

FOR MY EXECUTOR

A GUIDE TO MY ESTATE



I know you will have questions.

I will help by completing the enclosed information on my estate.

Prepared by The Baptist Foundation of Alabama to assist you in assisting the Executor of your estate.

*Not every page will apply to each client.

*Please feel free to make additional copies of any of these pages if you need them or contact
The Foundation at (334) 394-2000 and we will be happy to make them for you.
Plus, if you have any suggestions on how we can improve this kit for the executor, please let us know!*

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I know you will have questions.

By completing this booklet, you will be assisting your executor in a way that no one else can. By taking on this role, your executor will have many duties and responsibilities to meet. In starting the probate process of your will, your executor must inform anyone with an interest in the outcome of the probate process (specifically those named in your will and heirs of the estate). Contacting everyone involved can be a difficult process as people may live in different states. The executor is responsible for compiling a name listing of the interested parties and their contact information for the court.

In addition, your executor has to make an accounting for all of your debts and assets to the court. Your executor is also responsible for paying creditors, closing accounts and filing your last tax return.

Imagine your executor going to your home and searching for this type of information. For example, in looking for a car title, maybe it's in the glove compartment or maybe it's in the filing cabinet in the spare bedroom or maybe it's in the ? This would also apply to your bills, tax returns, banking and investment statements, savings bonds, address book, deed, mortgage papers, credit cards and on and on. Other issues your executor may have to address include maintaining insurance on your house and cars, providing for the needs of pets, continuing upkeep of your yard, etc.

Sometimes your executor may know you have a life insurance policy but may not know which company it is with, how much the policy is worth, what the policy number is or who the beneficiary is. The same could be said for a savings account — which bank do you use, which branch do you frequent, is it a joint account or if the account may be paid out immediately upon your death.

We compiled a list of questions that, if completed, will help your executor carry out his/her responsibilities in an efficient manner and hopefully lessen some of the stress and uncertainty placed on the family at this difficult time. After completing the list, you will have created a “Road map” of your estate for your executor to use in settling your estate.

Again, we encourage you to complete the information (maybe break it up into segments if you start feeling overwhelmed) so the information is readily available if needed. **Because this booklet will contain sensitive information, please keep it in a secure location (but let your executor know where to find it).**

I will help by completing the enclosed information on my estate.

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(WRITE IN NAME)

1. Full Name: _____

2. Physical Address: _____

Phone No. _____

3. Mailing Address (if different than above): _____

4. Birthdate: _____ SSN#: _____

5. Birthplace: _____

6. Spouse's Full Name: _____

7. Married on _____ at _____

8. Father's Name: _____

9. Mother's Maiden Name: _____

Are you an organ donor? _____

Is so, where is the paperwork where it is stated? (Driver's license, Hospital, ADHC)? _____

Is there any special instructions regarding your organ donation? _____

10. My Employer: _____

11. My Pets: _____

12. My Pastor: _____ Phone: _____

13. My Church: _____ Phone: _____

14. My Accountant: _____ Phone: _____

15. My Primary Doctor: _____ Phone: _____

16. My Primary Dentist: _____ Phone: _____

(WRITE IN NAME)

My Last Wishes - Funeral/Cemetery

1. My Funeral Home: _____
2. Address: _____
3. Phone Number: _____
4. Do you have burial insurance/prepaid funeral plan? _____

How much does the policy pay? _____

Do you have a copy of your policy? _____

Where is this paperwork located? _____

5. I own a cemetery plot at _____ Cemetery.

Address: _____

Grave Marker: Lot _____, Section _____, Tier _____ North, Grave _____.

6. Date of purchase: _____ Location of Deed: _____
7. Have you picked out your headstone/marker? _____
8. Have you preplaced your headstone/marker? _____
9. If you haven't picked out a headstone, please write some details about what you would like: _____

10. What would you like included in your obituary? (Suggestions: family, school, work, hobbies, etc.): _____

(WRITE IN NAME)

My Last Wishes - Funeral/Cemetery

11. Please have my funeral at _____ .

My pastor is _____ .

My pastor's phone number is: _____ .

12. I request the following type of funeral service:

_____ Church _____ Chapel at Funeral Home _____ Graveside Only

13. I want _____ to conduct my funeral service.

This person can be reached at _____ .

