Cedar County: 113 South Street, Stockton, MO 65785; (417) 276-6700, ext. 246 & 247  
Chariton County: 306 S. Cherry Street, Keytesville, MO 65261; (660) 288-1005  
Christian County: 100 W. Church, Room 104, Ozark, MO 65721; (417) 582-4360  
Clark County: 111 East Court Street, Suite 130, Kahoka, MO 63445; (660) 727-8261  
Clay County: 1 Courthouse Square #2, Liberty, MO 64068; (816) 407-3550  
Clinton County: 207 N Main Street #105, Plattsburg, MO 64477; (816) 539-3719  
Cole County: 311 E. High Street, Room 101, Jefferson City, MO 65101; (573) 634-9115  
Cooper County: 200 Main Street, Room 26, Boonville, MO 65233; (660) 882-2161  
Crawford County: 302 W. Main Street, Steelville, MO 65565; (573) 775-5048

### **D**

Dade County: 300 W. Water Street, Greenfield, MO 65661; (417) 637-5373  
Dallas County: 108 N. Maple Street # 10, Buffalo, MO 65622; (417) 345-2242

Daviess County: 102 N. Main Street #2, Gallatin, MO 64640; (660) 663-3183  
DeKalb County: 109 W. Main Street, Maysville, MO 64469; (816) 449-2602  
Dent County: 112 E. 5th Street, Salem, MO 65560; (573) 729-2198  
Douglas County: 203 E. Lincoln Avenue, Ava, MO 65608; (417) 683-1219  
Dunklin County: 204 Courthouse Square, Kennett, MO 63857; (573) 888-3468

## **F**

Franklin County: 400 E. Locust Street #102, Union, MO 63084; (636) 583-6367

## **G**

Gasconade County: 119 E. 1st Street #6, Hermann, MO 65041; (573) 486-2632  
Gentry County: 200 W. Clay Street # 27, Albany, MO 64402; (660) 726-3618  
Greene County: 940 N. Boonville Avenue, Springfield, MO 65802; (417) 868-4068  
Grundy County: 700 Main Street, Suite 7, Trenton, MO 64683; (660) 359-4040, ext. 7

## **H**

Harrison County: 1500 Central Street, Bethany, MO 64424; (660) 425-6425  
Henry County: 100 W. Franklin Street # 4, Clinton, MO 64735; (660) 885-7210  
Hickory County: 23645 Polk Street, Hermitage, MO 65668; (417) 745-6833  
Holt County: 100 W. Nodaway Street, Oregon, MO 64473; (660) 446-3301  
Howard County: 1 Courthouse Square #8, Fayette, MO 65248; (660) 248-2194  
Howell County: 107 Courthouse, West Plains, MO 65775; (417) 256-3750

## **I**

Iron County: 250 S. Main Street, Ironton, MO 63650; (573) 546-2811

## **J**

Jackson County: 112 W. Lexington, Suite 30, Independence, MO 64050; (816) 881-4483  
Jasper County: 116 W. 2nd Street #1, Carthage, MO 64836; (417) 358-0431  
Jefferson County: 729 Maple Street, Hillsboro, MO 63050; (636) 797-5414  
Johnson County: 300 N. Holden Street # 305, Warrensburg, MO 64093 (660) 747-6811

## **K**

Knox County: 107 4th Street, Edina, MO 63537; (660) 397-4005

## **L**

Laclede County: 200 N. Adams Avenue, Lebanon, MO 65536; (417) 532-4011  
Lafayette County: 1001 Main Street #207, Lexington, MO 64067; (660) 259-6178  
Lawrence County: 1 E. Courthouse Square # 101, Mt Vernon, MO 65712; (417) 466-2670  
Lewis County: 100 Lafayette Street, Monticello, MO 63457; (573) 767-5440  
Lincoln County: 201 Main Street, Suite 203, Troy, MO 63379; (636) 528-0325  
Linn County: 108 N. High Street #204, Linneus, MO 64653; (660) 895-5216  
Livingston County: 700 Webster Street, Suite 6, Chillicothe, MO 64601; (660) 646-8000, ext. 206

