Personal Financial Information
For
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Introduction

Developing and maintaining a personal financial plan is essential for you in achieving financial security.

Your personal financial plan is composed of many elements, which inter-relate in a dynamic way as you progress through the various stages of your life.

This information is offered to you with the hope that it may be helpful to you in developing and maintaining your personal financial plan by:

- Suggesting a variety of financial planning elements that might be helpful.
- Providing a centralized place where your financial planning information can be maintained.

In the event of an emergency or at death, information can be extremely important. Thus, having everything listed in an organized planner makes things simpler.

When you have completed the information, place this binder in a safe location. Make sure that its location is known by at least two other family members or close friends. Do not place it in a safe deposit box because of the limited access to it in time of need.

This information is intended for your general use only. You may want to obtain professional advice from either a lawyer or a certified financial planner regarding your specific financial planning.
Personal Information

Check if information is included:

☐ Personal Information

☐ Parents Information

☐ Siblings or Other Relatives Information

☐ Employment History

☐ Salary History

☐ Instructions to the Family
Self

Legal Name: ____________________________________________________________

SSN: ___________________________ Birthdate: _____________________________

Maiden Name (if applicable): ___________________________________________

Place of Birth: _______________________________________________________

Spouse

Name: __________________________________________________________________

Maiden Name (if applicable): ___________________________________________

SSN: ___________________________ Birthdate: _____________________________

Place of Birth: _______________________________________________________

Parents

Name: __________________________________________________________________  □ Living □ Deceased

Relationship: ___________________________ Birthdate: ______________________

Address: __________________________________________________________________

Name: __________________________________________________________________  □ Living □ Deceased

Relationship: ___________________________ Birthdate: ______________________

Address: __________________________________________________________________

Name: __________________________________________________________________  □ Living □ Deceased

Relationship: ___________________________ Birthdate: ______________________

Address: __________________________________________________________________

Name: __________________________________________________________________  □ Living □ Deceased

Relationship: ___________________________ Birthdate: ______________________

Address: __________________________________________________________________
# Siblings or Other Relatives

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<td>Gender:</td>
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**Employment History**

**Present Employer:** UC Riverside

Address: ____________________________________________

Title: ___________________________  Hire Date: ________________

Department: ___________________________  Phone: ________________

Supervisor: ___________________________  Phone: ________________

Retirement Benefits: □ Yes  □ No

Contact: UCR Benefits Office: (951) 827-4766 or www.humanresources.ucr.edu

**Former Employer:** ____________________________________________

Address: ____________________________________________

Title: ___________________________  Employment Dates: ________________

Department: ___________________________  Phone: ________________

Supervisor: ___________________________  Phone: ________________

Retirement Benefits: □ Yes  □ No

Contact: ____________________________________________

**Former Employer:** ____________________________________________

Address: ____________________________________________

Title: ___________________________  Employment Dates: ________________

Department: ___________________________  Phone: ________________

Supervisor: ___________________________  Phone: ________________

Retirement Benefits: □ Yes  □ No

Contact: ____________________________________________
# Salary History

<table>
<thead>
<tr>
<th>Employer</th>
<th>Employment Dates</th>
<th>Annual Salary*</th>
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* Enter the amount from your annual W2 form
Instructions to My Family

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Personal Finances

Check if information is included:

☐ Budget
☐ Cash Flow Analysis
☐ Net Worth Analysis
☐ Other:

____________________________________
____________________________________
____________________________________
____________________________________
Financial Institutions

Check if information is included:

- Bank
  - Checking
  - Savings
  - Certificate of Deposit
  - Money Market
  - Credit Cards
  - Loan Information
  - Other

- Credit Union
  - Checking
  - Savings
  - Certificate of Deposit
  - Money Market
  - Credit Cards
  - Loan Information
  - Other
Financial Institutions

Name of Financial Institution: ____________________________________________

Address: ______________________________________________________________

Phone: __________________________  Contact Person: _________________________

<table>
<thead>
<tr>
<th>Account Number(s):</th>
<th>PIN Number:</th>
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<tbody>
<tr>
<td>□ Checking</td>
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<tr>
<td>□ Savings</td>
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<tr>
<td>□ Certificates of Deposit</td>
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<td>□ Money Market</td>
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<tr>
<td>□ Credit Card(s):</td>
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</tbody>
</table>

(Lost or stolen card call): _______________________________________________

□ Credit Card(s): _______________________________________________________

(Lost or stolen card call): _______________________________________________

Name of Financial Institution: ____________________________________________

Address: ______________________________________________________________

Phone: __________________________  Contact Person: _________________________

<table>
<thead>
<tr>
<th>Account Number(s):</th>
<th>PIN Number:</th>
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<tbody>
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<td>□ Checking</td>
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<td>□ Certificates of Deposit</td>
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<td>□ Credit Card(s):</td>
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</table>

