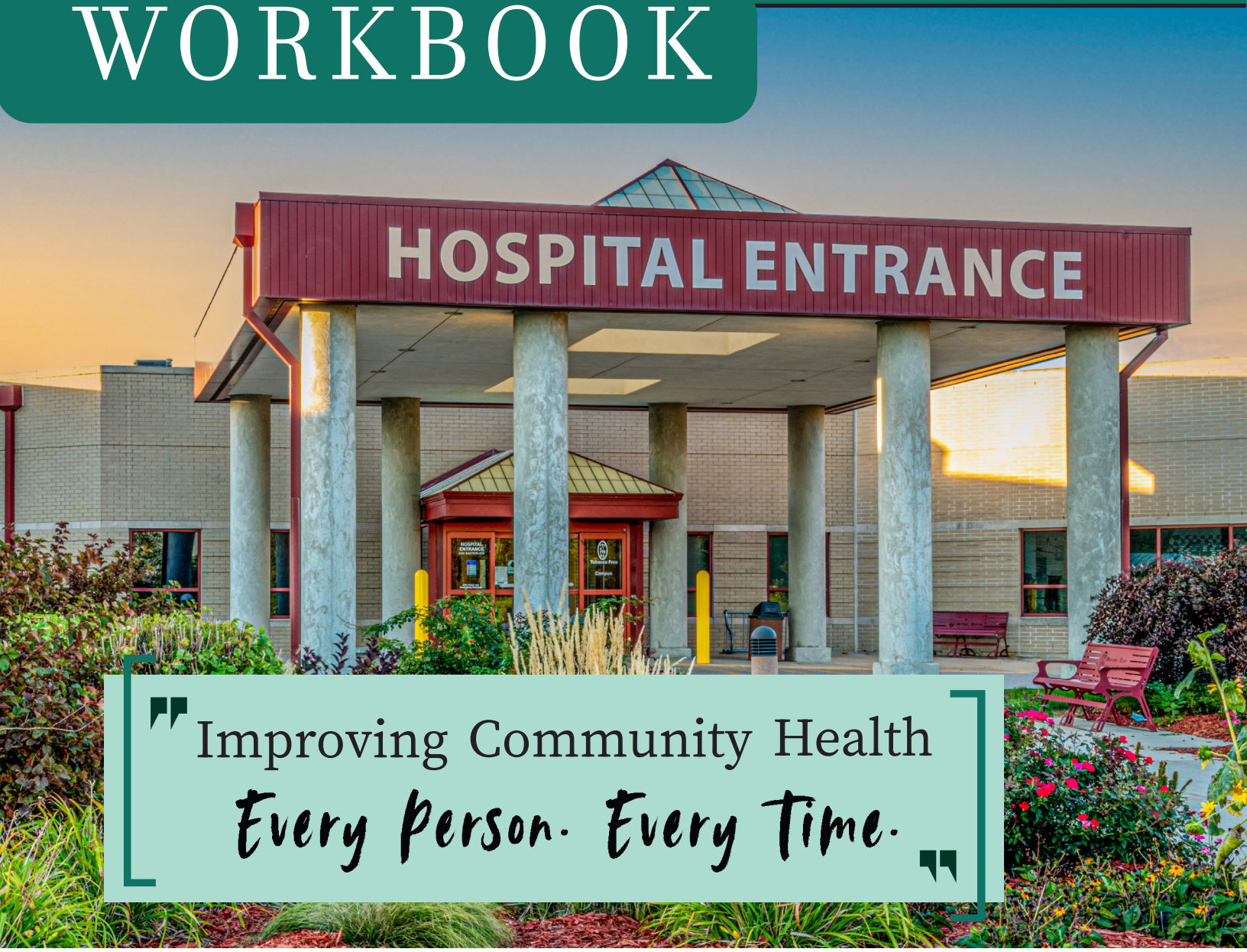
PERSONAL RECORDS WORKBOOK



"Improving Community Health
Every Person. Every Time."