## **M**

Macon County: 101 E. Washington Street # 2, Macon, MO 63552; (660) 385-2732  
Madison County: 1 Court Square, Fredericktown, MO 63645; (573) 783-3410  
Maries County: 211 4th Street #2, Vienna, MO 65582; (573) 422-3540  
Marion County: 100 S. Main Street, Palmyra, MO 63461; (573) 769-7001  
McDonald County: 502 Main St, Pineville, MO 64856; (417) 223-7530  
Mercer County: 802 E Main St, Princeton, MO 64673; (660) 748-4335  
Miller County: 2001 MO Highway 52, Tuscumbia, MO 65082; (573) 369-1935  
Mississippi County: 200 N. Main Street, 2<sup>nd</sup> Floor, Charleston, MO 63834; (573) 683-2146, ext. 226  
Moniteau County: 200 E Main St, Rm 102, California, MO 65018; (573) 796-2071  
Monroe County: 300 North Main Street, Room 103, Paris, MO 65275; (877) 433-3061, ext. 410  
Montgomery County: 310 Salisbury Street # A, Montgomery City, MO 63361; (573) 564-3157  
Morgan County: 100 E. Newton Street, Versailles, MO 65084; (573) 378-4029

## **N**

New Madrid County: 450 Main Street #1, New Madrid, MO 63869; (573) 748-5146  
Newton County: 101 S. Wood Street, Neosho, MO 64850; (417) 451-8224  
Nodaway County: 305 N Main Street, Maryville, MO 64468; (660) 582-5711

## **O**

Oregon County: 1 Court Square, Alton, MO 65606; (417) 778-7475  
Osage County: 205 E. Main Street, Linn, MO 65051; (573) 897-2136  
Ozark County: 1 Court Square, Gainesville, MO 65655; (417) 679-4232

## **P**

Pemiscot County: 610 Ward Avenue # 1A, Caruthersville, MO 63830; (573) 333-2204  
Perry County: 15 W. St. Maries Street, Perryville, MO 63775; (573) 547-1611  
Pettis County: 415 S. Ohio Avenue #106, Sedalia, MO 65301; (660) 826-5000  
Phelps County: 200 N. Main Street #133, Rolla, MO 65401; (573) 458-6095  
Pike County: 115 W. Main Street #2, Bowling Green, MO 63334; (573) 324-5567  
Platte County: 415 3rd Street, Platte City, MO 64079; (816) 858-3310  
Polk County: 102 E. Broadway Street # 8, Bolivar, MO 65613; (417) 326-4924  
Pulaski County: 301 U.S. Rt. 66 # 202, Waynesville, MO 65583; (573) 774-4760  
Putnam County: 1604 Main Street #101, Unionville, MO 63565; (660) 947-2674

## **R**

Ralls County: 311 S. Main Street, New London, MO 63459; (573) 985-5631  
Randolph County: 372 State Hwy JJ #1H, Huntsville, MO 65259; (844) 277-6555, ext. 330  
Ray County: 100 W. Main Street # 2, Richmond, MO 64085; (816) 776-4500  
Reynolds County: 2319 Green Street, Centerville, MO 63633; (573) 648-2494  
Ripley County: 100 Court House Square #3, Doniphan, MO 63935; (573) 996-7941

## **S**

Saline County: 19 E. Arrow Street # 206, Marshall, MO 65340; (660) 886-2677  
Schuyler County: 110 E. Washington Street, Lancaster, MO 63548; (660) 956-9187  
Scotland County: 117 S. Market Street # 106, Memphis, MO 63555; (660) 465-2284  
Scott County: 131 S. Winchester Street, Benton, MO 63736; (573) 545-3551  
Shannon County: 113 Main Street, Eminence, MO 65466; (573) 226-3315, ext. 2  
Shelby County: 100 E Main Street, Shelbyville, MO 63469; (573) 633-2821  
St. Charles County: 201 N. 2nd Street #338, St Charles, MO 63301; (636) 949-7505  
St. Clair County: 655 2nd Street, Osceola, MO 64776; (417) 646-2950  
St. Francois County: 1 W. Liberty Street # 302, Farmington, MO 63640; (573) 431-6505  
St. Louis County: 41 S. Central Avenue, Clayton, MO 63105; (314) 615-7100  
St. Louis City: 1200 Market Street, Room 126, St. Louis, MO 63103; (314) 622-4610  
Ste. Genevieve County: 55 3rd Street #3, Ste. Genevieve, MO 63670; (573) 883-2706  
Stoddard County: 401 N. Prairie Street, Bloomfield, MO 63825; (573) 568-3444  
Stone County: 108 E. 4th Street, Galena, MO 65656; (417) 357-6362  
Sullivan County: 109 N. Main St #20, Milan, MO 63556; (660) 265-3630