14. If having a funeral or memorial service, I would like the following: : _____ Organ _____ Piano

_____ Soloist _____ Congregational Hymn(s) _____ Pre-recorded Music

15. I would like the following music played/Bible verses read, etc.: _____

16. I request the following type of visitation: _____ Night Before Funeral

_____ Day of Funeral _____ One Hour Preceding Service

17. I _____ have _____ have not selected the clothes in which I want to be buried. They are

labeled and located at _____

18. I would like to leave the choice of burial clothing up to the one making my final arrangements:

_____ Yes _____ No

(WRITE IN NAME)

My Last Wishes - Funeral/Cemetery

19. I would like to select from my jewelry the following items for burial: _____

20. I want my remains _____

Interred: _____

Cremated: _____

21. Circle one: I wish a memorial service with no casket present. I desire a funeral with remains present.

22. Circle one: I desire an open casket. I desire a closed casket.

If they are alive and physically able at my death, I would like the following to be asked to be my pallbearers:

a. _____ Phone: _____

b. _____ Phone: _____

c. _____ Phone: _____

d. _____ Phone: _____

e. _____ Phone: _____

f. _____ Phone: _____

Alternate One: _____ Phone: _____

Alternate Two: _____ Phone: _____

I wish to leave the selection of pallbearers to the discretion of the person planning my final arrangements.

_____ Yes _____ No

(WRITE IN NAME)

My Last Wishes - Funeral/Cemetery

23. Would you prefer family and friends make a donation to a charity in your memory instead of sending flowers for the funeral? Circle one: Yes No

24. If so, where would you like them to make the donation to? _____

25. I would like the following type of flowers at my service: _____

26. Other Helpful Information (Hairstylist, etc.): _____

(WRITE IN NAME)

My Last Wishes - Contact

Please notify the following family/relatives/friends/acquaintances of my death (See listing for Next of Kin):

1. Name: _____ Phone: _____ Relationship: _____
2. Name: _____ Phone: _____ Relationship: _____
3. Name: _____ Phone: _____ Relationship: _____
4. Name: _____ Phone: _____ Relationship: _____
5. Name: _____ Phone: _____ Relationship: _____
6. Name: _____ Phone: _____ Relationship: _____
7. Name: _____ Phone: _____ Relationship: _____
8. Name: _____ Phone: _____ Relationship: _____
9. Name: _____ Phone: _____ Relationship: _____
10. Name: _____ Phone: _____ Relationship: _____
11. Name: _____ Phone: _____ Relationship: _____
12. Name: _____ Phone: _____ Relationship: _____
13. Name: _____ Phone: _____ Relationship: _____
14. Name: _____ Phone: _____ Relationship: _____
15. Name: _____ Phone: _____ Relationship: _____
16. Name: _____ Phone: _____ Relationship: _____
17. Name: _____ Phone: _____ Relationship: _____
18. Name: _____ Phone: _____ Relationship: _____
19. Name: _____ Phone: _____ Relationship: _____
20. Name: _____ Phone: _____ Relationship: _____

(WRITE IN NAME)

1. Full Name: _____

2. Physical Address: _____

Phone No. _____

3. Mailing Address (if different than above): _____

4. Birthdate: _____ SSN#: _____

5. Birthplace: _____

6. Spouse's Full Name: _____

7. Married on _____ at _____

8. Father's Name: _____

9. Mother's Maiden Name: _____

Are you an organ donor? _____

Is so, where is the paperwork where it is stated? (Driver's license, Hospital, ADHC)? _____

Is there any special instructions regarding your organ donation? _____

10. My Employer: _____

11. My Pets: _____

12. My Pastor: _____ Phone: _____

13. My Church: _____ Phone: _____

14. My Accountant: _____ Phone: _____

15. My Primary Doctor: _____ Phone: _____

16. My Primary Dentist: _____ Phone: _____

(WRITE IN NAME)

My Last Wishes - Funeral/Cemetery

1. My Funeral Home: _____
2. Address: _____
3. Phone Number: _____
4. Do you have burial insurance/prepaid funeral plan? _____
How much does the policy pay? _____
Do you have a copy of your policy? _____
Where is this paperwork located? _____
5. I own a cemetery plot at _____ Cemetery.
Address: _____
Grave Marker: Lot _____, Section _____, Tier _____ North, Grave _____.
6. Date of purchase: _____ Location of Deed: _____
7. Have you picked out your headstone/marker? _____
8. Have you preplaced your headstone/marker? _____
9. If you haven't picked out a headstone, please write some details about what you would like: _____

10. What would you like included in your obituary? (Suggestions: family, school, work, hobbies, etc.): _____

(WRITE IN NAME)

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11. Please have my funeral at _____.

My pastor is _____.

My pastor's phone number is: _____.

12. I request the following type of funeral service:

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13. I want _____ to conduct my funeral service.

This person can be reached at _____.

