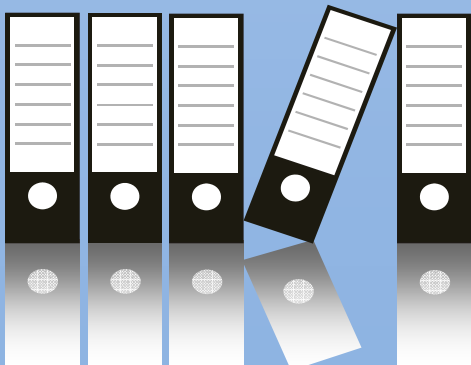


PERSONAL INFORMATION KIT IMPORTANT DOCUMENTS



Joint Labor/Management Committee

<http://retirement.ladwp.com/>

Introduction

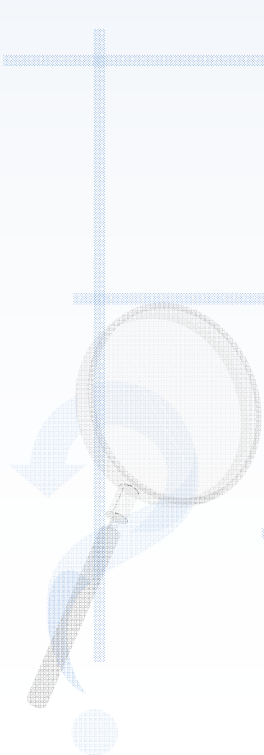
The purpose of this booklet is to help you organize your important documents so they are easily located by your loved ones in the event of an emergency.

This booklet is divided into fifteen sections. Each section will help you document the essential information your family may need. Keep this booklet in a safe and accessible place.

It is important to safeguard this information.

Table of Contents

- 01 – Personal Information & Documents**
- 02 – Family Tree**
- 03 – Contact List**
- 04 – Budget**
- 05 – Financial Accounts**
- 06 – Tax Records**
- 07 – Real Estate**
- 08 – Insurance: Health, Life & Home**
- 09 – Retirement Documents**
- 10 – Social Security Documents**
- 11 – Vehicles**
- 12 – Safety Deposit Boxes**
- 13 – Final Wishes**
- 14 – Trusts, Wills, & Power of Attorney**
- 15 – Other Notes**



Today's Date: _____

01 - Personal Information & Documents

YOUR FULL NAME:			
ADDRESS:			
HOME TELEPHONE NO:		WORK TELEPHONE NO:	
SOCIAL SECURITY NO:			
DRIVERS LICENSE NO:		STATE ISSUED:	
DATE OF BIRTH:		TIME OF BIRTH:	
PLACE OF BIRTH:			
ADOPTION DATE (IF APPLICABLE):			
FATHER'S FULL NAME:			
PLACE OF BIRTH:		DATE OF BIRTH:	
MOTHER'S FULL NAME:			
PLACE OF BIRTH:		DATE OF BIRTH:	
SCHOOL IDENTIFICATION NO:			
EDUCATION:	ELEMENTARY:		
	SECONDARY:		
	COLLEGE:		
	POST GRADUATE:		
	DEGREES EARNED:		
RELIGIOUS EVENTS:	:		
	:		
	:		
	:		
MEMBERSHIPS:	:		
	:		
	:		
	:		
SERVICE/ACTIVITIES:	:		
	:		
	:		
	:		
EMPLOYER:			
EMPLOYER ADDRESS:			
EMPLOYER MAIN PHONE:			

Today's Date: _____

MEDICAL HISTORY:

BLOOD TYPE:

I HAVE BEEN TREATED FOR (CHECK ALL APPLICABLE):

ALLERGIES TO MEDICATION:

HEART:

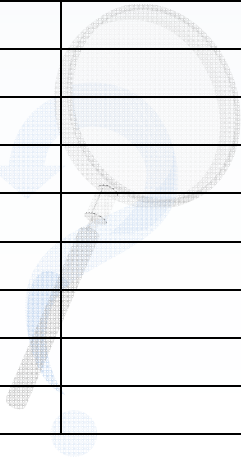
LUNGS:

DIABETES:

CIRCULATORY PROBLEMS:

KIDNEY DISORDER:

TUBERCULOSIS:



Today's Date: _____

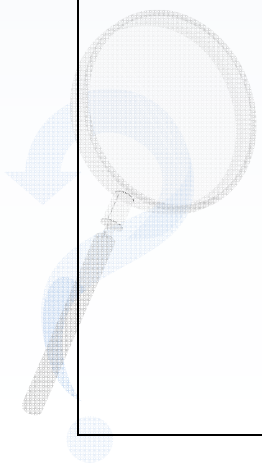
MARITAL STATUS:	SINGLE:	MARRIED:	WIDOWED:	SEPARATED:	DIVORCED:
SPOUSE'S FULL NAME: (MAIDEN)					
DATE OF MARRIAGE:		PLACE OF MARRIAGE:			
DOMESTIC PARTNER'S FULL NAME:					
DATE OF CO-HABITATION:					
FORMER SPOUSE'S FULL NAME: (MAIDEN)					
DATE OF MARRIAGE:		PLACE OF MARRIAGE:			
DATE OF DIVORCE:		PLACE OF DIVORCE:			
FORMER SPOUSE'S FULL NAME: (MAIDEN)					
DATE OF MARRIAGE:		PLACE OF MARRIAGE:			
DATE OF DIVORCE:		PLACE OF DIVORCE:			
FORMER SPOUSE'S FULL NAME: (MAIDEN)					
DATE OF MARRIAGE:		PLACE OF MARRIAGE:			
DATE OF DIVORCE:		PLACE OF DIVORCE:			
FORMER SPOUSE'S FULL NAME: (MAIDEN)					
DATE OF MARRIAGE:		PLACE OF MARRIAGE:			
DATE OF DIVORCE:		PLACE OF DIVORCE:			
FORMER SPOUSE'S FULL NAME: (MAIDEN)					
DATE OF MARRIAGE:		PLACE OF MARRIAGE:			
DATE OF DIVORCE:		PLACE OF DIVORCE:			
FORMER SPOUSE'S FULL NAME: (MAIDEN)					
DATE OF MARRIAGE:		PLACE OF MARRIAGE:			
DATE OF DIVORCE:		PLACE OF DIVORCE:			
OTHER FORMER SPOUSE(S): (MAIDEN)					

Today's Date: _____

CENTRAL LOCATION OF PERSONAL INFORMATION AND DOCUMENTS:

CHECK LIST:

- | | |
|----------------------------------|--|
| BIRTH CERTIFICATE | |
| ADOPTION CERTIFICATE | |
| COPY OF DRIVER'S LICENSE | |
| SOCIAL SECURITY NUMBER | |
| CITIZENSHIP PAPERS / GREEN CARD | |
| MILITARY RECORDS | |
| PASSPORT | |
| DIPLOMAS | |
| RELIGIOUS CERTIFICATES | |
| PRENUPTIAL AGREEMENT | |
| POSTNUPTIAL AGREEMENT | |
| COHABITATION AGREEMENT | |
| MARRIAGE CERTIFICATE | |
| DOMESTIC PARTNER REGISTRATION | |
| DIVORCE DECREE | |
| CHILD-SUPPORT | |
| SPOUSAL-SUPPORT | |
| SAFETY DEPOSIT BOX KEY | |
| STOCK PORTFOLIO | |
| BOND PORTFOLIO | |
| IRA CERTIFICATE | |
| 401K PORTFOLIO | |
| COPY OF ALL CREDIT CARDS | |
| CREDIT REPORT | |
| TAX RECORDS | |
| HOUSE TITLE(S) | |
| VEHICLE TITLE(S) (PINK SLIP) | |
| HEALTH INSURANCE | |
| TERM LIFE INSURANCE | |
| AD&D INSURANCE | |
| HOME INSURANCE | |
| VEHICLE INSURANCE | |
| FINAL WISHES | |
| TRUST, WILL, & POWER OF ATTORNEY | |



Today's Date: _____

YOUR CHILDREN CONTINUED:

GIVEN NAME: _____ SSN: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

GIVEN NAME: _____ SSN: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

GIVEN NAME: _____ SSN: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

GIVEN NAME: _____ SSN: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

GIVEN NAME: _____ SSN: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

GIVEN NAME: _____ SSN: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

GIVEN NAME: _____ SSN: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

GIVEN NAME: _____ SSN: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

Today's Date: _____

YOUR GRANDCHILDREN:

GIVEN NAME: _____ SSN: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

GIVEN NAME: _____ SSN: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

GIVEN NAME: _____ SSN: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

GIVEN NAME: _____ SSN: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

GIVEN NAME: _____ SSN: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

GIVEN NAME: _____ SSN: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

GIVEN NAME: _____ SSN: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

GIVEN NAME: _____ SSN: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

Today's Date: _____

YOUR GRANDCHILDREN CONTINUED:

GIVEN NAME: _____ SSN: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

GIVEN NAME: _____ SSN: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

GIVEN NAME: _____ SSN: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

GIVEN NAME: _____ SSN: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

GIVEN NAME: _____ SSN: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

GIVEN NAME: _____ SSN: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

GIVEN NAME: _____ SSN: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

GIVEN NAME: _____ SSN: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

Today's Date: _____

YOUR BROTHERS / SISTERS:

GIVEN NAME:		RELATIONSHIP:	
PLACE OF BIRTH:		DATE OF BIRTH:	
ADDRESS:			

GIVEN NAME:		RELATIONSHIP:	
PLACE OF BIRTH:		DATE OF BIRTH:	
ADDRESS:			

GIVEN NAME:		RELATIONSHIP:	
PLACE OF BIRTH:		DATE OF BIRTH:	
ADDRESS:			

GIVEN NAME:		RELATIONSHIP:	
PLACE OF BIRTH:		DATE OF BIRTH:	
ADDRESS:			

GIVEN NAME:		RELATIONSHIP:	
PLACE OF BIRTH:		DATE OF BIRTH:	
ADDRESS:			

GIVEN NAME:		RELATIONSHIP:	
PLACE OF BIRTH:		DATE OF BIRTH:	
ADDRESS:			

GIVEN NAME:		RELATIONSHIP:	
PLACE OF BIRTH:		DATE OF BIRTH:	
ADDRESS:			