## **T**

Taney County: 132 David Street, Forsyth, MO 65653; (417) 546-7234  
Texas County: 210 N. Grand Avenue #209, Houston, MO 65483; (417) 967-8438

## **V**

Vernon County: 100 W. Cherry Street, Nevada, MO 64772; (417) 448-2520

## **W**

Warren County: 101 Mockingbird Lane # 303, Warrenton, MO 63383; (636) 456-9800  
Washington County: 102 N. Missouri Street, Potosi, MO 63664; (573) 438-6111  
Wayne County: 109 Walnut Street, Greenville, MO 63944; (573) 224-3015  
Webster County: 101 S. Crittenden Street # 16, Marshfield, MO 65706; (417) 859-5882  
Worth County: 11 W. 4th Street, Grant City, MO 64456; (660) 564-2219  
Wright County: 125 Court Square, Hartville, MO 65667; (417) 741-7322

## **DEATH OF A MILITARY RETIREE**

When a military retiree dies, it is necessary to notify several offices of the retiree's death to avoid overpayments of benefits that will have to be paid back if received. Here are the steps you should take when your military retiree dies:

**Step 1** - Notify the Defense Finance and Accounting Service (DFAS) Casualty Care Team at 1-800-321-1080. Please have the retiree's Social Security Number and the date of death when you call. For customers located overseas, the commercial number is 216-522-5955, select option 3 to be directed to the appropriate representative.

Upon notification, DFAS will begin to close out the pay account to prevent any overpayments.

**Step 2** - Contact your financial institution and inform them of the death of the retiree.

**Step 3** - Within 7-10 business days of reporting the death to DFAS, you should receive a condolence letter.

If the member is due arrears of pay you will also receive a Claim for Unpaid Compensation of Deceased Member of the Uniformed Service (SF 1174).

If the decedent was enrolled in the Survivor Benefit Plan or the Retired Serviceman's Family Protection Plan, you should also receive an Annuity Care Package for completion and return.

**Step 4** - Complete the SF 1174 you received with your condolence letter and return with a copy of the retiree's Death Certificate that reflects cause of death to:

DFAS U.S. Military Retired Pay  
Defense Finance and Accounting Service  
U.S. Military Retired Pay  
8899 E 56th Street  
Indianapolis IN 46249-1200

If you need assistance completing your claim form please contact the DFAS call center at 800-321-1080.

**Contact List:** In addition to notifying DFAS, you should also notify the following agencies/departments as soon as possible:

- \* Social Security Administration at 800-772-1213.
- \* Defense Enrollment Eligibility Reporting System at 800-538-9552.
- \* Department of Veterans Affairs (VA) at 800-827-1000 for military retirees receiving disability compensation.
- \* Office of Personnel Management at 888-767-6738 if the member was a current or retired federal civilian employee.
- \* VA at 800-669-8477 for retirees enrolled in a VA-sponsored life insurance policy, such as National Service Life Insurance.
- \* Office of Servicemember's Group Life Insurance at 800-419-1473 for retirees enrolled in Veteran's Group Life Insurance.

**INFORMATION AND INSTRUCTIONS FOR YOUR PERSONAL REPRESENTATIVE**

A letter of instructions organizes the information essential to your personal representative to ease his/her burden in putting your final wishes into action. **If you complete this packet of information, please note that this is not a substitute for a will.** It must not be used to change the provisions of your will. If you want to change the provisions of your will, seek legal assistance to prepare and execute a new will. Again, the sole purpose of completing this packet is to collect and organize your important information into an easily accessible format for your personal representative. This packet need not be executed as a legal document, and you are free to change it as necessary.

