

SURVIVOR INFORMATION FORM

PERSONAL INFORMATION FOR MY SURVIVORS UPON MY DEATH OR BY BECOMING OTHERWISE INCAPACITATED

NAME: _____ SOC SEC# _____

DATE OF LAST UPDATE: _____ ACTIVE FF: _____ RETIRED FF: _____

DATES AND DEPARTMENTS EMPLOYED BY: _____

IN CASE OF EMERGENCY, THESE PEOPLE MUST BE NOTIFIED: ATTACH ADDITIONAL SHEETS AS NEEDED

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

IMPORTANT BUSINESS AND/OR PERSONAL CONTACTS:

MY EMPLOYER (IF APPLICABLE): _____

ADDRESS: _____ PHONE: _____

SPOUSE'S EMPLOYER (IF APPLICABLE) _____

ADDRESS: _____ PHONE: _____

LOCAL PENSION BOARD IF PRIOR ACT: _____ LOCAL: _____

IF PRIOR ACT MEMBER: CITY: _____ PHONE: _____

WA STATE DEPARTMENT OF RETIREMENT Systems (DRS) Olympia LEOFF 1, LEOFF 2

Phone 360-664-7000

UNION LOCAL: _____ LOCAL RETIRED FROM CITY _____

PHONE: _____

PERSONAL PHYSICIAN: _____ PHONE: _____

CLERGYMAN: _____ PHONE: _____

ATTORNEY: _____ PHONE: _____

DENTIST: _____ PHONE: _____

ACCOUNTANT: _____ PHONE: _____

INSURANCE AGENT: _____

INSURANCE COMPANY: _____ PHONE: _____

BANKER: _____

BANK NAME (BRANCH): _____ PHONE: _____

BROKER: _____ PHONE: _____

PERSONAL DOCUMENTS & INFORMATION

My birth date is: _____

My birth certificate is located at: _____

I was born in: City _____ State _____

My Social Security number is: _____

I was married in: City _____ State _____ On (date) _____

On: _____ To: _____

Number of children from this marriage: _____

I was divorced on: _____ State of: _____

REPEAT AS NECESSARY FOR ADDITIONAL MARRIAGES

Marriage Certificate (s) are located at: _____

Divorce decree(s) are located at: _____

Children's birth certificate (s) are located at: _____

Children's adoption papers are located at: _____

| <u>Children's Names</u> | <u>Date of Birth</u> | <u>Residence</u> |
|-------------------------|----------------------|------------------|
| | | |
| | | |
| | | |

ADD ADDITIONAL PAGE IF NEEDED:

I served in the Armed Forces: _____ Branch: _____ Service Number: _____

Enlisted or Drafted on: Date: _____ At City: _____ State: _____

Discharge Date: _____ Discharge papers located at: _____

Husband's relatives and address: (If deceased, indicate after their name)

1. Mother: _____
2. Father: _____
3. _____
4. _____

ADD ADDITIONAL PAGE IF NEEDED

Wife's relatives and addresses: (If deceased, indicate after their name)

1. Mother: _____
2. Father: _____
3. _____
4. _____

ADD ADDITIONAL PAGE IF NEEDED

Grandchildren:

| <u>Name</u> | <u>Date of Birth</u> | <u>Their Parents</u> |
|-------------|----------------------|----------------------|
| | | |
| | | |
| | | |

ADD ADDITIONAL PAGE IF NECESSARY

PENSION BENEFITS:

THE FOLLOWING BENEFITS ARE PROVIDED BY MY PENSION: LEOFF 1 _____ PRIOR ACT: _____

| | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

NECESSARY CONTACTS REGARDING MY PENSION:

LOCAL PENSION BOARD: _____ LOCAL UNION: _____

For Prior Act: City _____ Town: _____

LEOFF 1, LEOFF 2 DEPARTMENT OF RETIRED SYSTEMS PO BOX 48380, OLYMPIA, WA 98504-8380
 PHONE: (360) 664-7000 OR TOLL FREE (OUTSIDE THE OLYMPIA AREA) 1-800-547-6657

MEDICARE BENEFITS: YES: _____ NO: _____

SUPPLEMENTAL INSURANCE: YES: _____ NO: _____

IF YES: Name of company _____ Name of policy _____ Phone: _____

RETIRED FIREFIGHTERS OF WASHINGTON 9134 207th PL SW, Edmonds, WA 98026
 425-775-9080

UNION LOCAL AND RETIRED FROM: CITY _____ LOCAL _____ PHONE: _____

BANK ACCOUNTS AND INVESTMENTS:

CHECKING ACCT#: _____ BANK: _____

CHECKING ACCT#: _____ BANK: _____

SAVINGS ACCT#: _____ BANK: _____

SAVINGS ACCT#: _____ BANK: _____

CERTIFICATE OF DEPOSIT#: _____ BANK: _____

CERTIFICATE OF DEPOSIT#: _____ BANK: _____

SAFE DEPOSIT BOX#: _____ BANK: _____

SAFE DEPOSIT BOX IS ACCESSIBLE TO: _____

KEY IS KEPT AT: _____

INVESTMENT/STOCK PORTFOLIO IS LOCATED AT: _____

BOND PORTFOLIO IS LOCATED AT: _____

IRA CERT AND FILE IS LOCATED AT: _____

INVESTMENT FILE LOCATED AT: _____

PENSION FILE LOCATED AT: _____

CREDIT CARDS:

I have credit cards with the following companies:

| Name | Acct. Number | Location of Statements | Insurance Provided? |
|------|--------------|------------------------|---------------------|
| | | | |
| | | | |
| | | | |

TAX RETURNS:

Copies of my income tax returns are located at: _____

LIVING WILL:

I HAVE EXECUTED A LIVING WILL: YES: _____ NO: _____

I have delegated my power of attorney to: Name _____ Phone _____

An "Original" signed copy of my living will is located at: _____

Additional copies of my living are on file with my: Personal Physician _____, Attorney _____,

Children: _____, Other: _____

WILL:

I HAVE A WILL: YES: _____ NO: _____

My will is located at: _____

The Attorney who handled my will is: _____

At the law firm of: _____ Phone: _____

My last will is dated: _____

The Executor is: _____

I have a Trust _____

Type of trust _____ Trustee Name _____ Phone _____

ORGAN DONATION:

_____ I DO NOT WANT ANY OF MY ORGANS DONATED

_____ I WOULD LIKE TO HAVE ORGANS DONATED AS NEEDED

_____ I WOULD LIKE TO DONATE THE FOLLOWING ORGANS FOR TRANSPLANT/RESEARCH

FUNERAL DETAILS

CHURCH OF PREFERENCE: _____ RELIGIOUS AFFILIATION: _____

CLERGYMAN: _____ PHONE: _____

FUNERAL HOME TO BE USED: _____

PHONE: _____ PRE-PAID BURIAL PLAN: YES: _____ NO: _____

CONTACT: _____

I PREFER: INTERMENT _____, ENTOMBMENT _____, CREMATION _____

MY CHOICE OF CEMETARY IS: _____

I HAVE PURCHASED A PLOT: YES: _____ NO: _____

IF YES, THE LOT IS IN NAME OF: _____

SECTION: _____ LOT _____ BLOCK _____

LOCATION OF DEED FOR LOT: _____

IF INTERMENT IS IN ANOTHER CITY, GIVE INFORMATION ON THE RECEIVING FUNERAL HOME:

NAME: _____ PHONE: _____

ADDRESS: _____

PALLBEARERS: _____

IF CREMATED, WHAT DO YOU WISH DONE WITH YOUR ASHES?

OBITUARY: YES: _____ NO: _____

PLEASE LIST THE FOLLOWING IN MY OBITUARY:

LIFE INSURANCE: YES: _____ NO: _____ COMPANY: _____

PHONE _____ POLICY # _____

I AM ENTITLED TO VETERANS BENEFITS: YES _____ NO _____

I AM ENTITLED TO MILITARY HONORS: YES _____ NO _____

I WOULD LIKE A "LODGE" SERVICE: YES _____ NO _____

I WOULD LIKE _____ NOT WANT _____ A FIRE DEPARTMENT HONOR GUARD

FLOWERS: YES: _____ NO _____ DISPOSAL OF FLOWERS: _____

DONATION IN LIEU OF FLOWERS TO: _____

MUSICAL SELECTIONS: _____

SPECIAL REQUESTS FOR SERVICES:

Other information you may need to include:

- Information regarding your Personal Business Ventures
- Information regarding your Real Estate, such as Mortgage Holder, Homeowners Insurance, Taxes, Titles, payment records
- Information regarding Vehicles, Boats, RV's, etc. such as Insurance, Titles, Registration, Payments to?
- Information regarding any Life Insurance Policies, such as the location of the policies, your Insurance agent, address and phone number.

OTHER CONSIDERATIONS:

This list has been put together in an effort to save your survivors as much heartache as possible immediately following your death or the death of a loved one. This is however, only a guide and there may be additional information not listed that would be applicable to you and therefore should be included in your personal record. All the planning and preparation in the world won't save a family serious heartache if you don't make this information known to family members before the time comes. Take time with your spouse and family members to sit down and complete this Personal information. It may save your survivors many hours of searching for legal and financial documents at some difficult time in the future. Place with important papers and be sure to keep this information up to date.