PersonalInformation

Full Name		
Address		
	State	
Driver's License Number or State	ID	
Social Security Number		
Computer Access Password (optio	onal)	
Date of Birth	Place of Birth	
Marital Status: Single Ma	rried Divorced Widowed	
Maiden Name		
Date of Birth	Place of Birth	_ Deceased
Date of Marriage	Place of Marriage _	
Maiden Name		14
Parents Information		
Mother's Name		
Date of Birth	Place of Birth	_
Father's Name		WE DO
Date of Birth	Place of Birth	_ Deceased
Name of Siblings		
Full Name		
Date of Birth	Place of Birth	_ Deceased

Full Name				
Date of Birth		Place of Birth		_ Deceased
Full Name				
Date of Birth		Place of Birth		_ Deceased
Full Name				
Date of Birth		Place of Birth		_ Deceased
Full Name				
Date of Birth		Place of Birth		_ Deceased
Full Name				
Date of Birth		Place of Birth		_
Name of Childi				
Name of Childs Full Name				
Name of Childi Full Name		City	_State	ZIP
Name of Childs Full Name Address Social Security Numbe	er	City	_State	ZIP
Name of Childs Full Name Address Social Security Number Date of Birth	er	CityPlace of Birth _	_State	ZIP
Name of Childs Full Name Address Social Security Number Date of Birth Marital Status: Sir	er ngle	CityPlace of BirthDivorced	_State d Deceased	ZIP
Name of Childs Full Name Address Social Security Number Date of Birth Marital Status: Sir	er ngle	CityPlace of Birth _	_State d Deceased	ZIP
Name of Childs Full Name Address Social Security Number Date of Birth Marital Status:	er ngle	CityPlace of BirthDivorced	_State d	ZIP
Name of Childs Full Name Address Social Security Number Date of Birth Marital Status: Sire Spouse's Name Full Name	er	CityPlace of BirthDivorced	_State d	ZIP
Name of Childs Full Name Address Social Security Number Date of Birth Marital Status: Sire Spouse's Name Full Name Address	er	CityPlace of BirthDivorced	_Stated □ Deceased	ZIP
Name of Childs Full Name Address Social Security Number Date of Birth Marital Status:	er ngle	CityPlace of BirthDivorced	_State d	ZIP
Name of Childs Full Name Address Social Security Number Date of Birth Marital Status:	er	CityPlace of BirthDivorced	_Stated □ DeceasedState	ZIP

MY PERFECT WILL®

Life Insurance Policies

Nama			Λ cc	ount No
				ount No
City			State	ZIP
Type Univ. Life	☐ Term	☐ Accidental	☐ Final Expense	☐ Other
Face Value Amount		Name of Be	neficiary	
Name			Acc	ount No
Address				
				ZIP
Telephone Number_				
Type 🔲 Univ. Life	\square Term	\square Accidental	\square Final Expense	☐ Other
Face Value Amount		Name of Be	neficiary	
Name			Δ.	\^_
TVallic			Acc	ount No
Address				ount No
Address			State	ZIP
Address City Telephone Number _			State	
Address City Telephone Number Type	☐ Term	☐ Accidental	State	ZIP
Address City Telephone Number Type	☐ Term	☐ Accidental	State	ZIP
Address City Telephone Number _ Type	☐ Term	☐ Accidental Name of Be	State Final Expense neficiary	ZIP
Address City Telephone Number Type	☐ Term	☐ Accidental Name of Be	State Final Expense neficiaryAcc	ZIP Other ount No
Address City Telephone Number _ Type	☐ Term	☐ Accidental Name of Be	State Final Expense neficiaryAcc	ZIP
Address City Telephone Number _ Type	☐ Term	☐ Accidental Name of Be	State Final Expense neficiaryAcc	ZIP Other ount No
Address City Telephone Number _ Type	☐ Term	☐ Accidental Name of Be	State Final Expense neficiary Acc	ZIP Other ount No

Checklist of Things to Do After Death

Notify the following:	
☐ Doctor or Coroner	☐ Funeral Director
☐ Family and Friends	☐ Insurance Agent
Spiritual Leader	☐ Unions and Fraternal Organizations
☐ Employer	☐ Social Security Administation
☐ Veterans Administation	☐ Fianancial Advisor/Planner
☐ Attorney	
Select:	
☐ Location of Arrangements	☐ Pallbearers
☐ Date and Time of Arrangements	☐ Blanket or Robe
Casket or Urn	☐ Obituary
☐ Clothing/Attire	☐ Thank You Cards
Financial Obligations:	
☐ Religious Organization	☐ Cemetery Plot
☐ Funeral Home	☐ Interment Service
☐ Headstone	
Necessary Documents:	
☐ Death Certificate	☐ Insurance Policies
Required Actions:	
☐ Close Accounts	
Contact Insurance Company	
Contact Financial Advisor/Planne	r
☐ Contact Attorney to execute Will o	or Administer Trust
Contact Creditors i.e., Credit Card	, Mortgage and Auto Companies
Contact Postal Service to forward	or cancel delivery of mail
Contact Social Security Administra	ation at 800-772-1213 for death benefit
☐ Contact Veteran's Administration	at 800-827-1000, if applicable

Distribution of Property Worksheet To assist you in preparing your will/trust

ITEM	DESCRIPTION	BENEFICIARY
Signature:		Date
Notary Signature:		Date