

Vital Records and Information

These pages should be completed as soon as possible, then updated annually. If appropriate, distribute copies to close relatives or friends.

Name			
Address			
Date moved to this address		Date of residence in this state	
Additional residence addresses			
Dates living at this address			
Date of birth		Place of birth	
Religious affiliation	Name/Phone of clergyman	Social Security Number	
Military veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, service dates from	to
Currently married?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of marriage	
Name and address of spouse			
Previously married?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of divorce	
Name and address of former spouse			
Place of divorce		Location of divorce papers	
Prenuptial agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, location of agreement			
Children	Name	Birth Date	Address
			Phone
Parents	Name	Birth Date	Address
			Phone

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Immediate relatives who are incompetent and in your care			
Name		Location of vital papers	
Address		Location of Power of Attorney	
Others	Name	Address	Phone
Accountant			
Attorney			
Doctor			
Employer			
Advisor			
Insurance agent			
Individuals to be notified in the event of my death			
<input type="checkbox"/> Spouse	<input type="checkbox"/> Others	_____	
<input type="checkbox"/> Children		_____	
<input type="checkbox"/> Parents		_____	
<input type="checkbox"/> Attorney		_____	
<input type="checkbox"/> Employer		_____	
My Will			
Original	Location	_____	
Copy	Location	_____	
My Living Trust			
Original	Location	_____	
Copy	Location	_____	
Bank Accounts - Name and address of bank	Type of Account	Account Number	

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Safe Deposit Box - Name and address of bank	Box Number	Location of Keys
Location of securities, stocks and bonds		
Credit Cards - Company	Account Number	Location of Card
Debts Owed - To Whom	Location of Records	Amount

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Real Property - Location	Value	Mortgage	Location of Deed	
Insurance	Name of Insured	Company	Policy Number	Location of Policy
Life				
Disability				
Auto				
Home				
Umbrella				
Health				
Long-term care				
Benefits/Compensation Provided upon Death by Employer				
How benefits are payable				
Company contact person			Phone	
Company stock programs		Amount	Location of papers	
Location of Other Records				
Birth certificate				
Marriage certificate				
Military discharge				
Citizenship papers				
Tax returns				
Where copies can be found				

Funeral Instructions

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Disposition of remains	<input type="checkbox"/> Interment at _____
	<input type="checkbox"/> Cremation (give instructions regarding remains) _____
Type of funeral	<input type="checkbox"/> Public <input type="checkbox"/> Open casket
	<input type="checkbox"/> Private <input type="checkbox"/> Closed casket
Location of services	<input type="checkbox"/> Church _____
	<input type="checkbox"/> Funeral home _____
Service to be conducted by	
Memorial contributions made to	
Other Instructions	

This form provided by:

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