Montgomery County Memorial
Hospital + Clinics

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Welcome

This workbook allows you to record important personal and business information all in one place. With this, you assist your family in times of emergency to handle your affairs during illness or after your death. It will save hours of anxiety and grief for your family.

Sometimes it can be hard to remember all of the important things at once but we hope this makes the process of gathering information easier for you. After completing this workbook, make sure the person in charge of your affairs is aware of its current location. We suggest securing your workbook in a fireproof box at home for safekeeping and for ease of making any future changes.

REMEMBER – this workbook is NOT a legal document.

We advise you to consult with an attorney and be sure you have properly drawn a will/trust. If you already have a will/trust, be sure that it is reviewed periodically.

A will/trust gives you the advantage of specifying:

- To whom your property should go.
- When it should go and in what amounts it should go.
- How it should be safeguarded.
- By whom it should be handled.

These materials may be downloaded for free online at MCMH. You can also find information on Advance Directives on our website.

My Personal Information

Legal Name: _____
First Middle (Maiden Name) Last

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Date of Birth: Month _____ Day _____ Year _____

Place of Birth: City _____ State _____ Zip _____

County: _____ Country: _____

Birth Certificate is located: _____

Social Security Number: _____

MARITAL STATUS (circle one): Married/Single/Legally Separated/Divorced

Fill out this section if Married.

Spouse: _____
First Middle (Maiden Name) Last

Spouse Date of Birth: Month _____ Day _____ Year _____

Spouse Social Security Number: _____

City: _____ State: _____ Zip: _____

Marriage License is located: _____

Widowed: Month _____ Day _____ Year _____

Cause of Death: _____ Age: _____

City: _____ State: _____ Zip: _____

Death Certificate is located: _____

Fill out this section if Legally Separated or Divorced

Date: Month _____ Day _____ Year _____

City: _____ State: _____ Zip: _____

Divorce decree is located: _____

MILITARY SERVICE

Armed Forces ID: _____ Military Branch: _____

Date Enlisted: Month _____ Day _____ Year _____

Date Discharged: Month _____ Day _____ Year _____

Discharge papers located: _____

NATURALIZATION/IMMIGRATION RECORDS/CITIZENSHIP

Country: _____

Date Entered U.S.A.: Month _____ Day _____ Year _____

Citizenship papers located: _____

FAMILY

Children: (List Names and Birthdates)

_____ _____/_____/_____

_____ _____/_____/_____

_____ _____/_____/_____

_____ _____/_____/_____

*If applicable, named as Guardian(s) of children: _____

Phone Number(s): _____

Parents:

Father: _____
First Middle Last

Date of Birth: Month _____ Day _____ Year _____

City: _____ State: _____ Zip: _____

County: _____ Country: _____

Date of Death: Month _____ Day _____ Year _____

Buried at: _____

Mother: _____
First Middle (Maiden Name) Last

Date of Birth: Month _____ Day _____ Year _____

City: _____ State: _____ Zip: _____

County: _____ Country: _____

Date of Death: Month _____ Day _____ Year _____

Buried at: _____

Sibling(s): (List Names and Birthdates)

_____ _____/ _____/ _____

_____ _____/ _____/ _____

_____ _____/ _____/ _____

_____ _____/ _____/ _____

_____ _____/ _____/ _____

Pet(s): (List Names and Type)

_____ _____

_____ _____

Veterinarian: _____ Phone Number: _____

EDUCATION

High School: _____

City: _____ State: _____

Year Graduated: _____

Post-Secondary School (if applicable): _____

City: _____ State: _____

Year Graduated: _____

Degree(s): _____

Any additional education: _____

_____

CHARITY, RELIGIOUS AFFILIATION, ORGANIZATIONS/BOARDS, ETC

_____

_____

EMPLOYMENT

Current Employer/Retired from: _____

City: _____ State: _____ Zip: _____

Phone: _____ Position: _____

Start date: _____ End date: _____

Additional employment information: _____

_____

Medical Information & Advanced Care Planning

HEALTH & LONG TERM CARE INSURANCE

Medicare: I am/I am not registered for Medicare

Medicare Supplement: I do/I do not have supplemental insurance.

