Record of Personal Affairs

The following is a guide to assist you in consolidating information that will be beneficial for your loved ones at the time of your passing. This information is for your personal use only and **should NOT be submitted to VA**.

Be sure to keep the following guide in a secure location, as it will contain personally identifiable information.

MY RECORD OF PERSONAL AFFAIRS

| First Name | Middle Name | Last Name |
|-------------------------|----------------------|--|
| Retired Military Grade | Branch of Service | Social Security Number |
| Street Address | City/State | Zip Code |
| Service Number | Date of Entry | Date/Type/Character of Separation from Military |
| Date and Place of Birth | | |
| City/State/Zip | Month/Day | /Year |
| Parent's Information | | |
| Father's First Name | Father's Middle Name | Father's Last Name |
| Mother's First Name | Mother's Middle Name | Mother's Last Name |
| Children's Information | | |
| Child's First Name | Child's Middle Name | Child's Last Name |
| Child's First Name | Child's Middle Name | Child's Last Name |
| Child's First Name | Child's Middle Name | Child's Last Name |
| Child's First Name | Child's Middle Name | Child's Last Name |

Your Marital History

| Spouse's Name | Spouse's Social Security Number | Spouse's Birthdate |
|---|---------------------------------|--------------------------|
| Location of Marriage (City/State/ | Country) | Date of Marriage |
| Spouse's Prior Name (if applicabl | e) | Date of Prior Marriage |
| Your Total Number of Marriages | Your Spouse's T | otal Number of Marriages |
| Trusted Associates: List a personal lawyer or a trusted friend who may be consulted regardi your personal or business affairs. | | |

| First Name | Middle Name | Last Name | |
|----------------|-------------|----------------|--|
| Street Address | | City/State/Zip | |
| Phone Number | Email | Address | |

Location of Family Records: In the open space below, to aid your family, list the physical location of important documentation and records. Documents may include birth certificates, adoption paperwork, marriage certificates, naturalization papers, divorce decrees, death certificates, tax documents, etc.

Your Will:

| Do you have a will? Circle One: YES or | NO |
|---|---|
| Location of Will | Executor's Name and Contact Information |
| Lawyer's Name and Contact Information | |
| Power of Attorney: (Personal, not VA as | signed) |
| Do you have a Power of Attorney? Circle One: | YES or NO |
| Name of POA | Location of Document |

City/State/Zip

Phone Number

Bank Accounts: In the open space below, list your bank accounts, including the name of the financial institution, name of joint account holders, account numbers, and phone numbers.

Credit Cards: In the open space below, list your credit cards, including the name and phone numbers.

Location of Important Financial Documents: In the open space below, list the location of important financial documents, including savings bonds, stocks, mutual funds, 401K, safe deposit box, etc.

Real Estate: If your family needs assistance with your home loan, they can contact VA at phone number: 1-877-827-3702. You do not need a VA loan to request assistance.

| Primary Residence (address) | |
|--|---|
| Mortgage Institution (if applicable) | Location of Physical Mortgage Note |
| Property Insurance Company | Property Insurance Policy Number |
| Investment Properties: In the open spa | ce below, list any investment properties, including the |
| address and location of the deed/note. | |

Vehicles Owned: List the year, make, model and vehicle ID number (VIN) for each vehicle you own.

Life Insurance: Place a check mark beside the type/types of life insurance you have (check all that apply).

| Type of Insurance | |
|--|--|
| Department of Veterans Affairs Sponsored Life Insurance | |
| Government Employee (Federal Employee Group Life Insurance – FEGLI) | |
| Private Employer Sponsored Life Insurance | |
| Private Life Insurance | |

Insurance Company Name

Control/Policy Number

Face Value (Dollars)

Beneficiary Information:

| Name of Bonofician | |
|---|---|
| Name of Beneficiary | |
| Mailing Address | Telephone Number |
| | |
| Payment Option | |
| Other Insurance: In the open space below, li have. | st any additional health, vehicle, or other insurance you |
| | |
| Annuities: Government and private. | |
| Payable to (full name) | Monthly Amount |
| Street Address (include City, State, Zip) | Phone Number |
| Employer Benefits: If employed or retired | d, list any survivor benefit that may be payable. |
| Employer | Survivor Benefit |
| Address (Include City, State, Zip) | Phone Number |
| Membership in Organizations or Asso | ciations: List any organizations with which you are |
| affiliated that may assist your survivors. Also be of assistance. | list other Veteran Service Organizations which may |
| | |
| | |
| Veteran Affairs Record: Survivors should and to discontinue benefits. | contact the VA at 1-800-827-1000 to report a deat |

| VA Claim | Number | (if an | plicable) |
|----------|--------|--------|-----------|

