

Name(s) _____

Date(s) of Birth _____

Place(s) of Birth _____

Social Security No(s). _____ Location of Card _____

IMMEDIATE FAMILY

Relationship	Name/Address	Telephone

FUNERAL INFORMATION

Funeral instructions last date: _____ Location of original _____

Funeral Home	Name/Address/Telephone	
Cemetery Plot	Cemetery Name/Space No., etc.	Location of original
Burial Policy	Name/Policy Number/Agent	Location of original
Other Information		

IMPORTANT CONTACTS

	Name / Address / Telephone
Attorney	Paul D. Strug – pstrug@wkpz.com 713-961-9045 Weycer, Kaplan, Pulaski & Zuber PC
Physician	
Accountant	

Directive to Physicians	Last date:	Location of original:
Declaration of Guardian in the Event of Later Incompetence or Need of Guardian	Last date:	Location of original:
Appointment of Agent for Disposition of Remains	Last date:	Location of original:
Medical insurance card	Name I.D. #	Location:
Driver's License	# Expires:	Location
Birth Certificate	Name	Location of original
Marriage license	Date	Location of original
Military discharge	Date	Location of original
Divorce Papers	Date	Location of original
Passport	Number: Expires	Location
Deed to house	Address	Location of original
Certificate of title	Car Type/Tag Number	Location of original

BANK ACCOUNTS - SAFE DEPOSIT BOX

Checking Account	Bank Name / Address	Account Name: Account No.:
Savings Account	Bank Name / Address	Account Name: Account No.
Safe deposit box	Bank Name / Address	Box Number Password: Key: Authorized person to enter box:
Additional Bank Accounts:		

INVESTMENT ACCOUNTS

Financial Institution Name / Address	Account Name: Account No.:
Financial Institution Name/ Address	Account Name: Account No.
Financial Institution Name / Address	Account Name: Account No.

INSURANCE POLICIES

Medical Insurance	Insurance Company Name/ Address / Telephone: Policy: Policy Periods:	Location of original
Life Insurance policy	Insurance Company Name/ Address / Telephone: Policy: Policy Periods:	Location of original

RETIREMENT PLANS

Individual Retirement Account	Custodian Name:	Account Name: Account No.:
ROTH IRA	Custodian Name:	Account Name: Account No.:
401-K	Company Name:	Account Name: Account No.:
Other Retirement Assets		

CREDIT CARDS, CHARGE CARDS

Account Name	Company	Account Number: Expires: Pin:
Account Name	Company	Account Number: Expires: Pin:
Account Name	Company	Account Number: Expires: Pin:
Account Name	Company	Account Number: Expires: Pin:

PINS and PASSWORDS

Bank ATM	PIN:
Computer	User name / Password:
E-mail	User name /Password:
Mobile Phone Number	PIN:
On-line Banking Name	User name /Password: