

RETIREE ACTIVITIES OFFICE  
HANSCOM AFB, MA 01731

PERSONAL AFFAIRS RECORD

PERSONAL AND FAMILY DATA

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
First Middle Last

RETIRED GRADE/SERIAL NUMBER (S)

SSN

DOB

PLACE OF BIRTH \_\_\_\_\_  
City County State

FATHER'S NAME \_\_\_\_\_ MOTHER'S MAIDEN NAME \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_  
First Middle Last

SSN

DOB

PLACE OF BIRTH \_\_\_\_\_  
City County State

FATHER'S NAME \_\_\_\_\_ MOTHER'S MAIDEN NAME \_\_\_\_\_

LOCATION/DATE OF MARRIAGE \_\_\_\_\_ LICENSE RECORDED AT \_\_\_\_\_

CHILDREN

NAME DOB ADDRESS

1st

2<sup>nd</sup>

3<sup>rd</sup>

4<sup>th</sup>

5<sup>th</sup>

WILLS

LOCATION OF YOURS \_\_\_\_\_

LOCATION OF SPOUSE'S \_\_\_\_\_

LOCATION OF PERSONAL INSTRUCTIONS -spouse, heirs, executor etc \_\_\_\_\_

FOR REPORTING DEATH TO MILITARY, PAPERWORK & BENEFITS PROCESSING ETC

CONTACT: HANSCOM AFB CASUALTY ASSISTANCE REPRESENTATIVE (1-877-612-8473)

HANSCOM RETIREE ACTIVITIES OFFICE CAN HELP 781 377-2476

DO EITHER HAVE LIVING WILLS

LOCATION OF YOURS \_\_\_\_\_

LOCATION OF SPOUSE'S \_\_\_\_\_

POWER OF ATTORNEY

WHERE IS YOURS FILED \_\_\_\_\_

WHERE IS SPOUSE'S FILED \_\_\_\_\_

WHERE IS EXECUTORS FILED \_\_\_\_\_

ESTATE EXECUTORS name, address, phone

1<sup>st</sup>

2<sup>nd</sup>

Joint

ESTATE ATTORNEY name, address, phone

TAX CONSULTANT name, address, phone

INSURANCE AGENT (S) name, address, phone

1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

4<sup>th</sup>

STOCK BROKER(S) name, address, phone

1<sup>st</sup>

2<sup>nd</sup>

SAFETY DEPOSIT BOX

1<sup>ST</sup> BOX LOCATION \_\_\_\_\_

KEY LOCATION \_\_\_\_\_

NAMES/ ADDRESS THOSE AUTHORIZED TO OPEN \_\_\_\_\_

2<sup>ND</sup> BOX LOCATION \_\_\_\_\_

KEY LOCATION \_\_\_\_\_

NAMES/ADDRESS THOSE AUTHORIZED TO OPEN \_\_\_\_\_

SAFE LOCATION \_\_\_\_\_ LOCKED BOX LOCATION \_\_\_\_\_

PERSONS/ADDRESS WITH COMBINATION and/or KEYS

Safe:

Locked Box:

SURVIVORS BENEFIT PLAN

I HAVE SURVIVORS BENEFIT PLAN (SBP)\_\_\_\_\_

I HAVE RETIRED SERVICE MANS FAMILY PROTECTION PLAN (RSFPP)\_\_\_\_\_

LOCATION OF COPY OF LATEST "RETIREE ANNUITANT" ACCOUNT STATEMENT\_\_\_\_\_

INCOME TAX DATA/FILES LOCATED\_\_\_\_\_

PROPERTY TAX DATA/FILES LOCATED\_\_\_\_\_

INSURANCE DATA

<u>LIFE</u>	COMPANY	POLICY NUMBER	AMOUNT
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1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

4<sup>th</sup>

LOCATION OF POLICIES\_\_\_\_\_

<u>HOME</u>	COMPANY	POLICY NUMBER
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1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

LOCATION OF POLICIES\_\_\_\_\_

<u>HEALTH</u>	COMPANY	POLICY NUMBER
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1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

4<sup>th</sup>

LOCATION OF POLICIES\_\_\_\_\_

<u>PERSONAL LIABILITY</u>	COMPANY	POLICY NUMBER
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1<sup>st</sup>

LOCATION OF POLICY\_\_\_\_\_

<u>BURIAL</u>	COMPANY	POLICY NUMBER
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1<sup>st</sup>

2nd

LOCATION OF POLICIES \_\_\_\_\_

<u>AUTOMOBILE</u>	COMPANY	POLICY NUMBER
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1<sup>st</sup>