GIVEN NAME:		RELATIONSHIP:	
PLACE OF BIRTH:		DATE OF BIRTH:	
ADDRESS:			

Today's Date: _____

YOUR BROTHERS / SISTERS CONTINUED:

GIVEN NAME:		RELATIONSHIP:	
PLACE OF BIRTH:		DATE OF BIRTH:	
ADDRESS:			

GIVEN NAME:		RELATIONSHIP:	
PLACE OF BIRTH:		DATE OF BIRTH:	
ADDRESS:			

GIVEN NAME:		RELATIONSHIP:	
PLACE OF BIRTH:		DATE OF BIRTH:	
ADDRESS:			

GIVEN NAME:		RELATIONSHIP:	
PLACE OF BIRTH:		DATE OF BIRTH:	
ADDRESS:			

GIVEN NAME:		RELATIONSHIP:	
PLACE OF BIRTH:		DATE OF BIRTH:	
ADDRESS:			

GIVEN NAME:		RELATIONSHIP:	
PLACE OF BIRTH:		DATE OF BIRTH:	
ADDRESS:			

GIVEN NAME:		RELATIONSHIP:	
PLACE OF BIRTH:		DATE OF BIRTH:	
ADDRESS:			

GIVEN NAME:		RELATIONSHIP:	
PLACE OF BIRTH:		DATE OF BIRTH:	
ADDRESS:			

Today's Date: _____

03 - Contact List

SUPERVISOR:			
ADDRESS:			
WORK PHONE:		CELL PHONE:	
PHYSICIAN:			
ADDRESS:			
WORK PHONE:			
CLERGY:		CHURCH:	
ADDRESS:			
WORK PHONE:		HOME PHONE:	
ATTORNEY:			
ADDRESS:			
WORK PHONE:		CELL PHONE:	
DENTIST:			
ADDRESS:			
WORK PHONE:		CELL PHONE:	
ACCOUNTANT:			
ADDRESS:			
WORK PHONE:		CELL PHONE:	
INSURANCE AGENT:			
ADDRESS:			
WORK PHONE:		CELL PHONE:	
BANKER:			
ADDRESS:			
WORK PHONE:		CELL PHONE:	

Today's Date: _____

04 - Budget

BUDGET													
		BILLS	MONTH 1					YEAR-END TOTAL					
1		TITHE / TITHING / ALMS											
2													
3		SAVINGS											
4													
5		RENT / MORTGAGE											
6													
7		INSURANCE											
8		MEDICAL											
9		DENTAL											
10		AD&D											
11		TERM LIFE											
12		CAR											
13													
14		UTILITIES											
15		GAS											
16		POWER											
17		WATER											
18		TELEPHONE											
19		CABLE / DISH											
20													
21		GROCERIES											
22													
23		CAR											
24		GAS											
25		SERVICE											
26													
27		CREDIT CARD INTEREST											
28		MASTERCARD											
29		VISA											
30		AMERICAN EXPRESS											
31		DISCOVER											
32													
33		"PLAY" EXPENSES											
34		RESTAURANTS											
35		VACATION											
36		GIFTS											
37													
		TOTAL:											

Today's Date: _____

05 - Financial Accounts

BANK:		JOINT ACCOUNT?	
CHECKING ACCOUNT NO:			
SAVINGS ACCOUNT NO:			
CERTIFICATE OF DEPOSIT NO:			
ATM PIN:			
BANK:		JOINT ACCOUNT?	
CHECKING ACCOUNT NO:			
SAVINGS ACCOUNT NO:			
CERTIFICATE OF DEPOSIT NO:			
ATM PIN:			
BANK:		JOINT ACCOUNT?	
CHECKING ACCOUNT NO:			
SAVINGS ACCOUNT NO:			
CERTIFICATE OF DEPOSIT NO:			
ATM PIN:			
BANK:		JOINT ACCOUNT?	
CHECKING ACCOUNT NO:			
SAVINGS ACCOUNT NO:			
CERTIFICATE OF DEPOSIT NO:			
ATM PIN:			
BANK:		JOINT ACCOUNT?	
CHECKING ACCOUNT NO:			
SAVINGS ACCOUNT NO:			
CERTIFICATE OF DEPOSIT NO:			
ATM PIN:			
BANK:		JOINT ACCOUNT?	
CHECKING ACCOUNT NO:			
SAVINGS ACCOUNT NO:			
CERTIFICATE OF DEPOSIT NO:			
ATM PIN:			

Today's Date: _____

CREDIT CARD ACCOUNTS:

CARD NAME:		ACCOUNT NO:	
ISSUING BANK:		ACCOUNT BALANCE INSURED?	
BILLING ADDRESS:			
TOLL FREE PHONE NO:		PASSWORD / PIN:	
YOUR NAME AS IT APPEARS ON CARD:			

CARD NAME:		ACCOUNT NO:	
ISSUING BANK:		ACCOUNT BALANCE INSURED?	
BILLING ADDRESS:			
TOLL FREE PHONE NO:		PASSWORD / PIN:	
YOUR NAME AS IT APPEARS ON CARD:			

