

Caregivers Inventory

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Welcome

This inventory offers you an opportunity to organize that crucial information — and more — in one compact workbook and keep it handy, readily accessible right at home. Also, this publication takes personal planning a step farther: it allows you to organize data regarding your family as well.

Once complete, this record of personal, family, and military information becomes a valuable tool. Organizing — and periodically updating — pertinent data in an all-in-one, easy-to-access workbook ensures that you'll have all sorts of important information at your fingertips.

Use this checklist to get a handle on essential data, from basic contact information to in-depth listings of investments, legal documents, schools, insurance policies, and much more. Once you've completed each section that applies to your circumstances, save and/or print and retain in a safe place. Consider a fire proof safe and keeping a copy in secure places outside the home. As changes occur, reprint as needed.

Recordkeeping

This could potentially end up like your address book: ripe with opportunity to cross out and rewrite entries multiple times! Try using pencil for the stuff that's sure to need frequent updates.

Tip: Remember to update DEERS when you have a family life change, such as birth or adoption, name change, etc.

Veteran

First name	Middle	Last
Rank	Service	SSN Current address
Contact information		
Home of record/Domicile state address		
Driver's license number/Expiration date and state		
ID card number/Expiration date		

Caregiver 1

First name	Middle	Last
Rank	Service	SSN Current address
Contact information		
Home of record/Domicile state address		
Driver's license number/Expiration date and state		
ID card number/Expiration date		

Installation Information (if one party is still Active Duty)

Veteran

Unit assigned to _____ Address _____

Point of contact _____ Position/Job title _____

Contact information _____

Caregiver 1 (if applicable)

Unit assigned to _____ Address _____

Point of contact _____ Position/Job title _____

Contact information _____

Caregiver 2 (if applicable)

Unit assigned to _____ Address _____

Point of contact _____ Position/Job title _____

Contact information _____

Ombudsman/Family Readiness Group:

Name _____ Position _____

Contact information _____

Tip: For additional deployment and military family resources, check out the MOAA spouse blog at <http://moaablogs.org/spouse/>.

Military Treatment Facility

Veteran

Primary care provider	Clinic/Location
-----------------------	-----------------

Contact information	Appointment line
---------------------	------------------

Caregiver 1

Primary care provider	Clinic/Location
-----------------------	-----------------

Contact information	Appointment line
---------------------	------------------

Caregiver 2

Primary care provider	Clinic/Location
-----------------------	-----------------

Contact information	Appointment line
---------------------	------------------

VA Treatment Facility

Veteran

Primary care provider	Clinic/Location
-----------------------	-----------------

Contact information	Appointment line
---------------------	------------------

Caregiver 1

Primary care provider	Clinic/Location
-----------------------	-----------------

Contact information	Appointment line
---------------------	------------------

Caregiver 2

Primary care provider	Clinic/Location
-----------------------	-----------------

Contact information	Appointment line
---------------------	------------------

Civilian Healthcare Provider

Veteran

Primary care provider	Clinic/Location
Contact information	Appointment line

Caregiver 1

Primary care provider	Clinic/Location
Contact information	Appointment line

Caregiver 2

Primary care provider	Clinic/Location
Contact information	Appointment line

Pharmacy Providers

Military Pharmacy

Provider	Clinic/Location
Contact information	Refill line

Local Pharmacy

Provider	Clinic/Location
Contact information	Refill line

Mail Order Pharmacy

Provider	Clinic/Location
Contact information	Refill line

Other

Patient Advocate

Provider	Clinic/Location
----------	-----------------

Contact information

Case Manager

Provider	Clinic/Location
----------	-----------------

Contact information

VA Caregiver Support Line 1-855-260-3274

VA Caregiver Support website www.caregiver.va.gov

Veterans Crisis Line 1-800-273-8255 Press 1

Veterans Crisis Line Text to 838255

Veterans Crisis Line website www.veteranscrisisline.net

Veterans Crisis Line online chat
<http://www.veteranscrisisline.net/ChatTermsOfService.aspx>

National Suicide Prevention Lifeline 1-800-273-8255

National Suicide Prevention Lifeline website
<http://www.suicidepreventionlifeline.org/>

Emergency contacts at VA Medical Center (VAMC):

