

PERSONAL PLANNING GUIDE

of

compliments of

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VITAL STATISTICS OF

First Name	Middle	Last		
Address: _____				
City: _____				
State: _____		Zip: _____		
Residence Telephone: _____		Email _____		
Social Security No.: _____				
Place of Birth: _____		Date of Birth: _____		
City	County	State	Country	
Marital Status: Married _____		Never Married _____	Widowed _____	Divorced _____
		Date		
Name of Surviving Spouse _____				
Usual Occupation: _____		Employer: _____		
Person to Complete Funeral Arrangements: _____				
		Name	Telephone Number	

MILITARY SERVICE

Branch of Service: _____ Service No.: _____

Date Entered Service: _____ Location: _____

Type of Separation or Discharge: _____ Date: _____

Place of Separation: _____ Location of Discharge Papers (DD214): _____

Highest Rank Achieved: _____

Wars/Conflicts Served In: _____

Additional Information/Medals/Honors/Citations: _____

ESTATE PLANNING DOCUMENTS

I have a will: Yes ___ No ___ I have a Living Trust: Yes ___ No ___

Date of Will: _____

Location of Will: _____

Personal Representative: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Alternate Personal Rep.: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Date of Living Trust: _____

Location of Living Trust: _____

Trustee: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Alternate Trustee: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

I have Power of Attorney: Yes _____ No _____

Date of Power of Attorney: _____

Location of Power of Attorney: _____

Attorney in Fact: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Alternate Attorney In Fact: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

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FINANCIAL INFORMATION

BANK/CREDIT UNION ACCOUNTS

1. Bank Name: _____ Type of Acct.: _____ Acct. No.: _____

Branch Location: _____

2. Bank Name: _____ Type of Acct.: _____ Acct. No.: _____

Branch Location: _____

3. Bank Name: _____ Type of Acct.: _____ Acct. No.: _____

Branch Location: _____

BROKERAGE ACCOUNTS

Brokerage Name: _____ Location: _____

Representative: _____ Phone No.: _____

Account No.: _____

RETIREMENT FUNDS

1. Type (401K, IRA): _____ Custodian: _____
Location of Records: _____
Primary Beneficiary: _____ Alternate Beneficiary _____

2. Type (401K, IRA): _____ Custodian: _____
Location of Records: _____
Primary Beneficiary: _____ Alternate Beneficiary _____

3. Type (401K, IRA): _____ Custodian: _____
Location of Records: _____
Primary Beneficiary: _____ Alternate Beneficiary _____

LIFE INSURANCE

1. Type (Whole, Term, Universal, Variable Universal) _____ Company: _____
Policy Number: _____ Prim. Ben. _____ Alt. Ben _____
Death Benefit: _____ Loan Amount: _____

2. Type (Whole, Term, Universal, Variable Universal) _____ Company: _____
Policy Number: _____ Prim. Ben. _____ Alt. Ben _____
Death Benefit: _____ Loan Amount: _____

3. Type (Whole, Term, Universal, Variable Universal) _____ Company: _____
Policy Number: _____ Prim. Ben. _____ Alt. Ben _____
Death Benefit: _____ Loan Amount: _____

ANNUITIES

1. Type (Fixed, Variable, Variable Universal) _____ Company: _____

Policy Number: _____ Prim. Ben. _____ Alt. Ben _____

Death Benefit: _____ Loan Amount: _____

2. Type (Fixed, Variable, Variable Universal) _____ Company: _____

Policy Number: _____ Prim. Ben. _____ Alt. Ben _____

Death Benefit: _____ Loan Amount: _____

STOCKS/BONDS/MUTUAL FUNDS NOT IN BROKERAGE ACCOUNT

1. Type/Description: _____ Location: _____

2. Type/Description: _____ Location: _____

3. Type/Description: _____ Location: _____

4. Type/Description: _____ Location: _____

OTHER FINANCIAL ASSETS

CREDIT CARDS

1. Type (Mastercard, Visa, AMEX, Discover, Other): _____ Account No.: _____

2. Type (Mastercard, Visa, AMEX, Discover, Other): _____ Account No.: _____

3. Type (Mastercard, Visa, AMEX, Discover, Other): _____ Account No.: _____

4. Type (Mastercard, Visa, AMEX, Discover, Other): _____ Account No.: _____

REAL ESTATE

1. Description: _____
Address: _____
Deed Location: _____
2. Description: _____
Address: _____
Deed Location: _____

PERSONAL BEQUESTS

In accordance with the power given to me in my will to make specific gifts of personal property by letter to my personal representative, I direct my personal representative to distribute the following items to the people listed:

Item:	Beneficiary:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signed: _____

Dated: _____

SOCIAL SECURITY INFORMATION

Social Security Administration Toll Free Number: 1-800-772-1213

My Social Security Number: _____ - _____ - _____

Address of nearest Social Security Office: _____

A lump sum payment will be made when an eligible person dies. This payment will only be made if there is an eligible surviving widow, widower, or entitled child. Also, survivor's checks may go to certain members of a worker's family.

To facilitate receiving eligible Social Security benefits, you will need the following information when you contact your Social Security office:

- | | |
|----------------------------------|--------------------------------------------------|
| 1. Social Security Number | 4. W2 for last two years |
| 2. Marriage License | 5. Proof of widow(er)'s age if 62 years or older |
| 3. Children's Birth Certificates | 6. Certified copy of death certificate |

An application for the lump sum death payment usually must be made within two years after the worker's death. Do not delay applying because you don't have all the required proof. The Social Security worker will tell you about the types of proof that can be used when you apply.

VETERAN'S BURIAL BENEFITS

Veterans' Administration Toll Free Number: 1-800-827-1000

Veterans' Burial Allowance:

The U.S. Department of Veterans Affairs (VA) furnishes a partial reimbursement of eligible veterans' burial and funeral costs. When the cause of death is not service-related, the reimbursement is generally described as two payments: (1) a burial and funeral expense allowance, and (2) a plot interment allowance. You may be entitled to a VA burial allowance if:

- You paid for a veteran's burial or funeral AND
- You have not been reimbursed by any other government agency or some other source, such as the deceased veteran's employer AND
- The veteran was discharged under condition other than dishonorable.

In addition, at least one of the following conditions must be met:

- The veteran died because of a service-related disability OR
- The veteran was getting VA pension or compensation at the time of death OR
- The veteran was entitled to receive VA pension or compensation but decided not to reduce his or her military retirement or disability pay OR
- The veteran died in a VA hospital or while in a nursing home under VA contract.

Service-related death. The VA will pay an allowance toward burial expenses.

Non-service related death. The VA will pay an allowance toward burial and funeral expenses, and a plot interment allowance. If the death happened while the veteran was in a VA hospital or under contracted nursing care, the cost of moving the deceased may be reimbursed.

Headstones and Markers

The VA furnishes upon request, at no charge to the applicant, a government headstone or marker to mark the otherwise unmarked grave of an eligible veteran in any cemetery around the world.

Flat bronze, granite, or marble markers and upright granite and marble headstones are available. The style chosen must be consistent with existing monuments at the place of burial. Niche markers are also available to mark columbaria used for inurnment of cremated remains.

Burial Flags

Most veterans are eligible for a burial flag. Reservists entitled to retired pay are also eligible to receive a burial flag.

To facilitate receiving veteran benefits for which you may be eligible, you will need the following information when you contact the VA office:

- Proof of veteran's military service (DD214)
- Service Serial Number
- Marriage License (if applicable)
- Children's Birth Certificates (if applicable)
- Certified Copy of Death certificate