CARD NAME:		ACCOUNT NO:	
ISSUING BANK:		ACCOUNT BALANCE INSURED?	
BILLING ADDRESS:			
TOLL FREE PHONE NO:		PASSWORD / PIN:	
YOUR NAME AS IT APPEARS ON CARD:			

CARD NAME:		ACCOUNT NO:	
ISSUING BANK:		ACCOUNT BALANCE INSURED?	
BILLING ADDRESS:			
TOLL FREE PHONE NO:		PASSWORD / PIN:	
YOUR NAME AS IT APPEARS ON CARD:			

CARD NAME:		ACCOUNT NO:	
ISSUING BANK:		ACCOUNT BALANCE INSURED?	
BILLING ADDRESS:			
TOLL FREE PHONE NO:		PASSWORD / PIN:	
YOUR NAME AS IT APPEARS ON CARD:			

Today's Date: _____

CREDIT CARD ACCOUNTS CONTINUED:

CARD NAME:		ACCOUNT NO:	
ISSUING BANK:		ACCOUNT BALANCE INSURED?	
BILLING ADDRESS:			
TOLL FREE PHONE NO:		PASSWORD / PIN:	
YOUR NAME AS IT APPEARS ON CARD:			

CARD NAME:		ACCOUNT NO:	
ISSUING BANK:		ACCOUNT BALANCE INSURED?	
BILLING ADDRESS:			
TOLL FREE PHONE NO:		PASSWORD / PIN:	
YOUR NAME AS IT APPEARS ON CARD:			

CARD NAME:		ACCOUNT NO:	
ISSUING BANK:		ACCOUNT BALANCE INSURED?	
BILLING ADDRESS:			
TOLL FREE PHONE NO:		PASSWORD / PIN:	
YOUR NAME AS IT APPEARS ON CARD:			

CARD NAME:		ACCOUNT NO:	
ISSUING BANK:		ACCOUNT BALANCE INSURED?	
BILLING ADDRESS:			
TOLL FREE PHONE NO:		PASSWORD / PIN:	
YOUR NAME AS IT APPEARS ON CARD:			

CARD NAME:		ACCOUNT NO:	
ISSUING BANK:		ACCOUNT BALANCE INSURED?	
BILLING ADDRESS:			
TOLL FREE PHONE NO:		PASSWORD / PIN:	
YOUR NAME AS IT APPEARS ON CARD:			

Today's Date: _____

CENTRAL LOCATION OF INVESTMENT DOCUMENTS:

CHECK LIST:

TREASURIES

SERIES I

SERIES EE

NOTES

STOCK CERTIFICATES

CDS

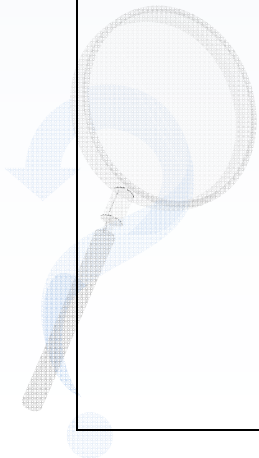
ANNUITY CONTRACTS

STOCK OPTION GRANT AGREEMENTS

ASSET LIST

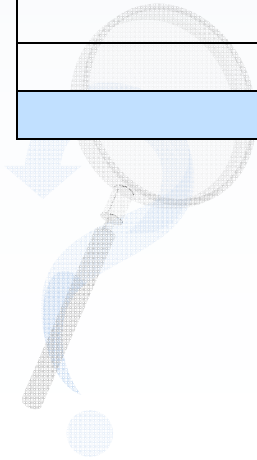
INVESTMENT ACCOUNT APPLICATIONS

INVESTMENT ACCOUNT AGREEMENTS



Today's Date: _____

INVESTMENTS AND BROKERAGE ACCOUNTS:	
INVESTMENT MADE IN THE NAME OF:	
TYPE OF INVESTMENT:	
DATE PURCHASED:	
DATE INVESTMENT MATURES (IF RELEVANT):	
AGENT/MANAGER/BROKER NAME:	
ADDRESS:	
PHONE NUMBER:	
INVESTMENT MADE IN THE NAME OF:	
TYPE OF INVESTMENT:	
DATE PURCHASED:	
DATE INVESTMENT MATURES (IF RELEVANT):	
AGENT/MANAGER/BROKER NAME:	
ADDRESS:	
PHONE NUMBER:	
INVESTMENT MADE IN THE NAME OF:	
TYPE OF INVESTMENT:	
DATE PURCHASED:	
DATE INVESTMENT MATURES (IF RELEVANT):	
AGENT/MANAGER/BROKER NAME:	
ADDRESS:	
PHONE NUMBER:	



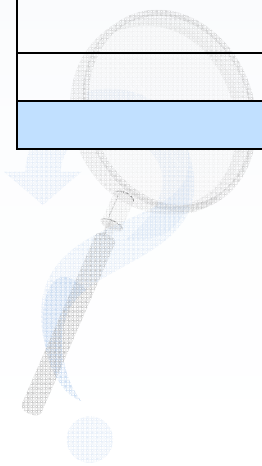
Today's Date: _____

INVESTMENTS AND BROKERAGE ACCOUNTS CONTINUED:

INVESTMENT MADE IN THE NAME OF:		
TYPE OF INVESTMENT:		
DATE PURCHASED:		
DATE INVESTMENT MATURES (IF RELEVANT):		
AGENT/MANAGER/BROKER NAME:		
ADDRESS:		
PHONE NUMBER:		

INVESTMENT MADE IN THE NAME OF:		
TYPE OF INVESTMENT:		
DATE PURCHASED:		
DATE INVESTMENT MATURES (IF RELEVANT):		
AGENT/MANAGER/BROKER NAME:		
ADDRESS:		
PHONE NUMBER:		

INVESTMENT MADE IN THE NAME OF:		
TYPE OF INVESTMENT:		
DATE PURCHASED:		
DATE INVESTMENT MATURES (IF RELEVANT):		
AGENT/MANAGER/BROKER NAME:		
ADDRESS:		
PHONE NUMBER:		



Today's Date: _____

o6 - Tax Records

TAX RECORDS DOCUMENTS:

CHECK LIST:

TAX RETURNS (THE LAST SIX (6) YEARS.)

20__

20__

20__

20__

20__

20__

FOR CURRENT YEAR TAX RETURNS

HOME-IMPROVEMENT RECORDS

MEDICAL EXPENSES

DONATIONS TO CHARITIES

INVESTMENT EXPENSES

EMPLOYEE BUSINESS TRAVEL AND ENTERTAINMENT

HIGHER EDUCATION EXPENSES

STUDENT LOAN INTEREST PAYMENTS

REAL ESTATE TAXES

MORTGAGE INTEREST

CLOSING COSTS

PROPERTY TAXES

UNION FEES

TAX PREPARER NAME:

ADDRESS:

PHONE NUMBER:

Today's Date: _____

07 - Real Estate

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: _____

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: _____

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: _____

Today's Date: _____

RESIDENCE (FOR RENTERS):

LANDLORD NAME: _____

PAYMENT ADDRESS: _____

MANAGER NAME: _____

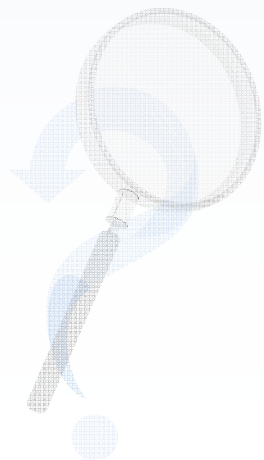
MANAGER ADDRESS: _____

RENTAL NOTE: _____

LENGTH OF RENTAL AGREEMENT: _____

RENTERS INSURANCE HELD BY: _____

RENTERS INSURANCE POLICY IS LOCATED AT: _____



Today's Date: _____

o8 - Insurance: Health, Life, & Home

HEALTH INSURANCE:			
HEALTH PLAN NAME:			
HEALTH PLAN MEMBER NUMBER:			
COVERAGE:	I HAVE SELF ONLY:	I HAVE FAMILY:	
THIS IS A FEDERAL PLAN:	YES:	NO:	
I/WE HAVE ADDITIONAL COVERAGE UNDER MY SPOUSE'S HEALTH PLAN:			
	THE HEALTH PLAN NAME:		
	THE HEALTH PLAN IS PROVIDED BY:		
TERM LIFE INSURANCE:			
NAME OF INSURANCE COMPANY:			
POLICY NUMBER:			
OWNER OF POLICY:			
FACE AMOUNT:			
OUTSTANDING LOANS AGAINST THE POLICY (IF ANY):			
BENEFICIARY(IES) FOR THIS POLICY:			
AGENT'S NAME:			
AGENT'S ADDRESS:			
AGENT'S PHONE NUMBER:			
ACCIDENTAL DEATH & DISMEMBERMENT:			
NAME OF INSURANCE COMPANY:			
POLICY NUMBER:			
OWNER OF POLICY:			
FACE AMOUNT:			
OUTSTANDING LOANS AGAINST THE POLICY (IF ANY):			
BENEFICIARY(IES) FOR THIS POLICY:			
AGENT'S NAME:			
AGENT'S ADDRESS:			
AGENT'S PHONE NUMBER:			

Today's Date: _____

INSURED-LIFE DEATH BENEFIT:	
NAME OF INSURANCE COMPANY:	
POLICY NUMBER:	
OWNER OF POLICY:	
FACE AMOUNT:	
OUTSTANDING LOANS AGAINST THE POLICY (IF ANY):	
BENEFICIARY(IES) FOR THIS POLICY:	
AGENT'S NAME:	
AGENT'S ADDRESS:	
AGENT'S PHONE NUMBER:	
HOME INSURANCE:	
NAME OF INSURANCE COMPANY:	
POLICY NUMBER:	
FACE AMOUNT:	
OUTSTANDING LOANS AGAINST THE POLICY (IF ANY):	
BENEFICIARY(IES) FOR THIS POLICY:	
AGENT'S NAME:	
AGENT'S ADDRESS:	
AGENT'S PHONE NUMBER:	
PROPERTY INSURANCE:	
NAME OF INSURANCE COMPANY:	
POLICY NUMBER:	
FACE AMOUNT:	
OUTSTANDING LOANS AGAINST THE POLICY (IF ANY):	
BENEFICIARY(IES) FOR THIS POLICY:	
AGENT'S NAME:	
AGENT'S ADDRESS:	
AGENT'S PHONE NUMBER:	

