

RETIREE ACTIVITIES OFFICE
HANSCOM AFB, MA 01731

PERSONAL AFFAIRS RECORD

PERSONAL AND FAMILY DATA

DATE _____

NAME _____
First Middle Last

RETIRED GRADE/SERIAL NUMBER (S)

SSN

DOB

PLACE OF BIRTH _____
City County State

FATHER'S NAME _____ MOTHER'S MAIDEN NAME _____

SPOUSE'S NAME _____
First Middle Last

SSN

DOB

PLACE OF BIRTH _____
City County State

FATHER'S NAME _____ MOTHER'S MAIDEN NAME _____

LOCATION/DATE OF MARRIAGE _____ LICENSE RECORDED AT _____

CHILDREN
NAME DOB ADDRESS

1st

2nd

3rd

4th

5th

WILLS

LOCATION OF YOURS _____

LOCATION OF SPOUSE'S _____

LOCATION OF PERSONAL INSTRUCTIONS -spouse, heirs, executor etc _____

FOR REPORTING DEATH TO MILITARY, PAPERWORK & BENEFITS PROCESSING ETC

CONTACT: HANSCOM AFB CASUALTY ASSISTANCE REPRESENTATIVE (1-877-612-8473)

HANSCOM RETIREE ACTIVITIES OFFICE CAN HELP 781 377-2476

DO EITHER HAVE LIVING WILLS

LOCATION OF YOURS _____

LOCATION OF SPOUSE'S _____

POWER OF ATTORNEY

WHERE IS YOURS FILED _____

WHERE IS SPOUSE'S FILED _____

WHERE IS EXECUTORS FILED _____

ESTATE EXECUTORS name, address, phone

1st

2nd

Joint

ESTATE ATTORNEY name, address, phone

TAX CONSULTANT name, address, phone

INSURANCE AGENT (S)name, address, phone

1st

2nd

3rd

4th

STOCK BROKER(S) name, address, phone

1st

2nd

SAFETY DEPOSIT BOX

1ST BOX LOCATION _____

KEY LOCATION _____

NAMES/ ADDRESS THOSE AUTHORIZED TO OPEN _____

2ND BOX LOCATION _____

KEY LOCATION _____

NAMES/ADDRESS THOSE AUTHORIZED TO OPEN _____

SAFE LOCATION _____ LOCKED BOX LOCATION _____

PERSONS/ADDRESS WITH COMBINATION and/or KEYS

Safe:

Locked Box:

SURVIVORS BENEFIT PLAN

I HAVE SURVIVORS BENEFIT PLAN (SBP)_____

I HAVE RETIRED SERVICE MANS FAMILY PROTECTION PLAN (RSFPP)_____

LOCATION OF COPY OF LATEST "RETIREE ANNUITANT" ACCOUNT STATEMENT_____

INCOME TAX DATA/FILES LOCATED_____

PROPERTY TAX DATA/FILES LOCATED_____

INSURANCE DATA

<u>LIFE</u>	COMPANY	POLICY NUMBER	AMOUNT
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1st

2nd

3rd

4th

LOCATION OF POLICIES_____

<u>HOME</u>	COMPANY	POLICY NUMBER
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1st

2nd

3rd

LOCATION OF POLICIES_____

<u>HEALTH</u>	COMPANY	POLICY NUMBER
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1st

2nd

3rd

4th

LOCATION OF POLICIES_____

<u>PERSONAL LIABILITY</u>	COMPANY	POLICY NUMBER
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1st

LOCATION OF POLICY_____

<u>BURIAL</u>	COMPANY	POLICY NUMBER
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1st

2nd

LOCATION OF POLICIES _____

<u>AUTOMOBILE</u>	COMPANY	POLICY NUMBER
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1st