Insurance Name: _____

Additional Coverage (check)

[ ] Accident [ ] Hospitalization [ ] Disability

[ ] Long term care [ ] Other insurance

Location of Policies: _____

LIFE INSURANCE: I do/I do not have Life Insurance.

Insurance Name: _____

Policies are located: _____

Policies Covering Others: Yes/No

Name(s) of person(s) insured: _____

_____

Policies are located: _____

ADVANCE DIRECTIVES: I do/I do not have Advance Directives

Original is located:_____

ORGAN DONATION: I have/have not agreed to be an organ donor.

Special donation requests: _____

BURIAL/PRE-ARRANGED FUNERAL PLANS

Do you own a cemetery lot? Yes/No

Cemetery Name: _____

City: _____ State _____ Zip _____

Deed or lot located: _____

I have given instructions regarding my funeral in: Will/Letter/Other (circle one)

_____

Funeral director of choice: _____

_____

My preference for funeral service:

[ ] Traditional [ ] Cremation [ ] Other: _____

[ ] Memorial [ ] Graveside

Instructions/plans are located: _____

List membership in lodges or fraternal organizations providing cemetery benefits:

_____

Financial Planning & Personal Assets

ESTATE PLANNING – (Wills and Trusts) I do/I do not have a will or trust.

Original executed copy of my will/trust is located: _____

_____

It is dated: _____

Named as Executor(s) and Trustee(s): _____

_____

TRUST FUNDS

Establishing a Trust Fund is a common way to provide for a spouse, children, disabled adults or charities and may be used to manage property.

Formal name of Trust Fund: _____

Trustee: _____

Successor Trustee: _____

Original Trust document located: _____

I am a beneficiary under a trust established by: _____

_____

EMPLOYMENT BENEFIT PLANS/PENSION

Profit Sharing Plans: Yes/No

Plan Provider: _____

Plan Administrator or Personnel Director: _____

401(K) Plans: Yes/No

Name of Employer during contributions: _____

Plan Administrator/Personnel Director: _____

Pension Plans: Yes/No

Name of organization providing benefit: _____

Plan Administrator or Personnel Director: _____

REAL ESTATE I do/I do not own my primary residence.

Property's common address: _____

City: _____ State _____ Zip _____

Deed located: _____

Mortgage on my residence is held by: _____

Address: _____

City: _____ State _____ Zip _____

Other Real Estate I own: [ ] I am not a sole owner.

Common address of property: _____

_____

Deed located: _____

Mortgage on my property is held by: _____

Address: _____

City: _____ State _____ Zip _____

I lease property to others: Yes/No

Total number of rental units: _____

Leases are located: _____

Property Managed by: _____

Address: _____

City: _____ State _____ Zip _____

Insurance Coverage is handled by: _____

_____

Policies are located: _____

The documents checked below can be located at (attorney, accountant, safe deposit box, home safe, etc.)

[ ] Copy of Mortgage _____

[ ] Improvement Loans _____

[ ] Tax Receipts _____

[ ] Mortgage Insurance Policy _____

[ ] Title Insurance _____

[ ] Title Abstract _____

[ ] Closing Abstract _____

[ ] Maps & Surveys _____

SECURITIES

Very valuable rights are often lost because the owners of stock certificates and bonds cannot be located. All the records of Purchase and Sale transactions are necessary for tax purposes.

I do/I do not own securities (Stocks & Bonds)

Certificates/bonds located: _____

I do/I do not have a brokerage account.

Name of Broker or Firm: _____

Address: _____

City: _____ State _____ Zip _____

Records of Purchase and Sale are located: _____

_____

I do/I do not have annuities.