(Lost or stolen card call): _______________________________________________

□ Credit Card(s): _______________________________________________________

(Lost or stolen card call): _______________________________________________
### Location of Safe Deposit Box(es)

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<thead>
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<th>Name of Bank:</th>
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<tbody>
<tr>
<td>Address:</td>
<td></td>
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<tr>
<td>Box No.:</td>
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<td>Phone:</td>
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<tr>
<td>Contact Person:</td>
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<tr>
<td>Location of Key:</td>
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<tr>
<td>Contents/Inventory:</td>
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### Location of Safe Deposit Box(es)

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<td>Box No.:</td>
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Loan Information

Name of Creditor: ____________________________________________

Address: ____________________________________________________

Phone: ____________________     Account Number: ________________

Contact Person: ______________________________________________

Collateral: __________________________________________________

Loan Term: ____________________     Payoff Date: ________________

Credit Life/Disability Insurance: Yes ☐  No ☐

Name of Creditor: ____________________________________________

Address: ____________________________________________________

Phone: ____________________     Account Number: ________________

Contact Person: ______________________________________________

Collateral: __________________________________________________

Loan Term: ____________________     Payoff Date: ________________

Credit Life/Disability Insurance: Yes ☐  No ☐

Name of Creditor: ____________________________________________

Address: ____________________________________________________

Phone: ____________________     Account Number: ________________

Contact Person: ______________________________________________

Collateral: __________________________________________________

Loan Term: ____________________     Payoff Date: ________________

Credit Life/Disability Insurance: Yes ☐  No ☐
Insurance Checklist

Check if information is included

☐ Medical
☐ Dental
☐ Vision
☐ Life
☐ Disability
☐ Auto
☐ Recreational Vehicles
☐ Homeowners/Renters
☐ Umbrella (General Liability Policy)
☐ Long-Term Care
☐ Other Insurance Plans:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Health Insurance: Medical, Dental and Vision

Medical Insurance Company: ________________________________

☐ Group    ☐ Individual

Phone Number: ________________ Policy #: ____________________

Plan Name and Type: ________________________________

☐ Hospitalization    ☐ Physician Visits    ☐ Prescriptions

Dental Insurance Company: ________________________________

☐ Group    ☐ Individual

Phone Number: ________________ Policy #: ____________________

Plan Name and Type: ________________________________

Vision Insurance Company: ________________________________

☐ Group    ☐ Individual

Phone Number: ________________ Policy #: ____________________

Plan Name and Type: ________________________________

Other Insurance Company: ________________________________

☐ Group    ☐ Individual

Phone Number: ________________ Policy #: ____________________

Plan Name and Type: ________________________________
# Prescription Information

**Patient Name:** _________________________________________________________________

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<thead>
<tr>
<th>Medication</th>
<th>Dosage/Frequency</th>
<th>Doctor</th>
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Life Insurance

Insurance Company: ____________________________________________________________

☐ Group     ☐ Individual

Phone Number: ___________________  Policy or Certificate #: ____________

Type of Coverage: ___________________________________________________________

Amount of Coverage: _________________________________________________________

Beneficiaries: _______________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Insurance Company: _________________________________________________________

☐ Group     ☐ Individual

Phone Number: ___________________  Policy or Certificate #: ____________

Type of Coverage: ___________________________________________________________

Amount of Coverage: _________________________________________________________

Beneficiaries: _______________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Disability Insurance

Insurance Company: _________________________________________________________

☐ Group     ☐ Individual

Phone Number: ___________________  Policy or Certificate #: ____________

Type of Coverage: ___________________________________________________________

Beneficiaries: _______________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Auto Insurance

Insurance Company: ________________________________

☐ Group      ☐ Individual

Agent: ____________________________________________

Phone Number: ___________________________ Policy or Certificate #: _____________

Type of Coverage: ____________________________________________

Vehicle 1 VIN: ____________________________________________

Vehicle 2 VIN: ____________________________________________

Vehicle 3 VIN: ____________________________________________

Vehicle 4 VIN: ____________________________________________

Recreational Vehicle Insurance

Insurance Company: ________________________________

☐ Group      ☐ Individual

Agent: ____________________________________________

Phone Number: ___________________________ Policy or Certificate #: _____________

Type of Coverage: ____________________________________________

Vehicle 1 VIN: ____________________________________________

Vehicle 2 VIN: ____________________________________________

Vehicle 3 VIN: ____________________________________________

Vehicle 4 VIN: ____________________________________________

Motorcycle VIN: ____________________________________________
Homeowners/Renters Insurance