Name	Location	Contact information
------	----------	---------------------

Name	Location	Contact information
------	----------	---------------------

Name	Location	Contact information
------	----------	---------------------

Individual Records

Veteran

Date and place of birth:

Date	City	State/Province	Country
------	------	----------------	---------

Naturalization (if applicable):

Designation and location of court granting naturalization

Parents' names:

<i>Father:</i> First	Middle	Last
----------------------	--------	------

Date and place of birth	Date and place of death
-------------------------	-------------------------

<i>Mother:</i> First	Middle	Last
----------------------	--------	------

Date and place of birth	Date and place of death
-------------------------	-------------------------

Marriage(s):

1

<i>To whom:</i> First	Middle	Last (maiden)
-----------------------	--------	---------------

<i>Date and place:</i> Month, day, year	City	State
---	------	-------

If ended: Reason, date, and place

2

<i>To whom:</i> First	Middle	Last (maiden)
-----------------------	--------	---------------

<i>Date and place:</i> Month, day, year	City	State
---	------	-------

If ended: Reason, date, and place

3

<i>To whom:</i> First	Middle	Last (maiden)
-----------------------	--------	---------------

<i>Date and place:</i> Month, day, year	City	State
---	------	-------

If ended: Reason, date, and place

Caregiver 1

Date and place of birth:

Date	City	State/Province	Country
------	------	----------------	---------

Naturalization (if applicable):

Designation and location of court granting naturalization

Parents' names:

<i>Father:</i> First	Middle	Last
----------------------	--------	------

Date and place of birth	Date and place of death
-------------------------	-------------------------

<i>Mother:</i> First	Middle	Last
----------------------	--------	------

Date and place of birth	Date and place of death
-------------------------	-------------------------

Marriage(s):

1

<i>To whom:</i> First	Middle	Last (maiden)
-----------------------	--------	---------------

<i>Date and place:</i> Month, day, year	City	State
---	------	-------

If ended: Reason, date, and place

2

<i>To whom:</i> First	Middle	Last (maiden)
-----------------------	--------	---------------

<i>Date and place:</i> Month, day, year	City	State
---	------	-------

If ended: Reason, date, and place

3

<i>To whom:</i> First	Middle	Last (maiden)
-----------------------	--------	---------------

<i>Date and place:</i> Month, day, year	City	State
---	------	-------

If ended: Reason, date, and place

Caregiver 2

Date and place of birth:

Date	City	State/Province	Country
------	------	----------------	---------

Naturalization (if applicable):

Designation and location of court granting naturalization

Parents' names:

<i>Father:</i> First	Middle	Last
----------------------	--------	------

Date and place of birth	Date and place of death
-------------------------	-------------------------

<i>Mother:</i> First	Middle	Last
----------------------	--------	------

Date and place of birth	Date and place of death
-------------------------	-------------------------

Marriage(s):

1

<i>To whom:</i> First	Middle	Last (maiden)
-----------------------	--------	---------------

<i>Date and place:</i> Month, day, year	City	State
---	------	-------

If ended: Reason, date, and place

2

<i>To whom:</i> First	Middle	Last (maiden)
-----------------------	--------	---------------

<i>Date and place:</i> Month, day, year	City	State
---	------	-------

If ended: Reason, date, and place

3

<i>To whom:</i> First	Middle	Last (maiden)
-----------------------	--------	---------------

<i>Date and place:</i> Month, day, year	City	State
---	------	-------

If ended: Reason, date, and place

Child 1

Name	SSN	Military ID#
Address	Date of Birth	Place of Birth
PCM	Allergies	

Special Considerations

Schools Attended

School Name	Years Attended
-------------	----------------

Contact Information

School Name	Years Attended
-------------	----------------

Contact Information

School Name	Years Attended
-------------	----------------

Contact Information

School Name	Years Attended
-------------	----------------

Contact Information

School Name	Years Attended
-------------	----------------

Contact Information

Custodian of child in the event of the death or incapacitation of one or of both parents: *(Make sure this designation is reflected in a legal will; merely listing the name here is not legally binding.)*

