

MY WISHES RECORD KEEPER



To My Family

My goal is to make it easy as possible for you at what is probably a difficult time. I know you have many decisions to make on my behalf and I hope this information will help.

Thank you.

Signature

Date

About Me

This is information about me that will help you in locating records and in writing an obituary.

Full Name

First: _____ Middle: _____ Last: _____

Social Security Number: _____

Country of citizenship: _____

Address

Street: _____ City: _____ State: _____

ZIP: _____ At this address since (date): _____

Birth

City: _____ State: _____

Date of birth: _____ Country: _____

Work

Occupation: _____

Date retired: _____ Employer(s): _____

Retirement benefits from previous employer?: _____

Previous Employer: _____

Marital Status

____ Married ____ Single ____ Divorced ____ Widowed

Birth name (if different): _____

Spouse's name: _____

Date and place of marriage: _____

Parents

Father's name: _____

Birthplace: _____

Mother's birth name: _____

Birthplace: _____

Military Record:

Branch of Service: _____ Serial Number: _____

Rank: _____

Date and place of induction: _____

Date and place of discharge: _____

Education

<i>Insitution(s)</i>	<i>Year(s)</i>	<i>Degrees Earned</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Clubs and Organizations: _____

Social Media

<i>Social Media Platform</i>	<i>Login</i>	<i>Password</i>
_____	_____	_____
_____	_____	_____

Digital Assets

Hardware: _____

Online Accounts: _____

Information or Data (photos, music, etc.): _____

Domain Names: _____

People to Contact

Name: _____ *Phone number:* _____

Address: _____ *Relationship:* _____

Name: _____ *Phone number:* _____

Address: _____ *Relationship:* _____

Name: _____ *Phone number:* _____

Address: _____ *Relationship:* _____

Name: _____ *Phone number:* _____

Address: _____ *Relationship:* _____



My Advisors

The people I sought for advice on important matters and their contact information.

	Name	Phone
Attorney:		
Accountant:		
Financial Advisor:		
Insurance Agent:		
Physician:		
Employer Benefits:		
Other:		



My Finances

Information about some of my financial dealings.

Banking

Checking Account(s):

Institution(s):

Savings Account(s):

Institution(s):

Investments

Investment Type:

Account or Certificate Number:

Investment Type:

Account or Certificate Number:

Investment Type:

Account or Certificate Number:

Investment Type:

Account or Certificate Number:

Credit Cards

Institution: _____

Account Number: _____

Institution: _____

Account Number: _____

Institution: _____

Account Number: _____

Loan

Institution: _____

Account Number: _____

Institution: _____

Account Number: _____

Real Estate

Owners: _____

Title Held as: _____

Purchase Price and Date: _____

Other Assets

Description: _____

Purchase Price and Date: _____

Location of Asset: _____

Insurance Coverages

Health: _____

Life: _____

Disability: _____

Critical Illness: _____

Property and Casualty: _____

Long-term Care: _____

My Important Documents

Location of the documents you may need to settle my affairs.

Safety Deposit Box Location: _____

Box Number _____ *Location of Keys:* _____

Will: _____

Living Will: _____

Medical Power of Attorney: _____

Financial Power of Attorney: _____

Trusts: _____

Social Security Card: _____

Military Records: _____

Insurance Cards: _____

Insurance Policies: _____

Pensions & Retirement Plans: _____

Income Tax Documents: _____

Stocks and Bonds: _____

Property Deeds or Mortgages: _____

Bank Records: _____

Automobile Titles: _____

Birth Certificate: _____

Marriage License: _____

Other: _____



My Memorial Service

Here are my wishes for my memorial service and final resting place.

Funeral Home: _____

Pre-arrangements: ____ YES ____ NO

Type of Service: _____

Desired Location: _____

Religious Affiliation: _____

Clergyman or Officiant: _____

Phone Number: _____

Pallbearers: _____

Speacial Requests

Clothing: _____

Viewing: _____

Eulogy: _____

Music: _____

Prayers or Readings: _____

Flowers: _____

Donations: _____

Preferred Cemetery or Mausoleum: _____

Plot Purchased: ____ YES ____ NO

Location: _____

Headstone or Monument: _____

Inscription: _____

Special Request Instructions: _____

One Last Wish

This is what I would like my family and friends to remember about me.

My Early Life: _____

My Hopes and Dreams: _____

My Career: _____

My Hobbies and Interests: _____

My Travels: _____

My Favorite Places: _____

My Greatest Accomplishments: _____

My Fondest Memories: _____

My Family History: _____

Final Thoughts and Instructions

Here are a few more things I'd like for you to know.

[illegible]



Courtesy of
MUTUAL OF OMAHA INSURANCE COMPANY

[Agent/Marketer Name]
[Agent/Marketer Phone Number]
[Agent/Marketer Email Address]