

Personal Legal Readiness Record

Date Guide Prepared:

Section I – Your Personal Data

Name	Rank	SSAN			
Military Address	Telephone Numbers Work: Home:	Current Address			
State of domicile and basis for claiming this state:					
Date and Place of Birth		Do you have a certified copy of your birth certificate in your possession? Location:			
Passport No: Date and city of issuance: Expiration date:	Are you a naturalized citizen?	Naturalization Certificate No.			
Were you adopted?	Date and Place of Adoption	Do you have adoption papers in your possession? Location:			
Marital Status:		Date and place of current marriage:			
Do you have a certified copy of your marriage certificate in your possession? Location:		Do you have a prenuptial agreement? Location:			
If previously married, please list the following: <table border="0" style="width:100%"> <tr> <td style="width:33%">Name of your prior spouse(s)</td> <td style="width:33%">Date and place of marriage:</td> <td style="width:33%">Date and circumstances of termination of marriage:</td> </tr> </table>			Name of your prior spouse(s)	Date and place of marriage:	Date and circumstances of termination of marriage:
Name of your prior spouse(s)	Date and place of marriage:	Date and circumstances of termination of marriage:			
Do you have a certified copy of any applicable divorce decrees in your possession? Location:		Do you have a certified copy of any applicable death certificates in your possession? Location:			

Section II – Your Spouse’s Personal Data

Name	Rank	SSAN
Military Address	Telephone Numbers Work: Home:	Current Address
State of domicile and basis for claiming this state:		
Date and Place of Birth		Do you have a certified copy of your spouse’s birth certificate in your possession? Location:
Passport No: Date and city of issuance: Expiration date:	Is your spouse a naturalized citizen?	Naturalization Certificate No.
Was your spouse adopted?	Date and Place of Adoption	Do you have adoption papers of your spouse in your possession? Location:

If your spouse was previously married, please list the following:

Name of the prior spouse(s):	Date and place of marriage	Date and circumstance of termination of marriage:
-------------------------------------	-----------------------------------	--

Section V – Estate and Probate Matters

	Your Will	Your Spouse's Will
Date of Will:		
Date last reviewed by an Attorney:		
Name, address, And phone number Of executor:		
Name, address And phone number of Alternate executor:		
Name, address, And phone number Of guardian:		
Name, address, And phone number of Alternate guardian:		
Estimated value of the Separate estates' (exclude life Insurance proceeds):		
Have there been any significant changes in family personal or financial conditions since the execution of your or your spouse's will? If so, please explain.		
Have you or your spouse made any substantial gifts (over \$10,000) in recent years? Please explain.		
Do you or your spouse have any rights or expectations with regard to the estates of others? Please explain.		
Have you evidenced your wishes as to the following and by what means: Organ Donor Programs: Disposition of Remains: Funeral Arrangements (Military Honor?, etc.):	Has your spouse evidenced his or her wishes as to the following and by what means: Organ Donor Programs: Disposition of Remains: Funeral Arrangements:	
Do you have a Living Will or Durable Power of Attorney for Health Care Decisions? Specify which and state the location of the original and any copies:	Does your spouse have a Living Will or Durable Power of Attorney for Health Care Decisions? Specify which and state the location of the original and any copies:	

Section VI – Powers of Attorney

Type of Power (if other than General, list specific power granted)	Date of Execution	Date of Expiration	Location	Name and Address and Phone No. of Attorney-in-Fact
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section VII – Financial Position

Part A – Real Estate (use a continuation sheet if necessary.)

