

## 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: \_\_\_\_\_

Father's name: \_\_\_\_\_ Mother's name (maiden): \_\_\_\_\_

Spouse (maiden): \_\_\_\_\_

Place of marriage: \_\_\_\_\_ Date of marriage \_\_\_\_/\_\_\_\_/\_\_\_\_

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*

## Important Documents (continued)

Personal liability: \_\_\_\_\_  
*Company* *Policy #*

\_\_\_\_\_  
*Beneficiary* *Amount of benefit*

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*

## Property (continued)

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

Location

Loan/Account #

Type

Tax returns/records:

Location

Accountant

Phone

Credit cards:

Location

Account #

Type

Location

Account #

Type

Location

Account #

Type

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: \_\_\_\_\_

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: \_\_\_\_\_

## Employment History (*continued*)

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: \_\_\_\_\_

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

Most recent employer: \_\_\_\_\_

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Previous employer: \_\_\_\_\_

Kind of business: \_\_\_\_\_

Total number of years worked: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

Retired:  Yes  No Year retired: \_\_\_\_\_