Name	Address
------	---------

Contact information

Child 2

Name	SSN	Military ID#
Address	Date of Birth	Place of Birth
PCM	Allergies	

Special Considerations

Schools Attended

School Name	Years Attended
-------------	----------------

Contact Information

School Name	Years Attended
-------------	----------------

Contact Information

School Name	Years Attended
-------------	----------------

Contact Information

School Name	Years Attended
-------------	----------------

Contact Information

School Name	Years Attended
-------------	----------------

Contact Information

Custodian of child in the event of the death or incapacitation of one or of both parents: *(Make sure this designation is reflected in a legal will; merely listing the name here is not legally binding.)*

Name	Address
------	---------

Contact information

Child 3

Name	SSN	Military ID#
Address	Date of Birth	Place of Birth
PCM	Allergies	

Special Considerations

Schools Attended

School Name	Years Attended
-------------	----------------

Contact Information

School Name	Years Attended
-------------	----------------

Contact Information

School Name	Years Attended
-------------	----------------

Contact Information

School Name	Years Attended
-------------	----------------

Contact Information

School Name	Years Attended
-------------	----------------

Contact Information

Custodian of child in the event of the death or incapacitation of one or of both parents: *(Make sure this designation is reflected in a legal will; merely listing the name here is not legally binding.)*

Name	Address
------	---------

Contact information

Child 4

Name	SSN	Military ID#
Address	Date of Birth	Place of Birth
PCM	Allergies	

Special Considerations

Schools Attended

School Name	Years Attended
-------------	----------------

Contact Information

School Name	Years Attended
-------------	----------------

Contact Information

School Name	Years Attended
-------------	----------------

Contact Information

School Name	Years Attended
-------------	----------------

Contact Information

School Name	Years Attended
-------------	----------------

Contact Information

Custodian of child in the event of the death or incapacitation of one or of both parents: *(Make sure this designation is reflected in a legal will; merely listing the name here is not legally binding.)*

Name	Address
------	---------

Contact information

Employers

Veteran

Employer	Address
----------	---------

Human resources department contact information

Caregiver 1

Employer	Address
----------	---------

Human resources department contact information

Caregiver 2

Employer	Address
----------	---------

Human resources department contact information

Membership in Associations or Clubs

Name	Contact information
------	---------------------

Membership number	Member since
-------------------	--------------

Name	Contact information
------	---------------------

Membership number	Member since
-------------------	--------------

Name	Contact information
------	---------------------

Membership number	Member since
-------------------	--------------

Name	Contact information
------	---------------------

Membership number	Member since
-------------------	--------------

Education

Veteran

Institution attended	Year(s)	Degree conferred
<hr/>		
<hr/>		

Caregiver 1

Institution attended	Year(s)	Degree conferred
<hr/>		
<hr/>		

Caregiver 2

Institution attended	Year(s)	Degree conferred
<hr/>		
<hr/>		

Licenses & Certifications

Veteran

Type	Expiration	Contact Information
<hr/>		
<hr/>		

Caregiver 1

Type	Expiration	Contact Information
<hr/>		
<hr/>		

Caregiver 2

Type	Expiration	Contact Information
<hr/>		
<hr/>		

Family Records & Locations

Tip: If you haven't already establish a storage location for each of these important documents, now is a good time to do so, whether in a fireproof safe, a safety deposit box, or some other secure location.

List where you keep the following, as applicable:

Birth certificates or other proof of date of birth of each family member: _____

Social Security Cards: _____

Medical and immunization records: _____

VA records: _____

VA rating determination: _____

VA GiBill: _____

Passport (record passport number, if desired): _____

Adoption papers: _____

Naturalization papers: _____

Divorce decree, death certificate, or certified copies thereof for either spouse: _____

Marriage certificate: _____

Car titles: _____

Deeds: _____

Mortgages: _____

Loans: _____

Insurance: _____

Other Property Titles: _____

Credit Cards: _____

Wills, POA, Advance Directives: _____

Funeral desires: _____

529 Accounts: _____

Investments (Stocks, Bonds, 401k, Retirement Plans, etc): _____

Note: Location of various financial records is addressed in the "Financial Information" section.

Military Service Records

If you're missing some service records or just want to ensure you have every document you think you might need pertaining to your service, start with the National Archives and Records Administration's National Personnel Records Center /Military Personnel Records Center. That's a mouthful, but this is the federal archive that holds records for those who've served in the Army, Navy, Marine Corps, Coast Guard, and Air Force. Call (866) 272-6272 or (314) 801-0800 for general information check on pending requests or how to submit a written request. You can also visit the website at: www.archives.gov/st-louis/military-personnel/index.html.

