

Estate Planning Checklist

January 2011

INTRODUCTION

A simple, easy to use checklist to annotate your personal and career information, family data, insurance policies, financial data, and other information. When completed, members of your family will have what they need to help settle your estate upon your death and meet your personal desires. A copy of this checklist should be placed together with your Will and other important documents in a safe deposit box for safekeeping. We also recommend that you provide each member of your family a copy; but that will be a personal choice.

1. PERSONAL DATA

Name:
SSN:
Retired Rank/Grade:
Date of Retirement:
Branch of Service:
Last Duty Station:
Date of Birth:
Place of Birth:

2. FAMILY DATA

Spouse's Name:
Spouse's SSN:
Spouse's Maiden Name:
Spouse's Date of Birth:
Spouse's Place of Birth:
Date of Marriage:
Place of Marriage:
Children's Name/Date of Birth/SSN:
Father's Name:
Mothers Name:

3. SURVIVOR BENEFIT PLAN AND INSURANCE POLICIES

SURVIVOR COVERAGE INFORMATION

Survivor benefit plan annuity:
SBP Base Amount:
Supplemental SBP (If Any):
Effective:
RSFPP annuity:

LIFE AND LONG TERM CARE INSURANCE POLICIES

Company:

Policy #:

Coverage:

Beneficiary:

Agent name and Phone Numbers:

4. FINANCIAL ACCOUNTS

INVESTMENT

Type:

Company Name:

Amount:

Agent Name and Phone Number:

BANK ACCOUNTS

Bank Name:

Type of Account:

Account number, Phone Number:

CREDITORS

Name:

Address:

Phone Number:

Credit Card type:

Balance Due:

MORTGAGE

Mortgage Company Name and Phone Number:

Account #:

HOMEOWNER INSURANCE

Company Name:

Policy# and Phone Number:

5. NAMES AND LOCATIONS OF IMPORTANT DOCUMENTS

TYPE OF DOCUMENT

WHERE LOCATED

DD Form(s) 214 (Discharge Record):

Retirement Orders:

Medical and Dental Records:

Most Current Retired Pay Statement:

VA Disability Paperwork:

Marriage Certificate(s):

Divorce Decree(s):
Birth Certificates:
Adoption Papers:
Death Certificates (previous marriages):
Safe Deposit Box:
Living Will (Advance Directive):
Last Will and Testaments:
Vehicle Titles and Registrations:
Passports:
Insurance Policies:
Investment Papers:
Tax Returns:
Real Estate Deeds:

PERSONAL DESIRES

Who should be notified of your death? (Name, Relationship, Address and Phone Number)

Do you want to be buried or cremated?

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 have a preference of funeral home? YES NO If YES, Which one?

Do you want a military honor guard? YES NO

6. NOTIFICATION REQUIREMENT

Notify the retiree's service branch (USAF, Army, Marine Corps, Navy or Coast Guard) Casualty Assistance Office, Defense Finance and accounting Service (DFAS), and other government agencies (i.e., VA, Social Security, etc.) of the death of a retiree.

Casualty Assistance Office: Phone Number?

DFAS (Retired Pay Office): Phone Number?

Veteran's Administration (if receiving Disability Compensation): Phone Number?

Provide the following information when calling:

Retiree's full name:

Grade:

Social Security Number:

Date of Retirement:

Date and place (city and state) of death:

Cause (layman's terms) of death:

Name, relationship, phone number, and address of next of kin:

Date and place of funeral, if known.

7. IMPORTANT TELEPHONE NUMBERS

Retired Pay Office:

DEERS Office:

ID Card Facility at the nearest military facility to your house:

Casualty Assistance Office at the nearest military facility:

Retiree Activities Office at the nearest military facility:

Veterans Group Life Insurance (VGLI):

Social Security Administration:

Medicare:

Military Personnel Records Center:

State Veterans Affairs Office:

American Red Cross Office:

8. ADDITIONAL INFORMATION

Retirement Pay will stop upon the death of a retiree.

Spouse and other family members authorized an ID Card will have to get a new one.

Turn in the Retiree ID Card to the nearest Military Facility.

Schedule an appointment with the nearest Casualty Assistance Officer for a briefing.

Schedule an appointment with the VA and your state Veterans Affairs office for briefing on your benefits and entitlements.

SIGNATURE: _____

DATE SIGNED: _____