

Names, Addresses, Phone Nos. of Advisers

Sources of Benefits

Life insurance agent: _____

Clergy: _____

Funeral Director: _____

Executor or Administrator: _____

Lawyer: _____

Accountant: _____

Trust Officer: _____

Investment Broker: _____

Auto, home insurance agent: _____

Children's Pediatrician: _____

Other: _____

Employer: _____

Union Officers: _____

Fraternal Organizations: _____

Credit Life Insurance: _____

**CHECKLIST
FOR
FAMILY
SURVIVORS**



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1616 W. Jefferson Street • Joliet, IL 60435

815-744-5300

**CHECKLIST
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When death occurs, surviving family members must handle a number of important matters almost immediately. Funeral arrangements must be made...insurance claims submitted...probate proceedings begun...creditors notified...and a myriad of other duties performed. Fortunately, professional help is available. But to be effective such advisers must know as much as possible about the family's circumstances.

This brochure can be of help to surviving family members who have recently lost a loved one through death. If this is your present situation, complete the following checklist as fully and accurately as possible. Then give copies to your family's life insurance agent, funeral director, lawyer and those other trusted advisers who will be involved in helping you.

On the other hand, this form can be even more valuable if it is completed in anticipation of future contingencies. Fill out a separate copy for each family member and keep it with your important papers. Remember, the accuracy of the information will play a big part in how smoothly these matters are handled.

Personal Information

Name: _____
 Date of birth: _____
 Place of birth: _____
 Date of death: _____
 Place of death: _____
 Death Certificate No.: _____
 Social Security or
 Old Age Security No.: _____
 Military Service No: _____
 Veterans Adm. Claims No: _____
 Pension Plan No. and Address _____

Life and Health Insurance Policies

Company	Policy Numbers
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Names, Addresses, Birth Dates of Dependent

Banking Information

Savings Account No: _____
 Bank _____
 Checking Account No: _____
 Bank _____

Location of Important Items

Business agreements: _____
 Safe Deposit Box: _____
 Safe Deposit Box Key: _____
 I instructions: _____
 Place of interment: _____
 Deed to cemetery plot: _____
 Will: _____
 Trust Agreement: _____
 Death certificate: _____
 Birth certificate: _____
 Marriage certificate: _____
 Divorce records: _____
 Insurance policies: _____
 Naturalization papers: _____
 Adoption papers: _____
 Mortgages, deeds: _____
 Credit Union records: _____
 Social Security or OAS card: _____
 Military Services records: _____
 Civil service emp. Records: _____
 Securities; stocks and bonds: _____
 Automobile titles, registrations: _____
 Notes payable: _____
 Notes receivable: _____
 Other loan papers: _____
 Tax returns for prior years: _____
 Credit cards: _____
 Important Correspondence: _____