

# PERSONAL AND FINANCIAL RECORDS

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The record that follows was completed  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Signed:** \_\_\_\_\_

**I. MY LAST WILL AND TESTAMENT**

1. My Will was executed on the \_\_\_\_\_ day of \_\_\_\_\_,  
(day) (month)  
\_\_\_\_\_ at \_\_\_\_\_.  
(year) (county and state)
2. The original document may be found \_\_\_\_\_  
\_\_\_\_\_.

**II. MY DURABLE POWER OF ATTORNEY**

1. My Durable Power of Attorney was executed on the \_\_\_\_\_ day of \_\_\_\_\_,  
(day) (month) \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_.  
(year) (county and state)
2. The original document may be found \_\_\_\_\_  
\_\_\_\_\_.

**III. MY HEALTH CARE POWER OF ATTORNEY**

1. My Health Care Power of Attorney was executed on the \_\_\_\_\_ day  
of \_\_\_\_\_  
(day) (month) \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_.  
(year) (county and state)
2. The original document may be found \_\_\_\_\_  
\_\_\_\_\_.

**IV. MY LIVING WILL**

1. My Living Will was executed on the \_\_\_\_\_ day of \_\_\_\_\_,  
(day) (month) \_\_\_\_\_ at \_\_\_\_\_.  
(year) (county and state)
2. The original document may be found \_\_\_\_\_  
\_\_\_\_\_.

**V. MY PERSONAL HISTORY**

1. Date of birth: \_\_\_\_\_  
(month) (day) (year)

2. Place of birth: \_\_\_\_\_  
(city) (county) (state)

3. My birth records are on file at \_\_\_\_\_

4. My Father

a) Name \_\_\_\_\_

b) Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

c) Present residence \_\_\_\_\_

d) Deceased \_\_\_\_\_  
(date) (place)

e) Buried at \_\_\_\_\_

5. My Mother

a) Name \_\_\_\_\_

b) Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

c) Present residence \_\_\_\_\_

d) Deceased \_\_\_\_\_  
(date) (place)

e) Buried at \_\_\_\_\_

6. My Spouse

a) Name \_\_\_\_\_

b) Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

c) Date of marriage \_\_\_\_\_

d) Place of marriage \_\_\_\_\_

e) Marriage Recorded \_\_\_\_\_  
(county) (county seat city)

f) A copy of our marriage certificate may be found \_\_\_\_\_

g) Deceased \_\_\_\_\_ Buried at \_\_\_\_\_  
(date) (place)

7. Education

a) Last grade completed \_\_\_\_\_ Graduated \_\_\_\_\_

b) College ( ) Vocational/Technical College ( )

\_\_\_\_\_  
(college name) (location)

\_\_\_\_\_  
(college name) (location)

\_\_\_\_\_  
(college name) (location)

Graduated \_\_\_\_\_ Degree(s) \_\_\_\_\_  
(date)

8. Military Service

a) Branch \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

b) Date of discharge \_\_\_\_\_ Type \_\_\_\_\_

c) Highest rank or grade attained \_\_\_\_\_

d) Military serial # \_\_\_\_\_ Veterans claim # \_\_\_\_\_

e) Records located at \_\_\_\_\_

f) Percentage of service connected disability \_\_\_\_\_

g) Records of pension and retirement benefits located at \_\_\_\_\_

9. Employment

a) Current employment \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

b) Supervisor \_\_\_\_\_

c) Date started \_\_\_\_\_ Position \_\_\_\_\_

d) Social Security # \_\_\_\_\_

e) Labor union \_\_\_\_\_  
(name) (address)

f) Credit union \_\_\_\_\_  
(name) (address)

g) I am eligible to receive benefits under the following pension, profit sharing or other plans:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Religious affiliation