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_____ Soloist _____ Congregational Hymn(s) _____ Pre-recorded Music

15. I would like the following music played/Bible verses read, etc.: _____

16. I request the following type of visitation: _____ Night Before Funeral

_____ Day of Funeral _____ One Hour Preceding Service

17. I _____ have _____ have not selected the clothes in which I want to be buried. They are

labeled and located at _____

18. I would like to leave the choice of burial clothing up to the one making my final arrangements:

_____ Yes _____ No

(WRITE IN NAME)

My Last Wishes - Funeral/Cemetery

19. I would like to select from my jewelry the following items for burial: _____

20. I want my remains _____

Interred: _____

Cremated: _____

21. Circle one: I wish a memorial service with no casket present. I desire a funeral with remains present.

22. Circle one: I desire an open casket. I desire a closed casket.

23. If they are alive and physically able at my death, I would like the following to be asked to be my pallbearers:

a. _____ Phone: _____

b. _____ Phone: _____

c. _____ Phone: _____

d. _____ Phone: _____

e. _____ Phone: _____

f. _____ Phone: _____

Alternate One: _____ Phone: _____

Alternate Two: _____ Phone: _____

I wish to leave the selection of pallbearers to the discretion of the person planning my final arrangements.

_____ Yes _____ No

(WRITE IN NAME)

My Last Wishes - Funeral/Cemetery

24. Would you prefer family and friends make a donation to a charity in your memory instead of sending flowers for the funeral? Circle one: Yes No

25. If so, where would you like them to make the donation to? _____

26. I would like the following type of flowers at my service: _____

27. Other Helpful Information (Hairstylist, etc.): _____

(WRITE IN NAME)

My Last Wishes - Contact

Please notify the following family/relatives/friends/acquaintances of my death (See listing for Next of Kin):

1. Name: _____ Phone: _____ Relationship: _____
2. Name: _____ Phone: _____ Relationship: _____
3. Name: _____ Phone: _____ Relationship: _____
4. Name: _____ Phone: _____ Relationship: _____
5. Name: _____ Phone: _____ Relationship: _____
6. Name: _____ Phone: _____ Relationship: _____
7. Name: _____ Phone: _____ Relationship: _____
8. Name: _____ Phone: _____ Relationship: _____
9. Name: _____ Phone: _____ Relationship: _____
10. Name: _____ Phone: _____ Relationship: _____
11. Name: _____ Phone: _____ Relationship: _____
12. Name: _____ Phone: _____ Relationship: _____
13. Name: _____ Phone: _____ Relationship: _____
14. Name: _____ Phone: _____ Relationship: _____
15. Name: _____ Phone: _____ Relationship: _____
16. Name: _____ Phone: _____ Relationship: _____
17. Name: _____ Phone: _____ Relationship: _____
18. Name: _____ Phone: _____ Relationship: _____
19. Name: _____ Phone: _____ Relationship: _____
20. Name: _____ Phone: _____ Relationship: _____

About the Next of Kin and Those Named in Your Will

The Next of Kin list is one of the most important lists you need to complete. Your executor will need to know how to contact family members upon your death in order to make them aware of the probate process of your will.

The law mandates next of kin must be contacted for probate purposes. Whether a child or sibling was **legally** adopted may have an impact upon this notification requirement.

In addition, your executor will need the contact information for anyone named in your will. For example, imagine if a friend from your childhood was named in your will? Your friend may have moved several times to different states, gotten married (last name change) or other possibilities. How would your executor locate them without having a contact list?

It's important to know if a family member has passed away as well. For example, if you have a child that has passed away, that child's children (your grandchildren) may be entitled to your child's share depending upon what is stated in your will.

**Please feel free to make copies of a particular page if you need one.*

(WRITE IN NAME)

Immediate Next of Kin - Our Children

1. MY CHILD:

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

CHILD'S CHILDREN (MY GRANDCHILDREN):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Immediate Next of Kin - Our Children

2. MY CHILD:

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

CHILD'S CHILDREN (MY GRANDCHILDREN):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Immediate Next of Kin - Our Children

3. MY CHILD:

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

CHILD'S CHILDREN (MY GRANDCHILDREN):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Immediate Next of Kin - Parents

1. MY PARENTS:

Natural Father: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural Mother: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Adoptive Father: _____

Step-Father: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Adoptive Mother: _____

Step-Mother: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Immediate Next of Kin - Siblings

1. MY BROTHER/SISTER

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY SIBLING'S CHILDREN (MY NIECES/NEPHEWS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Immediate Next of Kin - Siblings

2. MY BROTHER/SISTER

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY SIBLING'S CHILDREN (MY NIECES/NEPHEWS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Immediate Next of Kin - Siblings

3. MY BROTHER/SISTER

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY SIBLING'S CHILDREN (MY NIECES/NEPHEWS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Immediate Next of Kin - Siblings