Insurance Company: ________________________________

☐ Group    ☐ Individual

Agent: ____________________________________________

Phone Number: _______________    Policy or Certificate #: _______________

Type of Coverage: ________________________________________

Umbrella Policy (General Liability Policy)

Insurance Company: ________________________________

☐ Group    ☐ Individual

Agent: ____________________________________________

Phone Number: _______________    Policy or Certificate #: _______________

Type of Coverage: ________________________________________

Long-Term Care Insurance

Insurance Company: ________________________________

☐ Group    ☐ Individual

Agent: ____________________________________________

Phone Number: _______________    Policy or Certificate #: _______________

Type of Coverage: ________________________________________

Other Insurance Information

____________________________________________________

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____________________________________________________
Pension & Investment Checklist

Check if information is included

- UCRP Basic Retirement Plan & Other Pension Plans
- Savings Account (see financial institutions section)
- Certificates of Deposit (see financial institutions section)
- UC Savings Plans & Other Employer Savings Plans
- IRA
- Mutual Funds
- U.S. Savings Bonds
- Stocks & Bonds
- Social Security Information
UCRP Retirement Plan

Contact: UC Riverside Benefits Office  
Phone: (951) 827-4766  
Web: www.humanresources.ucr.edu

Retirement estimate can be obtained at:  
http://www.atyourservice.ucop.edu/applications/ucrpcalc/estimator.html

Retirement Estimate Enclosed:  □ Yes □ No

Payout option: __________________________________________________________

Beneficiary: __________________________________________________________

Other Pension Plan(s)

**Company:** __________________________________________________________

**Address:** __________________________________________________________

**Phone:** __________________________  
**Contact Person:** _______________________  
**Amount:** __________________________________________________________

**Company:** __________________________________________________________

**Address:** __________________________________________________________

**Phone:** __________________________  
**Contact Person:** _______________________  
**Amount:** __________________________________________________________

**Other Pertinent Information**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________
UC Savings Programs & Other Savings Plans

UC Plans

UC Human Resources website: https://atyourserviceonline.ucop.edu/ayso/
UC Customer Service Center: 800-888-8267

Fidelity Retirement Services website: http://www.netbenefits.com/
UC Retirement website: www.ucfocusonyourfuture.com
Retirement Service Center Telephone: 866-682-7787

1. Tax Deferred 403(b) Plan

Account Number (Social Security Number): ________________________________
Location of Semi-Annual Statements: ________________________________
PIN Number: ________________________________

Outstanding loans against 403(b) plan

Date of Loan: ________________________________
Term of Loan: ________________________________
Final Payment Due: ________________________________

2. After-Tax Plan 401(a)

Account Number (Social Security Number): ________________________________
Location of Semi-Annual Statements: ________________________________
PIN Number: ________________________________

3. Defined Contribution Plan (DCP – 401(a) plan)

Account Number (Social Security Number): ________________________________
Location of Semi-Annual Statements: ________________________________
PIN Number: ________________________________

4. Capital Accumulation Plan (CAP account)

http://atyourservice.ucop.edu/employees/retirement_savings/cap.html

Account Number (Social Security Number): ________________________________
Location of Semi-Annual Statements: ________________________________
PIN Number: ________________________________
Other Employer Plans

5. Other Employer Savings Plans

Plan balance can be found at: ____________________________________________

Account Number (Social Security Number): ________________________________

Location of Semi-Annual Statements: ________________________________

PIN Number: ________________________________________________________

6. Other Employer Savings Plan

Plan balance can be found at: ____________________________________________

Account Number (Social Security Number): ________________________________

Location of Semi-Annual Statements: ________________________________

PIN Number: ________________________________________________________

7. Other Employer Savings Plan

Plan balance can be found at: ____________________________________________

Account Number (Social Security Number): ________________________________

Location of Semi-Annual Statements: ________________________________

PIN Number: ________________________________________________________
IRA Accounts

☐ Traditional  ☐ Rollover  ☐ ROTH  ☐ Education

Company: ________________________________________________________________
Address: ________________________________________________________________
Contact Person: _______________________  Phone: _____________________________
Account Number & Type: ____________________________

Company: ________________________________________________________________
Address: ________________________________________________________________
Contact Person: _______________________  Phone: _____________________________
Account Number & Type: ____________________________

Company: ________________________________________________________________
Address: ________________________________________________________________
Contact Person: _______________________  Phone: _____________________________
Account Number & Type: ____________________________

