

Family Readiness Workbook

A Comprehensive Estate Planning Guide

Name: _____

Date Prepared: _____

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This booklet has been designed to help organize your legal documents. It is advisable you acquire an adequate file container with tabs reflecting the above 14 major titled topics, and include within each copies of the vital documents recommended. Since this booklet and accompanying documents contain personal and important information it is recommended that they are stored in a safety deposit box or personal safe. This booklet should be reviewed and revised annually.

If you have an attorney or trusted loved one, you may also want to provide them with a copy of your booklet and documents in a sealed envelope to be opened with your approval, in the event of death or incapacitation.

Section 1: Personal/ Family Information

HUSBAND

Name:	Social Security Number
Date of Birth:	Place of Birth:
Home Phone:	Cell Phone:
Primary E-Mail:	Alternate E-Mail:
Employer:	Work Phone:
Husband's Father:	Husband's Mother:

WIFE

Name:	Social Security Number
Date of Birth:	Place of Birth:
Home Phone:	Cell Phone:
Email:	Alternate E-mail:
Employer:	Work Phone:
Wife's Father's Name:	Wife's Mother's Name:

CHILDREN

1. Name:	Social Security Number
Date of Birth:	Place of Birth:
Home Phone:	Cell Phone:
Email:	Address:
Employer:	Work Phone:
Spouse Name:	Spouse Phone:

2. Name:	Social Security Number
Date of Birth:	Place of Birth:
Home Phone:	Cell Phone:
Email:	Address:
Employer:	Work Phone:
Spouse Name:	Spouse Phone:

Section 1: Personal/ Family Information

CHILDREN (continued)

3. Name:	Social Security Number
Date of Birth:	Place of Birth:
Home Phone:	Cell Phone:
Email:	Address:
Employer:	Work Phone:
Spouse Name:	Spouse Phone:

4. Name:	Social Security Number
Date of Birth:	Place of Birth:
Home Phone:	Cell Phone:
Email:	Address:
Employer:	Work Phone:
Spouse Name:	Spouse Phone:

5. Name:	Social Security Number
Date of Birth:	Place of Birth:
Home Phone:	Cell Phone:
Email:	Address:
Employer:	Work Phone:
Spouse Name:	Spouse Phone:

6. Name:	Social Security Number
Date of Birth:	Place of Birth:
Home Phone:	Cell Phone:
Email:	Address:
Employer:	Work Phone:
Spouse Name:	Spouse Phone:

Section 1: Personal/ Family Information

CHILDREN (continued)

7. Name:	Social Security Number
Date of Birth:	Place of Birth:
Home Phone:	Cell Phone:
Email:	Address:
Employer:	Work Phone:
Spouse Name:	Spouse Phone:

8. Name:	Social Security Number
Date of Birth:	Place of Birth:
Home Phone:	Cell Phone:
Email:	Address:
Employer:	Work Phone:
Spouse Name:	Spouse Phone:

9. Name:	Social Security Number
Date of Birth:	Place of Birth:
Home Phone:	Cell Phone:
Email:	Address:
Employer:	Work Phone:
Spouse Name:	Spouse Phone:

10. Name:	Social Security Number
Date of Birth:	Place of Birth:
Home Phone:	Cell Phone:
Email:	Address:
Employer:	Work Phone:
Spouse Name:	Spouse Phone:

Section 3: Legal Information

Attorneys:

Name		
Specialty		
Address		
Phone Numbers	Business:	Cell:
Email		

Name		
Specialty		
Address		
Phone Numbers	Business:	Cell:
Email		

Name		
Specialty		
Address		
Phone Numbers	Business:	Cell:
Email		

Name		
Specialty		
Address		
Phone Numbers	Business:	Cell:
Email		

Name		
Specialty		
Address		
Phone Numbers	Business:	Cell:
Email		

Name		
Specialty		
Address		
Phone Numbers	Business:	Cell:
Email		

Section 3: Legal information

Suggested Items	Circle Appropriate Box			Location
	Have	Need	N/A	
Adoption Papers	Have	Need	N/A	
Automobile Title	Have	Need	N/A	
Birth Certificates	Have	Need	N/A	
Church Records	Have	Need	N/A	
Citizenship Papers	Have	Need	N/A	
Contracts	Have	Need	N/A	
Divorce Papers	Have	Need	N/A	
ID or Driver's License	Have	Need	N/A	
Legal Guardian Papers	Have	Need	N/A	
Letters of Authorization	Have	Need	N/A	
Marriage License	Have	Need	N/A	
Mortgage or Real Estate Deeds of Trust	Have	Need	N/A	
Naturalization Papers	Have	Need	N/A	
Partnership Agreements	Have	Need	N/A	
Passport/Green Card	Have	Need	N/A	
Power(s) of Attorney - General, Special	Have	Need	N/A	
Preuptial Agreements	Have	Need	N/A	
Rental/Lease Agreements	Have	Need	N/A	
Social Security Card (s)	Have	Need	N/A	
Trusts	Have	Need	N/A	
Will	Have	Need	N/A	

Safety Deposit Box Information:

Institution Name and Address:
Where Keys are located:
List of those authorized Access:

Personal Safe Information:

Location:
List of those with access:
Safe Combination:

Section 4: Financial

ACCOUNTANT:

Name		
Address		
Phone Numbers	Business:	Cell:
Email		

BANKER:

Name		
Address		
Phone Numbers	Business:	Cell:
Email		

FINANCIAL PLANNER:

Name		
Address		
Phone Numbers	Business:	Cell:
Email		

Checking Accounts:

Bank/ Credit Union: _____

Address _____

Account # _____ Pin# _____

Names on Account: _____

Bank/ Credit Union: _____

Address _____

Account # _____ Pin# _____

Names on Account: _____

Section 4: Financial

Bank/ Credit Union: _____

Address _____

Account # _____ Pin# _____

Names on Account: _____

Bank/ Credit Union: _____

Address _____

Account # _____ Pin# _____

Names on Account: _____

Bank/ Credit Union: _____

Address _____

Account # _____ Pin# _____

Names on Account: _____

Bank/ Credit Union: _____

Address _____

Account # _____ Pin# _____

Names on Account: _____

Bank/ Credit Union: _____

Address _____

Account # _____ Pin# _____

Names on Account: _____

Section 4: Financial

Savings Accounts:

Bank/ Credit Union: _____

Address _____

Account # _____ Pin# _____

Names on Account: _____

Bank/ Credit Union: _____

Address _____

Account # _____ Pin# _____

Names on Account: _____

Bank/ Credit Union: _____

Address _____

Account # _____ Pin# _____

Names on Account: _____

Bank/ Credit Union: _____

Address _____

Account # _____ Pin# _____

Names on Account: _____

Section 4: Financial

Bank/ Credit Union: _____

Address _____

Account # _____

Names on Account: _____

Bank/ Credit Union: _____

Address _____

Account # _____

Names on Account: _____

Bank/ Credit Union: _____

Address _____

Account # _____

Names on Account: _____

Bank/ Credit Union: _____

Address _____

Account # _____

Names on Account: _____

Section 4: Financial

Certificates of Deposit:

Bank/ Credit Union: _____

Address _____

Account # _____

Names on CD: _____

Bank/ Credit Union: _____

Address _____

Account # _____

Names on CD: _____

Bank/ Credit Union: _____

Address _____

Account # _____

Names on CD: _____

Bank/ Credit Union: _____

Address _____

Account # _____

Names on CD: _____

Section 4: Financial

Securities Accounts:

Broker Name: _____

Address: _____

E-mail: _____

Phone: _____

Account ID #: _____

Type of Security: _____

Broker Name: _____

Address: _____

E-mail: _____

Phone: _____

Account ID #: _____

Type of Security: _____

Broker Name: _____

Address: _____

E-mail: _____

Phone: _____

Account ID #: _____

Type of Security: _____

Broker Name: _____

Address: _____

E-mail: _____

Phone: _____

Account ID #: _____

Type of Security: _____

Section 4: Financial

Credit/Debit Cards:

Name: _____

Company _____

Account/Card# _____

Address: _____

If Lost or Stolen – Phone Number: _____

Name: _____

Company _____

Account/Card# _____

Address: _____

If Lost or Stolen – Phone Number: _____

Name: _____

Company _____

Account/Card# _____

Address: _____

If Lost or Stolen – Phone Number: _____

Name: _____

Company _____

Account/Card# _____

Address: _____

If Lost or Stolen – Phone Number: _____

Name: _____

Company _____

Account/Card# _____

Address: _____

If Lost or Stolen – Phone Number: _____

Section 4: Financial

Loans:

Institution: _____

Address: _____

Account # _____ Collateral: _____

Amount Borrowed: _____ Payment: _____

Payment Due Date: _____ Document Location: _____

Institution: _____

Address: _____

Account # _____ Collateral: _____

Amount Borrowed: _____ Payment: _____

Payment Due Date: _____ Document Location: _____

Institution: _____

Address: _____

Account # _____ Collateral: _____

Amount Borrowed: _____ Payment: _____

Payment Due Date: _____ Document Location: _____

Institution: _____

Address: _____

Account # _____ Collateral: _____

Amount Borrowed: _____ Payment: _____

Payment Due Date: _____ Document Location: _____

Institution: _____

Address: _____

Account # _____ Collateral: _____

Amount Borrowed: _____ Payment: _____

Payment Due Date: _____ Document Location: _____

Section 4: Financial

Keeping track of income and expenses on a monthly basis will help you to better identify and control your expenditures. This will in turn help you to achieve your financial goals.

Monthly Income		
Category	Individual	Spouse
Salary	1. 2. 3.	1. 2. 3.
Alimony		
Bond Interest		
Child Support		
IRAs		
Inheritance Allotments		
Keogh Plans		
Life Annuities Payments		
Owned Mortgages		
Pensions	1. 2.	1. 2.
Royalties		
Savings Interest		
Social Security		
Stock Dividends		
Trust Income		
VA Disability Comp.		
Other:		
Total	\$ _____	\$ _____

Section 5: Taxes

Tax Returns - The statute of limitations for auditing federal tax returns is 3 years and under certain circumstances 6 years. So the general recommendation is to keep the current year return, plus six past year returns, and all the supporting documentation. This makes 7 years. Some state tax laws have longer statutes of limitation and, therefore, sometimes a few additional years of returns and documents should be kept. However, there is no statute of limitation if you did not file, so many prudent experts recommend that you keep the 1040 (or 1040A or 1040EZ) cover page of every tax return you have filed to be able to prove that you actually filed for all the years. All supporting documents and schedules can be shredded after the above mentioned seven year period.

We suggest you include copies of your income tax returns:

- Federal Tax Returns for the preceding seven years.
- State Tax Returns for the preceding seven years.

TAX ADVISOR:

Name		
Address		
Phone Numbers	Business:	Cell:
E-mail		

ACCOUNTANT:

Name		
Address		
Phone Numbers	Business:	Cell:
E-mail		

Section 6: Insurance

Life Insurance

Company _____	Policy# _____
Address _____	_____
_____	Value _____
_____	Policy Location _____
Phone _____	_____

Company _____	Policy# _____
Address _____	_____
_____	Value _____
_____	Policy Location _____
Phone _____	_____

Company _____	Policy# _____
Address _____	_____
_____	Value _____
_____	Policy Location _____
Phone _____	_____

Company _____	Policy# _____
Address _____	_____
_____	Value _____
_____	Policy Location _____
Phone _____	_____

Section 6: Insurance

Auto Insurance

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Section 6: Insurance

Homeowner's

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Section 6: Insurance

Title

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Section 6: Insurance

Health

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Section 6: Insurance

Dental

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Section 6: Insurance

Accidental Death and Dismemberment

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Section 6: Insurance

Other

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Company _____	Policy# _____
Address _____	_____
_____	Policy Location _____
_____	_____
Phone _____	_____

Section 8: Retirement and Benefit Plans

Defined Benefit Plans:

Company: _____
Point of Contact: _____
Beneficiaries': _____

Company: _____
Point of Contact: _____
Beneficiaries': _____

Profit Sharing Plans:

Company: _____
Point of Contact: _____
Beneficiaries': _____

Company: _____
Point of Contact: _____
Beneficiaries': _____

IRA:

Company: _____
Point of Contact: _____
Beneficiaries': _____

Company: _____
Point of Contact: _____
Beneficiaries': _____

TSA:

Company: _____
Point of Contact: _____
Beneficiaries': _____

Company: _____
Point of Contact: _____
Beneficiaries': _____

Section 8: Retirement and Benefit Plans

401k:

Company: _____

Point of Contact: _____

Beneficiaries': _____

Company: _____

Point of Contact: _____

Beneficiaries': _____

457k:

Company: _____

Point of Contact: _____

Beneficiaries': _____

Company: _____

Point of Contact: _____

Beneficiaries': _____

Others:

Company: _____

Point of Contact: _____

Beneficiaries': _____

Section 9: Military Records

The following is a list of the military records suggested to be included:

1. Current copy of Leave and Earning Statement (LES)
2. Copy of most recent promotion orders
3. Photostat copy of ID cards (place copy here)
4. Photostat copy of ID Tags (place copy here)
5. Copy of DD Form 93 (Emergency Data Card)
6. Location of all other military records
7. Copy of DD Form 214
8. NGB Form 22 (National Guard Only)
9. 20 Year Retirement Authorization Letter (National Guard Only)

Section 10: Educational Information

Include the following documents:

1. Official School Transcripts

2. Scholarships

3. High School Diplomas

4. GED

5. College Diplomas

6. Professional Licenses

7. Other; _____

Section 11: Children's Records

Child's Name _____

1. Birth Certificate
2. Medical History (explain)
 - Medical release forms _____
 - Allergies _____

 - Explanations of any diseases or handicaps) _____

 - Location of birthmarks or scars _____

3. Child Identification Information:

Place Photo was taken _____ Age _____ Year of photo _____	
---	--

Fingerprints
Hair Swatch

Copy this sheet for each child in your family.

Section 12: End of Life Wishes

Unexpected end-of-life situations can happen at any age, so it's important for all adults to prepare Advance Directives. Living wills and other advance directives are written, legal instructions regarding your preferences for medical care if you are unable to make decisions for yourself.

- Keep a copy in your safety deposit box or personal safe.
- Give a copy to your doctor.
- Keep a record of those individuals that have a copy of your advance directives.
- Make clear your end of life wishes to family members as well as others in your life.
- It is advisable to carry a wallet-sized card with you that states you have advance directives. Be sure to identify your health care agent and the location of any advance directives.
- When you travel, have a copy of Advanced Directives with you.

You have a distinctive personality and no one thinks exactly the same as you. No one is going to know your last wishes unless you write them down. It will help your loved ones move through such a difficult time without confusion. Make sure someone knows where you keep the documents and has access to it.

Safety Deposit Box Information:

- Institution Name and Address: _____
- Where Keys are located: _____
- List of those authorized Access: _____

Personal Safe Information:

- Location: _____
- List of those with access: _____
- Safe Combination: _____

Section 12: End of Life Wishes

Funeral Home:

Funeral Home Preference: _____

Address: _____

Phone: _____

- Specify whether you have made arrangements with the funeral home for a prepaid burial plan. If so, list where to find the documents _____
- If my funeral was not prepaid, funds are immediately available from the following source: _____

SPECIFY WHAT YOU WANT DONE WITH YOUR REMAINS:

A. CREMATED:

- Outline your memorial service

- Describe how the ashes are to be disposed of: _____

B. BURIAL:

- Do you wish to be embalmed? _____
- Specify the type of clothing you wish to be laid to rest in: _____

- List individuals you would like to assist in dressing the body: _____
- _____
- List any jewelry you wish to be placed on your body: _____

- If the jewelry is removed before closing the casket, list who should receive each item:

- Who would you like to do your hair? _____

Section 12: End of Life Wishes

C. FUNERAL – MARK THE TYPE YOU DESIRE:

- Traditional Funeral Services:** Usually includes one or more viewings. It can be either open or closed casket. There is a service honoring the deceased with the body present. There is a procession to the cemetery where the grave is dedicated.

- Military:** The law requires that, upon the family's request, every eligible veteran is entitled to receive a military funeral honors ceremony to include folding, presentation of the United States burial flag and the sounding of taps, *at no cost to the family*. That is done at the cemetery at the conclusion of a traditional, memorial, or graveside service.

- Memorial Services:** Memorial Services honor the life of the deceased without the body present. They are generally following burial or cremation or if a body has not been recovered due to any type of calamity.

- Graveside Services:** A short service held at the cemetery, generally beside the grave, immediately prior to burial. This also includes dedication of the grave.

- Non-commemorative Funerals:** When the deceased is buried, cremated, or donated to medical science without any formal service to remember the life that has passed.

D. PERSON PRESIDING OVER YOUR FUNERAL _____

E. INDIVIUALS TAKING PART IN THE PROGRAM AND MUSICAL SELECTIONS

PRAYER ASSIGNMENTS	SPEAKERS	MUSICAL SELECTIONS

PALBEARERS	

Section 12: End of Life Wishes

F. OBITUARY:

- Date and place of birth _____
- Name of spouse _____
- Names of Children _____
- Military service _____
- Education _____
- Employment _____
- Church affiliation _____
- Memberships in organizations _____
- Do you want people to send flowers? _____
- In lieu of flowers please donate to _____
- Provide a photo to include in the newspaper or other places you want you obituary published.

