

CONFIDENTIAL

Personal Record with Odds and Ends



My legal name is:

1) My legal name is:

2) My Legal Residence is:

City

County

State

Province/Country (if outside the US)

3) Date of Birth: _____

4) Place of Birth: _____

5) Social Security #: _____

DISCLAIMER

These pages list important information and the location of documents and personal information which may be needed in the event of my illness or death. These pages are not, nor are they meant to be, a legal document. Instead, they will make it easier for others to find my legal documents and to carry out my wishes.

Signature

Date Completed

Signature

Date Completed

NEW JERSEY FOUNDATION FOR AGING

176 WEST STATE STREET
TRENTON, NJ 08608

TEL: 609 421-0206 FAX: 609 421-2006

www.njfoundationforaging.org
office@njfoundationforaging.org

THE NEW JERSEY FOUNDATION FOR AGING works to improve and expand new and innovative approaches in the delivery of services that enable older adults to live in the community with independence and dignity through grantmaking to address unmet needs and through increasing society's awareness to influence public policy.

The Foundation, which incorporated in 1998, is a non-profit organization that works to advance innovations in aging services that address the needs of today's seniors and the seniors of tomorrow. The Foundation appreciates the many supporters and advisors that have guided our path over the last seven years. Our work is made possible by the generous support of our donors.

- PARENTS -

- A. Father's Name (First, Middle, and Last): _____
- B. Father's Date and Place (City and State) of Birth: _____
- C. Father's Date and Place (City and State) of Death, if applicable: _____
- D. Mother's Name (Complete Maiden Name): _____
- E. Mother's Date and Place (City and State) of Birth: _____
- F. Mother's Date and Place (City and State) of Death, if applicable: _____
- G. Father's Place of Burial, if applicable: _____
- H. Mother's Place of Burial, if applicable: _____



- MARRIAGE -

- Spouse (First, Middle or Maiden Name): _____
- Date of Marriage: _____ Place of Marriage (City and State): _____
- Location of Marriage License: _____
- Date of Spouse's Birth: _____ Spouse's Birthplace (City and State): _____

Please Complete and of the following that are applicable:

1. Widowed
- A. Deceased Spouse's Name (First, Middle or Maiden, and Last),
if different from spouse above: _____
- B. Date of Deceased Spouse's Death: _____
- C. Cause of Deceased Spouse's Death: _____
- D. Location (City, County, and State) of Deceased Spouse's Death: _____
2. Divorced
- A. Name of Spouse (First, Middle or Maiden, and Last)
from whom Divorced, if Different from Spouse above: _____
- B. Date of Divorce: _____ Location of Records: _____
- C. Name of Divorce Attorney: _____
3. Legally Separated
- Date: _____

Date Completed: _____ Signature: _____



- CHILDREN AND GRANDCHILDREN -

My Children Are (Names, Addresses)

Birth Date

Relationship
(natural, adopted, step-child)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My Grandchildren Are (Names, Addresses)

Birth Date

Relationship
(natural, adopted, step-child)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- EMPLOYMENT -

Name, Address, and Telephone Number of Present (or, if Retired, Retirement) Employer:

Date Started: _____ Immediate Supervisor: _____

I am eligible for Pension, Profit Sharing, or other Benefits from the following:

Date Completed: _____

Signature: _____

- ESTATE PLAN -

1) My estate plan consists of the following legal instruments, if any (Check those that apply):

	DATED	LOCATION OF ORIGINAL INSTRUMENT
A. None <input type="checkbox"/>		
B. Last Will and Testament <input type="checkbox"/>	_____	_____
(i) Codicil <input type="checkbox"/>	_____	_____
(ii) Codicil <input type="checkbox"/>	_____	_____
C. Revocable Trust Agreement <input type="checkbox"/>	_____	_____
(i) Amendment <input type="checkbox"/>	_____	_____
(ii) Amendment <input type="checkbox"/>	_____	_____
D. Durable Power of Attorney <input type="checkbox"/>	_____	_____
E. Living Will or Health Care Directive <input type="checkbox"/>	_____	_____
F. Irrevocable Trust Agreement <input type="checkbox"/>	_____	_____
G. Plan of care for underage dependents		_____

Attorney who prepared Legal Instruments: _____ Phone: _____

- MILITARY SERVICE -

Branch of Service: _____
 Dates of Service — From: _____ To: _____
 Type of Discharge: _____ Location of Military Records: _____
 Highest Rank or Grade: _____ Military Serial Number: _____
 V.A. Claim Number: _____ Disability: _____

ODDS & ENDS

- DID YOU KNOW? -

List Merits, Medals, Honors: _____

Date Completed: _____ Signature: _____



- INTANGIBLE PERSONAL PROPERTIES -

1. Please List all Checking and Savings Accounts (including Certificates of Deposit):

Type of Account	Financial Institution	Account Number	Joint With
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Investments

A. Please List any Interests in any Closely Held Businesses:

B. Please List any Stocks, Bonds, or Securities:

C. Please List any Brokers (Names, Addresses, and Telephone Numbers):

3. Personal Property (Autos, Boats, Jewelry, Collections, Household Furnishings):



Date Completed: _____

Signature: _____

- LIFE INSURANCE AND ANNUITIES -

1. Please List all Life Insurance Policies and Annuities:

Company Name	Policy Number	Face Amount	Loans? Amount?	Location
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Please List Life Insurance Agents (Names, Addresses, and Telephone Numbers):

- HEALTH INSURANCE AND MEDICARE -

1. Please list all applicable Private Health, Hospitalization, Medical or Medicare Supplemental Insurance Companies:

Company Name	Policy Number	Address	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I am now Medicare eligible or will become Medicare Eligible on: _____

My Medicare Number is: _____

- LIABILITY AND CASUALTY INSURANCE -

1. Automobiles:

Company Name	Policy Number	Address	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Home Owners' and other Properties' Insurance:

Company Name	Policy Number	Address	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date Completed: _____

Signature: _____

LIABILITY AND CASUALTY INSURANCE (CONT'D.)

3. General Liability or other Insurance:

Company Name	Policy Number	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Location of Policies: _____

- SAFE DEPOSIT BOX -

Please List all Safe Deposit Boxes in which your Valuables are stored:

Institution	Branch	Key Located	Name and Address of Others with Access
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



ODDS & ENDS

- DID YOU KNOW? -

Favorite Things: _____

Favorite Hobbies: _____

Date Completed: _____

Signature: _____

- DEBTS, CREDIT CARDS, AND PENDING LEGAL ACTIONS -

1. Please List all Debts other than Credit Cards:

Owed to Whom	Amount	For What	Location of Papers
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Please list all Credit Card Accounts:

Creditor Name: _____ Account Number: _____
 Creditor Name: _____ Account Number: _____
 Creditor Name: _____ Account Number: _____

3. Please List all Pending Legal Matters:

Description of Matter: _____
 Name, Address, and Phone of Attorney: _____

Description of Matter: _____
 Name, Address, and Phone of Attorney: _____

- INCOME TAX RECORDS -

Name and Address of Preparer: _____

- RELIGIOUS AFFILIATIONS -

Church or Temple: _____
 Address: _____



Date Completed: _____ Signature: _____

- BURIAL PLANS -

Name of Funeral Director: _____

Address: _____ Phone: _____

List any Burial Plans or cemetery lots owned: _____

Location of any Documents related to Funeral Plans (including any Deeds to Cemetery lots): _____

Please list any Funeral Wishes: _____

- PERSONS TO BE NOTIFIED OF DEATH -

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____



Date Completed: _____

Signature: _____