Street Address	City, State, Zip
----------------	------------------

Date Acquired	Purchase Price	Cost of Added Improvements	Present Value	Deed Recorded
---------------	----------------	----------------------------	---------------	---------------

Mortgage Company and Address:	Balance	Interest Rate	Monthly Payments	Other Encumbrances (liens, deed of trust, etc.)
-------------------------------	---------	---------------	------------------	---

Insurance Company and Address:	Agent/Phone No.	Policy No/Expiration Date	Deductible	Limits
--------------------------------	-----------------	---------------------------	------------	--------

Street Address	City, State, Zip
----------------	------------------

Date Acquired	Purchase Price	Cost of Added Improvements	Present Value	Deed Recorded
---------------	----------------	----------------------------	---------------	---------------

Mortgage Company and Address:	Balance	Interest Rate	Monthly Payments	Other Encumbrances (liens, deed of trust, etc.)
-------------------------------	---------	---------------	------------------	---

Insurance Company and Address:	Agent/Phone No.	Policy No/Expiration Date	Deductible	Limits
--------------------------------	-----------------	---------------------------	------------	--------

Part D – Additional Insurance: Personal Liability or Property (renter’s insurance, etc.)

Type of Insurance	Insurance Company Address	Agent Phone No.	Policy Number	Limits	Deductible	Expiration Date
_____	_____ _____	_____	_____	_____	_____	_____
_____	_____ _____	_____	_____	_____	_____	_____
_____	_____ _____	_____	_____	_____	_____	_____

Part E – Credit Cards

Issuing Company	Card Number	Phone # if lost/stolen	Credit Limit	Outstanding Balance Minimum Payment Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Part F – Bank Accounts and Savings Deposits

Type of Account Account Number	Financial Institution: Address	Joint Owner(s) Address/Phone No.	Present Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part G – Miscellaneous Assets (notes, claims, trust funds, etc.) (attach a detailed list)

Description of Asset	Co-Owner & % Purchase Price Paid	Value	Annual Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part H – Other Liabilities

List all liabilities not listed in previous sections:

Person/Institution: to Whom Annual/Monthly Owed and Address ends	Description (long term debt, alimony, support, etc.)	Legal Document Evidencing Liability	Balance	Payment and Date payment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section IX – Family Protection

Part A – Life Insurance

Type Ins. Policy Holder	Name and Address of Company	Agent and Phone No.	Policy No. and Expiration Date	Beneficiaries	Coverage
SGLI	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL amount of benefits beneficiaries will receive upon policyholder's death: _____

*Do any of your life insurance policies have war risk clauses? _____

Part B – Other Insurance (health and accident, etc.)

Type Ins. Policy Holder	Name and Address of Company	Agent and Phone No.	Policy No. and Expiration Date	Beneficiaries	Coverage
TRICARE	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Part C – Military Survivor’s Benefits

Describe how the amount of benefits your family would receive if you should die today are currently designated at MPF:

a. Six months gratuity payment: _____

b. Servicemen’s Group Life Insurance: _____ total payment; _____ lump sum; _____ monthly payments

c. Others: _____

Part D – Record of Emergency Data

Is your Emergency Data card up to date?

Name and address of your beneficiary specified on your Emergency Data Card to receive settlement of pay and allowances:

Date record last reviewed: _____

Section X – Location of Valuable Documents/Safety Deposit Box

Do you have a safety deposit box? _____

Location of box: _____ Box number: _____

Number of keys: _____ Location(s) of keys: _____

Name and address of Joint Owner (if any): _____

Section XI – Documents You Should Have Readily Available

- | | |
|---|---|
| <ul style="list-style-type: none"> _____ Social Security number for all dependents _____ Certified copies of birth certificates for all dependents _____ Immunization Records for self and all dependents _____ Certified copies of applicable marriage certificates _____ Certified copies of applicable divorce decrees _____ Naturalization certificates, if applicable _____ Copies of all real estate papers _____ Copies of all tax returns for the past 5 years. | <ul style="list-style-type: none"> _____ Copies of all insurance contracts (life, accident, renter’s etc.) _____ Copies of all Powers of Attorney that you have issued _____ Original Wills for you and your spouse _____ Automobile papers _____ Stocks, bonds, etc. _____ Bank/Savings Deposit Books <p>*We also suggest a full inventory of personal property, to include a video picture as well as a written inventory</p> |
|---|---|