



Compliments of

Senator Vincent Hughes

7th Senatorial District

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Personal Affairs Record

Name



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TRUSTS AND POWERS OF ATTORNEY

An attorney can best advise you if you need to execute a Will. While it is possible to do Wills using various software packages, it is not advisable to do so without having it reviewed by an attorney. Even copying an old Will could be a problem, if you have changed your home of record or have any changes in your family or your assets. You should also rely on your attorney to advise you regarding a power of attorney. While many can be done without the use of an attorney, again the money is well spent if it ensures you and your family that your affairs are in order.

I have a Will that is located at _____
The attorney who handled my Will is _____
At the Law Firm of _____
Phone _____

My last Will is dated _____

The Executor is _____

Legal Guardianship Documents are located at _____

TRUST FUNDS

You may wish to seek the advice of your attorney and investment counselor to determine if establishing a Trust Fund would be beneficial. There are many types of Trust Funds for various purpose and each must be done by an attorney. Just remember that if you are setting up a trust fund and want your employee benefits to be paid into the trust, then you must update your beneficiary forms to reflect this.

LIVING WILL OR HEALTH CARE POWER OF ATTORNEY

Individuals may also wish to execute a Living Will or Health Care Power of Attorney that instructs family members and physicians what steps they may want taken should they become unable to make health care decisions for themselves. Since copies of these documents may not be accepted by a physician, you should ensure that signed originals should be given to your private physician, your family members and possibly your attorney.

I have NOT executed a "Living Will" Yes No
I have executed a "Living Will" Yes No
My "Living Will" is located at _____

ORGAN DONATION

_____ I DO NOT want any of my organs donated
_____ I would like to donate ANY organs needed for transplant
_____ I would like to donate only the following organs for transplant/research _____
_____ I would like to donate my body for research

Current as of:

PERSONAL INFORMATION

Name _____
Social Security No. _____
Date of Birth _____ Place of Birth _____
Current Home Address _____
Home Telephone _____ *Work Telephone* _____ *Supervisor's Telephone* _____

Prior or Permanent Address _____

Marital Status: Married Divorced Widowed Single Separated
Date and Place of Marriage _____

Name of Spouse _____
(Please complete if different than above)
Current Home Address _____
Telephone _____

Spouse's Employer _____
Address of Employer _____
Work Telephone _____

Name of Former Spouse _____
Current Home Address _____
Work Telephone _____

Date & Place of Marriage _____
Date & Place of Divorce _____

Registry of Children

<i>Given Name</i>	<i>Date of Birth</i>	<i>Place of Birth</i>	<i>SSN</i>	<i>Address</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Current as of:

FINAL WISHES

Name _____
 Church Preference _____ Religious Affiliation _____
 Clergy _____ Phone _____
 Funeral Home Preference _____
 Address _____
 Phone _____

I have a Pre-Paid Burial Plan Yes No

I would prefer to have funeral services held at:
 Funeral Home: Yes No
Name of Funeral Home _____ *Address* _____ *Phone* _____

Church: Yes No
Name of Church _____ *Address* _____ *Phone* _____

I prefer: Internment Entombment Cremation

My choice of cemetery is _____
 I have purchased a lot Yes No
 The lot is in the name of _____
 Location of deed for lot _____

I would like to have the following persons act as pallbearers _____

If cremated, what do you wish done with your ashes? _____

Would you want an obituary published? Yes No

Please list the following in my obituary _____

I am entitled to Veterans Benefits Yes No
 I am entitled to Military Honors Yes No

Musical Selections _____

Special Requests for Service _____

Current as of:

FAMILY REGISTRY

Grandchildren

<i>Name</i>	<i>Date of Birth</i>	<i>Place of Birth</i>	<i>SSN</i>	<i>Their Parents</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Husband's Family

Name of Father _____ SSN _____
 Current Home Address _____
 Telephone _____
 Work Telephone _____

Name of Mother _____ SSN _____
 Current Home Address _____
 Telephone _____
 Work Telephone _____

Registry of Brothers and Sisters

<i>Given Name</i>	<i>Date of Birth</i>	<i>Place of Birth</i>	<i>Address</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Wife's Family

Name of Father _____ SSN _____
 Current Home Address _____
 Telephone _____
 Work Telephone _____

Name of Mother _____ SSN _____
 Current Home Address _____
 Telephone _____
 Work Telephone _____

Registry of Brothers and Sisters

<i>Given Name</i>	<i>Date of Birth</i>	<i>Place of Birth</i>	<i>Address</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If any of the above family members are deceased, please indicate date of death next to name.