2nd

LOCATION OF POLICIES _____

BANKING

CHECKING ACCOUNTS			
BANK	ADDRESS	ACCOUNT NUMBERS	NAMES ON ACCOUNT

1st

2nd

3rd

4th

LOCATION OF STATEMENTS _____

SAVINGS ACCOUNTS			
BANK	ADDRESS	ACCOUNT NUMBERS	NAMES ON ACCOUNT

1st

2nd

3rd

4th

LOCATION OF STATEMENTS _____

CREDIT UNION			
NAME	ADDRESS	ACCOUNT NUMBERS	NAMES ON ACCOUNT

1st

2nd

LOCATION OF STATEMENTS _____

SOCIAL SECURITY

LOCATION OF YOUR SOCIAL SECURITY FILE _____

LOCATION OF SPOUSE'S SOCIAL SECURITY FILE _____

SOCIAL SECURITY CARDS:	
NAME	CARD NUMBER

MEDICARE

LOCATION OF YOUR CARD _____

LOCATION OF SPOUSE'S CARD _____

EMPLOYMENT RECORDS

YOUR RECORD LOCATION _____

SPOUSE'S RECORD LOCATION _____

STOCKS, BONDS, MUTUAL FUNDS

LIST ON SEPARATE SHEET BY (1) NAME (2) TELEPHONE CONTACT (3) RECORDS LOCATION

MILITARY SERVICE RECORDS

LOCATION OF RECORDS _____

(include DD214, Retirement Order, VA Disability Award Letter, Retiree Account Statement, 20-year letter for Reservists)

REAL ESTATE

HOME

TITLE IN WHOSE NAME _____

LOCATION OF DEED _____

NAME/ADDRESS OF MORTGAGE COMPANY _____

LOCATION OF COPY OF MORTGAGE _____

LOCATION OF MORTGAGE PAYMENT RECEIPTS _____

LOCATION OF PROPERTY TAX RECEIPTS _____

OTHER REAL ESTATE - FIRST ONE (Create separate attached sheet for additional real estate)

TITLE IN WHOSE NAME _____

LOCATION OF DEED _____

NAME/ADDRESS OF MORTGAGE COMPANY _____

LOCATION OF COPY OF MORTGAGE _____

LOCATION OF MORTGAGE PAYMENT RECEIPTS _____

LOCATION OF PROPERTY TAX RECEIPTS _____

REAL ESTATE EXPENSES

LOCATION OF HOME EXPENSES RECORDS _____

LOCATION OF OTHER REAL ESTATE RECORDS _____

TITLES AND CERTIFICATES OF REGISTRATION

MOTOR VEHICLES

NAME AND LOCATION OF TITLE _____

NAME AND LOCATION OF TITLE _____

BOATS

NAME AND LOCATION OF REGISTRATION _____

OTHER

NAME AND LOCATION OF TITLE OR CERTIFICATE _____

CREDITOR/DEBTOR DATA

LIST ON SEPARATE SHEET 1)NAMES 2)ADDRESSES 3)AMOUNT OF EACH SITUATION 4) LOCATION

MONEY ON DEPOSIT OR ESCROW - Funds may be refundable upon death in Apartment Deposit, Mutual Funds, Utilities etc
LIST NAME, ADDRESS, AND AMOUNT

1st

2nd

3rd

4th

CREDIT CARDS

NAME OF ISSUING COMPANY

CARD NUMBER NAME OF USER

1st

2nd

3rd

4th

5th

6th

7th

8th

MEDICAL INFORMATION

(NAME, ADDRESS, TELEPHONE NUMBER)

YOUR PHYSICIAN _____

SPOUSE'S PHYSICIAN _____

YOUR DENTIST _____

SPOUSE'S DENTIST _____

YOUR MEDICAL RECORD LOCATION _____

YOUR DENTAL RECORD LOCATION _____

SPOUSE'S MEDICAL RECORD LOCATION _____

SPOUSE'S DENTAL RECORD LOCATION _____

BURIAL INFORMATION

NAME, ADDRESS, PHONE FUNERAL DIRECTOR (If selected) _____

LOCATION OF BURIAL PLOT _____

NAME/ ADDRESS NATIONAL CEMETERY (if desired) _____

LOCATION OF OBITUARY (if prepared) _____

LOCATION OF INSTRUCTIONS FOR SERVICE (if prepared) _____