Social Security: Survivors should contact their local Social Security Administration office to see if burial benefits are available.

| Social Security Monthly Payme | nt Location of | Social Security Administration Papers |
|---------------------------------|--------------------------------|---------------------------------------|
| Retirement Pay: Civilian ar | nd/or Military | |
| Finance Center | Current Dep | posit Location |
| Beneficiary or Any Unpaid Reti | red Pay Relationshij | p Phone Number |
| Military Documents: | | |
| Location of DD-214 (Separation | n Papers) | |
| Location of Other Military Docu | uments (Awards, Medical, etc.) | |
| Military Survivor/Casual | ty Assistance Officer: Active | e and retired military personnel. |
| Name and Location | Phone Num | ıber |
| Funeral and Burial Arran | gements: | |
| Funeral Location | | Funeral Director |
| Address | | Phone Number |
| Church, Clergy or Desired Offi | ciant: | |
| Clergyperson/Officiant Name | Office and/ | or Home Phone |
| Name of Institution/Organizati | on Address of | Institution/Organization |
| For Those Who Wish to be Int | erred in a VA National Cemete | ery: |
| Date of Birth | Social Security Number | Rank/Branch of Service |
| Date of Entry into Service | Date of Separation | Service Number |

Have you applied for pre-need Eligibility? Visit www.cem.va.gov to learn more.

Other Suggestions and Wishes: List in the space below.

Wishes for Burial and Funeral Service Arrangements:

| Name of Resting Place | Phone Number |
|---|---|
| Hymns, Psalms, Scriptures, Poetry, or Special Requ | |
| | |
| Flowers/ Memorial (in lieu of flowers) | |
| Memorial and Remembrances | Indicate Emblem of Choice for VA Form 40-1330 |
| Do you have a pre-paid burial/plot? Circle One: | YES or NO |
| Pallbearers: List pallbearers in the space below. | |
| | |
| | |
| Special Instructions: List any additional instruction | ons in the space below. |
| | |
| | |
| Obituary Biography: Write in the space below. | |
| | |
| | |
| | |
| | |

Additional Considerations: Please ensure the following are conducted through proper legal channels:

| ٠ | Do you have a "do not resuscitate" (DNR) order? | Circle One: | YES | or | NO |
|---|---|-------------|-----|----|----|
| • | Do you have a Living Will/ Health Directive? | Circle One: | YES | or | NO |

Checklist of Important Documents

The following documents may be needed by survivors. Use the table below to check off the documents you have and provide their location:

| \checkmark | DOCUMENT | LOCATION OF DOCUMENT (write in location) |
|--------------|--|---|
| | Military Discharge Documents | |
| | Death Certificate (12 copies recommended) | |
| | Deceased's Birth Certificate | |
| | Spouse's Birth Certificate | |
| | Minor or Adult Children's Birth Certificate(s) | |
| | Marriage Certificate | |
| | Other Important Documents | |
| | | |
| | | |

List any other resources and organizations that can assist you:

Completing VA Forms

Applying for any VA benefit requires that you complete an application form, and possibly additional forms. To ensure speedy and accurate processing of any claim for VA benefits, it is very important to complete these forms correctly. The following pages contain sample copies of some VA forms previously mentioned in this document; you can reference these samples to see what a properly completed form may look like.

Tips on Completing VA Forms:

- Complete <u>every item</u> on the form, even if your answer is "not applicable", "none", or "0". Incomplete applications are one of the major avoidable causes of denials and delays in processing.
- The person claiming benefits (the "claimant"; for instance, the surviving spouse claiming death pension) *must sign the form themselves*. VA cannot recognize private power-of-attorney agreements, and family members cannot sign documents for other family members.
- VA Forms are periodically updated. Current VA forms can be obtained at www.va.gov/vaforms or at your local Veterans service office.
- Visit <u>www.benefits.va.gov/INSURANCE/resources-forms.asp</u> to obtain forms related to life insurance claims.