

TO: Operations Personnel Concerned DATE: 15 April 1968
FROM: VPFO
SUBJECT: Personal Affairs Guide

The inevitability of death is a fact of life that many people do not like to contemplate, and thus fail to have an orderly plan, with essential vital information, to guide their families when it does occur.

In times of grief and emotional stress, confusion and indecision create personal and financial problems that could be minimized through advanced planning.

A "Personal Affairs Guide" is but one facet of Estate Planning, and normally is tailored to an individual's family and financial circumstances. However, the attached "Guide" encompasses most of the areas that constitute that part of such a program and should be modified to fit the needs of each family.

It is suggested that retired military personnel be thoroughly familiar with the pertinent Armed Forces regulations pertaining to survivors benefits.

Additional copies or pages of the attached "Guide" may be obtained from the Director-Flight Operations Training Division via your Base Manager.

T. L. Boyd

PERSONAL AFFAIRS GUIDE

OF

In time of emergency it is essential that my family, and those who act for them, be able to take immediate action regarding our personal and financial affairs.

The following pages furnish the necessary vital information for the guidance of those concerned in the event of my disability or death.

The executor of my estate has a copy of this Personal Affairs Guide and is familiar with its contents.

PERSONAL AFFAIRS GUIDE

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PERSONAL AFFAIRS GUIDE

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NOTIFICATION OF DEATH

Relatives.

	<u>Name</u>	<u>Address</u>
a.	_____	_____
	Relationship: _____	_____

b.	_____	_____
	Relationship: _____	_____

c.	_____	_____
	Relationship: _____	_____

d.	_____	_____
	Relationship: _____	_____

e.	_____	_____
	Relationship: _____	_____

f.	_____	_____
	Relationship: _____	_____

g.	_____	_____
	Relationship: _____	_____

h.	_____	_____
	Relationship: _____	_____

i.	_____	_____
	Relationship: _____	_____

j.	_____	_____
	Relationship: _____	_____

NOTIFICATION OF DEATH

1. Close Friends.

<u>Name</u>	<u>Address</u>
a. _____	_____ _____ _____
b. _____	_____ _____ _____
c. _____	_____ _____ _____
d. _____	_____ _____ _____
e. _____	_____ _____ _____
f. _____	_____ _____ _____
g. _____	_____ _____ _____
h. _____	_____ _____ _____
i. _____	_____ _____ _____
j. _____	_____ _____

NOTIFICATION OF DEATH

1. Armed Forces Personal Affairs Office.

Branch of Service

Address

a. _____

2. Business Affiliations And Clubs.

Name

Address

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

g. _____

h. _____

POWER OF ATTORNEY

Given To

Date

Address

- 1. _____
- 2. _____

LEGAL RESIDENCE

- 1. State of Legal Residence: _____
- 2. How Established: _____

INCOME TAX RETURNS

- 1. United States.
 - a. Handled By: _____ Address: _____
 - b. Copies and Supporting Date Location: _____
- 2. Foreign.
 - a. Handled By: _____ Address: _____
 - b. Copies and Supporting Date Location: _____

Additional Information: _____

LAST WILL AND TESTAMENT
OF

1. Original Executed Copy.

a. Dated: _____ Location: _____

2. Other Executed Copies.

Location: _____

Location: _____

Location: _____

3. Lawyer Who Drew Up Will.

a. Name: _____ Address: _____

4. Estate Executors.

	<u>Name</u>	<u>Address</u>
a.	_____	_____ _____ _____
b.	_____	_____ _____ _____
c.	_____	_____ _____ _____
d.	_____	_____ _____ _____

Additional Information: _____

ACCIDENT & HEALTH INSURANCE

	<u>Insured</u>	<u>Company</u>	<u>Number</u>	<u>Policy Location</u>
1.	_____	_____	_____	_____
		_____	_____	_____
2.	_____	_____	_____	_____
		_____	_____	_____
3.	_____	_____	_____	_____
		_____	_____	_____
4.	_____	_____	_____	_____
		_____	_____	_____
5.	_____	_____	_____	_____
		_____	_____	_____

RETIREMENT POLICIES

	<u>Company</u>	<u>Number</u>	<u>Policy Location</u>
1.	_____	_____	_____
	_____	_____	_____