Today's Date: _____

SUPPLEMENTAL INSURANCE:	
NAME OF INSURANCE COMPANY:	
POLICY NUMBER:	
OWNER OF POLICY:	
FACE AMOUNT:	
OUTSTANDING LOANS AGAINST THE POLICY (IF ANY):	
BENEFICIARY(IES) FOR THIS POLICY:	
AGENT'S NAME:	
AGENT'S ADDRESS:	
AGENT'S PHONE NUMBER:	

SUPPLEMENTAL INSURANCE:	
NAME OF INSURANCE COMPANY:	
POLICY NUMBER:	
FACE AMOUNT:	
OUTSTANDING LOANS AGAINST THE POLICY (IF ANY):	
BENEFICIARY(IES) FOR THIS POLICY:	
AGENT'S NAME:	
AGENT'S ADDRESS:	
AGENT'S PHONE NUMBER:	

SUPPLEMENTAL INSURANCE:	
NAME OF INSURANCE COMPANY:	
POLICY NUMBER:	
FACE AMOUNT:	
OUTSTANDING LOANS AGAINST THE POLICY (IF ANY):	
BENEFICIARY(IES) FOR THIS POLICY:	
AGENT'S NAME:	
AGENT'S ADDRESS:	
AGENT'S PHONE NUMBER:	

Today's Date: _____

09 - Retirement Documents

RETIREMENT PLAN:	
MANAGER ADDRESS:	
MANAGER PHONE NUMBER:	
EMPLOYER:	
YEARS EMPLOYED:	
AMOUNT INVESTED:	
ACCOUNT NUMBER:	
PIN / PASSWORD:	
DEFERRED COMPENSATION:	
MANAGER ADDRESS:	
MANAGER PHONE NUMBER:	
EMPLOYER:	
YEARS EMPLOYED:	
AMOUNT INVESTED:	
ACCOUNT NUMBER:	
PIN / PASSWORD:	
PRIVATE SECTOR RETIREMENT PLAN:	
MANAGER ADDRESS:	
MANAGER PHONE NUMBER:	
EMPLOYER:	
YEARS EMPLOYED:	
AMOUNT INVESTED:	
ACCOUNT NUMBER:	
PIN / PASSWORD:	
IRA:	
MANAGER ADDRESS:	
MANAGER PHONE NUMBER:	
EMPLOYER:	
YEARS EMPLOYED:	
AMOUNT INVESTED:	
ACCOUNT NUMBER:	
PIN / PASSWORD:	

Today's Date: _____

PLAN:	
MANAGER ADDRESS:	
MANAGER PHONE NUMBER:	
EMPLOYER:	
YEARS EMPLOYED:	
AMOUNT INVESTED:	
ACCOUNT NUMBER:	
PIN / PASSWORD:	

PLAN:	
MANAGER ADDRESS:	
MANAGER PHONE NUMBER:	
EMPLOYER:	
YEARS EMPLOYED:	
AMOUNT INVESTED:	
ACCOUNT NUMBER:	
PIN / PASSWORD:	

PLAN:	
MANAGER ADDRESS:	
MANAGER PHONE NUMBER:	
EMPLOYER:	
YEARS EMPLOYED:	
AMOUNT INVESTED:	
ACCOUNT NUMBER:	
PIN / PASSWORD:	

PLAN:	
MANAGER ADDRESS:	
MANAGER PHONE NUMBER:	
EMPLOYER:	
YEARS EMPLOYED:	
AMOUNT INVESTED:	
ACCOUNT NUMBER:	
PIN / PASSWORD:	

Today's Date: _____

11 - Vehicles

STATE:					
CERTIFICATE OF TITLE:					
TYPE:					
VEHICLE HISTORY:					
VEHICLE ID NUMBER:					
YR MODEL:		MAKE:		PLATE NUMBER:	
BODY TYPE MODEL:		AX:			
UNLADEN WEIGHT:		FUEL:			
TRANSFER DATE:		FEES PAID:			
REGISTRATION EXPIRATION DATE:		YR 1 ST SOLD:			
CLASS:		*YR:		MO:	
EQUIPMT/TRUST NUMBER:		ISSUE DATE:			
MOTORCYCLE ENGINE NUMBER:					
ODOMETER DATE:		ODOMETER READING:			
REGISTERED OWNER(S):					

STATE:					
CERTIFICATE OF TITLE:					
TYPE:					
VEHICLE HISTORY:					
VEHICLE ID NUMBER:					
YR MODEL:		MAKE:		PLATE NUMBER:	
BODY TYPE MODEL:		AX:			
UNLADEN WEIGHT:		FUEL:			
TRANSFER DATE:		FEES PAID:			
REGISTRATION EXPIRATION DATE:		YR 1 ST SOLD:			
CLASS:		*YR:		MO:	
EQUIPMT/TRUST NUMBER:		ISSUE DATE:			
MOTORCYCLE ENGINE NUMBER:					
ODOMETER DATE:		ODOMETER READING:			
REGISTERED OWNER(S):					

