

FAMILY & FRIENDS

IMMEDIATE FAMILY:

RELATION	NAME	CITY & STATE	PHONE

OTHER FAMILY MEMBERS:

RELATION	NAME	CITY & STATE	PHONE

PRECEDED IN DEATH BY:

NAME	RELATION

PERSONAL INFORMATION

Location of important papers: _____

Will and/or trusts: Yes No Location(s): _____

Life insurance policies: Yes No Location(s): _____

INSURANCE COMPANY	REASON PURCHASED	POLICY NUMBER	POLICY AMOUNT

Cemetery property deed: _____

Funeral arrangement documents: _____

Safe deposit box: _____

Additional information: _____