

# VITAL RECORDS

FOR

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This packet is provided to Santa Clara County employees to assist with organizing personal, financial, and legal records as well as planning for your survivors.

When planning your estate, be advised of the importance of wills, trusts and the manner in which property is held (joint tenancy, with rights of survivorship, singularly, etc.). Lack of planning or awareness can result in unexpected delays of probate and property being handled in a manner not consistent with the deceased's wishes.

It is advised that you keep your original, legal and certified documents in a safe, fire-proof place with back-up copies stored separately. Records should be readily accessible to you and your survivors. To keep this record useful, it is recommended that you review and update it regularly. Feel free to make copies of this document.

Updates: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## PERSONAL FAMILY STATISTICS

### EMPLOYEE

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_

### CONTACTS & DOCUMENTS Note the Location / Name / Address etc. for the Following:

Birth Certificate: \_\_\_\_\_ Passport: \_\_\_\_\_

Marriage Certificate: \_\_\_\_\_ Divorce Documents: \_\_\_\_\_

Will or Trust, Power of Attorney, (Including a Living Will): \_\_\_\_\_

Attorney / Trust Officer / Executor: \_\_\_\_\_

Accountant / Stockbroker: \_\_\_\_\_

Military Service Records / Discharge Papers: \_\_\_\_\_

Community and Professional Organizations: \_\_\_\_\_

Pensions / Retirement Accounts From Prior Employment: \_\_\_\_\_

Notable Medical Conditions: \_\_\_\_\_

### FUNERAL ARRANGEMENTS / PREFERENCES:

To ease the pain of your loved-ones, let your preferences be known. It's best to have them in writing. Indicate your choices for spending limitations on funeral expenses; burial, entombment, or cremation. What are your choices for a service; at a church, funeral home, graveside or home. Do you want an open or closed casket, flowers or donation to a charity, readings and music desired.

Do you wish to participate in an organ donation? Do you have any records prepared for this choice? Additional information is available from Special Personnel Programs, 299-6853.

Have you made any formal arrangements? (e.g., purchase of a plot, pre-payments, membership in a memorial society):

**SPOUSE / SIGNIFICANT OTHER**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_

**CONTACTS & DOCUMENTS** Note the Location / Name / Address etc. for the Following:

Birth Certificate: \_\_\_\_\_ Passport: \_\_\_\_\_

Marriage Certificate: \_\_\_\_\_ Divorce Documents: \_\_\_\_\_

Will or Trust, Power of Attorney, (Including a Living Will): \_\_\_\_\_

\_\_\_\_\_  
Attorney / Trust Officer / Executor: \_\_\_\_\_

\_\_\_\_\_  
Accountant / Stockbroker: \_\_\_\_\_

\_\_\_\_\_  
Military Service Records / Discharge Papers: \_\_\_\_\_

\_\_\_\_\_  
Community and Professional Organizations: \_\_\_\_\_

\_\_\_\_\_  
Pensions / Retirement Accounts From Prior Employment: \_\_\_\_\_

\_\_\_\_\_  
Notable Medical Conditions: \_\_\_\_\_

**FUNERAL ARRANGEMENTS / PREFERENCES:**

To ease the pain of your loved-ones, let your preferences be known. It's best to have them in writing. Indicate your choices for spending limitations on funeral expenses; burial, entombment, or cremation. What are your choices for a service; at a church, funeral home, graveside or home. Do you want an open or closed casket, flowers or donation to a charity, readings and music desired.

\_\_\_\_\_  
Do you wish to participate in an organ donation? Do you have any records prepared for this choice? Additional information is available from Special Personnel Programs, 299-6853.

\_\_\_\_\_  
Have you made any formal arrangements? (e.g., purchase of a plot, pre-payments, membership in a memorial society):

**CHILDREN\* / DEPENDENTS**

**NAME:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Location of Birth Certificate: \_\_\_\_\_

Names of Parents & Guardians: \_\_\_\_\_

Notable Medical Conditions / Vaccination Records: \_\_\_\_\_

Miscellaneous: \_\_\_\_\_

**NAME:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Location of Birth Certificate: \_\_\_\_\_

Names of Parents & Guardians: \_\_\_\_\_

Notable Medical Conditions / Vaccination Records: \_\_\_\_\_

Miscellaneous: \_\_\_\_\_

**NAME:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Location of Birth Certificate: \_\_\_\_\_

Names of Parents & Guardians: \_\_\_\_\_

Notable Medical Conditions / Vaccination Records: \_\_\_\_\_

Miscellaneous: \_\_\_\_\_

**NAME:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Location of Birth Certificate: \_\_\_\_\_

Names of Parents & Guardians: \_\_\_\_\_

Notable Medical Conditions / Vaccination Records: \_\_\_\_\_

Miscellaneous: \_\_\_\_\_

\*Indicate if your child is adopted, or from a previous marriage/relationship list the full name of each parent. Also indicate if you have named a guardian or custodian for your child or dependent in your will or trust. Include necessary emergency information for their care for both long-term and short-term needs.

## **INSURANCE INFORMATION**

### **LIFE / DISABILITY INSURANCE**

Life insurance policies are available through many different sources (e.g., credit card companies, airlines, banks, travel clubs etc.) Be sure to list all policies. When filing a claim, inquire about the settlement options for payment of the policy. When planning for your survivor(s) note that proceeds from insurance policies typically take up to 30 days to process (sometimes more). **PLAN TO HAVE FUNDS IMMEDIATELY ACCESSIBLE TO YOUR SURVIVOR TO COVER AT LEAST ONE MONTH'S LIVING EXPENSES.**

NAME OF INSURED	INS. CO.	POLICY #	AMOUNT	BENEFICIARY
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### **HOMEOWNER'S INSURANCE**

PROPERTY INSURED	TYPE OF INSURANCE	INS. CO.	POLICY #
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### **LOAN INSURANCE**

LOAN INSURED	INS. CO.	LOAN AMOUNT	POLICY #
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### **AUTO INSURANCE**

AUTO	LOCATION OF TITLE & TITLE HOLDER	INS CO.	POLICY #
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## **BANKING / FINANCIAL INFORMATION**

### **P.E.R.S. Public Employees Retirement System - Survivor Benefits**

In many cases, the survivor benefit is best when the employee dies in "retiree" status. PERS has a "Special Power of Attorney" form which allows you to designate someone to handle retirement affairs for you such as filing applications, making benefit elections, designating beneficiaries and endorsing warrants. This designation may allow you to retire if you become critically ill or face lapsing into a coma. This form is available from PERS (800) 352-2238.

*If a Santa Clara County Employee is facing a critical illness and needs assistance planning for their survivors, immediately contact PERS (800) 352-2238 or Special Personnel Programs 408-299-6853.*

Location of PERS Power of attorney form. (This is separate from the beneficiary form.)

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### **BANK ACCOUNTS**

List checking, savings, deferred compensation, certificates of deposit, 401 (k), mutual funds, and all other accounts held in banks, savings and loan companies, credit unions and any other financial institutions. Indicate if you have a beneficiary or "Pay-on-Death" agreement for any accounts. Plan to have enough funds available to your survivor for immediate expenses (funeral costs, living expenses, etc.). Santa Clara County employees may sign a "Final Warrant Designation" form naming the person to receive (upon the employee's death) their final pay check and cash-out without any waiting period. (Contact your personnel unit for this form).

ACCOUNT HOLDER(S)	DATE EST.	TYPE OF ACCOUNT	INSTITUTION	ACCOUNT #
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### **SECURITIES, STOCKS AND BONDS**

TYPE OF SECURITY	BROKERAGE FIRM	DATE PURCHASED	LOC. OF RECORDS
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### **CREDIT CARD ACCOUNTS**

Indicate if you have any type of insurance on the account and if there are any family members who have authorized signatures for the account. As a survivor, the credit card company should be informed if you, the executor or the administrator of the estate will be handling the bill. The credit card company will either send you a bill or file a claim against the estate in probate court. As a survivor, you should contact the company regarding the procedure for establishing accounts in your own name.

ACCOUNT HOLDER(S)	CREDIT COMPANY	ACCOUNT #	EMERGENCY PH #
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**TAXES**

In the event of the death of a spouse, contact your lawyer or nearest I.R.S. Office regarding information on estate taxes, forms and filing dates. In some cases (estates containing large amounts of separately owned property), federal estate tax and California estate tax ("pick-up tax") may apply. You should consult with an attorney or tax accountant for advice. State and Federal income tax returns will be due at the same time they would have been if the death had not occurred.

Location Of Tax Records And Past Returns: \_\_\_\_\_

\_\_\_\_\_

**SAFETY DEPOSIT BOX**

It is generally recommended that you do not keep your original will or birth certificate or any other items/documents that may be needed to administer your estate in a safe deposit box. Access to this information after your death could be difficult and time-consuming for your survivor(s). Check with your bank about their policy regarding access after the death of the renter. You may want to consider having someone act as a co-signer. Indicate bank address, contents of the box, names of co-signers, and location of keys (also include any other storage places for important documents).

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**MISCELLANEOUS DEBTS / PAYMENTS**

Include information regarding the term of the obligation, and to whom the payment is made. (Record debts such as child support, spousal support, IO U's.)

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**REAL ESTATE**

Address: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Assessed Value: \_\_\_\_\_ Mortgage Amount: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Location of Title: \_\_\_\_\_

Date and Description of Improvements: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Assessed Value: \_\_\_\_\_ Mortgage Amount: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Location of Title: \_\_\_\_\_

Date and Description of Improvements: \_\_\_\_\_

\_\_\_\_\_

**OTHER PROPERTY AND VALUABLES**

Include automobiles, jewelry, clothing, valuable furniture, etc. Provide the date acquired, a description (photograph), and the approximate value:

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