List where you store service-related paperwork, DD-214, DD-215, individual performance evaluations, awards and decorations, etc.

Financial Information

Some of these listings will be joint accounts; some will be individual. Many banks, credit card issuers, etc., will not share account information with non-account holders. Does the non-account holder in each of these listings have permission on file with the financial institution to make inquiries about or changes to the account? This could be really helpful if the account owner is deployed or otherwise unable to make decisions about the account.

Bank Accounts

Include checking, savings, credit union accounts, CDs, mutual funds, trust funds, and accounts in children’s names.

Name and address of institution	Account number
---------------------------------	----------------

Type of account; account holder(s)	Joint / POD
------------------------------------	-------------

Automatic Deposits, Bill Pays & Debits

Electronic Log-in web address	User Name & Password (or location)
-------------------------------	------------------------------------

Name and address of institution	Account number
---------------------------------	----------------

Type of account; account holder(s)	Joint / POD
------------------------------------	-------------

Automatic Deposits, Bill Pays & Debits

Electronic Log-in web address	User Name & Password (or location)
-------------------------------	------------------------------------

Name and address of institution	Account number
---------------------------------	----------------

Type of account; account holder(s)	Joint / POD
------------------------------------	-------------

Automatic Deposits, Bill Pays & Debits

Electronic Log-in web address	User Name & Password (or location)
-------------------------------	------------------------------------

Name and address of institution	Account number
Type of account; account holder(s)	Joint / POD
Automatic Deposits, Bill Pays & Debits	
Electronic Log-in web address	User Name & Password (or location)
Name and address of institution	Account number
Type of account; account holder(s)	Joint / POD
Automatic Deposits, Bill Pays & Debits	
Electronic Log-in web address	User Name & Password (or location)
Name and address of institution	Account number
Type of account; account holder(s)	Joint / POD
Automatic Deposits, Bill Pays & Debits	
Electronic Log-in web address	User Name & Password (or location)

Safety Deposit Box

Name and address of bank or trust company	
Name of keyholder(s)	Location of Key & Inventory List

U.S. Treasury Securities (Treasury bills, notes, & bonds)

Type	Face Value	Maturity date	Serial Number	Name of bond owner(s)
Where kept				Beneficiary
Type	Face Value	Maturity date	Serial Number	Name of bond owner(s)
Where kept				Beneficiary
Type	Face Value	Maturity date	Serial Number	Name of bond owner(s)
Where kept				Beneficiary

Stocks, Bonds, and Other Investments

Type of investment (list account numbers, if desired)	Account owner
Contact information for broker/account manager	User Name and Password
Type of investment (list account numbers, if desired)	Account owner
Contact information for broker/account manager	User Name and Password
Type of investment (list account numbers, if desired)	Account owner
Contact information for broker/account manager	User Name and Password
Type of investment (list account numbers, if desired)	Account owner
Contact information for broker/account manager	User Name and Password
Type of investment (list account numbers, if desired)	Account owner
Contact information for broker/account manager	User Name and Password

Retirement Annuities & Funds

Pension Plans, Roth and traditional IRAs, 401(k) plans, thrift savings plans, etc.

Type of investment (list account numbers, if desired)	Account owner
Contact information for broker/account manager	User Name and Password
Type of investment (list account numbers, if desired)	Account owner
Contact information for broker/account manager	User Name and Password
Type of investment (list account numbers, if desired)	Account owner
Contact information for broker/account manager	User Name and Password
Type of investment (list account numbers, if desired)	Account owner
Contact information for broker/account manager	User Name and Password

Social Security

Social Security benefits are described in-depth at www.ssa.gov and the Caregivers guide. If you have questions about a specific situation, you can visit a local office. Find one by going to www.ssa.gov, clicking "Contact Us" from the left-column menu, and selecting the "In Person" option.

Local Social Security Administration office

Contact information

Military Pay & SBP

Defense Finance Accounting Service (DFAS) provides payment for military pay and Survivors Benefit Plan (SBP). For information visit <http://www.dfas.mil/> or call customer service at 888-332-7411 - option 1 for retired military and annuitants.

Military Pay statements can be accessed via <https://mypay.dfas.mil/mypay.aspx>.

Note: Passwords expire every 60 days. Answers to security questions may be required to reset password online.

