- ➤ I have a Will
- ➤ I have a Power of Attorney
- ➤ I have a Medical Power of Attorney
- > I have a Living Will
- ➤ I know the location of the following documents:
 - Everything in my house worth \$100 or more
 - Insurance Policie(s)
 Life/Homeowners/Renters/etc

- A list of financial records
- Bank accounts
- Investments
- My valuable documents are located in a safe place
 - Includes Social Security numbers
 - o Driver's license number
 - VA claim number

- Birth certificate(s)
- Names and Phone numbers of family members
- I have designated someone to have access to my safe deposit box
- ➤ The Birth Certificates/death certificates, of all my family members are in a safe place.
- > The title to all my vehicles, and boats, motorcycles, etc. are listed in a personal family Inventory
- ➤ At this time, I have designated someone to take care of my financial obligations, business affairs, if I am incapacitated for a period of time
 - Can this designated person sign checks and are they listed on your bank account(s)
- My safe deposit key location is known by a person I trust
- ➤ I know where the military members DD Form 214 is located

Following is an outline of items that should be included in your inventory of personal documents:

Family Members

Name(s)

Social Security Number(s)

Driver's License Number(s)/State(s)

Personal Records

Passport(s) where stored

Green card and Naturalization records, where

stored

Marriage license/where stored

Birth Certificate(s)

Bank Name

Branch/Address

Fingerprint Records, where stored

Religious Records, where stored

Divorce(s) (if applicable)

Death(s) certificates

Death(s) Certificates

Military (DD Form 214)

Medical Power.of Attorney

General Power of Attorney

Living Will - where stored

Bank Information

Money Market Acct. No.

Certificate(s) of Deposit

Individual Retirement Account Number(s)

Personal Identification Number (PIN)

Safety Deposit Boxes

Bank Name/Branch/ Address

Area Code - Phone Number

Checking Account Number

Savings Account Number

Area Code - Phone Number

Person(s) with Access

Bonds

Bond Name/Investment Company

Address

Account Numbers

(Area Code) Phone Number Account Number(s)

Mutual Funds

Fund Name/Investment Company Address (area Code) phone number

More resource information may be located at: https://veteranshealthymindsadvisorycouncilsouthtexas.com/ptsd-resources/ <a href="https://veteranshealthymindsadvisorycouncilsouth

Stocks

Stock Name/Investment Company Address (Area Code) Phone Number Account Number(s)

Pensions/Annuities/Retirement Accounts

Name/Address (Area Code) Phone number

Wills/Trusts

Name Document Lawyer/Address (Area Code) Phone Number Location of Original/Copies

Car Information

Make/Model/Year License Plate Number/State Vehicle Identification Number Finance Company/Loan Number Address (Area Code) Phone Number

Car Insurance

Carrier Address (Area Code) Phone Number Policy Number Location of Policy

Life Insurance

Name of Insured Carrier/Agent Address (Area Code) Phone Number Policy Number Location of Policy

Homeowners/Renters Insurance

Carrier/Agent

Address
(Area Code) Phone Number
Policy Number
Location of Policy

More resource information may be located at : https://veteranshealthymindsadvisorycouncilsouthtexas.com/ptsd-resources/

VA Survivor & Burial Benefits and Informational Resource Kit

Disability/Long Term Care/Supplemental Medicare **Policy Number** Name of Insured Location of Policy Carrier/Agent Address Personal Identification Number (PIN) (Area Code) Phone Number **Credit Cards** Type of Card(s) Address **Expiration Date** (Area Code) Phone Number Account Number RETIREE CASUALTY ASSISTANCE CHECKLIST Retiree's Name Place of Birth Social Security Number Religious Preference Date of Birth **DOCUMENTS NEEDED TO CLAIM DEATH BENEFITS** Copy of divorce decrees or DD Form 214 or retirement orders death certificates from Copy of marriage certificate previous marriages (if Copy of death certificate applicable, retiree and Copy of birth certificate for dependent spouse) children **RETIREMENT PAY DATA (SEE PAY STATEMENT)** Retired Pay as Of Date: _____ Gross Pay: \$_____ Net Pay: \$ VA Disability Pay: \$ **Survivor Benefit Information(See Retirement Pay Statement)** Survivor Benefit Annuity before age of 62 \$ Annuity after age 62 \$ **Veterans Administration Data (if applicable)** VA Claim#

More resource information may be located at : https://veteranshealthymindsadvisorycouncilsouthtexas.com/ptsd-resources/

VA Survivor & Burial Benefits and Informational Resource Kit

VA Insurance Policy/File#

Other resources and organizations that may assist you:

Casualty Assistance Representative (CAR)

Provides prompt and accurate casualty reporting, dignified and humane casualty notifications and ensures efficient, thorough and compassionate follow-on assistance to the next of kin for as long as it is needed

- JBSA Ft Sam Houston (210) 808-0171
- > JBSA Lackland (210) 671-3243 or (210) 671-3216
- > JBSA Randolph (210) 652-2104 or (210) 652-3633

Ft Sam Houston Casualty Assistance Office

(210) 221-1702/1752/0051/1780/2667

Contact the following agencies (if they apply) as soon as possible

> VA Office: (800) 827-1000

> Retired Pay: (800) 327-1080

> Annuity Pay: (800) 435-3396

Social Security: (800) 772-1213

> ID Card Section: (210) 221-2278

More resource information may be located at : https://veteranshealthymindsadvisorycouncilsouthtexas.com/ptsd-resources/