4. MY BROTHER/SISTER

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY SIBLING'S CHILDREN (MY NIECES/NEPHEWS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Immediate Next of Kin - Siblings

5. MY BROTHER/SISTER

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY SIBLING'S CHILDREN (MY NIECES/NEPHEWS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Immediate Next of Kin - Siblings

6. MY BROTHER/SISTER

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY SIBLING'S CHILDREN (MY NIECES/NEPHEWS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Immediate Next of Kin - Siblings

7. MY BROTHER/SISTER

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY SIBLING'S CHILDREN (MY NIECES/NEPHEWS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Immediate Next of Kin - Siblings

8. MY BROTHER/SISTER

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY SIBLING'S CHILDREN (MY NIECES/NEPHEWS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Mother's Side

1. MY MOTHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY MOTHER'S SIBLING'S CHILDREN (COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Mother's Side

2. MY MOTHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY MOTHER'S SIBLING'S CHILDREN (COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Mother's Side

3. MY MOTHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY MOTHER'S SIBLING'S CHILDREN (COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Mother's Side

4. MY MOTHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY MOTHER'S SIBLING'S CHILDREN (COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Mother's Side

5. MY MOTHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY MOTHER'S SIBLING'S CHILDREN (COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Mother's Side

6. MY MOTHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY MOTHER'S SIBLING'S CHILDREN (COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Mother's Side

7. MY MOTHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY MOTHER'S SIBLING'S CHILDREN (COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Mother's Side

8. MY MOTHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY MOTHER'S SIBLING'S CHILDREN (COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Mother's Side

9. MY MOTHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY MOTHER'S SIBLING'S CHILDREN (COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Mother's Side

10. MY MOTHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY MOTHER'S SIBLING'S CHILDREN (COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Father's Side

1. MY FATHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY FATHER'S SIBLING'S CHILDREN (MY COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Father's Side

2. MY FATHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY FATHER'S SIBLING'S CHILDREN (MY COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Father's Side

3. MY FATHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY FATHER'S SIBLING'S CHILDREN (MY COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Father's Side

4. MY FATHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY FATHER'S SIBLING'S CHILDREN (MY COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Father's Side

5. MY FATHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY FATHER'S SIBLING'S CHILDREN (MY COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Father's Side

6. MY FATHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY FATHER'S SIBLING'S CHILDREN (MY COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Father's Side

7. MY FATHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY FATHER'S SIBLING'S CHILDREN (MY COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Father's Side

8. MY FATHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY FATHER'S SIBLING'S CHILDREN (MY COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Father's Side

9. MY FATHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY FATHER'S SIBLING'S CHILDREN (MY COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Father's Side

10. MY FATHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY FATHER'S SIBLING'S CHILDREN (MY COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Immediate Next of Kin - Parents

1. MY PARENTS:

Natural Father: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural Mother: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Adoptive Father: _____

Step-Father: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Adoptive Mother: _____

Step-Mother: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Immediate Next of Kin - Siblings

1. MY BROTHER/SISTER

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY SIBLING'S CHILDREN (MY NIECES/NEPHEWS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Immediate Next of Kin - Siblings

2. MY BROTHER/SISTER

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY SIBLING'S CHILDREN (MY NIECES/NEPHEWS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Immediate Next of Kin - Siblings

3. MY BROTHER/SISTER

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY SIBLING'S CHILDREN (MY NIECES/NEPHEWS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Immediate Next of Kin - Siblings

4 MY BROTHER/SISTER

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY SIBLING'S CHILDREN (MY NIECES/NEPHEWS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Immediate Next of Kin - Siblings

5. MY BROTHER/SISTER

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY SIBLING'S CHILDREN (MY NIECES/NEPHEWS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Immediate Next of Kin - Siblings

6. MY BROTHER/SISTER

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY SIBLING'S CHILDREN (MY NIECES/NEPHEWS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Immediate Next of Kin - Siblings

7. MY BROTHER/SISTER

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY SIBLING'S CHILDREN (MY NIECES/NEPHEWS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Immediate Next of Kin - Siblings

8. MY BROTHER/SISTER

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY SIBLING'S CHILDREN (MY NIECES/NEPHEWS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Immediate Next of Kin - Siblings

9. MY BROTHER/SISTER

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY SIBLING'S CHILDREN (MY NIECES/NEPHEWS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Mother's Side

1. MY MOTHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY MOTHER'S SIBLING'S CHILDREN (COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Mother's Side