Information for accessing My Pay statements:

Login ID: _____

Password: _____

Email address: _____

College Savings Accounts, Chapter 35 eligibility & Chapter 30/33 GI Bill

Coverdell ESAs, 529 plans, custodial accounts — college savings plans come in many forms.

Type of account (list account numbers, if desired) Account owner

Name of and contact information for account manager

Type of account Account owner

Name of and contact information for account manager

Type of account Account owner

Name of and contact information for account manager

Type of account Account owner

Name of and contact information for account manager

Income Tax

Copies of federal and state income tax returns and related documents are located at:

Tip: MOAA's certified financial planners recommend keeping these records for at least seven years.

Loans & Leases

Use this space to record your mortgage(s), auto loan(s), etc.

Type	Term	Signer/Cosigner (if applicable)
------	------	---------------------------------

Lender	Contact information
--------	---------------------

Type	Term	Signer/Cosigner (if applicable)
------	------	---------------------------------

Lender	Contact information
--------	---------------------

Type	Term	Signer/Cosigner (if applicable)
------	------	---------------------------------

Lender	Contact information
--------	---------------------

Type	Term	Signer/Cosigner (if applicable)
------	------	---------------------------------

Lender	Contact information
--------	---------------------

Credit Cards

Creditor	Type of card	Expiration date	Name of Cardholder
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Creditor Contact information

Creditor	Type of card	Expiration date	Name of Cardholder
----------	--------------	-----------------	--------------------

Creditor Contact information

Creditor	Type of card	Expiration date	Name of Cardholder
----------	--------------	-----------------	--------------------

Creditor Contact information

Creditor	Type of card	Expiration date	Name of Cardholder
----------	--------------	-----------------	--------------------

Creditor Contact information

Creditor	Type of card	Expiration date	Name of Cardholder
----------	--------------	-----------------	--------------------

Creditor Contact information

Creditor	Type of card	Expiration date	Name of Cardholder
----------	--------------	-----------------	--------------------

Creditor Contact information

Property Ownership or Interest and Insurance

Tip: Check with your state for potential property tax exemptions for Veterans

Make certain you've protected this investment with insurance, either homeowners' or rental property.

Address

Type: principal residence, rental property

Held by (if the property is encumbered by a mortgage, trust, deed, etc.)

Insurance company	Policy number	Address
-------------------	---------------	---------

Contact information Location of deed, abstract, mortgage, contracts, and other papers

If you employ a property manager to oversee this property, record the following:

Name of property manager/company	Contact information
----------------------------------	---------------------

Address

Other property interests (vacation property, investment property, etc.):

Address

Type: principal residence, rental property

Held by (if the property is encumbered by a mortgage, trust, deed, etc.)

Insurance company

Policy number Address

Contact information Location of deed, abstract, mortgage, contracts, and other papers

If you employ a property manager to oversee this property, record the following:

Name of property manager/company

Contact information

Address

Automobile, Recreational Vehicle, Motorcycle Ownership/Interest & Location

Cars, motorcycles, boats, RVs, personal watercraft, mopeds, Segways — you get the idea! No matter what you're driving, you can keep track of it all right here.

Year/Make/Model

VIN

License plate number/State

Insurance company

Policy number

Address

Contact information

Year/Make/Model

VIN

License plate number/State

Insurance company

Policy number

Address

Contact information

Location of title, insurance, inspection and registration information, etc.

Note: If car is financed, Title is held by the lender.

Insurance

Life Insurance

Veteran

Insurance company	Contact information
-------------------	---------------------

Policy number	Premium	Face Value /Cash value
---------------	---------	------------------------

Insurance company	Contact information
-------------------	---------------------

Policy number	Premium	Face Value /Cash value
---------------	---------	------------------------

Insurance company	Contact information
-------------------	---------------------

Policy number	Premium	Face Value /Cash value
---------------	---------	------------------------

These policies are kept: _____

Amount of SGLI/VGLI Coverage:

Family:

Beneficiaries:

Caregiver 1

Insurance company	Contact information
-------------------	---------------------

Policy number	Premium	Face Value /Cash value
---------------	---------	------------------------

Insurance company	Contact information
-------------------	---------------------

Policy number	Premium	Face Value /Cash value
---------------	---------	------------------------

