

Legal Tasks

## Office of the Staff Judge Advocate Legal Assistance Office DEPARTMENT OF THE ARMY FORT BENNING, GEORGIA 31905



## **Important Information for Your Executor**

	Update your Last Will and Testament Update any Trusts Update your Living Will ("Health Care Directive" or "Medical Directive") document Update your Power of Attorney document Review beneficiary designations and account titles to see if they are worded appropriately		
Or	ganizational Tasks		
	Keep important papers in one place.  Organize your important records so they would be somewhat self-explanatory to other people.  Let your spouse, a trusted family member, or trusted friend know where your <i>Estate Information</i> is located.		
Contents of your Estate Information packet			
	Your full legal name		
	Date of birth, location		
	Your address, phone numbers		
	Social security number		
	Parents names; mother's maiden name		
	Spouse and children names, addresses, phone numbers		
	Executor  o Name, address, phone number		

	Accountar	nts	
	0	Names, addresses, phone numbers	
	Attorneys		
	0	Names, addresses, phone numbers	
	0	Description of services used	
	Last Will a	and Testament	
	0	Location of original document	
	0	Location of copies	
	Living Wi	11	
	_	Location of original document	
	0	Location of copies	
		•	
	Power of Attorney		
	0	Location of original document	
_	0	Location of copies	
	_		
_	0	Type - general, durable, financial	
	O	Type general, durable, imanetar	
_	T 1:0	T 1	
Ц	1 erm Life	Insurance policies Insurance company name, phone number	
	O	insurance company name, phone number	
_		Insurance agent name abone number	
	0	Insurance agent name, phone number	
_			
	0	Policy account number/ Value	
_			
	0	Name of benefactor	
	Annuity In	nsurance policies	

	0	Insurance company name, phone number
	0	Policy account number
	0	Short description of policy details values, purchase date, face value
	0	Name of benefactor
$\overline{\Box}$	Diaghility	Ingurance nolicies
	O	Insurance policies Insurance company name, phone number
	0	Policy account number
	0	Short description of policy details waiting period, monthly benefits, term of policy
$\overline{}$	I ama tama	Cons Income as
	cong-term	Care Insurance Insurance company name, phone number
	0	Policy account number
П	Medical I	ACUMON A A
_	o o	Company name, phone number
	0	Group number, policy number
$\overline{\Box}$	Homeown	ners Insurance
_	O	Insurance company name, phone number
	0	Policy account number
	Automobi	le Insurance Insurance company name, phone number

o Policy account number

Your Finances/ Property		
		and Savings Accounts
	0	Bank name, branch name, address, phone number
_	0	Account numbers/ Types
	0	Names on each account
	0	Location of bank statements, blank checks
	Investmen	t Accounts
	0	Name of financial institution
	0	Account numbers/Types
	Credit Car	rds
	0	Issuing bank name, phone number
	0	Account numbers
	Home Mo	rtgage
	0	Current mortgage company (where payments go) name, address, phone number
	0	Account number
	0	Exact name on account
	Home Ow	nership Location of deed, title, mortgage satisfaction proof
_	0	How home is titled (sole ownership, joint tenancy, tenancy in common, etc)

		0	Exact name on title or deed
	Loans	0	Lending institution name, address, phone number
		0	Account numbers
	Credit	Lin o	Lending institution name, address, phone number
		0	Account numbers
$\overline{}$	D 1 F	- A	
П	Real E		
		0	List of real estate holdings and rental properties
		0	Location of records
$\overline{}$	Cofo D	1000	oit Dov
	Sale L	•epc	Name of institution, address, phone number
		0	Names of authorized co-signers
		0	Description of exactly what is stored in the box, including list of important documents
	Safe	0	Location of safe/ How to access contents
		0	Description of exactly what is stored in the box, including list of important documents
$\overline{}$	A 174 a	L :	las
Ш	Auton		
		0	Location of original title
		0	Exact name(s) on title

List of Cre	editors and Liabilities
Marriages,	Names of current and past spouse(s)
0	Dates of marriage/Divorce
Adoption o	Location of adoption records
0	Brief summary of adoption
Military So	ervice * Location of military records, including discharge papers
0	Brief description of service
0	Brief description of any ongoing benefits
0	Ranks, awards
Veteran's l	Benefits * Location of VA records
	urity, Medicare  Location of Social Security and Medicare records
Pension Pl	an Location of pension plan records
0	Brief description of benefits
Birth Certi	ficate  Location of original birth certificate

	Names o	List of all prior names, legal or otherwise
	List of peo	ople who should be notified upon death
	Desires fo	or guardians for your children
Fu	Consider swhere it w	and Burial storing a copy of this section with your Last Will and Testament, or in a location will be quickly and easily found.  Preferred funeral home name, address, phone number
	0	Description of any prepaid funeral arrangements
	0	Burial instructions
	0	Burial location
	0	Description of preferences for funeral program  Officiate
		<ul><li>Music</li></ul>
		<ul><li>Poems, readings</li></ul>
		■ Speakers
	0	Preference for burial or interment; cremation
	Obituary o	Write out basic information found in most obituaries

o Exact name on birth certificate

Full name, including nickname
Birth date, place
Parents/Siblings full names
Marriages
Education
Designations, awards, recognitions
Employment
Places of residence
Survived by (list spouse, children, grandchildren, siblings, others)
Memorial funds or donation suggestions
List of places to publish obituary
Local newspaper
Hometown newspaper



Office of the Staff Judge Advocate Legal Assistance Office 6930 Morrison Avenue Bldg 130 Fort Benning, GA 31905 706-545-3281