G. CASKET – CHOOSE TYPE AND ADD SPECIAL INSTRUCTIONS:

- Metal _____
- Wood _____
- Ceramic _____
- Material covered wood _____
- Specific color _____
- Other _____

H. CEMETERY PLOTS

- List the cemetery where your burial plots are located. Include all deeds, plot numbers and any other details _____

- Military Cemetery- Any U.S. Armed Forces active personnel dying while performing duty or after having served during wartime. Reservist and National Guard retired personnel with 20 years of service are eligible for burial also. Surviving spouses and dependent children also are eligible to be buried in the Utah State Veterans Cemetery & Memorial Park, under rules established by the state of Utah. The location of the cemetery is at Veterans Mem Park, 17111 Camp Williams Road, Bluffdale, Utah 84065-0446. For information call (801) 254-9036. If you will to be buried there, please list any arrangements that have been made here,

I. OPENING THE GRAVESITE

There is a charge to have the gravesite opened. List how that expense is to be covered. _____

J. THE VAULT

Some sort of vault is required for the casket to rest in. Prices vary as well as regulations. Determine the type of vault you desire and list it here. _____

Section 12: End of Life Wishes

NOTIFICATIONS CONCERNING BENEFITS - List any agencies your sponsors should contact after you pass away. Regrettably, government, employment, and membership organization benefits do not come automatically. *You must apply for them within their timeframes. Delay in applying for any benefit can result in loss of assets.* Those handling your estate will need to acquire at least ten death certificates after you passing. They will need certified copies of death certificates to claim Social Security, insurance benefits, to enter safe deposit boxes, and to file tax returns. They can generally be obtained through the funeral home.

Agency/Business	Address	Phone
Life Insurance Policies – see Section 6 page 19		
Social Security Your number		
Veterans Administration		
Union Death Benefits		
Employee Death Benefits		
Vacation Pay		
Final Wages		
Military Pay Center (MyPay Website)		

FYI - MINOR CHILDREN – *If you have minor children, you should nominate a guardian in your will. A guardianship is required for minor children who would be receiving cash and/or valuable property in accordance with your will.*

Section 13: Family Emergency Training Reminder

The following suggestions are important for all family members to know in case of any family emergency. Training for family members should be conducted frequently especially for young children.

1. Family Password _____

2. Fire Evacuation Plans _____

 - Have two exits from each bedroom. Special consideration and equipment is needed for upper story rooms and basements.
 -

3. Earthquake plan for school and home.
 - Home _____

 - School _____

4. Out of State Emergency Contact
 - Name _____
 - Phone _____ Cell _____
 - E-mail _____

5. List where emergency assembly and alternate assembly areas are: _____

6. List where 72 hour emergency kit is located: _____

7. List where 96 hour emergency kit is located: _____

Section 14: Household Inventory

In the event of any household disaster, it is vital that a complete and accurate record of household inventory be available for insurance purposes. It may also be helpful in settling someone's estate after they pass away. The following template is a suggestion to archive your belongings. Feel free to make as many copies as needed to keep with this workbook. Be sure to include all items of importance such as furniture, jewelry, heirlooms, artwork, guns, collections, etc.

Item: _____ Serial Number _____
Value: \$ _____ Warranty: _____ Year: _____

Item: _____ Serial Number _____
Value: \$ _____ Warranty: _____ Year: _____

Item: _____ Serial Number _____
Value: \$ _____ Warranty: _____ Year: _____

Item: _____ Serial Number _____
Value: \$ _____ Warranty: _____ Year: _____

Item: _____ Serial Number _____
Value: \$ _____ Warranty: _____ Year: _____

Item: _____ Serial Number _____
Value: \$ _____ Warranty: _____ Year: _____

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Value: \$ _____ Warranty: _____ Year: _____

Item: _____ Serial Number _____
Value: \$ _____ Warranty: _____ Year: _____

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Section 15: Communications Devices Information

Personal Computer:

Location: _____

Password: _____

Laptop Computer:

Brand: _____

Location: _____

Password: _____

Cell Phone:

Brand: _____

Location: _____

Phone security email: _____

Phone number: _____

What company contracted with: _____