Insurance company	Contact information
-------------------	---------------------

Policy number	Premium	Face Value /Cash value
---------------	---------	------------------------

These policies are kept: _____

Caregiver 2

Insurance company	Contact information
-------------------	---------------------

Policy number	Premium	Face Value /Cash value
---------------	---------	------------------------

Insurance company	Contact information
-------------------	---------------------

Policy number	Premium	Face Value /Cash value
---------------	---------	------------------------

Insurance company	Contact information
-------------------	---------------------

Policy number	Premium	Face Value /Cash value
---------------	---------	------------------------

These policies are kept: _____

Child(ren)

Insurance company	Contact information
-------------------	---------------------

Policy number	Premium	Face Value /Cash value
---------------	---------	------------------------

Insurance company	Contact information
-------------------	---------------------

Policy number	Premium	Face Value /Cash value
---------------	---------	------------------------

Insurance company	Contact information
-------------------	---------------------

Policy number	Premium	Face Value /Cash value
---------------	---------	------------------------

These policies are kept: _____

Health Insurance

Veteran

Insurance company	Policy number	Contact information		
Premium	Co-Pay	Co-Insurance	Deductible	Annual Out-of-Pocket Cap
Insurance company	Policy number	Contact information		
Premium	Co-Pay	Co-Insurance	Deductible	Annual Out-of-Pocket Cap
Insurance company	Policy number	Contact information		
Premium	Co-Pay	Co-Insurance	Deductible	Annual Out-of-Pocket Cap

These policies are kept: _____

Caregiver 1

Insurance company	Policy number	Contact information		
Premium	Co-Pay	Co-Insurance	Deductible	Annual Out-of-Pocket Cap
Insurance company	Policy number	Contact information		
Premium	Co-Pay	Co-Insurance	Deductible	Annual Out-of-Pocket Cap
Insurance company	Policy number	Contact information		
Premium	Co-Pay	Co-Insurance	Deductible	Annual Out-of-Pocket Cap

These policies are kept: _____

Caregiver 2

Insurance company	Policy number	Contact information
-------------------	---------------	---------------------

Premium	Co-Pay	Co-Insurance	Deductible	Annual Out-of-Pocket Cap
---------	--------	--------------	------------	--------------------------

Insurance company	Policy number	Contact information
-------------------	---------------	---------------------

Premium	Co-Pay	Co-Insurance	Deductible	Annual Out-of-Pocket Cap
---------	--------	--------------	------------	--------------------------

Insurance company	Policy number	Contact information
-------------------	---------------	---------------------

Premium	Co-Pay	Co-Insurance	Deductible	Annual Out-of-Pocket Cap
---------	--------	--------------	------------	--------------------------

These policies are kept: _____

Child(ren)

Insurance company	Policy number	Contact information
-------------------	---------------	---------------------

Premium	Co-Pay	Co-Insurance	Deductible	Annual Out-of-Pocket Cap
---------	--------	--------------	------------	--------------------------

Insurance company	Policy number	Contact information
-------------------	---------------	---------------------

Premium	Co-Pay	Co-Insurance	Deductible	Annual Out-of-Pocket Cap
---------	--------	--------------	------------	--------------------------

Insurance company	Policy number	Contact information
-------------------	---------------	---------------------

Premium	Co-Pay	Co-Insurance	Deductible	Annual Out-of-Pocket Cap
---------	--------	--------------	------------	--------------------------

These policies are kept: _____

Other Insurance

You recorded your property and auto insurance in a previous section (pages 26-27), but if you like you can restate that information here, too, to have all insurance listed in one section. This is the place to include your renter's insurance information if you don't own your home, and it's also a good spot to notate any policy riders for high- ticket items and collectibles. Some people even have health coverage for their pets.

Wills and Other Arrangements

In this part, we focus on the basics: wills and powers of attorney. Don't have these? Contact the Staff Judge Advocate office at your closest installation. Folks there can help you draft these and other legal documents.

Pro Bono legal assistance may be available for qualified active-duty service members, veterans or, recognized caregivers of either a service member or veteran. See www.ABAHomeFront.org for access to the ABA's Military Pro Bono Project

Wills

Veteran

I have I have not executed a will

I have executed a living will/advanced directives (*The living will — also known as a medical directive or advance health care directive — is a declaration of what medical care and/or procedures you do or do not want should you become incapacitated due to injury or illness.*)

Caregiver 1

I have I have not executed a will

I have executed a living will/advanced directives

Caregiver 2

I have I have not executed a will

I have executed a living will/advanced directives

Wills kept at: _____

Executor's name and contact information: _____

Lawyer's name and contact information: _____

Tip: If you want certain possessions to go to certain people, make sure to spell it out in your will.

