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Vital Statistics

Millions of dollars in unclaimed property are owed to deceased individuals whose heirs often times do not have access to or knowledge of important personal and financial information. By documenting your life and sharing this important information, you are providing direction and guidance to your loved ones when they need it most.

It is important that your loved ones know where to find this document. In the event of a death, the completed document will provide up-to-date information and prevent your property from being turned over as unclaimed property.

Personal Information

Name: _____ SSN _____ - _____ - _____

Address: _____

City: _____

State/Zip Code: _____

DOB _____ / _____ / _____ Place of birth: _____ Race: _____
Month Day Year

Father's name: _____ Mother's name (maiden): _____

Spouse (maiden): _____

Place of marriage: _____ Date of marriage _____ / _____ / _____
Month Day Year

Child's name _____

DOB _____ / _____ / _____ Place of birth: _____

Child's name _____

DOB _____ / _____ / _____ Place of birth: _____

Child's name _____

DOB _____ / _____ / _____ Place of birth: _____

Education

Years completed: _____

Elementary School: _____ City/State: _____

Junior High School: _____ City/State: _____

High School: _____ City/State: _____

Year graduated: _____

Higher Education: _____

Year graduated: _____ Degree earned: _____

Other schools attended: _____ City/State: _____

School: _____ City/State: _____

Important Documents

Last Will and Testament location: _____

Details: _____

Attorney: _____
Name *Phone*

Physician: _____
Name *Phone*

Birth and marriage certificate locations: _____

Insurance policies:

Health: _____
Company *Policy #*

_____ *Beneficiary* *Amount of benefit*

Life: _____
Company *Policy #*

_____ *Beneficiary* *Amount of benefit*

Homeowner/rental: _____
Company *Policy #*

_____ *Beneficiary* *Amount of benefit*

Personal liability: _____
Company *Policy #*

_____ *Beneficiary* *Amount of benefit*

Important Documents *(continued)*

Auto: _____
Company *Policy #*

Beneficiary *Amount of benefit*

Automobile records: _____
Location of title

Description of vehicles

Prepaid funeral plan _____
Funeral home *Phone*

Policy # *Beneficiary*

Property

Current Residence:

Location/Description

Location of Deed

Mortgages: _____
Location *Loan #*

Location *Loan #*

Location *Loan #*

Location *Loan #*

Other property: _____
Location of Deed

Partners/Joint ownerships

Mortgages: _____
Location *Loan #*

Location *Loan #*

Location *Loan #*

Other property: _____
Location of Deed

Partners/Joint ownerships

Location *Loan #*

Location *Loan #*

Financial Information

Bank accounts: _____
Institution *Account #*

Type of account *Names on account*

Institution *Account #*

Type of account *Names on account*

Safe deposit box: _____
Location

Contents

Debts: _____
Location *Loan/Account #* *Type*

Location *Loan/Account #* *Type*

Tax returns/records: _____
Location *Accountant* *Phone*

Credit cards: _____
Location *Account #* *Type*

Location *Account #* *Type*

Location *Account #* *Type*

Investments

401(k)/Pension: _____
Location of documents *Contact*

IRA retirement plan: _____
Location of documents *Contact*

Stock & bond certificates: _____
Location of documents *Contact*

Location of Documents *Contact*

Location of Documents *Contact*

Broker/Financial advisors: _____
Company *Name* *Phone*

Company *Name* *Phone*

Other: _____
Details *Contact* *Phone*

Details *Contact* *Phone*

Details *Contact* *Phone*

Military Service

Branch of military: _____

Rank: _____ Unit: _____

Enlistment date: _____/_____/_____

Location: _____

Discharge date: _____/_____/_____

Location: _____

Location of discharge papers: _____

Military retirement documents: _____

Service serial number: _____

War(s): _____

Veteran's benefits: _____

Employment History

Occupation: _____

Most recent employer: _____

Kind of business: _____

Total number of years worked: _____ from: _____ to: _____

Previous employer: _____

Kind of business: _____

Total number of years worked: _____ from: _____ to: _____

Retired: Yes No Year retired: _____

Occupation: _____

Most recent employer: _____

Kind of business: _____

Employment History *(continued)*

Total number of years worked: _____ from: _____ to: _____

Previous employer: _____

Kind of business: _____

Total number of years worked: _____ from: _____ to: _____

Retired: Yes No Year retired: _____

Occupation: _____

Most recent employer: _____

Kind of business: _____

Total number of years worked: _____ from: _____ to: _____

Previous employer: _____

Kind of business: _____

Total number of years worked: _____ from: _____ to: _____

Retired: Yes No Year retired: _____

Occupation: _____

Most recent employer: _____

Kind of business: _____

Total number of years worked: _____ from: _____ to: _____

Previous employer: _____

Kind of business: _____

Total number of years worked: _____ from: _____ to: _____

Retired: Yes No Year retired: _____

