

# What My Family Should Know

Taking time now to record important information on this form may be one of the most unselfish gifts of love that you can give to your loved ones.

It will be extremely helpful to your family should you need to have someone take care of your personal, medical or financial needs in the future.

*To My Dear Family:*

*I have completed this document in hope of easing your stress during what will likely to be a very difficult and emotional time.*

*It gives me comfort and peace of mind to know that information that I have included in this document will help to lessen your stress and guide you.*

Name: \_\_\_\_\_

Last Updated: \_\_\_\_\_

This document has been provided to you by The Children's Home of Wheeling, Inc. to thank you for supporting our mission to provide shelter, treatment and quality of life programming for abused and neglected youth ...our mission of faith since 1870.



**The Children's Home of Wheeling, Inc.**

1 Orchard Road \* Wheeling, WV 26003

(304) 233-2367 \* [www.chowinc.org](http://www.chowinc.org)

501(C)3 \* Federal Non-Profit Tax ID# 55-0360198

## PERSONAL INFORMATION

Name:		Social Security Number:	
Date of Birth:	Place of Birth:		
Mother's Given (Maiden) Name:			
Father's Name:			
My Current Address:			
Home Phone:	Cell Phone:	Work Phone:	

<b>Marital Status</b>	(circle one)	Married	Divorced	Widowed	Single	Separated
<b>Spouse</b>			<b>Former Spouse</b>			
Name:			Name:			
Date of Birth:			Date of Birth:			
Place of Birth:			Place of Birth:			
Social Security Number:			Social Security Number:			
Marriage Date:			Marriage Date:			
Place of Marriage:			Place of Marriage:			
Current Address:			Current Address:			
Phone Number:			Phone Number:			

## In Case of Emergency Contacts

Name:		Relationship:
Address:		Phone:
Name:		Relationship:
Address:		Phone:

## Preferred Hospital:

Current Medications			Medication or Other Allergies	
Name	Strength	Times Daily	Name	Reaction

**Children**

Given Name	Birth Date	Place of Birth	SSN	Address

**Grandchildren**

Given Name	Birth Date	Place of Birth	SSN	Address

**Great Grandchildren**

Given Name	Birth Date	Place of Birth	SSN	Address

**My Brothers and Sisters**

Given Name	Birth Date	Place of Birth	SSN	Address

**Grandchildren** *(continued from previous page)*

Given Name	Birth Date	Place of Birth	SSN	Address

**Great Grandchildren** *(continued from previous page)*

Given Name	Birth Date	Place of Birth	SSN	Address

## **BUSINESS and PERSONAL CONTACTS**

Clergy:	Phone:
Legal Guardian (If applicable)	Phone:
Employer:	Phone:
Attorney:	Phone:
Medical Power of Attorney:	Phone:
Primary Care Physician:	Phone:
Specialist Physician:	Phone:
Specialist Physician:	Phone:
Specialist Physician:	Phone:
Specialist Physician:	Phone:
Pharmacy:	Phone:
Dentist:	Phone:
Bank:	Phone:
Bank	Phone:
Credit Union:	Phone:
Financial Advisor:	Phone:
Tax Preparer:	Phone:
Insurance Agent:	Phone:
Accountant:	Phone:
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<b>FINANCIAL INFORMATION</b>	
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<b>BANK</b>	
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Primary Checking Account #:	Savings Account #:
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Secondary/Guardianship Account #:	Certificate of Deposit #:
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Christmas Club Account #:	Vacation Club Savings Account #:
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Safety Deposit Box #: Accessible By: Key location:
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<b>BANK</b>	
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Primary Checking Account #:	Savings Account #:
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Secondary/Guardianship Account #:	Certificate of Deposit #:
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Christmas Club Account #:	Vacation Club Savings Account #:
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Safety Deposit Box #: Accessible By: Key location:
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<b>CREDIT UNION</b>	Phone #:
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<b>ANNUITY</b>	Phone #:
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<b>RETIREMENT PLANS</b>
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401K retirement account file location:	Phone #:
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403(B) retirement account file location:	Phone #:
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501B retirement account file location:	Phone #:
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457 retirement plan file location:	Phone #:
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Pension Plan:	Phone #:
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Federal Employee or Military Retirement Plans. (see page 8.)
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<b>JOINT OWNERSHIP/BUSINESS PARTNERSHIPS:</b>
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**CREDIT CARD ACCOUNTS**

Company:	Account #:	Phone #:
Company:	Account #:	Phone #:
Company:	Account #:	Phone #:
Company:	Account #:	Phone #:
Company:	Account #:	Phone #:
Company:	Account #:	Phone #:

**REAL ESTATE**

Property Location:

Mortgage held by: \_\_\_\_\_ Deed Location: \_\_\_\_\_

Address:

Monthly Payments: \_\_\_\_\_

Homeowners/Mortgage Insurance held by:

Deeds, tax documents and pay records location::

I/We own other real estate/rental property/timeshare at: (List addresses and contact information.)

