TO WHOM IT MAY CONCERN:

INFORMATION CONCERNING MYSELF AND RELATIVES:

NAME BIRTH DATE ADDRESS

Include self, spouse, and immediate family(children), including parents and in-laws, living or not (with date and place of death)

LOCATION OF IMPORTANT ITEMS:

<u>SAFE DEPOSIT BOX, STORAGE UNITS</u> (location and number; where keys are)

WILLS & TRUST DOCUMENT -

LIVING WILL - (if any)

<u>TRUST & TRUSTEES</u> - (details, name and date of, and location of document)

CHARITABLE REMAINDER TRUSTS (if any) - full details

BIRTH CERTIFICATES -

NATURALIZATION PAPERS -

ADOPTION PAPERS -

PASSPORTS - (numbers and date and location of issue)

<u>MARRIAGE LICENSE</u>, <u>PRE OR POST-NUPTUAL AGREEMENT</u> (or Domestic Partnership Registration --local, state or business)

DIVORCE PAPERS -

VETERANS DISCHARGE -

STOCKS -

TITLE POLICY, DEED OF TRUST, AND COUNTY RECORDING ON HOME -

CERTIFICATES OF OWNER ON CARS -

COPY OF DISCHARGE PAPER FROM WORLD WAR I

(for LaVerne Noyes Scholarship; see further information to come below) -

<u>DEED FOR CEMETERY LOT</u> - (details about lot and location of Deed and/or about Burial Society etc.)

FIRE INSURANCE POLICY - (who with and location of policy

COIN COLLECTION, ART COLLECTION, JEWELRY COLLECTION, etc. -

INSURANCE POLICIES -

(Company name, policy number, kind of policy and on whose life)(Be sure to update beneficiary designations)

(Don't forget policies at work including the following:

Travel Insurance - thru credit card to which tickets are charged

Executive Travel Insurance - thru UCLA

State of California - thru work at UCLA

(See UC Benefits Counselor for details on all coverages)

Accidental Death & Dismemberment Insurance for \$..... each provided by Bank & the Credit Union.

IMPORTANT NUMBERS:

 Social	Security #

(list for each living family member)

...... Veterans Administration C-Number

INCOME TAX PAPERS and significant tax records -

BUSINESS RECORDS -

CHECKING ACCOUNTS:

(name of bank, location, and account number for each)

<u>IRA'S</u> - (name, address and telephone number of Bank, account numbers, maturities, and location of paperwork)

MONEY MARKET FUND ACCOUNT:

(name of bank, location, account number and location of paperwork)

SAVINGS ACCOUNTS: (same as above)

SECURITIES BROKERS:

(firm name, agent, account number, with address and telephone number)

BONDS:

Bonds registered in the name of or	held by
, in street name. Transaction	1
receipts and quarterly statements	Bonds
in or held by	

<u>AIRLINE MILEAGE ACCOUNTS</u>: (could have free trips available to members of family or friends, as long as they are not sold)

HOME LOAN from(Loan #)

OTHER LOANS

(full details)

LIST PAYMENTS WHICH ARE MADE AUTOMATICALLY EACH MONTH ETC.

OTHER IMPORTANT FINANCIAL INFORMATION:

<u>WORKPLACE DEATH BENEFITS</u>: See Benefits Program Counselor at WORKPLACE for details. (Starting date of employment was)

REGULAR AND/OR OPTIONAL TAX DEFERRED RETIREMENT PROGRAM

through the University of California Retirement System begun (date). (Quarterly statements of contributions

located in) See Benefits Program Counselor at UCLA for details and options. (Do not take an annuity--leave on deposit, take interest needed only, or withdrawals as required as of 70 1/2 years of age. If large balance, plan withdrawals earlier than 70 1/2)

- <u>STATE SURVIVOR'S BENEFITS</u>: (See Benefits Program Counselor at UCLA for details.)
- <u>VETERANS ADMINISTRATION:</u> \$250 (or perhaps more now) towards burial and American flag! Check with V.A. to see if other benefits are available (See "C#" given above).
- SOCIAL SECURITY: Presently FULLY covered, but probably qualify for only small benefits. Check with Social Security regarding exact benefits. Do not forget to add time of military service when claiming benefits.
- Check with (STATE) VET for possible benefits. (Benefit number is) Certificate of Eligibility is located in
- All descendants of (a person who served in WW I) are entitled to LaVerne Noyes Scholarships to help pay for college education. Need copy of discharge paper referred to above. Apply directly to the College or University involved. There may be a "needs" test.
- In case of work related death or accident, check benefits derived from California State Fund Insurance coverage, thru the University directly (Executive Travel coverage), and thru credit card company if travel costs were charged.
- In case of death, notify: doctor(s); attorney; Social
 Security; employer (Campus Emeriti Ctr & OP Survivor Unit); insurance agent; relatives & friends; clubs & organizations; clergyman; funeral/cemetery director(s).

<u>Information on the disposition of pets.</u>

Family is covered under a Dental Plan at (WORKPLACE). (Check with

Benefits Program Counselor regarding details for continuation of benefits.) Dental records with Dr.,DDS, (address).

Also covered for Vision Care (Check with Benefits Program Counselor regarding details for continuation of benefits, if available--may not be).

Auto & Home Insurance Agent:

(name, address, and phone number)

<u>Life Insurance Agent</u>: (same as above)

Tax &/or other Attorney: (same as above)

For advice: See (same as above)

(sign your name)

(print your name)

STORE IN A SAFE PLACE!

SHOULD BE UPDATED WHENEVER A CHANGE OCCURS OR AT LEAST EVERY SIX MONTHS.

UPDATE YOUR WILL AT LEAST ANNUALLY!!