

LOCATION OF DOCUMENTS (CONT.)

<u>Documents</u>	<u>Location</u>
Death certificate(s) (from previous marriages of retiree or spouse) :	_____
_____	_____
Birth certificates / adoption papers (retiree, spouse, children) :	_____
_____	_____
DD Form(s) 214 (Active Duty Discharge Record) (for all periods) :	_____
Retirement Orders: _____ (or)	
20-year Letter : _____ (Reservist not yet 60)	
Safe Deposit Box (list contents) :	_____
_____	_____
Insurance policies:	_____
_____	_____
Tax returns :	_____
Investment papers (CDs, Mutual Funds, IRA, other) :	_____
_____	_____
_____	_____

LOCATION OF DOCUMENTS (CONT.)

Burial Plot information : _____

Medical and dental records: _____

Real Estate deeds : _____

PHONE NUMBERS

Casualty Assistance Office
(immediate assistance upon retiree's death) :

Call 1-800-269-5170 (TO STOP PAY)
La Jolla National Cemetery
1-619-553-2084
Riverside National Cemetery
1-909-653-8417
V.A. Regional Office
1-619-400-5322

RETIRED PAY: 1-800-321-1080

DAV: 1-619-299-6916

V.A.: 1-800-827-1000

SOCIAL SECURITY: 1-800-772-1213

- BRING COPY OF THE FOLLOWING**
- DEATH CERTIFICATE
 - MARRIAGE CERTIFICATE
 - BIRTH CERTIFICATE
 - I.D. CARDS / SOCIAL SECURITY CARD
 - DD-214 OR DISCHARGE PAPERS
 - RETIREE ACCOUNT STATEMENT



If you died tomorrow, would your family know what to do?

You can help your family now by filling out this tri-fold and making sure they know where you keep it.

RETIREE INFORMATION

Name: _____

Social Security Number: _____

Date and Place of Birth: _____

Date of Retirement: _____

Retired grade / rank: _____

Circle all that apply:
Enrolled in RSFPP, SBP, SSBP, RCSBP

V.A. Claim # : _____

Eligible to draw VA
Disability Compensation:
YES NO

Receiving Social Security:
YES NO

If yes, age first received:
Years: _____ Months: _____

Organ donor: YES NO

Is there a Living Will?
YES NO

Location: _____

SPOUSE INFORMATION

Name : _____

Date of birth : _____

Social Security Number : _____

Date of Marriage: _____

Married (City, State, County) : _____

CHILDREN INFORMATION

(For each child)

Name : _____

Address : _____

Birthdate : _____

Incapable of self-support?

YES NO

INSURANCE POLICIES

Policy # : _____

Company _____

Amount (include "as of date") : _____

Beneficiary : _____

Agent phone # : _____

INVESTMENTS

Type: (IRA, CD, Mutual Fund)

Company(s) : _____

Amount (include "as of date") : _____

Agent Phone # : _____

BANK ACCOUNTS

Bank Name & Phone # : _____

Type of Acct. _____
(Savings / checking) :

Amount (include "as of date") : _____

Account # : _____

CREDITORS

Name & Address : _____

Phone # : _____

Account # : _____

Balance Due (include "as of date") : _____

Life Insurance? YES NO

BURIAL INFORMATION

Who should be notified of your death:

Name : _____

Relationship : _____

Address _____

Phone # : _____

Name : _____

Relationship : _____

Address _____

Phone # : _____

Do you want to be (circle one)

Buried? Cremated?

BURIAL INFORMATION (CONT.)

Name of cemetery where you want to be buried:

Do you want to be buried in your uniform?

YES NO

Do you want a memorial service?

YES NO if YES,

Where? _____

Have you purchased a burial plot?

YES NO if YES,

Where? _____

Do you want a military honor guard:

YES NO

(Based on available military support)

Documents Location

Will : _____

Current Retired Pay Statement:

Marriage Certificate(s) :

Divorce Decree(s) / property settlement(s)
(from previous marriages of retiree or spouse) :