2<sup>nd</sup>

LOCATION OF POLICIES \_\_\_\_\_

**BANKING**

CHECKING ACCOUNTS				
BANK	ADDRESS	ACCOUNT NUMBERS	NAMES ON ACCOUNT	

1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

4<sup>th</sup>

LOCATION OF STATEMENTS \_\_\_\_\_

SAVINGS ACCOUNTS				
BANK	ADDRESS	ACCOUNT NUMBERS	NAMES ON ACCOUNT	

1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

4<sup>th</sup>

LOCATION OF STATEMENTS \_\_\_\_\_

CREDIT UNION				
NAME	ADDRESS	ACCOUNT NUMBERS	NAMES ON ACCOUNT	

1<sup>st</sup>

2<sup>nd</sup>

LOCATION OF STATEMENTS \_\_\_\_\_

**SOCIAL SECURITY**

LOCATION OF YOUR SOCIAL SECURITY FILE \_\_\_\_\_

LOCATION OF SPOUSE'S SOCIAL SECURITY FILE \_\_\_\_\_

SOCIAL SECURITY CARDS:	
NAME	CARD NUMBER

MEDICARE

LOCATION OF YOUR CARD \_\_\_\_\_

LOCATION OF SPOUSE'S CARD \_\_\_\_\_

EMPLOYMENT RECORDS

YOUR RECORD LOCATION \_\_\_\_\_

SPOUSE'S RECORD LOCATION \_\_\_\_\_

STOCKS, BONDS, MUTUAL FUNDS

LIST ON SEPARATE SHEET BY (1) NAME (2) TELEPHONE CONTACT (3) RECORDS LOCATION

MILITARY SERVICE RECORDS

LOCATION OF RECORDS \_\_\_\_\_

(include DD214, Retirement Order, VA Disability Award Letter, Retiree Account Statement, 20-year letter for Reservists)

REAL ESTATE

HOME

TITLE IN WHOSE NAME \_\_\_\_\_

LOCATION OF DEED \_\_\_\_\_

NAME/ADDRESS OF MORTGAGE COMPANY \_\_\_\_\_

LOCATION OF COPY OF MORTGAGE \_\_\_\_\_

LOCATION OF MORTGAGE PAYMENT RECEIPTS \_\_\_\_\_

LOCATION OF PROPERTY TAX RECEIPTS \_\_\_\_\_

OTHER REAL ESTATE - FIRST ONE (Create separate attached sheet for additional real estate)

TITLE IN WHOSE NAME \_\_\_\_\_

LOCATION OF DEED \_\_\_\_\_

NAME/ADDRESS OF MORTGAGE COMPANY \_\_\_\_\_

LOCATION OF COPY OF MORTGAGE \_\_\_\_\_

LOCATION OF MORTGAGE PAYMENT RECEIPTS \_\_\_\_\_

LOCATION OF PROPERTY TAX RECEIPTS \_\_\_\_\_

REAL ESTATE EXPENSES

LOCATION OF HOME EXPENSES RECORDS \_\_\_\_\_

LOCATION OF OTHER REAL ESTATE RECORDS \_\_\_\_\_

TITLES AND CERTIFICATES OF REGISTRATION

MOTOR VEHICLES

NAME AND LOCATION OF TITLE \_\_\_\_\_

NAME AND LOCATION OF TITLE \_\_\_\_\_

BOATS

NAME AND LOCATION OF REGISTRATION \_\_\_\_\_

OTHER

NAME AND LOCATION OF TITLE OR CERTIFICATE \_\_\_\_\_

CREDITOR/DEBTOR DATA

LIST ON SEPARATE SHEET 1)NAMES 2)ADDRESSES 3)AMOUNT OF EACH SITUATION 4) LOCATION

MONEY ON DEPOSIT OR ESCROW - Funds may be refundable upon death in Apartment Deposit, Mutual Funds, Utilities etc  
LIST NAME, ADDRESS, AND AMOUNT

1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

4<sup>th</sup>

CREDIT CARDS

NAME OF ISSUING COMPANY

CARD NUMBER NAME OF USER

1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

4<sup>th</sup>

5<sup>th</sup>

6<sup>th</sup>

7<sup>th</sup>

8<sup>th</sup>

MEDICAL INFORMATION

(NAME, ADDRESS, TELEPHONE NUMBER )

YOUR PHYSICIAN \_\_\_\_\_

SPOUSE'S PHYSICIAN \_\_\_\_\_

YOUR DENTIST \_\_\_\_\_

SPOUSE'S DENTIST \_\_\_\_\_

YOUR MEDICAL RECORD LOCATION \_\_\_\_\_

YOUR DENTAL RECORD LOCATION \_\_\_\_\_

SPOUSE'S MEDICAL RECORD LOCATION \_\_\_\_\_

SPOUSE'S DENTAL RECORD LOCATION \_\_\_\_\_

**BURIAL INFORMATION**

NAME, ADDRESS, PHONE FUNERAL DIRECTOR (If selected) \_\_\_\_\_

LOCATION OF BURIAL PLOT \_\_\_\_\_

NAME/ ADDRESS NATIONAL CEMETERY (if desired) \_\_\_\_\_

LOCATION OF OBITUARY (if prepared) \_\_\_\_\_

LOCATION OF INSTRUCTIONS FOR SERVICE (if prepared) \_\_\_\_\_