\*\*\*\*\*

**IMPORTANT NOTICE**

Once completed, this packet contains a wealth of personal and financial information. Only provide a copy, or directions on how to access this packet on your death, to the personal representative you named in your will. Since you have entrusted that person with the responsibility to manage your estate and distribute your assets upon your death, you should be able to trust him or her with the information this packet contains. If you have concerns about the trustworthiness of this person, it is strongly recommended that you reconsider appointing him or her as your personal representative.

\*\*\*\*\*

**PERSONAL AND FAMILY HISTORY**

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

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

State of Legal Residence (if different from address): \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

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

Period of Service: \_\_\_\_\_

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

Period of Service: \_\_\_\_\_

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

Period of Service: \_\_\_\_\_

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

Period of Service: \_\_\_\_\_

Location of Copies of Military Records: \_\_\_\_\_

\_\_\_\_\_



**NOTE: The DD Form 214 is essential to establishing veteran status and eligibility for benefits. Please ensure your personal representative has access to a copy of it.**

Spouse's Full Name: \_\_\_\_\_

Spouse's Address (if different from yours): \_\_\_\_\_

Spouse's Phone Number: \_\_\_\_\_

**Information on Children:**

Full Name & Date of Birth: \_\_\_\_\_

Address (if different from yours): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Full Name & Date of Birth: \_\_\_\_\_

Address (if different from yours): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Full Name & Date of Birth: \_\_\_\_\_

Address (if different from yours): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Full Name & Date of Birth: \_\_\_\_\_

Address (if different from yours): \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Information on Grandchildren:**

Full Name & Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Information on Grandchildren (continued):**

Full Name & Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Full Name & Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Full Name & Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Full Name & Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Full Name & Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Full Name & Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Full Name & Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Information on Brothers/Sisters:**

Full Name & Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Full Name & Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Full Name & Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Full Name & Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Full Name & Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Full Name & Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**KEY CONTACTS**

**Physician**

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

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

Phone Number: \_\_\_\_\_

**Specialist**

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

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

Phone Number: \_\_\_\_\_

**Dentist**

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

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

Phone Number: \_\_\_\_\_

**Other Care Provider**

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

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

Phone Number: \_\_\_\_\_

**Other Care Provider**

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

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

Phone Number: \_\_\_\_\_

**Attorney**

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

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

Phone Number: \_\_\_\_\_

**Accountant**

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

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

Phone Number: \_\_\_\_\_

**Financial Advisor/Planner**

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

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

Phone Number: \_\_\_\_\_

**Tax Preparer**

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

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

Phone Number: \_\_\_\_\_

**Other**

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

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

Phone Number: \_\_\_\_\_

**IMPORTANT PERSONAL PAPERS**

List location where you store your:

Will: \_\_\_\_\_

Financial Power of Attorney: \_\_\_\_\_

Healthcare Power of Attorney: \_\_\_\_\_

Advanced Directive: \_\_\_\_\_

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

Marriage Certificate: \_\_\_\_\_

Social Security Card: \_\_\_\_\_

Property Deeds: \_\_\_\_\_

Mortgage Documents (if still paying on home): \_\_\_\_\_

Income Tax Returns: \_\_\_\_\_

Bank Account Records (specify type of account and location of records): \_\_\_\_\_

\_\_\_\_\_

Outstanding Loans Other than Mortgages (identify type of loan and location of records): \_\_\_\_\_

\_\_\_\_\_

Debts Owed to You (identify debtor, type of obligation and location of records): \_\_\_\_\_

\_\_\_\_\_

Trust Documents on Which You Are a Beneficiary: \_\_\_\_\_

\_\_\_\_\_

Trust Documents on Which You Are a Trustee: \_\_\_\_\_

\_\_\_\_\_

**CREDIT CARDS**

Type of Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Issuer: \_\_\_\_\_

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

Phone Number (should be on billing statement): \_\_\_\_\_

Type of Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Issuer: \_\_\_\_\_

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

Phone Number (should be on billing statement): \_\_\_\_\_

Type of Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Issuer: \_\_\_\_\_

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

Phone Number (should be on billing statement): \_\_\_\_\_

Type of Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Issuer: \_\_\_\_\_

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

Phone Number (should be on billing statement): \_\_\_\_\_

**LIFE INSURANCE POLICIES**

Location of Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_



**HEALTH AND DISABILITY INSURANCE POLICIES**

Location of Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

**OTHER INSURANCE POLICIES**

**Homeowner's/Renters' Insurance:**

Location of Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

**Auto Insurance**

Location of Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

**Other Insurance Policy**

Location of Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

## INVESTMENTS

### **Stocks**

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

Companies: \_\_\_\_\_

Investment Firm: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

### **Mutual Funds**

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

Type of Fund: \_\_\_\_\_

Investment Firm: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

### **Bonds**

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

Type of Bonds: \_\_\_\_\_

Investment Firm: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

**IRAs**

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

Account Number(s): \_\_\_\_\_

Financial Institution: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Annuities**