Mutual Funds

Company: ________________________________________________________________
Address: ________________________________________________________________
Contact Person: _______________________  Phone: _____________________________
Account Number & Type: ____________________________

Company: ________________________________________________________________
Address: ________________________________________________________________
Contact Person: _______________________  Phone: _____________________________
Account Number & Type: ____________________________
Stocks and Bonds

Brokerage Firm: ____________________________________________________________

Address: __________________________________________________________________

Contact Person: ___________________ Phone: ___________________________

Account Number: __________________________________________________________

Other Investment Information

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Social Security Information

The Social Security Administration sends out annual statements to all wage earners. This statement shows your Social Security earnings history and estimates how much you have paid in Social Security taxes. It also estimates your future benefits and tells you how you can qualify for benefits. It is a good idea to review these statements for accuracy and it is important to keep these statements in your records.

Local Social Security Office

7880 Mission Grove Parkway South
Riverside, CA 92508
Hours 9:00 a.m. to 3:30 p.m.

General Information and Services:

(800) 772-1213
Hours 7am to 7pm

http://www.ssa.gov
Tangible Assets Checklist

Check if information is included

☐ Primary Residence
☐ Secondary Residence
☐ Automobile(s)
☐ Recreational Vehicle
☐ Personal Property
☐ Business Interests
Residential Property

Primary Residence
Mortgage Holder: ___________________________________________________________
Address: ________________________________________________________________
Phone: __________________________________________________________________
Location of papers (deed, insurance, etc.): ________________________________

Secondary Residence
Mortgage Holder: ___________________________________________________________
Address: ________________________________________________________________
Phone: __________________________________________________________________
Location of papers (deed, insurance, etc.): ________________________________

Other Real Property
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Automobile(s)

Make/Model: _____________________________________________
Lien holder: _____________________________________________
Address: ________________________________________________
Phone: __________________________________________________
Insurance Company: ______________________________________
Location of Title: _________________________________________
License Plate #: ___________________________ VIN: _____________

Make/Model: _____________________________________________
Lien holder: _____________________________________________
Address: ________________________________________________
Phone: __________________________________________________
Insurance Company: ______________________________________
Location of Title: _________________________________________
License Plate #: ___________________________ VIN: _____________

Make/Model: _____________________________________________
Lien holder: _____________________________________________
Address: ________________________________________________
Phone: __________________________________________________
Insurance Company: ______________________________________
Location of Title: _________________________________________
License Plate #: ___________________________ VIN: _____________
Recreational Vehicle(s)

Make/Model: ____________________________________________

Lien holder: ____________________________________________

Address: ________________________________________________

Phone: __________________________________________________

Insurance Company: ______________________________________

Location of Title: _________________________________________

License Plate #: ______________________ VIN: ____________________

Make/Model: ____________________________________________

Lien holder: ____________________________________________

Address: ________________________________________________

Phone: __________________________________________________

Insurance Company: ______________________________________

Location of Title: _________________________________________

License Plate #: ______________________ VIN: ____________________
**Personal Property**

List all possessions that are valuable, tangible property.

*Examples: Jewelry, Furniture, Collectibles/Antiques, Home Office Equipment, Electronics, Other Equipment, Books, CD’s, Artwork, Musical Instruments, etc.*

<table>
<thead>
<tr>
<th>Item</th>
<th>Location</th>
<th>Value</th>
<th>Insured Y or N</th>
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</thead>
<tbody>
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</tbody>
</table>
Business Interest(s)

Check if information is included

☐ Limited Partnership
☐ General Partnership
☐ Sole Proprietorship
☐ LLC
☐ Corporation
☐ Royalties/Residuals
☐ Other:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Be sure to enclose all pertinent information regarding your additional business interest(s).
Tax Information

Check if information is included

☐ Federal Tax Return
☐ State Tax Return
☐ Flexible Spending Account (FSA)
☐ Charitable Contributions
☐ Premium Only Plan (POP)
Tax Service

Tax Service Used:  Yes ☐ No ☐

Name of Service: ____________________________________________

Address: ____________________________________________________

Contact Person: ______________  Phone: _________________________

Location of Tax Records: ______________________________________

Charitable Contributions

Name of Organization: _________________________________________

Annual Donation Amount: _____________________________________

Instructions for Future Donations: _______________________________

________________________________________

Name of Organization: _________________________________________

Annual Donation Amount: _____________________________________

Instructions for Future Donations: _______________________________

________________________________________

Name of Organization: _________________________________________

Annual Donation Amount: _____________________________________

Instructions for Future Donations: _______________________________

________________________________________
Wills/Trusts/Estate Planning

Wills and living trusts are legal documents that determine how your estate will be distributed following your death. In the absence of such documents, your property will be distributed among your heirs as prescribed by statute. This distribution is unlikely to match your own preferences; you should carefully consider creating a will, a trust or both. Estate planning is a complex issue, you should seek appropriate legal counsel to determine how best to meet your individual estate planning requirements.
**Will**