2.	_____	_____	_____
	_____	_____	_____

3.	_____	_____	_____
	_____	_____	_____

4.	_____	_____	_____
	_____	_____	_____

5.	_____	_____	_____
	_____	_____	_____

LIFE INSURANCE

	<u>Insured</u>	<u>Company</u>	<u>Number</u>	<u>Policy Location</u>
1.	_____	_____	_____	_____
		_____	_____	_____
2.	_____	_____	_____	_____
		_____	_____	_____
3.	_____	_____	_____	_____
		_____	_____	_____
4.	_____	_____	_____	_____
		_____	_____	_____
5.	_____	_____	_____	_____
		_____	_____	_____
6.	_____	_____	_____	_____
		_____	_____	_____
7.	_____	_____	_____	_____
		_____	_____	_____
8.	_____	_____	_____	_____
		_____	_____	_____
9.	_____	_____	_____	_____
		_____	_____	_____
10.	_____	_____	_____	_____
		_____	_____	_____
11.	_____	_____	_____	_____
		_____	_____	_____
12.	_____	_____	_____	_____
		_____	_____	_____

Additional Information: _____

BANK CHECKING ACCOUNTS

	<u>Name</u>	<u>Bank</u>	<u>Jointly With</u>
1.	_____ # _____	_____ _____ _____	_____ _____ _____
2.	_____ # _____	_____ _____ _____	_____ _____ _____
3.	_____ # _____	_____ _____ _____	_____ _____ _____
4.	_____ # _____	_____ _____ _____	_____ _____ _____
5.	_____ # _____	_____ _____ _____	_____ _____ _____
6.	_____ # _____	_____ _____ _____	_____ _____ _____
7.	_____ # _____	_____ _____ _____	_____ _____ _____
8.	_____ # _____	_____ _____ _____	_____ _____ _____
9.	_____ # _____	_____ _____ _____	_____ _____ _____

Additional Information: _____

BANK SAVINGS ACCOUNTS

	<u>Name</u>	<u>Bank</u>	<u>Jointly With</u>
1.	_____ # _____	_____ _____ _____	_____ _____ _____
2.	_____ # _____	_____ _____ _____	_____ _____ _____
3.	_____ # _____	_____ _____ _____	_____ _____ _____
4.	_____ # _____	_____ _____ _____	_____ _____ _____
5.	_____ # _____	_____ _____ _____	_____ _____ _____
6.	_____ # _____	_____ _____ _____	_____ _____ _____
7.	_____ # _____	_____ _____ _____	_____ _____ _____
8.	_____ # _____	_____ _____ _____	_____ _____ _____
9.	_____ # _____	_____ _____ _____	_____ _____ _____

Additional Information: _____

BANK SAFE DEPOSIT BOXES

Location

Jointly With

1. _____

2. _____

THE FOLLOWING PEOPLE HAVE ACCESS

Name

Address

1. _____

2. _____

3. _____

PERSONAL SAFE

Location

Jointly With

1. _____

THE FOLLOWING PEOPLE KNOW THE COMBINATION

Name

Address

1. _____

2. _____

3. _____

U. S. SAVINGS BONDS

- a. Location: _____

- b. Ownership Registration: _____

- c. Beneficiary: _____

STOCKS AND BONDS

- a. Location: _____

- b. Records of Purchase and Sale: _____

MUTUAL FUNDS

	<u>Fund</u>	<u>Shares Location</u>
1.	_____ # _____	_____ _____ _____
2.	_____ # _____	_____ _____ _____
3.	_____ # _____	_____ _____ _____
4.	_____ # _____	_____ _____ _____
5.	_____ # _____	_____ _____ _____

Additional Information: _____

ARMED FORCES SERVICE INFORMATION

	<u>Name</u>	<u>Grade</u>	<u>Number</u>	<u>Date Entered</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

RETIREMENT ORDERS

	<u>Name</u>	<u>Date</u>	<u>Number</u>	<u>Date Retired</u>	<u>Order Location</u>
1.	_____	_____	_____	_____	_____ _____
2.	_____	_____	_____	_____	_____ _____

VETERANS ADMINISTRATION SURVIVOR BENE FIT CLAIM

	<u>Name</u>	<u>Date</u>	<u>Number</u>	<u>Claim Location</u>
1.	_____	_____	_____	_____ _____
2.	_____	_____	_____	_____ _____

Additional Information: _____

BAPTISMAL RECORD

	<u>Name</u>	<u>Church</u>	<u>Certificate Location</u>
1.	_____	_____	_____
	_____	_____	_____
2.	_____	_____	_____
	_____	_____	_____
3.	_____	_____	_____
	_____	_____	_____
4.	_____	_____	_____
	_____	_____	_____
5.	_____	_____	_____
	_____	_____	_____
6.	_____	_____	_____
	_____	_____	_____
7.	_____	_____	_____
	_____	_____	_____
8.	_____	_____	_____
	_____	_____	_____
9.	_____	_____	_____
	_____	_____	_____
10.	_____	_____	_____
	_____	_____	_____
11.	_____	_____	_____
	_____	_____	_____
12.	_____	_____	_____
	_____	_____	_____