Powers of Attorney

Powers of attorney come in many forms: medical, general, financial. Ensure you have the one you'll need and understand its scope.

Veteran

___I have ___I have not executed a power of attorney

Type	Date established / expiration date	Where kept
------	------------------------------------	------------

Naming (agent or attorney in fact)

Address	Contact information
---------	---------------------

Type	Date established / expiration date	Where kept
------	------------------------------------	------------

Naming (agent or attorney in fact)

Address	Contact information
---------	---------------------

Caregiver 1

___I have ___I have not executed a power of attorney

Type	Date established / expiration date	Where kept
------	------------------------------------	------------

Naming (agent or attorney in fact)

Address	Contact information
---------	---------------------

Caregiver 1

___I have ___I have not executed a power of attorney

Type	Date established / expiration date	Where kept
------	------------------------------------	------------

Naming (agent or attorney in fact)

Address	Contact information
---------	---------------------

By filling in the previous sections of this workbook, you've been proactive about making sure you have a family resource that is useful in daily life as well as in emergencies. You can continue to make those proactive choices by reading through this next section, which touches on planning for your family's future after you're gone.

(While not every aspect of this section will apply to your situation, you can gain some insight on what to consider. Also, these points will apply to both spouses, though the servicemember is addressed more specifically here. Duplicate these pages if necessary to record the wishes of each spouse.)

Other resources include the Department of Veterans Affairs (VA; www.va.gov); Tragedy Assistance Program for Survivors (TAPS; www.taps.org); and the Armed Forces Services Corporation (AFSC; www.afsc-usa.com).

If you die while on active duty, a casualty assistance officer will help your next of kin. Your spouse will have to make many decisions at this time, and it will be easier if you've made your wishes known. Following are some choices to consider.

Notification

Whom do you want to be informed of your death?

_____	_____
Name	Contact Information
_____	_____
Name	Contact Information
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Name	Contact Information

Funeral

Do you wish to be cremated? _____

(Rules for cremation vary from state to state, and some require a letter of authority signed by the deceased. Such a letter should be filed with your personal papers.)

Where do you want to be buried (i.e. national or local cemetery, family plot, etc.)?

(If burial at sea is desired, a letter so stipulating should be prepared and filed with your personal papers.)

What type of funeral do you want? _____

The funeral director, apart from the unique and indispensable services performed, is usually well-informed regarding the administrative details of a servicemember's death. Depending on religious preference or affiliation, clergy may be either essential or merely of assistance. Families with strong religious ties should consult their clergy before making funeral arrangements.

We suggest you fill in the following:

"This is not intended as a legal document. But, within the terms of my will or the applicable laws, I suggest my executor and/or next of kin do the following:"

Name of cemetery, columbarium, etc.	Contact information
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Military ceremony and honors

Uniform/Dress

Hymns, Psalms, scripture, special service requests

Pallbearers

Flowers (or In lieu of flowers)

Obituary Notice

A biographical sketch will be helpful in preparing the obituary news story. A photo should be attached. Doing this now will save time and confusion when the time comes.

Glossary

Advance directives: The legal documents outlining people's wishes about critical care when they are incapacitated and/or unable to make such decisions. There are two types of advance directives: (1) a medical power of attorney, which authorizes someone else, such as a patient advocate, to make decisions on the patient's behalf, and (2) a living will, which allows patients to spell out their wishes about care and treatment choices they'll want when they can't speak for themselves.

Annuity: The regular, periodic payment made by an insurance company to a policyholder for a specified period of time. The term also applies to the form of contract or investment product sold by insurance companies that guarantees a fixed or variable payment to a beneficiary at some future time.

Beneficiary: The person named to receive proceeds or benefits of a will or financial contract when the property owner dies. This could be a spouse, child, or even a charity.

Cash value: The amount an insurance company pays if an insurance policy is voluntarily terminated before its maturity or before the insured event occurs. It represents the savings portion of most permanent life insurance policies, especially whole life insurance.