h) Church membership \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

b) Pastor \_\_\_\_\_ Telephone \_\_\_\_\_

11. Other organizations to which I belong: \_\_\_\_\_  
\_\_\_\_\_

**VI. MY FAMILY**

1. My children are

Living Children

Name	Address	Birthdate	Birthplace	Other Parent

Stepchildren

Name	Address	Birthdate	Birthplace	Other Parent

Deceased Children

Name	Birthdate	Birthplace	Date of Death	Other Parent

2. My brothers and sisters are:

a) Name \_\_\_\_\_

b) Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

c) Present residence \_\_\_\_\_

d) Deceased \_\_\_\_\_  
(date) (place)

e) Buried at \_\_\_\_\_

-----

a) Name \_\_\_\_\_

b) Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

c) Present residence \_\_\_\_\_

d) Deceased \_\_\_\_\_  
(date) (place)

e) Buried at \_\_\_\_\_

-----  
a) Name \_\_\_\_\_

b) Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

c) Present residence \_\_\_\_\_

d) Deceased \_\_\_\_\_  
(date) (place)

e) Buried at \_\_\_\_\_

-----  
a) Name \_\_\_\_\_

b) Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

c) Present residence \_\_\_\_\_

d) Deceased \_\_\_\_\_  
(date) (place)

e) Buried at \_\_\_\_\_

## VII. FINANCIAL INFORMATION

### 1. Checking accounts

a) \_\_\_\_\_  
(bank) (account number)

joint with \_\_\_\_\_

b) \_\_\_\_\_  
(bank) (account number)

joint with \_\_\_\_\_

c) \_\_\_\_\_  
(bank) (account number)

joint with \_\_\_\_\_

2. Savings accounts (regular savings, certificates of deposit)

a) \_\_\_\_\_  
(bank/savings & loan, credit union) (account number)

\_\_\_\_\_  
(type – certificate of deposit, regular savings, etc.) (city/state)

joint with \_\_\_\_\_

b) \_\_\_\_\_  
(bank/savings & loan, credit union) (account number)

\_\_\_\_\_  
(type – certificate of deposit, regular savings, etc.) (city/state)

joint with \_\_\_\_\_

c) \_\_\_\_\_  
(bank/savings & loan, credit union) (account number)

\_\_\_\_\_  
(type – certificate of deposit, regular savings, etc.) (city/state)

joint with \_\_\_\_\_

3. Money I loaned to others

Borrower Name and Address	Balance Due	Monthly Payment	Due Date

Supporting documents and other information related to the above named loans may be found \_\_\_\_\_  
 \_\_\_\_\_



4. Liabilities (mortgages, loans, contracts, leases, etc.)

Lender Name and Address	Type of debt	Amount Owed	Monthly Payment	Due Date

a) Those liabilities which are covered by credit life or mortgage insurance are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Supporting documents and other information related to the above named liabilities may be found: \_\_\_\_\_

\_\_\_\_\_

5. Credit Cards

Name and Address of Company	Account Number	Location of card(s)



- c) Household furnishings: List may be found \_\_\_\_\_  
\_\_\_\_\_
- d) Jewelry: Record of inventory and values may be found \_\_\_\_\_  
\_\_\_\_\_
- e) Antiques: Record of inventory and values may be found \_\_\_\_\_  
\_\_\_\_\_
- f) Other: \_\_\_\_\_

2. Real Estate

a) Location \_\_\_\_\_  
(legal description)

County \_\_\_\_\_ State \_\_\_\_\_

No. Acres/Lots \_\_\_\_\_ Deed recorded \_\_\_\_\_

Book No. \_\_\_\_\_ Page No. \_\_\_\_\_

Date Acquired \_\_\_\_\_ Original cost \_\_\_\_\_

Present value \_\_\_\_\_

Name(s) on deed \_\_\_\_\_

\_\_\_\_\_

Copy of deed may be found \_\_\_\_\_

\_\_\_\_\_

b) Location \_\_\_\_\_  
(legal description)