I/We have a storage unit. Company: \_\_\_\_\_ Location: \_\_\_\_\_

I/We have an oil/gas lease that produces income. Company Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

**AUTOMOBILE, TRAILERS AND OTHER MOTOR VEHICLES**

Make	Model	Year	Registered To	Status of Ownership

Location of car title for any vehicle that is 100% paid:

<b>SUMMARY OF BENEFITS</b>		
<b>Employer Health Benefits Provider:</b>		Phone #:
<b>Medicare Plans #:</b>		Phone #:
<b>Medicaid Plan #:</b>		Phone #:
<b>Life Insurance Provider:</b>	Amount:	Policy #: Phone #:
<b>Life Insurance Provider:</b>	Amount:	Policy #: Phone:
<b>401K Retirement Plan Provider:</b>	Phone #:	
<b>Other</b>	Phone #:	
<b>Other</b>	Phone #:	

<b>FEDERAL RETIREMENT/MILITARY SERVICE BENEFIT PROGRAMS</b>		
I was/am or at one time was a federal employee	YES	NO
<input type="checkbox"/> Yes, I am under: Civil Service Retirement System (CSRS)		
<input type="checkbox"/> Yes, I am under: Federal Employee Retirement System (FERS) <i>(My spouse and children may qualify for benefits under social security.)</i>		
Other:		
Due to prior military service or federal service, I have been advised that I may need to pay either a deposit or a re-deposit to fully receive credit for that service.		
	YES	NO
If my death occurs before retirement, my spouse is aware that he/she may be eligible for a survivor annuity.		
	YES	NO
Amount: \$ _____		
Per month restrictions/limitations:		
DD214-Record of Military Service location:		
Copy of Honorable Discharge Card location:		



## FINAL WISHES

Name:

Religious Affiliation:

Church Preference:

Clergy:

Phone:

Where I would like to have my obituary published:

- I have written my obituary and a copy can be found at (or is attached):
- I have not written my obituary but I have attached a list of what I would like to have included.

Indicate in obituary that any memorial contributions go to: \_\_\_\_\_

Funeral Home Preference:

Phone:

Address:

I would prefer to have funeral services held at:

I prefer: Interment Entombment Cremation

If cremation, how would you like to have your ashes honored?

I am entitled to Military Honors: YES NO

My choice of cemetery is:

Cemetery Lot:  Purchased  Not Purchased

Where deed to cemetery lot can be found:

I have a Pre-Paid Burial Plan YES NO

I would like to have the following pallbearers:

### Organ Donation

- I do not want any of my organs donated.
- I would like to donate any organs needed for transplant.
- I would like to donate on the following organs for transplant/research:
- I would like to donate my body for research.

## LAST WILL IN TESTAMENT

I have a Will. A copy can be found at:

The attorney who handled my will is:

Name of Firm:

Phone Number:

My Last Will is dated:

The Executor/Executrix is:

Legal Guardianship documents are located at:

## TRUSTS

Seek the advice of your attorney and investment counselor to determine if establishing a Trust Fund would be beneficial. Trust funds must be completed by an attorney. If you want your employee benefits to be paid into the trust you must update your beneficiary forms to reflect this.

I have established a trust(s). Trust Administrator: \_\_\_\_\_ Phone: \_\_\_\_\_

## LIVING WILL, HEALTH CARE POWER OF ATTORNEY and ATTORNEY IN FACT

Individuals may also wish to execute a legal document that instructs family members and physicians which steps they may want taken should they become unable to make health care decisions for themselves. Since photocopies of these documents may not be accepted by a physician, you should ensure that signed originals are given to your private physician, your family members and possibly your attorney.

### Living Wills

This document is a written statement that details the type of care you want (or don't want) if you become incapacitated. A living will bears no relation to the conventional will or living trust used to leave property at death; it's strictly a place to spell out your health care preferences. You can use your living will to say as much or as little as you wish about the kind of health care you want to receive

I have not executed a "Living Will".

I have executed a "Living Will" and it can be found at the following location:

### Healthcare Agent: Healthcare Power of Attorney/Durable Power of Attorney/Attorney In Fact

In this document, you appoint someone you trust to be your health care agent (sometimes called an attorney-in-fact for health care, health care proxy, or surrogate) to make any necessary health care decisions for you and to see that doctors and other health care providers give you the type of care you wish to receive.

I have not executed a Healthcare Power of Attorney, Durable Power of Attorney or Attorney in Fact

I have executed a Health Care Power of Attorney and it can be found at: \_\_\_\_\_

## OTHER INFORMATION THAT MAY BE HELPFUL TO YOUR FAMILY

- Family medical history/Hereditary Concerns
- Copy of medical insurance cards
- Copy of birth/death certificates
- Copy of driver's license
- Location of Passport/Passport #
- Instructions for distribution of personal belongings
- Appraised value (date) of antiques/collectibles (photos)
- Location of previous tax returns
- Airline Frequent Flyer/Dividend Miles account numbers and airline phone numbers
- List of civic and other organizations where you are a member
- Address book location
- Owner's Manuals/Warranty Information
- Family tree chart

**RECOMMENDATION:** Because your bank safety deposit box is likely to be sealed for a period of time after death, it is recommended that you store this completed document at home in a fire proof lockbox for convenient updates and so it is easily available for your family when it is needed.

Should you find that after meeting the needs of your family you are interested in making a bequest to a worthy charity, please consider including a lasting gift to



that will provide shelter, treatment and quality of life programming for youth who have been abused, neglected or have nowhere to go.

Federal Non-Profit Tax ID#: 55-0360198

*One of life's greatest rules... You cannot hold a torch to light another's path without brightening your own.*