Attorney for Will: ____________________________________________

Phone: __________________________ Date of Will: _______________

Location of Will: ____________________________________________

Location of Additional Copies: _________________________________

Executor: __________________________________________________

Address: __________________________________________________

Phone: __________________________________________________________________

**Trust**

Name of Trust: ______________________________________________

Attorney for Trust: __________________________________________

Phone: __________________________ Date of Trust: ______________

Trustees: __________________________________________________

___________________________________________________________

Location of Trust Documents: __________________________________

Location of Additional Copies: _________________________________

Trustee Bank (if applicable): __________________________________

Address: __________________________________________________________________

Contact Person: __________________________ Phone: ________________
Professional Contacts

Check if information is included:

☐ Accountant
☐ Attorney
☐ Insurance Agent
☐ Physician(s)
☐ Dentist
☐ Clergy
☐ Certified Financial Planner
☐ Benefits Office
☐ Auto Mechanic
☐ Plumber
☐ General Contractor
☐ Other:

________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
Important Papers

Check if records are included

- Birth Certificate(s)
- Citizenship Papers
- Passport
- Marriage Certificate
- Military Service Papers
- Divorce Papers
- Death Certificate(s)
- Living Will
- Power of Attorney
- Real Estate Papers
- Prepaid Funeral Plan
Location of Important Documents

Birth Certificate(s): 

Citizenship Papers: 

Military Service Papers: 

Marriage Certificate: 

Divorce Papers: 

Power of Attorney: 

Real Estate Papers: 

Living Will: 
## Document Retention

The table below indicates the documents you need to keep and how long you should keep them.

<table>
<thead>
<tr>
<th>DOCUMENT</th>
<th>HOW LONG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank Statements</td>
<td>6 years**</td>
</tr>
<tr>
<td>Birth Certificates</td>
<td>Indefinitely</td>
</tr>
<tr>
<td>Canceled checks</td>
<td>6 years**</td>
</tr>
<tr>
<td>Contracts</td>
<td>Updated</td>
</tr>
<tr>
<td>Credit card account numbers</td>
<td>Updated</td>
</tr>
<tr>
<td>Divorce papers</td>
<td>Indefinitely</td>
</tr>
<tr>
<td>Home purchase &amp; improvement records</td>
<td>As long as you own the property</td>
</tr>
<tr>
<td>Household inventory</td>
<td>Updated</td>
</tr>
<tr>
<td>Insurance, life</td>
<td>Indefinitely</td>
</tr>
<tr>
<td>Insurance, car, home, etc.</td>
<td>Updated</td>
</tr>
<tr>
<td>Investment records</td>
<td>6 years after tax deadline for the year of sale**</td>
</tr>
<tr>
<td>Investment certificates</td>
<td>Until cashed or sold</td>
</tr>
<tr>
<td>Loan agreements</td>
<td>Until paid in full</td>
</tr>
<tr>
<td>Military service records</td>
<td>Indefinitely</td>
</tr>
<tr>
<td>Real estate deeds</td>
<td>Until transfer</td>
</tr>
<tr>
<td>Receipts for large purchases</td>
<td>Until sale or discard</td>
</tr>
<tr>
<td>Service contracts &amp; warranties</td>
<td>Until expiration</td>
</tr>
<tr>
<td>Social Security number</td>
<td>Indefinitely</td>
</tr>
<tr>
<td>Tax returns</td>
<td>6 years from filing date</td>
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<tr>
<td>Vehicle titles</td>
<td>Until sale or disposal</td>
</tr>
<tr>
<td>Will</td>
<td>Updated</td>
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</tbody>
</table>

**The IRS audits returns up to three years after filing; however, large underpayments may be investigated as far back as six years.
Prepaid Funeral Plan

Yes ☐ No ☐

Funeral Home: __________________________________________

Address: _________________________________________________

Name of Contact: ______________________ Phone: ______________

Pre-Purchased Burial Plot

Yes ☐ No ☐

Location of Cemetery: ______________________________________

Plot No. and Location: ______________________________________

Monument Information: ______________________________________

Obituary

Yes ☐ No ☐

Photo

Yes ☐ No ☐

Burial Instructions to My Family:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
People to be contacted at time of death
<table>
<thead>
<tr>
<th>Name:</th>
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<td>Phone #:</td>
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