Today's Date: _____

STATE:											
CERTIFICATE OF TITLE:											
TYPE:											
VEHICLE HISTORY:											
VEHICLE ID NUMBER:											
YR MODEL:				MAKE:				PLATE NUMBER:			
BODY TYPE MODEL:					AX:						
UNLADEN WEIGHT:					FUEL:						
TRANSFER DATE:					FEES PAID:						
REGISTRATION EXPIRATION DATE:					YR 1 ST SOLD:						
CLASS:				*YR:				MO:			
EQUIPMT/TRUST NUMBER:						ISSUE DATE:					
MOTORCYCLE ENGINE NUMBER:											
ODOMETER DATE:					ODOMETER READING:						
REGISTERED OWNER(S):											

STATE:											
CERTIFICATE OF TITLE:											
TYPE:											
VEHICLE HISTORY:											
VEHICLE ID NUMBER:											
YR MODEL:				MAKE:				PLATE NUMBER:			
BODY TYPE MODEL:					AX:						
UNLADEN WEIGHT:					FUEL:						
TRANSFER DATE:					FEES PAID:						
REGISTRATION EXPIRATION DATE:					YR 1 ST SOLD:						
CLASS:				*YR:				MO:			
EQUIPMT/TRUST NUMBER:						ISSUE DATE:					
MOTORCYCLE ENGINE NUMBER:											
ODOMETER DATE:					ODOMETER READING:						
REGISTERED OWNER(S):											

Today's Date: _____

STATE:												
CERTIFICATE OF TITLE:												
TYPE:												
VEHICLE HISTORY:												
VEHICLE ID NUMBER:												
YR MODEL:				MAKE:				PLATE NUMBER:				
BODY TYPE MODEL:					AX:							
UNLADEN WEIGHT:					FUEL:							
TRANSFER DATE:					FEES PAID:							
REGISTRATION EXPIRATION DATE:					YR 1 ST SOLD:							
CLASS:				*YR:				MO:				
EQUIPMT/TRUST NUMBER:						ISSUE DATE:						
MOTORCYCLE ENGINE NUMBER:												
ODOMETER DATE:					ODOMETER READING:							
REGISTERED OWNER(S):												

STATE:												
CERTIFICATE OF TITLE:												
TYPE:												
VEHICLE HISTORY:												
VEHICLE ID NUMBER:												
YR MODEL:				MAKE:				PLATE NUMBER:				
BODY TYPE MODEL:					AX:							
UNLADEN WEIGHT:					FUEL:							
TRANSFER DATE:					FEES PAID:							
REGISTRATION EXPIRATION DATE:					YR 1 ST SOLD:							
CLASS:				*YR:				MO:				
EQUIPMT/TRUST NUMBER:						ISSUE DATE:						
MOTORCYCLE ENGINE NUMBER:												
ODOMETER DATE:					ODOMETER READING:							
REGISTERED OWNER(S):												

Today's Date: _____

12 - Safety Deposit Boxes

BANK:			
BRANCH ADDRESS:			
SAFETY DEPOSIT BOX #:			
ACCESSIBLE BY:			
BANK:			
BRANCH ADDRESS:			
SAFETY DEPOSIT BOX #:			
ACCESSIBLE BY:			
BANK:			
BRANCH ADDRESS:			
SAFETY DEPOSIT BOX #:			
ACCESSIBLE BY:			
STORAGE FACILITY:			
FACILITY ADDRESS:			
STORAGE BOX #:			
LOCK KEY / COMBINATION:			
STORAGE FACILITY:			
FACILITY ADDRESS:			
STORAGE BOX #:			
LOCK KEY / COMBINATION:			
STORAGE FACILITY:			
FACILITY ADDRESS:			
STORAGE BOX #:			
LOCK KEY / COMBINATION:			

Today's Date: _____

13 - Final Wishes

THE FOLLOWING IS AN EXPRESSION OF MY FUNERAL SERVICE DECISIONS.

PLACE OF SERVICE:			
CEMETERY CHAPEL:	GRAVESIDE:	MEMORIAL SERVICE:	
OTHER: _____			
SERVICES:	RELIGIOUS AFFILIATION: _____		
	CHURCH PREFERENCE: _____		
	CHURCH ADDRESS: _____		
	CHURCH PHONE: _____		
	FUNERAL HOME/MORTUARY: _____		
	FUNERAL HOME ADDRESS: _____		
	FUNERAL HOME PHONE: _____		
I HAVE A PRE-PAID BURIAL PLAN:		YES:	NO:
THE LOT IS IN THE NAME OF: _____			
LOCATION OF DEED FOR LOT: _____			
I PREFER:	INTERMENT:	ENTOMBMENT:	CREMATION:
IF CREMATED, WHAT DO YOU WISH DONE WITH YOUR ASHES? _____			
TYPE OF CASKET:			
HARDWOOD:		METAL:	CREMATION COFFIN:
OTHER:	DESCRIPTION: _____		
CASKET:	OPEN DURING SERVICE:		CLOSED DURING SERVICE:
PARTICIPATING ORGANIZATIONS (<i>MILITARY, FRATERNAL ETC</i>): _____			
I AM ENTITLED TO VETERANS BENEFITS:		YES:	NO:
I AM ENTITLED TO MILITARY HONORS:		YES:	NO:
FLAG:	DRAPED:	FOLDED:	PRESENTED TO:
WAKE/ROSARY SERVICE:		YES:	NO: LOCATION:
VIEWING:	PUBLIC:	PRIVATE:	NONE:
CLOTHING PREFERENCE:		FROM CURRENT WARDROBE:	NEW:
OTHER: _____			
PERSONAL ACCESSORIES:			
WEDDING RING:	STAYS ON	OR RETURN TO:	
EYEGASSES:	STAYS ON	OR RETURN TO:	
OTHER:	STAYS ON	OR RETURN TO:	
FLORAL PREFERENCE (<i>TYPE AND COLOR PREFERRED</i>): _____			