Annuity contract located: _____

_____

CHECKING AND SAVINGS ACCOUNTS

Checking Accounts:

With: _____ Number: _____

Address: _____ Phone: _____

With: _____ Number: _____

Address: _____ Phone: _____

With: _____ Number: _____

Address: _____ Phone: _____

Savings Accounts:

With: _____ Number: _____

Address: _____ Phone: _____

With: _____ Number: _____

Address: _____ Phone: _____

Name of person who has power to sign checks for me:

Name: _____

Address: _____

City _____ State _____ Zip _____

CREDIT CARDS

I possess the following credit cards:

Name: _____

Name: _____

Name: _____

Additional information located: _____

_____

SAFE DEPOSIT/FIREPROOF BOX

I do/I do not have a safe deposit box/home fireproof box.

All important records, documents, and valuable personal possessions should be given the maximum protection. A loss by fire or theft or misplacement can be very costly. The most convenient and best safeguard is to rent a safe deposit box or purchase a home fireproof box.

Located: _____

Keys/Passcodes are located: _____

_____

The following person(s) have access (Name & Phone number)

_____

_____

MISCELLANEOUS ASSETS

Listed here are such assets as fraternal and benevolent memberships, royalty rights, patents, debts due to me, and other sources of income, such as trust income, and pensions (Veteran's Civil Service, Union, etc.), that might be readily located.

_____

_____

PERSONAL PROPERTY

I own the following personal property:

Auto: Yes/No

1. Make _____ Year _____

2. Make _____ Year _____

Title(s) kept: _____

Household Furnishings: Yes/No

Record of Inventory located: _____

Jewelry: Yes/No

Inventory List and Appraisals located: _____

Miscellaneous Personal Property – (not previously listed)

_____

_____

Proof of Ownership, Receipts, Bills of Sale, etc. are kept: _____

FINANCIAL SUBSCRIPTIONS

Automatic Withdrawals/Payments: _____

_____

_____

Monthly Expenses/Money I Owe (lawn, garbage, utilities, rent, etc.):

_____

_____

JOINT OWNERSHIP

I do/I do not own any Real or Personal property in joint ownership.

List interest and designate type: Bank Accounts, Stocks, Bonds, Real Estate, Personal Property, etc.

1. _____

Joint Owner: _____

Address: _____

City _____ State _____ Zip _____

2. _____

Joint Owner: _____

Address: _____

City _____ State _____ Zip _____

3. _____

Joint Owner: _____

Address: _____

City _____ State _____ Zip _____

TAX RECORDS & RETURNS

Copies of tax returns filed are located: _____

Electronic & Online Accounts

ONLINE ACCOUNT ACCESS

Cloud Storage: _____

_____

Delivery Services (food, medications, etc.): _____

_____

_____

Email Address(es): _____

_____

Entertainment Subscriptions (Netflix, HBO, Prime Video, etc.): _____

_____

_____

Social Media Accounts (include usernames and passwords): _____

_____

_____

Internet/Wifi Routers and Passwords: _____

_____

_____

Computer/Laptop/Security Login: _____

Cellphone Access: _____

Apple ID: _____

Other: _____

Persons Familiar with My Affairs

Attorney: _____

Accountant – Tax Counselors: _____

Financial Advisor/Estate Planner: _____

Trust Officer: _____

Primary Care Physician/Network Affiliation: _____

Executor of Estate: _____

After Death Checklist

[ ] Arrange for Care of Family and/or Pets

[ ] Collect Documents and Paperwork (check safe deposit box/fireproof box)

[ ] Forward Mail

[ ] Notify Upon Death List

- Social Security, Medicare, Life Insurance, Banks, Financial Advisor, Credit Agencies, Cancel Drivers License and Voter Registration, etc.

[ ] Obtain multiple copies of the Death Certificate (funeral home can assist, obtain at least 10 copies)

[ ] Secure Property (assure house/sheds/car are locked)

[ ] Secure Vital Statistics (may be required documents for trust, inheritance, will, etc.)

- Birth Certificate
- Certified Death Certificate
- Divorce Certificate
- Driver's License or ID Card
- Legal Will
- Marriage License
- Social Security Card

[ ] Update/Close Accounts