

# A Personal Journal of Wishes and Records®

## A LEGACY FOR YOUR FAMILY

Helping you through a time of personal loss is what the Personal Journal of Wishes and Records® is designed to do. It can serve as a roadmap for your loved ones to ensure they're carrying out your wishes for the future. Use it to document your wishes for care, as well as the existence and/or location of your important documents and accounts.

You can leave your family one final and very practical gift by taking the time now to complete this Journal. This Journal is a legacy you can leave for your family, and you can be assured that they will be thankful that you took the time to help them in this way. It includes information regarding your important documents; a number of questions for you to answer; a list of resources available to your survivors; and information to help during a time of grief for your family members. It will help your survivors make decisions that must be made quickly, and it will help them with long-range planning, as well. It can help ensure that your wishes will be carried out when you are gone.

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## PERSONAL INFORMATION

Your answers to these questions will help your family make decisions you would be pleased with, and will also help your family remember your wishes.

Your Full Name

Date and Location of Birth

Social Security Number

Have you made arrangements, such as a living will or medical power of attorney, regarding medical procedures in the event you are unable to make that decision at the time? If so, provide details.

Are you an organ donor? Please provide instructions.

Do you have a minister or religious adviser? Please list contact information.

Have you made arrangements for the disposition of your personal belongings? Please provide instructions. Is there an attachment to your will that relates to your belongings?

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## PERSONAL INFORMATION

Who are your financial adviser(s) and accountant? Please list contact information.

Do you have a stockbroker? Please list contact information, firm and account numbers.

Where do you bank? Please list contact information and banker name, if applicable.

List names of those owing you money, including contact information, location of documents, dates and amounts of loans, interest rates and repayment schedules.

Whom do you wish to have notify your creditors? Have you provided all the information necessary to help him/her pay your bills?

Do you have a will or trust? If you have a will, who is the attorney who prepared it for you and when was it last updated? Please provide contact information. Who is your current attorney, if different from the one who wrote your will?

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## PERSONAL INFORMATION

Who are your executor and alternate executor? Please list contact information.

Who are your physician and dentist? Please list contact information.

Have you selected someone to be a guardian for your minor children? Please list contact information.

Are there people – perhaps long-time friends or distant family members your survivors may not think of – whom you would like to be notified upon your death? Please list contact information.

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## IMPORTANT ITEMS & DOCUMENTS

Write the location, account or policy number, and other applicable information about these important items or documents in the blanks provided. Write "N/A" in the blanks that don't apply to you so your loved ones will not wonder if you've forgotten something. This checklist will assist your survivors in locating these items when you are no longer able to do so.

Annuity Policies/Statements

Retirement Documents

Employer-Provided Retirement Plan/Pension

Company

Address/Phone Number

Benefits Administrator

Stocks/Bonds

Mutual Funds/Money Market Funds

Certificates of Deposit (CDs)

Military Service Records

Tax Returns

Will/Trust

Living Will/Medical Power of Attorney

Birth Certificate

Marriage License

Divorce/Separation/Annulment Documents

Real Estate Deeds

Mortgage Records

Automobile Titles (including make and color of cars)

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## IMPORTANT ITEMS & DOCUMENTS

### Loan Documents

Home Equity

Auto

Personal

Student/College

Other

### Credit Cards

### Safe Deposit Box

Bank Name and Address

Box Number  Key Location

Valuables (collections, jewelry, etc.)

Bank Statements/Bank Books

Immigration/Naturalization Papers

Passport

### Other items

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## IMPORTANT ITEMS & DOCUMENTS

Farm Bureau Financial Services Agent

Name

Phone Number

Address

E-mail Address

Life Insurance Policies

Do you have insurance policy loans?    Y     N

Are any of these policies assigned as collateral?    Y     N

Property-Casualty Insurance Policies

Homeowners

Auto

Other Insurance

Social Security Statements

Social Security Office Locations/General Information — 800-772-1213 • [www.ssa.gov](http://www.ssa.gov)

Veterans Benefits Information/Claims — 800-827-1000 • [www.va.gov](http://www.va.gov)

State Government Benefits

Federal Government Benefits

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## DIGITAL ACCOUNTS

### Emails

Primary email

Password

Secondary email

Password

### Facebook

Email address

Password

### Twitter

Email address

Password

### Google+

Email address

Password

### Instagram

Email address

Password

### Snapchat

Email address

Password

### Other

Email address

Password



## INDIVIDUAL INTENTIONS

Your survivors will want to honor your final wishes, whatever they may be. Take this opportunity to make your wishes clear.

Funeral Home – Please list contact information for your preferred funeral home.

Do you have a pre-arranged and paid funeral plan? Please list contact information for the organization.

Do you have instructions regarding services and a budget for final expenses? Where can your instructions be found?

Do you have a preference regarding memorial gifts? If yes, please list contact information for the organization or fund.

What are your favorite flowers?

### Interment

What are your wishes regarding disposition of your remains? If you have a preference, please provide instructions.

### Cemetery Plot(s)

List location, plot and deed numbers. If you do not own a plot, do you have a preferred location/cemetery?

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## INDIVIDUAL INTENTIONS

Do you want a gravestone or memorial plaque?    Y     N

Do you want a particular inscription? If so, please write it here.

Please provide the following information for a marker and/or obituary:

Your Full Name (including maiden name, if applicable)

Your Date of Birth

Spouse's Full Name (including maiden name, if applicable)

Spouse's Date of Birth

Date

Names of Children and/or Grandchildren (please specify)

Community Involvements/Achievements

Your Photo (If not included here, please indicate location)

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## INDIVIDUAL INTENTIONS

### Music

What songs/hymns would you like to have played?

Is there a particular musician, soloist or organist you would like to have?

### Readings

Are there readings or scripture passages that are especially meaningful to you?

### Pallbearers

Do you have six or eight people you would like to designate as pallbearers? (Please list contact information.)

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Once you've completed this Journal, it will be important to store it in a secure place. It's also beneficial for you to go over the contents of the Journal with your loved ones to be sure they are aware of its existence, location and how it can serve as a resource for them at a time of loss. It's a good idea to update the information in the Journal annually or as your circumstances change to ensure that your family has the most current information. By providing this Journal to your loved ones, you're leaving them a legacy, a way to fulfill your wishes to the best of their ability.

By right clicking this document, you will be able to save it locally on your computer. Please keep this information handy and up-to-date as your life (and your wishes) evolve over time.