2. MY MOTHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY MOTHER'S SIBLING'S CHILDREN (COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Mother's Side

3. MY MOTHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY MOTHER'S SIBLING'S CHILDREN (COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Mother's Side

4. MY MOTHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY MOTHER'S SIBLING'S CHILDREN (COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Mother's Side

5. MY MOTHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY MOTHER'S SIBLING'S CHILDREN (COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Mother's Side

6. MY MOTHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY MOTHER'S SIBLING'S CHILDREN (COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Mother's Side

7. MY MOTHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY MOTHER'S SIBLING'S CHILDREN (COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Mother's Side

8. MY MOTHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY MOTHER'S SIBLING'S CHILDREN (COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Mother's Side

9. MY MOTHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY MOTHER'S SIBLING'S CHILDREN (COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Father's Side

1. MY FATHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY FATHER'S SIBLING'S CHILDREN (MY COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Father's Side

2. MY FATHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY FATHER'S SIBLING'S CHILDREN (MY COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Father's Side

3. MY FATHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY FATHER'S SIBLING'S CHILDREN (MY COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Father's Side

4. MY FATHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY FATHER'S SIBLING'S CHILDREN (MY COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Father's Side

5. MY FATHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY FATHER'S SIBLING'S CHILDREN (MY COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Father's Side

6. MY FATHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY FATHER'S SIBLING'S CHILDREN (MY COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Father's Side

7. MY FATHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY FATHER'S SIBLING'S CHILDREN (MY COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Father's Side

8. MY FATHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY FATHER'S SIBLING'S CHILDREN (MY COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

(WRITE IN NAME)

Relatives - Father's Side

9. MY FATHER'S SIBLING (MY UNCLE/AUNT)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepsibling or Stepsibling: _____

Spouse's Name: _____ Date of Death (if applicable): _____

MY FATHER'S SIBLING'S CHILDREN (MY COUSINS):

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Date of Death (if applicable): _____

Natural, Adopted, Adopted Stepchild or Stepchild: _____

Spouse's Name: _____ Date of Death (if applicable): _____

Others Named in Will

1. Name: _____ Phone: _____

Mailing Address: _____

Relationship: _____

2. Name: _____ Phone: _____

Mailing Address: _____

Relationship: _____

3. Name: _____ Phone: _____

Mailing Address: _____

Relationship: _____

4. Name: _____ Phone: _____

Mailing Address: _____

Relationship: _____

5. Name: _____ Phone: _____

Mailing Address: _____

Relationship: _____

6. Name: _____ Phone: _____

Mailing Address: _____

Relationship: _____

Others Named in Will

7. Name: _____ Phone: _____

Mailing Address: _____

Relationship: _____

8. Name: _____ Phone: _____

Mailing Address: _____

Relationship: _____

9. Name: _____ Phone: _____

Mailing Address: _____

Relationship: _____

10. Name: _____ Phone: _____

Mailing Address: _____

Relationship: _____

11. Name: _____ Phone: _____

Mailing Address: _____

Relationship: _____

12. Name: _____ Phone: _____

Mailing Address: _____

Relationship: _____

Location of Important Papers/Property

1. Original Last Will and Testament: _____
Prepared by (attorney or firm): _____ Phone: _____
2. Prenuptial Agreement: _____
3. Deed to House: _____
Deeds to Other Property: _____
4. Marriage Certificate: _____
5. Baptism Record: _____
6. Birth Certificate: _____
7. Adoption Papers (for you or children): _____
8. Death Certificate of Spouse: _____
9. Divorce Papers: _____
10. Military Records: _____
11. Income Tax Returns: _____
12. Financial Papers (Checking/Saving/Investment Accounts): _____

13. Savings Bonds: _____
14. Car Titles: _____
15. Funeral Documents: _____

Location of Important Papers/Property

16. Extra Keys to House/Cars/Etc.: _____

17. Home Appraisals: _____

18. Property Taxes: _____

19. Post Office Box: _____

20. Mortgage Paperwork: _____

21. Advance Directive for Health Care: _____

22. Power-of-Attorney: _____

23. Rental Agreements: _____

24. Cash: _____

25. Safe/Vault Location: _____

26. Storage Unit on Property/Keys: _____

27. Rental Storage Unit/Keys: _____

28. _____

29. _____

30. _____

31. _____

Financial Information / Assets

1. CHECKING ACCOUNT:

Bank Name and Branch Address: _____

All Names on Account: _____

Account Number: _____ Location of Checkbook: _____

Who (if anyone) is listed on the signature card to be paid on death (POD)/beneficiary:

2. CHECKING ACCOUNT:

Bank Name and Branch Address: _____

All Names on Account: _____

Account Number: _____ Location of Checkbook: _____

Who (if anyone) is listed on the signature card to be paid on death (POD)/beneficiary:

3. CHECKING ACCOUNT:

Bank Name and Branch Address: _____

All Names on Account: _____

Account Number: _____ Location of Checkbook: _____

Who (if anyone) is listed on the signature card to be paid on death (POD)/beneficiary:

Financial Information / Assets

4. CHECKING ACCOUNT:

Bank Name and Branch Address: _____

All Names on Account: _____

Account Number: _____ Location of Checkbook: _____

Who (if anyone) is listed on the signature card to be paid on death (POD)/beneficiary:

5. CHECKING ACCOUNT:

Bank Name and Branch Address: _____

All Names on Account: _____

Account Number: _____ Location of Checkbook: _____

Who (if anyone) is listed on the signature card to be paid on death (POD)/beneficiary:

6. CHECKING ACCOUNT:

Bank Name and Branch Address: _____

All Names on Account: _____

Account Number: _____ Location of Checkbook: _____

Who (if anyone) is listed on the signature card to be paid on death (POD)/beneficiary:

Financial Information / Assets

1. SAVING ACCOUNT:

Bank Name and Branch Address: _____

All Names on Account: _____

Account Number: _____ Location of Savingbook: _____

Who (if anyone) is listed on the signature card to be paid on death (POD)/beneficiary:

2. SAVING ACCOUNT:

Bank Name and Branch Address: _____

All Names on Account: _____

Account Number: _____ Location of Savingbook: _____

Who (if anyone) is listed on the signature card to be paid on death (POD)/beneficiary:

3. SAVING ACCOUNT:

Bank Name and Branch Address: _____

All Names on Account: _____

Account Number: _____ Location of Savingbook: _____

Who (if anyone) is listed on the signature card to be paid on death (POD)/beneficiary:

Financial Information / Assets

4. SAVING ACCOUNT:

Bank Name and Branch Address: _____

All Names on Account: _____

Account Number: _____ Location of Savingbook: _____

Who (if anyone) is listed on the signature card to be paid on death (POD)/beneficiary:

5. SAVING ACCOUNT:

Bank Name and Branch Address: _____

All Names on Account: _____

Account Number: _____ Location of Savingbook: _____

Who (if anyone) is listed on the signature card to be paid on death (POD)/beneficiary:

1. SAFE DEPOSIT BOX:

Bank Name and Branch Address: _____

All Names on Account: _____

Box Number: _____ Location of **BOTH** Keys: _____

Contents: _____

Who else (if anyone) is listed on the signature card? _____
(Anyone listed on your signature card is considered co-owner fo the contents of the safe deposit box and is considered the beneficiary.)

Financial Information / Assets

1. SOCIAL SECURITY

The Social Security Administration will be notified of your death. In some instances (depending on the date of your death and the time payment was made), they will require your last payment to be returned and a claim form submitted for any benefits due at time of death.