Additional Information: _____

BIRTH RECORD

<u>Name</u>	<u>Date of Birth</u>	<u>Place of Birth</u>	<u>Certificate Location</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____

Additional Information: _____

MARRIAGE CERTIFICATE

Date of
Marriage

City - State

Certificate
Location

1.	_____	_____	_____

2.	_____	_____	_____

DIVORCE DECREE

Date of
Decree

City - State

Decree
Location

1.	_____	_____	_____

2.	_____	_____	_____

CITIZENSHIP PAPERS

Name

Date
Granted

City - State

Paper
Location

1.	_____	_____	_____	_____

2.	_____	_____	_____	_____

Additional Information: _____

SOCIAL SECURITY INFORMATION

Name

Number

Date Coverage Started

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

PASSPORT INFORMATION

Name

Number

Date Issued

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

FAMILY BURIAL PLOT

1. Location: _____

2. Deed In Name Of: _____

Additional Information: _____

PROPERTY IN CUSTODY OF OTHERS

<u>Item</u>	<u>In Custody Of</u>	<u>Address</u>
1. _____ _____	_____	_____
2. _____ _____	_____	_____
3. _____ _____	_____	_____
4. _____ _____	_____	_____
5. _____ _____	_____	_____
6. _____ _____	_____	_____
7. _____ _____	_____	_____
8. _____ _____	_____	_____
9. _____ _____	_____	_____

Additional Information: _____

REAL ESTATE

1. Description: _____

2. Location: _____

3. Ownership Title: _____

4. Mortgage Held By: _____

5. Essential Papers:

- | | |
|--|--|
| a. <input type="checkbox"/> Deed | f. <input type="checkbox"/> Closing Statement |
| b. <input type="checkbox"/> Copy of Mortgage | g. <input type="checkbox"/> Insurance Policies |
| c. <input type="checkbox"/> Title Insurance Policy | h. <input type="checkbox"/> Tax Receipts |
| d. <input type="checkbox"/> Title Abstract | i. <input type="checkbox"/> Leases |
| e. <input type="checkbox"/> Surveys | j. <input type="checkbox"/> |

6. Essential Paper Location:

a. _____	d. _____	g. _____
_____	_____	_____
_____	_____	_____
b. _____	e. _____	h. _____
_____	_____	_____
_____	_____	_____
c. _____	f. _____	i. _____
_____	_____	_____
_____	_____	_____

Additional Information: _____

TANGIBLE PERSONAL PROPERTY

1. Household Furnishings.

	<u>Description</u>	<u>Location</u>
a.	_____	_____
	_____	_____
	_____	_____
b.	_____	_____
	_____	_____
	_____	_____
c.	_____	_____
	_____	_____
	_____	_____
d.	_____	_____
	_____	_____
	_____	_____
e.	_____	_____
	_____	_____
	_____	_____

2. Automobile

a. Make: _____ Engine Serial No. : _____
 Type: _____ Body Serial No. : _____
 Title in Name of: _____
 Location of Insurance Papers: _____

b. Make: _____ Engine Serial No. : _____
 Type: _____ Body Serial No. : _____
 Title in Name of: _____
 Location of Insurance Papers: _____

Additional Information: _____

TANGIBLE PERSONAL PROPERTY

3. Jewelry.

	<u>Description</u>	<u>Location</u>
a.	_____	_____
	_____	_____
	_____	_____
b.	_____	_____
	_____	_____
	_____	_____

4. Stamp Collection.

	<u>Description</u>	<u>Location</u>
a.	_____	_____
	_____	_____
	_____	_____
b.	_____	_____
	_____	_____
	_____	_____

5. Coin Collection.

	<u>Description</u>	<u>Location</u>
a.	_____	_____
	_____	_____
	_____	_____
b.	_____	_____
	_____	_____
	_____	_____

6. Works of Art.

	<u>Description</u>	<u>Location</u>
a.	_____	_____
	_____	_____

Additional Information: _____

CASH DEPOSITS

1. House Rental.

a. Amount: _____ b. Address: _____

c. Receipt Location: _____ d. Details: _____

2. Telephone.

a. Amount: _____ b. Address: _____

c. Receipt Location: _____ d. Details: _____

3. Lights-Gas-Water.

a. Amount: _____ b. Address: _____

c. Receipt Location: _____ d. Details: _____

4. Club.

a. Amount: _____ b. Address: _____

c. Receipt Location: _____ d. Details: _____

Additional Information: _____