County \_\_\_\_\_ State \_\_\_\_\_

No. Acres/Lots \_\_\_\_\_ Deed recorded \_\_\_\_\_

Book No. \_\_\_\_\_ Page No. \_\_\_\_\_

Date Acquired \_\_\_\_\_ Original cost \_\_\_\_\_

Present value \_\_\_\_\_

Name(s) on deed \_\_\_\_\_

\_\_\_\_\_

Copy of deed may be found \_\_\_\_\_

\_\_\_\_\_



**XI. INSURANCE**

1. Life Insurance

Company / Agent	Policy #	Beneficiary (ies)	Amount

Policies may be found \_\_\_\_\_

2. Hospital/Medical/Accident

Company / Agent	Policy #	Types of Coverage

Policies may be found \_\_\_\_\_

3. Automobile Insurance

Company / Agent	Policy #	Types of Coverage

Policies may be found \_\_\_\_\_

4. Homeowner's Insurance

Company / Agent	Policy #	Types of Coverage

Policies may be found \_\_\_\_\_

5. Burial insurance

a) Company/funeral home \_\_\_\_\_

b) Certificate or policy number \_\_\_\_\_

c) Benefits \_\_\_\_\_

d) A copy of this policy or certificate may be found \_\_\_\_\_

6. Other insurance \_\_\_\_\_

**XII. RETIREMENT AND RELATED BENEFITS**

1. Social Security

a) Social Security Number \_\_\_\_\_

b) I receive Social Security payments of \$\_\_\_\_\_ per month.

Payments received by check

Payments received by automatic deposit at \_\_\_\_\_ bank

2. Social security information and claim forms may be found \_\_\_\_\_

At the death of a Social Security recipient, the amount paid to the surviving family member(s) may change. Contact your local Social Security office for information.

3. Other retirement income (annuities, pensions, etc.)

Paid By	Monthly Amount	Exp. Date	Death Benefits

Copies of annuity and/or pension agreements and other related data may be found \_\_\_\_\_  
\_\_\_\_\_

**XIII. FUNERAL AND BURIAL INSTRUCTIONS**

1. I wish to have my service held at:

a) My church: \_\_\_\_\_

b) The funeral home of my choice: \_\_\_\_\_

c) In my home

2. I own a cemetery plot.      YES      NO

a) Name of cemetery where plot(s) is/are owned \_\_\_\_\_  
\_\_\_\_\_

b) Deed or certificate of ownership may be found \_\_\_\_\_  
\_\_\_\_\_

3. I suggest the following funeral home/director be called: \_\_\_\_\_  
\_\_\_\_\_

I have consulted with the above funeral home/director and have provided the following directions:

a) Preference of casket \_\_\_\_\_

b) Preference of vault \_\_\_\_\_

c) Preference of urn, if cremation is requested \_\_\_\_\_

d) Other specific directions \_\_\_\_\_  
\_\_\_\_\_

e) Total approximate cost \_\_\_\_\_

4. I would like the following minister(s) to conduct my service:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

5. Instructions regarding the service:

Traditional funeral with graveside committal service

Graveside funeral with committal service as part of it

Memorial service with private burial before or after

Cremation (with funeral or memorial service as indicated above)

6. I wish to have "calling hours" in the funeral home  YES  NO

CASKET OPEN  CASKET CLOSED

7. I would prefer memorial gifts be made to \_\_\_\_\_

\_\_\_\_\_ In lieu of flowers.

8. I would like the following material used in my service:

Scripture: \_\_\_\_\_

Poem: \_\_\_\_\_

Prayers: \_\_\_\_\_

Music: \_\_\_\_\_

Other: \_\_\_\_\_

9.  I would like to donate my eyes after death to the Eye Bank to help the living see. I have filled out a form to this purpose and have sent this to: \_\_\_\_\_

10.  I would like to donate my body to: \_\_\_\_\_

I have filled out a form to this purpose and have sent it to: \_\_\_\_\_



## NOTES

The booklet was prepared for your use by:  
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[www.baptistfoundationsc.org](http://www.baptistfoundationsc.org)

*We will be happy to assist you with your Financial and Estate Stewardship Planning.*