Current as of:

A SUMMARY OF MY EMPLOYEE BENEFITS

Health Insurance

I have Self Only Yes No
Family Yes No
Coverage with the following health plan _____

This is a federal plan Yes No
I/We have additional coverage under my spouse's health plan Yes No
That plan is _____ And is provided by _____

Life Insurance (1)

I have Life Insurance in the amount of \$ _____
With _____ Company _____
I have a designation of beneficiary on file Yes No
The beneficiary name is _____
He/She is aware of this designation Yes No

Life Insurance (2)

I have Life Insurance in the amount of \$ _____
With _____ Company _____
I have a designation of beneficiary on file Yes No
The beneficiary name is _____
He/She is aware of this designation Yes No

I am enrolled in other employee sponsored supplemental insurance plans Yes No
Plan Names _____

Leaves Balances/Leave Programs

As of (date) _____ Hours of annual leave _____ Hours of sick leave _____
I am a member of a Medical Leave Sharing Program Yes No
The beneficiary named is _____
He/She is aware of this designation Yes No

Investment Plans

I am a member of Thrift Yes No If yes, current balance _____
I have a designation of beneficiary on file Yes No
The beneficiary named is _____
He/She is aware of this designation Yes No

I am a member of another employee investment plan Yes No
I have a designation of beneficiary on file Yes No
The beneficiary named is _____
He/She is aware of this designation Yes No

Current as of:

IMPORTANT BUSINESS AND PERSONAL CONTACTS TO BE NOTIFIED

Immediate Supervisor _____
Office Phone _____ Home Phone _____

Spouse's Supervisor _____
Office Phone _____ Home Phone _____

Personal Physician _____
Address _____
Office Phone _____ Home Phone _____

Clergy _____
Address _____
Office Phone _____ Home Phone _____

Attorney _____
Address _____
Office Phone _____ Home Phone _____

Dentist _____
Address _____
Office Phone _____ Home Phone _____

Accountant _____
Address _____
Office Phone _____ Home Phone _____

Insurance Agent _____ Insurance Agency _____
Address _____
Office Phone _____ Home Phone _____

Banker _____
Bank Name _____
Address _____
Office Phone _____

Broker _____
Investment Co. _____
Address _____
Office Phone _____

Other _____ Relationship _____
Address _____
Home Phone _____ Work Phone _____

Current as of:

PERSONAL FINANCE INFORMATION

Bank _____
 Checking Account No. _____ Is Account Joint? Yes No
 Savings Account No. _____ Is Account Joint? Yes No

Bank _____
 Checking Account No. _____ Is Account Joint? Yes No
 Savings Account No. _____ Is Account Joint? Yes No

Bank _____
 Checking Account No. _____ Is Account Joint? Yes No
 Savings Account No. _____ Is Account Joint? Yes No

Certificate of Deposit _____ Bank _____
 Certificate is kept at _____

Certificate of Deposit _____ Bank _____
 Certificate is kept at _____

Certificate of Deposit _____ Bank _____
 Certificate is kept at _____

Certificate of Deposit _____ Bank _____
 Certificate is kept at _____

Safety Deposit Box Number _____ Bank _____
 Address of Bank/Branch _____
 Safe Deposit Box is accessible by _____
 Key is kept at _____

DD214 - Record of Military Service is located at _____

Investment/Stock Portfolio is located at _____
 Bonds Portfolio is located at _____

IRA Certificate and file are located at _____
 401K Retirement File is located at _____

Credit Card Accounts

Name _____ Account Number _____
 Issued by _____ Is Account Balance Insured? Yes No

Name _____ Account Number _____
 Issued by _____ Is Account Balance Insured? Yes No

Name _____ Account Number _____
 Issued by _____ Is Account Balance Insured? Yes No

Current as of: _____

REAL ESTATE

We/I own the property located at _____
 Mortgage on the property is held by _____
 Address _____
 Monthly Payments _____ Balance of Loan _____
 Value of Property _____
 Homeowners Insurance Held by _____
 Homeowners Insurance Policy is located at _____
 Mortgage Insurance if any _____
 Mortgage Insurance Policy located at _____

I/We own other real estate at (List addresses and same info as above) _____

Deeds, tax documents and pay records are located at _____

AUTOMOBILE AND AUTO INSURANCE

<i>Make</i>	<i>Model</i>	<i>Year</i>	<i>Registered To</i>	<i>Status of Ownership</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRAILERS AND OTHER MOTOR VEHICLES

<i>Make</i>	<i>Model</i>	<i>Year</i>	<i>Registered To</i>	<i>Status of Ownership</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER IMPORTANT INFORMATION

Current as of: _____