Do you have direct deposit for your social security check? _____

Which bank account is it deposited to? _____

1. STATE/FEDERAL RETIREMENT/OTHER (NOT IRA/401K):

Retired From: _____ Date: _____

Retiree Benefits Contact Information: _____

Phone Number: _____

Retiree/Employee Identification Number: _____

Survivor Benefits: _____

1. INVESTMENT ACCOUNT (401K/IRA/MUTUAL FUNDS/CDS/ANNUITIES/ETC):

Company: _____ Phone: _____

Address: _____

All Names on Account: _____

Account Number: _____ Location of Certificate/Statements: _____

Beneficiary or POD: _____

Financial Information / Assets

2. INVESTMENT ACCOUNT (401K/IRA/MUTUAL FUNDS/CDS/ANNUITIES/ETC):

Company: _____ Phone: _____

Address: _____

All Names on Account: _____

Account Number: _____ Location of Certificate/Statements: _____

Beneficiary or POD: _____

3. INVESTMENT ACCOUNT (401K/IRA/MUTUAL FUNDS/CDS/ANNUITIES/ETC):

Company: _____ Phone: _____

Address: _____

All Names on Account: _____

Account Number: _____ Location of Certificate/Statements: _____

Beneficiary or POD: _____

4. INVESTMENT ACCOUNT (401K/IRA/MUTUAL FUNDS/CDS/ANNUITIES/ETC):

Company: _____ Phone: _____

Address: _____

All Names on Account: _____

Account Number: _____ Location of Certificate/Statements: _____

Beneficiary or POD: _____

Financial Information / Assets

5. INVESTMENT ACCOUNT (401K/IRA/MUTUAL FUNDS/CDS/ANNUITIES/ETC):

Company: _____ Phone: _____

Address: _____

All Names on Account: _____

Account Number: _____ Location of Certificate/Statements: _____

Beneficiary or POD: _____

6. INVESTMENT ACCOUNT (401K/IRA/MUTUAL FUNDS/CDS/ANNUITIES/ETC):

Company: _____ Phone: _____

Address: _____

All Names on Account: _____

Account Number: _____ Location of Certificate/Statements: _____

Beneficiary or POD: _____

7. INVESTMENT ACCOUNT (401K/IRA/MUTUAL FUNDS/CDS/ANNUITIES/ETC):

Company: _____ Phone: _____

Address: _____

All Names on Account: _____

Account Number: _____ Location of Certificate/Statements: _____

Beneficiary or POD: _____

Financial Information / Assets

8. INVESTMENT ACCOUNT (401K/IRA/MUTUAL FUNDS/CDS/ANNUITIES/ETC):

Company: _____ Phone: _____

Address: _____

All Names on Account: _____

Account Number: _____ Location of Certificate/Statements: _____

Beneficiary or POD: _____

9. INVESTMENT ACCOUNT (401K/IRA/MUTUAL FUNDS/CDS/ANNUITIES/ETC):

Company: _____ Phone: _____

Address: _____

All Names on Account: _____

Account Number: _____ Location of Certificate/Statements: _____

Beneficiary or POD: _____

10. INVESTMENT ACCOUNT (401K/IRA/MUTUAL FUNDS/CDS/ANNUITIES/ETC):

Company: _____ Phone: _____

Address: _____

All Names on Account: _____

Account Number: _____ Location of Certificate/Statements: _____

Beneficiary or POD: _____

Financial Information / Assets

1. LIFE INSURANCE:

Company: _____ Phone: _____

Address: _____

Insured's Name: _____ Amount: _____

Policy Number: _____ Location of Certificate/Statements: _____

Beneficiary or POD: _____

Additional Information: _____

2. LIFE INSURANCE:

Company: _____ Phone: _____

Address: _____

Insured's Name: _____ Amount: _____

Policy Number: _____ Location of Certificate/Statements: _____

Beneficiary or POD: _____

Additional Information: _____

3. LIFE INSURANCE:

Company: _____ Phone: _____

Address: _____

Insured's Name: _____ Amount: _____

Policy Number: _____ Location of Certificate/Statements: _____

Beneficiary or POD: _____

Additional Information: _____

Real and Personal Property

1. HOME:

Address: _____

County: _____

Location of Deed, Land Survey and other related documents: _____

Is there a mortgage? _____

If so, who holds the mortgage? _____

Is there life insurance on the mortgage? _____

Is so, what is the policy number and it's location? _____

Homeowner Policy Insurance Company: _____

Policy Number: _____

2. ADDITIONAL HOME/REAL PROPERTY/TIMESHARES:

Address: _____

County: _____

Location of Deed, Land Survey and other related documents: _____

Is there a mortgage? _____

If so, who holds the mortgage? _____

Is there life insurance on the mortgage? _____

Is so, what is the policy number and it's location? _____

Homeowner Policy Insurance Company: _____

Policy Number: _____

Real and Personal Property

3. ADDITIONAL HOME/REAL PROPERTY/TIMESHARES:

Address: _____

County: _____

Location of Deed, Land Survey and other related documents: _____

Is there a mortgage? _____

If so, who holds the mortgage? _____

Is there life insurance on the mortgage? _____

Is so, what is the policy number and it's location? _____

Homeowner Policy Insurance Company: _____

Policy Number: _____

4. ADDITIONAL HOME/REAL PROPERTY/TIMESHARES:

Address: _____

County: _____

Location of Deed, Land Survey and other related documents: _____

Is there a mortgage? _____

If so, who holds the mortgage? _____

Is there life insurance on the mortgage? _____

Is so, what is the policy number and it's location? _____

Homeowner Policy Insurance Company: _____

Policy Number: _____

Rental Income Property

1. RENTAL PROPERTY

Physical Address of Property: _____

Tenant: _____

Tenant's Phone Number: _____

Location of Rental Agreement: _____

2. RENTAL PROPERTY

Physical Address of Property: _____

Tenant: _____

Tenant's Phone Number: _____

Location of Rental Agreement: _____