Today's Date: _____

MEMORIAL DONATIONS MAY BE MADE TO:		
MUSIC:	ORGANIST:	
	SOLOIST:	
	CHOIR:	
	MUSICAL SELECTIONS:	
RELIGIOUS PASSAGES SELECTED:		
EULOGY BY:		
NOTATIONS FOR EULOGY:		
NEWSPAPER NOTICES (NAMES OF PAPERS):		
PALLBEARERS' NAMES:	RELATIONSHIP:	PHONE NUMBERS:
HONORARY PALLBEARERS' NAMES:	RELATIONSHIP:	PHONE NUMBERS:
SPECIAL INSTRUCTIONS/NOTES/AWARDS/LIFE ACHIEVEMENTS/PICTURES/OBITUARY REQUESTS/ITEMS TO BE PLACED WITH THE REMAINS:		

Today's Date: _____

14 - Trusts, Wills, & Power of Attorney

ATTORNEY:			
ADDRESS:			
WORK PHONE:		CELL PHONE:	
TRUST TITLE:			
DATE:			
TRUSTEE OF TRUST:			
WITNESS:			
WITNESS:			
WILL TITLE:			
DATE:			
EXECUTOR OF WILL:			
WITNESS:			
WITNESS:			
POWER OF ATTORNEY TITLE:			
DATE:			
ATTORNEY-IN-FACT:			
WITNESS:			
WITNESS:			
POWER OF ATTORNEY TITLE:			
DATE:			
ATTORNEY-IN-FACT:			
WITNESS:			
WITNESS:			
POWER OF ATTORNEY TITLE:			
DATE:			
ATTORNEY-IN-FACT:			
WITNESS:			
WITNESS:			

Today's Date: _____

ORGAN DONATION:

I WOULD LIKE TO DONATE MY BODY FOR RESEARCH.

I WOULD LIKE TO DONATE **ANY** ORGANS NEEDED FOR TRANSPLANT.

I **DO NOT** WANT ANY OF MY ORGANS DONATED.

I WOULD LIKE TO DONATE ONLY THE FOLLOWING ORGANS FOR
TRANSPLANT/RESEARCH:

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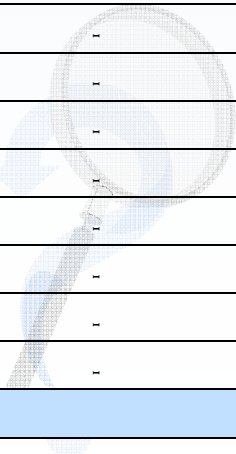
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Today's Date: _____

Quick Reference

TELEPHONE NUMBERS:

ALL CITY EMPLOYEES BENEFITS SERVICE ASSOCIATION (ACEBSA) . . .	(213) 485 - 2485
CITY EMPLOYEES CLUB OF LOS ANGELES (LACEA)	(213) 620 - 0388
	TOLL FREE: (888) 777 - 1744
EMPLOYEE ASSISTANCE PROGRAM (EAP)	(888) 439 - 7327
GREAT-WEST RETIREMENT SERVICES (DEFERRED COMPENSATION)	(888) 457 - 9460
HEALTH PLANS (DWP)	(213) 367 - 2023
	TOLL FREE: (800) 831 - 4778
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, LOCAL 18 (IBEW)	(213) 387 - 8274
LOS ANGELES FEDERAL CREDIT UNION	(213) 484 - 8640
	TOLL FREE: (877) 695 - 2328
LOS ANGELES WATER & POWER EMPLOYEES' ASSOCIATION	(213) 367 - 3146
MANAGEMENT EMPLOYEES ASSOCIATION (MEA)	(818) 771 - 4231
PAYMASTER (DWP)	(213) 367 - 3114
SERVICE EMPLOYEES INTERNATIONAL UNION, LOCAL 721 (SEIU)	(213) 368 - 8660
	TOLL FREE: (877) 721 - 4968
SOCIAL SECURITY	(800) 722 - 1213
VETERANS' ADMINISTRATION	(800) 827 - 1000
WATER & POWER COMMUNITY CREDIT UNION	(213) 580 - 1600
	TOLL FREE: (800) 300 - 9728
WATER & POWER EMPLOYEES' RETIREMENT PLAN	(213) 367 - 1712
	TOLL FREE: (800) 367 - 7164
DEATH BENEFITS	(213) 367 - 1721
DISABILITY	(213) 367 - 1680
MEMBERSHIP	(213) 367 - 1695
RETIREMENT	(213) 367 - 1715
WORKERS' COMPENSATION (DWP)	(213) 367 - 1942



*Telephone numbers may be subject to change.