Coverdell Education Savings Account (ESA): A government-established, tax-deferred account for funding qualified educational expenses for beneficiaries 18 years of age or younger, with a maximum contribution per year of \$2,000. Distributions are free from federal (and most state) income taxes if used for qualified education expenses for secondary or higher education.

Custodial (UGMA/UTMA) account: An account managed by an adult custodian for the benefit of a minor under the age of 18 to 21 (age of majority varies by state). Most states have adopted either the Uniform Gift to Minors Act (UGMA) or the Uniform Transfers to Minors Act (UTMA) as a way to transfer property ownership to children. There are no maximum contribution limits, and the custodian might realize some income tax benefit. This type of account was often used before other college-funding options (such as Coverdell ESAs and Section 529 plans) became available.

Durable power of attorney: A general, special/limited, or medical power of attorney that contains "durability" provisions, which allow the document to stay in effect if the grantor becomes mentally incompetent due to illness or accident. The grantor can stipulate that the power of attorney won't take effect until he or she is mentally incapacitated. (See General power of attorney, Medical or health care power of attorney, "Special" power of attorney for financial issues.)

Face/par value: The amount that an issuer will pay upon maturity of an investment.

General power of attorney: A legal document enabling someone to act as the attorney or agent of the grantor. The agent can have broad or special/limited legal authority to make decisions about the principal's property and finances. A special power of attorney provides authority over very specific issues versus a general power of attorney, which gives sweeping authority over the grantor's personal issues. A power of attorney typically has a stated end date. (See Durable power of attorney, Medical or health care power of attorney, "Special" power of attorney for financial issue.)

IRA: Individual Retirement Account (IRA), also called traditional IRA: A savings or investment account in which a person may deposit up to a stipulated amount each year; the deposits may be deductible from taxable income, depending on a contributor's tax bracket. The account grows tax-deferred, and assets may be withdrawn after age 59½ without penalty. Withdrawals are subject to state and federal income taxes. Current contribution limits (in 2008) are \$5,000. Contributors older than age 50 are allowed an additional \$1,000 in catch-up contributions. (See Roth IRA, Spousal IRA.)

Living will: A legal document in which a person establishes health care directives to be enacted when he or she is unable to communicate for himself or herself. (See Advance directives.)

Medical or health care power of attorney: A legal document that allows an individual to empower another with decisions regarding his or her health care and medical treatment. A medical power of attorney becomes active when a person is unable to make decisions or consciously communicate intentions regarding treatments.

Mutual fund: A professionally managed investment company that collects money from shareholders to invest in a diversified group of securities.

Premium: The cost charged by an insurer to provide coverage for a defined length of time.

Roth IRA: An IRA in which the contributions are not tax-deductible, but the qualified distributions are tax-free. A qualified distribution is one that is taken at least five years after the taxpayer establishes the Roth IRA and when he or she is age 59½, disabled, using the withdrawal to purchase a first home (limit \$10,000), or deceased (in which case the beneficiary collects). As with some other retirement plans, non-qualified distributions from a Roth IRA may be subject to a withdrawal penalty. Contribution limits are the same as for traditional IRAs. (See IRA, Spousal IRA.)

Section 529 plan: A tax-advantaged savings plan for qualified higher education expenses at eligible educational institutions. The investment grows tax-deferred, and the distributions to pay for the beneficiary's college costs are free from federal tax and most state income taxes. 529 plans can either be a prepaid tuition plan (only available in some states), which locks in tuition at current rates, or a market-based investment plan (available in 49 states).

Security: A document such as a bond or stock certificate showing evidence of ownership;
essentially a contract with a given value that can be traded.

"Special" power of attorney for financial issues: A power of attorney that allows an individual to empower another with decisions regarding his or her financial matters. For military matters, the "special" power of attorney must specify that the agent has the power to establish, change, or stop military allotment(s) with the Defense Finance and Accounting Service (DFAS). (See Durable power of attorney, General power of attorney, Medical or health care power of attorney.)

Spousal IRA: Available for spouses who do not work outside the home, the spousal IRA may be either a traditional or Roth IRA. Contribution limits are the same as for traditional IRAs. (See IRA, Roth IRA.)

Will: A legal document declaring a person's wishes as to how his or her property should be distributed after death. A will can also be used to establish guardianship for children.