



# Key Personal Information and Wishes

## Documents

I have executed each of the following documents and you can find them where noted:

Document	Date Signed	Location
Will	_____	_____
Living Will	_____	_____
Health Care Proxy	_____	_____
Medical Directive	_____	_____
Power of Attorney	_____	_____
Living Trust	_____	_____
Insurance Trust	_____	_____
Charitable Trust	_____	_____
Minor's Trust	_____	_____
Custodial Account	_____	_____
Pre/Post Nuptials	_____	_____
Divorce Decree	_____	_____
Burial Agreement	_____	_____
Deeds	_____	_____
Titles	_____	_____

## Indicated Representatives

I have appointed the following persons to act on my behalf:

Power of Attorney	Primary: _____	Contingent: _____
Health Care Proxy	Primary: _____	Contingent: _____
Executor(s) of Estate	Primary: _____	Contingent: _____

## General Information

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Passport #: \_\_\_\_\_

Upon my death, my heirs  *will*  *will not* receive a distribution of benefits from a trust.

If yes, the trust instrument was created by \_\_\_\_\_ Trustee: \_\_\_\_\_

*I am*  *I am not* an organ donor. Wishes: \_\_\_\_\_

*I do*  *I do not* have a safety deposit box. The key is located \_\_\_\_\_

Bank Name and Location: \_\_\_\_\_

*I do*  *I do not* have a personal safe. The combination is \_\_\_\_\_

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

*I do*  *I do not* have digital information (login/user names, passwords, security questions) documented. Location: \_\_\_\_\_

*I have*  *I have not* attached a list of the persons I want to receive my personal property when I die.

*I am*  *I am not* entitled to military benefits. Benefits: \_\_\_\_\_

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## In The Event Of My Death

Funeral Home: \_\_\_\_\_

Cemetery: \_\_\_\_\_ Plot/Drawer #: \_\_\_\_\_

*I have*  *I have not* prepaid my burial costs.

*I have*  *I have not* prepaid my burial plot.

*I have*  *I have not* prepaid my casket.

Information can be found at: \_\_\_\_\_

I have  *a deceased spouse*  *parent*  *child* \_\_\_\_\_ who is buried at \_\_\_\_\_

*I wish* to be buried next to \_\_\_\_\_

*I do*  *I do not* want to be cremated. Crematory: \_\_\_\_\_

Religious official to perform service: \_\_\_\_\_ Location: \_\_\_\_\_

Pallbearers:

_____	_____
_____	_____
_____	_____
_____	_____

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## Special Requests

Obituary Reading: \_\_\_\_\_

Tombstone Engraving: \_\_\_\_\_

In lieu of flowers, please ask for donations to: \_\_\_\_\_

Other Special Requests: \_\_\_\_\_

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

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I have signed these personal wishes on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. This is not legally binding nor is it intended to replace my will or other estate planning documents I have signed. However, it is my express desire that family members, Executor, Trustee and Guardian will use this information and the other documents in making any discretionary decisions for me and my family.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Copies of this document were delivered to:

_____	_____
_____	_____