1. RENTAL PROPERTY

Physical Address of Property: _____

Tenant: _____

Tenant's Phone Number: _____

Location of Rental Agreement: _____

Vehicles and Other Personal Property

1. VEHICLE 1:

Make: _____ Model: _____ Year: _____

Insurance Company and Agent's Number: _____

Names on Title: _____

Location of Car Title and Registration: _____

Car Loan Information: _____

2. VEHICLE 2:

Make: _____ Model: _____ Year: _____

Insurance Company and Agent's Number: _____

Names on Title: _____

Location of Car Title and Registration: _____

Car Loan Information: _____

1. COLLECTIONS:

Coin: _____ Appraisal Paperwork: _____

Antiques: _____ Appraisal Paperwork: _____

Jewelry: _____ Appraisal Paperwork: _____

Guns: _____ Appraisal Paperwork: _____

Art: _____ Appraisal Paperwork: _____

Other: _____

Other: _____

Business Property

Do you own your own business? _____

Business Name: _____

Business **Physical** Address:

Business **Mailing** Address:

Business Phone Number: _____

What type of business is it? _____

Are you the sole owner or do you have partners? _____

If there are co-owners or partners, please provide their contact information on the following lines:

Does the business have a mortgage or outstanding loans? _____

If so, who holds the mortgage or who are the loans with (include account numbers)? _____

Business Property

CHECKING ACCOUNT:

Bank Name and Branch Address: _____

All Names on Account: _____

Account Number: _____ Location of Checkbook: _____

Who (if anyone) is listed on the signature card to be paid on death (POD)/beneficiary:

Is your business owed money? If so, by who? _____

Due to the complexity of business ownership, you should schedule a meeting with your executor to discuss in length the details of your business. Use the following lines to list additional information and add additional sheet if necessary. _____

Liabilities/Bills

1. BILLS

Internet Company: _____ Acct. #: _____

Home Phone Company: _____ Acct. #: _____

Cell Phone Company: _____ Acct. #: _____

Electric Company: _____ Acct. #: _____

Gas Company: _____ Acct. #: _____

Water Company: _____ Acct. #: _____

Cable Company: _____ Acct. #: _____

Garbage Company: _____ Acct. #: _____

Lawn Service Company: _____ Acct. #: _____

Newspaper Delivery: _____ Acct. #: _____

Medical Insurance: _____ Acct. #: _____

Long Term Care Insurance: _____ Acct. #: _____

Apartment Rental Agreement: _____ Acct. #: _____

Miscellaneous (Fill in other Memberships, Subscriptions, Etc. that you may have).

_____ Acct. #: _____

_____ Acct. #: _____

_____ Acct. #: _____

_____ Acct. #: _____

_____ Acct. #: _____

_____ Acct. #: _____

_____ Acct. #: _____

_____ Acct. #: _____

_____ Acct. #: _____

_____ Acct. #: _____

_____ Acct. #: _____

Liabilities/Bills

2. BANK AND STORE CREDIT/DEBIT CARDS:

Bank/Store Name: _____

Branch: _____ Phone: _____

Account Number: _____ Card Location: _____

Bank/Store Name: _____

Branch: _____ Phone: _____

Account Number: _____ Card Location: _____

Bank/Store Name: _____

Branch: _____ Phone: _____

Account Number: _____ Card Location: _____

Bank/Store Name: _____

Branch: _____ Phone: _____

Account Number: _____ Card Location: _____

Bank/Store Name: _____

Branch: _____ Phone: _____

Account Number: _____ Card Location: _____

There may be other things your Executor needs to know that are specific to you. Please use the following note pages to add anything you believe would be valuable. Please make copies of the blank pages if you need extra.

We have included some plastic sleeves at the back of the binder. We suggest that when you get a bill, bank or other statement in the mail, to place it in the binder. These can be easily removed when the next statement comes in (remove the old one and replace with the new one) so you always have the most current and accurate information in your binder. Any additional information you include will be helpful. For example, if you have a checking account, include the latest statement in the sleeve along with a *copy of the account signature card*. This will let your executor quickly see if you had a single or joint account, the account balance, what services checks were written for in the past (such as utilities, car loans, credit cards, memberships, etc.), if there was a pay on death beneficiary (such as a person or estate) , and the name of the beneficiary.

And with all of these items in one place, it will make your executor's job much easier. With other original documents that you may keep in a safety deposit box (such as your deed, car titles, etc.) or with your attorney (will), please consider *making a copy* of them to be placed in the binder as well. The availability of this information may be helpful if your executor can't get to your safety deposit box or attorney's office right away.

While it may take a little bit of time to get everything in place, we believe once the initial work is done the upkeep of the binder will fall right into place.

Again, please feel free to make additional copies of any of these pages if you need them or contact The Foundation at (334) 394-2000 and we will be happy to make them for you. Plus, if you have any suggestions on how we can improve this kit for the executor, please let us know!