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

Type(s) of Annuity: \_\_\_\_\_

Investment Firm: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

**Certificates of Deposit**

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

Account Number(s): \_\_\_\_\_

Financial Institution: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**LOCATION OF OTHER IMPORTANT ITEMS**

Please provide the location for each of the following, if applicable:

**Safety Deposit Box** (Name of Institution & Address): \_\_\_\_\_

\_\_\_\_\_

Account Number (if applicable): \_\_\_\_\_

Person(s) Authorized Access (Full Names, Addresses & Phone Numbers): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of Key to Box: \_\_\_\_\_

**Post Office Box**

Location of Box: \_\_\_\_\_

Location of Key or Combination: \_\_\_\_\_

**File Cabinets Containing Personal Papers**

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

\_\_\_\_\_

**Other Storage Places**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPECIFIC INSTRUCTIONS TO MY PERSONAL REPRESENTATIVE**

**1. “X” Out Instruction #1 If You Are Not a Military Retiree**

Notify the Defense Finance and Accounting Service (DFAS) Casualty Care Team at 1-800-321-1080. Please have the retiree’s Social Security Number and the date of death when you call.

For customers located overseas, the commercial number is 216-522-5955, select option 3 to be directed to the appropriate representative.

Upon notification, DFAS will begin to close out the pay account to prevent any overpayments.

**2. Contact the Local Office of the Social Security Administration (800-772-1213) and a Veterans Service Officer to determine all benefits to which I and my heirs are entitled.**

- Veterans Service Officers can be located at American Legion posts, Veterans of Foreign Wars (VFW) posts, Disabled American Veterans (DAV) posts, or through the State government. If in Missouri, search for “Missouri Veterans Commission”.

**3. I served in the \_\_\_\_\_ . Contact my service’s Military Personnel Center and Mortuary Affairs Office to determine all benefits to which I and my heirs are entitled. Call the base/installation operator for the nearest military installation and obtain the phone number for that installation’s Personnel Office. That office should provide the contact information to the appropriate Personnel Center and Mortuary Affairs Office.**

**4. Notifications.** I request that the following people/institutions be notified of my death:

- Defense Enrollment Eligibility Reporting System at 800-538-9552.
- Department of Veterans Affairs (VA) at 800-827-1000 for military retirees receiving disability compensation.
- Office of Personnel Management at 888-767-6738 if a current or retired federal civilian employee.
- VA at 800-669-8477 for retirees enrolled in a VA-sponsored life insurance policy, such as National Service Life Insurance.
- Office of Servicemember's Group Life Insurance at 800-419-1473 for retirees enrolled in Veteran's Group Life Insurance.

Additional Notifications:

---

---

---

---



**FUNERAL ARRANGEMENTS**

**1. I have / have not prepaid the costs of my funeral, casket, and/or burial.**

If I have, the relevant documents are located: \_\_\_\_\_  
\_\_\_\_\_

**2. I do / do not wish to be cremated.**

**3. I do / do not wish to be buried in my military uniform.**

**4. I do / do not wish a military honor guard for my service.**

**5. I request the following funeral home or mortuary handle my arrangements:**

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

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

Phone: \_\_\_\_\_

**6. I do / do not wish to have a religious service.**

If I do wish to have a religious service, please note the following information:

Name of Religious Institution: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Name of Person to Perform Service: \_\_\_\_\_

**7. If applicable, I request the following persons serve as pallbearers (list name and contact information for each):**

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



**8. I do / do not wish a graveside service.**

**9. I request the following inscription be engraved on my memorial stone or plaque:**

---

---

---

---

**10. If applicable, I request the following songs, poems and/or scripture readings for my service:**

---

---

---

---

---

---

---

---

---

---