

What My Family Should Know

Name: _____



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What My Family Should Know

This packet is one of the ways you can assure that your estate plan is carried out. By completing the information contained in this packet, you can save your loved ones the stress and worry that comes with having to track down your papers and make difficult decisions for you.

Personal Information (This information is needed for a death certificate)

Full Name: _____

Maiden Name: _____

Date of Birth: _____ Place of Birth: City: _____ State: _____

Military Service: From: _____ To: _____

Branch of the Service: _____

Where Served: _____

Marital Status: _____

Name of Spouse: _____

Social Security Number: _____

Highest Grade Completed [Elementary (0-12) or College (1-4 or 5+)]: _____

Occupation During Most of Working Life: _____

Type of Business: _____ Employer: _____

Ethnic Origin: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

County: _____ Number of Years in County: _____

Father's Name: _____

Mother's Full Maiden Name: _____

Additional Personal Information

Church/Synagogue: _____

Minister/Rabbi: _____

Civic Memberships: _____

Titles and Honors: _____

Community Service: _____

Sports: _____

Special Interests: _____

Pets: _____

Other Special Events or Memories: _____

Family

Parents: _____

Step-parents: _____

Grandparents: _____

Siblings: _____

Children: _____

Grandchildren: _____

Special Friends: _____

Address Book is Located: _____

Important Information

My Estate Planning Attorneys are:

Pregenzler Baysinger Wideman & Sale, PC
2424 Louisiana Blvd NE, Suite 200
Albuquerque, NM 87110
Phone: (505) 872-0505
Fax: (505) 872-1009
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Location of Will: _____

Safe-deposit box (Bank & Branch): _____

Safe-deposit box key: _____

Location of Home Safe: _____

Combination or Location of Combination: _____

E-mail Address: _____

Internet Password: _____

Other Important Documents

Document:

Location:

Birth Certificate: _____

Marriage License: _____

Divorce Decree: _____

Children's Birth Certificates: _____

Deed to Home: _____

Title to Automobile: _____

Tax Returns: _____

Other: _____

My Insurance Agent Is:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Type of Policy:	Policy Number:	Beneficiary:
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Homeowners	_____	_____
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Automobile	_____	_____
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Life	_____	_____
------	-------	-------

Medical	_____	_____
---------	-------	-------

_____	_____	_____
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_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
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My Accountant/ Tax Preparer is:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____



Assets

Bank Accounts:

Account Number and Type:

Bank:

Names on the Account:

Checking Account:

_____	_____	_____
_____	_____	_____

Savings Account:

_____	_____	_____
_____	_____	_____

Certificates of Deposit:

_____	_____	_____
_____	_____	_____

Savings Bonds:

_____	_____	_____
_____	_____	_____

Mutual Funds:

_____	_____	_____
_____	_____	_____

If I have arranged for on-line banking, my password is: _____

Retirement Benefits:

401K Plan: _____

Pension: _____

IRA Account: _____

Annuities: _____

Other: _____

Investment Property

Real Estate – Rentals: _____

Other Investment Opportunities: _____

Stocks and Bonds:

Type: _____ **Number of Shares:** _____

Name of Broker: _____

Address: _____ **City:** _____

State: _____ **Telephone:** _____

Type: _____ **Number of Shares:** _____

Name of Broker: _____

Address: _____ **City:** _____

State: _____ **Telephone:** _____

Type: _____ **Number of Shares:** _____

Name of Broker: _____

Address: _____ **City:** _____

State: _____ **Telephone:** _____

I have made arrangements with my broker for online trading, the password is: _____

Mortgages/Notes:

Property Involved:

Person Owning:

Amount:

Liabilities

Mortgages/Notes:

Property Involved:

Lien Holder:

Amount:

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Credit Cards:

Name of Bank: _____ **Account Number:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Telephone:** _____

Name of Bank: _____ **Account Number:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Telephone:** _____

Name of Bank: _____ **Account Number:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Telephone:** _____

Name of Bank: _____ **Account Number:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Telephone:** _____

Other: _____

Funeral Service

Type of Service: _____

Funeral or Memorial Location: _____

Who should conduct the services: _____

Who will give the eulogy: _____

Readings during the service: _____

Body present at the service: _____

Type of Viewing: _____

Flowers: _____

Charities: _____

Music: _____

Funeral Home

There are many to choose from. If you attend a church or synagogue you might ask who they have dealt with in the past and who they would recommend. There may be one that specializes in your particular religious beliefs. Visit the funeral homes in the area. One may be able to meet your special needs or make you feel confident that things will be done to your specifications. Consider the prepayment options they can provide you. A pre-paid funeral will prevent family from taking on an unexpected financial burden.

Name of Funeral Home: _____

Address: _____ **City:** _____ **State:** _____

Contact Person: _____

Telephone: _____

Pre-paid Contract: _____

Casket Preference if not Pre-Paid: _____

Disposition

Embalming: _____

Followed by Burial or Cremation? _____

If Cremation:

Followed by Burial/Urn/Columbarium Niche/ Scattered: _____

Prepaid Cremation Contract:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Person: _____

Telephone: _____

Immediate Burial: _____

Cemetery

Name of Cemetery: _____

Address: _____ **City:** _____ **State:** _____

Contact Person: _____ **Telephone:** _____

Earth/ Burial/ Mausoleum: _____

Type of Burial receptacle: _____

Location of paperwork for pre-purchased plot: _____

Grave Maker pre-paid and selected: _____

If not pre-paid and selected, type of marker wanted: _____

Designs or inscriptions: _____

Grave Marker pre-set: _____

If not pre-set, monument company:

Name of Cemetery: _____

Address: _____ **City:** _____ **State:** _____

Contact Person: _____ **Telephone:** _____

Other Instructions: _____

