My Wishes Record Keeper

Mutual of Omaha

UC8164_0714

To My Family

My goal is to make it easy as possible for you at what is probably a difficult time. I know you have many decisions to make on my behalf and I hope this information will help.

Thank you.

_____ _____

Signature Date

About Me

This is information about me that will help you in locating records and in writing an obituary.

Full Name

First: _____ *Middle:* _____ *Last:* _____

Social Security Number: _____

Country of citizenship: _____

Address

Street: _____*City:* _____ *State:* _____

ZIP: _____*At this address since (date):* _____

Birth

City: _____*State:* _____

Date of birth: _____ *Country:* _____

Work

Occupation: _____

Date retired: _____ *Employer(s):* _____

Retirement benefits from previous employer?: _____

Previous Employer: _____

Marital Status

____ *Married* ____ *Single* ____ *Divorced* ____ *Widowed*

Birth name (if different): _____

Spouse's name: _____

Date and place of marriage: _____

Parents

*Father's name:*_____

Birthplace: _____

Mother's birth name: _____

Birthplace: _____

Military Record:

Branch of Service: _____ *Serial Number:* _____

Rank: _____

Date and place of induction: _____

Date and place of discharge: _____

Education

Insitution(s)	*Year(s)*	*Degrees Earned*
_____	_____	_____
_____	_____	_____
_____	_____	_____

Clubs and Organizations: _____

_____

Social Media

Social Media Platform	*Login*	*Password*
_____	_____	_____
_____	_____	_____

Digital Assets

Hardware: _____

Online Accounts: _____

Information or Data (photos, music, etc.): _____

_____

Domain Names: _____

People to Contact

Name: _____ *Phone number:* _____

Address: _____ *Relationship:* _____

Name: _____ *Phone number:* _____

Address: _____ *Relationship:* _____

Name: _____ *Phone number:* _____

Address: _____ *Relationship:* _____

Name: _____ *Phone number:* _____

Address: _____ *Relationship:* _____

My Advisors

The people I sought for advice on important matters and their contact information.

	Name	*Phone*
Attorney:	_____	_____
Accountant:	_____	_____
Financial Advisor:	_____	_____
Insurance Agent:	_____	_____
Physician:	_____	_____
Employer Benefits:	_____	_____
Other:	_____	_____

My Finances

Information about some of my financial dealings.

Banking

*Checking Account(s):*_____

*Institution(s):*_____

Savings Account(s): _____

*Institution(s):*_____

Investments

*Investment Type:*_____

*Account or Certificate Number:*_____

*Investment Type:*_____

*Account or Certificate Number:*_____

*Investment Type:*_____

*Account or Certificate Number:*_____

*Investment Type:*_____

*Account or Certificate Number:*_____

Credit Cards

Institution: _____

*Account Number:*_____

Institution: _____

*Account Number:*_____

Institution: _____

*Account Number:*_____

Loan

Institution: _____

*Account Number:*_____

Institution: _____

*Account Number:*_____

Real Estate

Owners: _____

*Title Held as:*_____

Purchase Price and Date: _____

Other Assets

Description: _____

*Purchase Price and Date:*_____

Location of Asset: _____

Insurance Coverages

Health: _____

*Life:*_____

Disability: _____

Critical Illness: _____

*Property and Casualty:*_____

Long-term Care: _____

My Important Documents

Location of the documents you may need to settle my affairs.

Safety Deposit Box Location: _____

*Box Number:*_____ *Location of Keys:*_____

Will: _____

Living Will: _____

Medical Power of Attorney: _____

Financial Power of Attorney: _____

Trusts: _____

Social Security Card: _____

Military Records: _____

Insurance Cards: _____

Insurance Policies: _____

Pensions & Retirement Plans: _____

Income Tax Documents: _____

Stocks and Bonds: _____

Property Deeds or Mortgages: _____

Bank Records: _____

Automobile Titles: _____

Birth Certificate: _____

Marriage License: _____

Other: _____

My Memorial Service

Here are my wishes for my memorial service and final resting place.

Funeral Home: _____

Pre-arrangements: ____*YES* ____*NO*

Type of Service: _____

Desired Location: _____

Religious Affiliation: _____

Clergyman or Officiant: _____

*Phone Number:*_____

Pallbearers: _____

_____

_____

_____

_____

_____

Special Requests

Clothing: _____

_____

Viewing: _____

Eulogy: _____

_____

Music: _____

_____

Prayers or Readings: _____

_____

Flowers: _____

Donations: _____

Preferred Cemetery or Mausoleum: _____

Plot Purchased: ____*YES* ____*NO*

Location: _____

Headstone or Monument: _____

Inscription: _____

_____

Special Request Instructions: _____

_____

One Last Wish

This is what I would like my family and friends to remember about me.

My Early Life: _____

_____

_____

_____

My Hopes and Dreams: _____

_____

_____

_____

My Career: _____

_____

_____

_____

My Hobbies and Interests: _____

_____

_____

_____

My Travels: _____

_____

_____

_____

My Favorite Places: _____

_____

_____

_____

My Greatest Accomplishments: _____

_____

_____

_____

My Fondest Memories: _____

_____

My Family History: _____

_____

_____

Final Thoughts and Instructions

Here are a few more things I'd like for you to know.

Courtesy of

Mutual of Omaha Insurance Company

[Agent/Marketer Name]
[Agent/Marketer Phone Number]
[Agent/Marketer Email Address]