PERSONAL RECORDS HANDBOOK

Of

Compliments of

Nicki A. Burke Surrogate of Salem County

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NICKI A. BURKE Surrogate

It is certainly my pleasure to provide this Personal Records Handbook to the residents of Salem County which will be of assistance to you, your family, and friends.

After you have carefully completed the necessary information, advise your executor and/or your loved ones of its existence and where it is kept. This handbook should be readily available.

If you have any questions, I am always but a phone call away. Please do not hesitate to contact me at (856) 339-8621 or via email at Nicki.Burke@salemcountynj.gov.

Sincerely,

Nicki A. Burke

Surrogate of Salem County

General Information
Name:
Also known as:
Maiden Name:
Date of Birth:
I was born (city, state)
My mother's name:
My father's name:
I have a birth certificate YES NO
It is kept in or at:
My Social Security Number is:
Marital or Civil Union or Domestic Partnership Information
I was married <i>or</i> joined via civil union <i>or</i> filed domestic partnership in (City,State):
My marriage <i>or</i> civil union <i>or</i> domestic partnership certificate is located in:
I am or have been divorced: YES NO
Date: Where:
My divorce decree is located:
Military History
I served in the Armed Forces: YES NO
Dates of Service:
Serial Number:
Discharge papers are kept:

RESIDENCE

I reside at:
I <u>own</u> my residence []
Title is in my name only []
Title is in joint names with:[]
There IS IS NOT a mortgage on the property
Mortgage is held by:
I own the following other real estate:
I rent my residence []
My landlord is:
I send my rent payment to:
Amount of rent: \$
My security deposit is: \$
My lease document can be found in:
Existence and Location of Documents
I have a Last Will and Testament: YES [] NO []
Location:

Note: It is advisable to have a Will, even if you have already set up a trust or believe that there are limited assets in your estate. By establishing a Will, you can appoint your personal representative, direct to whom your estate is distributed, and waive the need for a personal representative to "post a bond" (pay an insurance premium to ensure the estate is managed property.)

Without a Will, the laws of the state will determine who may serve as your personal representative & how your estate is distributed. In addition, your personal representative may need to incur the additional expense to your estate by having to "post a bond."

I have a Power of Attorney: YES [] NO []
Location:
I have a Medical Directive/Living Will: YES [] NO []
Location:
I have a Living Trust: YES [] NO []
Location:
I have a Cemetery Plot/Deed: YES [] NO []
Location:
I am the beneficiary of a Trust: YES [] NO []
Name & Address of the Trustee(s) is:
<u>Asset Information</u>
I have a Post Office Box YES [] NO []
Located at:
Key is located:
I have a Safe Deposit Box: YES [] NO []
Located at:
Key is located at:
I have Checking Accounts: YES [] NO []
Account Number:
Jointly held? YES [] NO []
Located at:
Account Number:
Jointly held? YES [] NO []
Located at:

Account Number:
Jointly held? YES [] NO []
Located at:
Account Number:
Jointly held? YES [] NO []
Located at:
I have Savings Accounts: YES [] NO []
Account Number:
Jointly held? YES [] NO []
Located at:
Account Number:
Jointly held? YES [] NO []
Located at:
I have Stocks/Bonds: YES [] NO []
Are they located in a brokerage account? YES [] NO []
If YES, the Account No. is:
Held jointly? YES [] NO []
If NO, where are they located?
Please note here if any are held jointly or are payable upon death (POD) to others:
I have U.S. Savings Bonds: YES [] NO []
Located:

Located:	
Located:	
Located:	
Please note here if any are held jointly or are	e payable upon death (POD) to others:
I have a motor vehicle(s) in my name:	YES [] NO []
I have a boat(s) in my name:	YES [] NO []
I have a trailer(s) in my name:	YES [] NO []
The title/registration is located:	
The title/registration is located:	
The title/registration is located:	
Please note if any are held jointly:	
I have a pension: YES [] NO []
Person / Agency to contact & details:	
Is asset payable upon death to others?	YES [] NO []
I have other death benefits: YES [] NO []
Person / Agency to contact & details:	
Is asset payable upon death to others? YE	S [] NO []

OTHER ASSETS NOT ALREADY NAMED:

Held Jointly/Payable Upon Death to others? YES [] NO []
Held Jointly/Payable Upon Death to others? YES [] NO []
Held Jointly/Payable Upon Death to others? YES [] NO []
Held Jointly/Payable Upon Death to others? YES [] NO []
PERSONAL PROPERTY
I have the following and keep it at the listed location(s):
Jewelry: YES [] NO [] Located at:
Furs: YES [] NO [] Located at:
Other: YES [] NO [] Located at:
Other: YES [] NO [] Located at:
Other: YES [] NO [] Located at:
Other: YES [] NO [] Located at:
Please note if any are held jointly:
The personal property
Details on insurance:

INSURANCE INFORMATION
I have Homeowners/Renters Insurance: YES [] NO []
Company & address where I send payments:
Telephone Number: ()
I have Auto Insurance: YES [] NO []
Company & address where I send payments:
I have Health Insurance: YES [] NO []
Company & address where I send payments:
Telephone Number: ()
I have Prescription Assistance: YES [] NO []
Agency/Company & address:
Telephone Number: ()
I have Life Insurance: YES [] NO []
Company & address where I send payments:
Telephone Number: ()
Beneficiary on policy: YES [] NO []
Name of Beneficiary(s):
Company & address where I send payments:

Telephone Number: ()
Beneficiary on policy: YES [] NO []
Name of Beneficiary(s):
Company & address where I send payments:
Telephone Number: ()
Beneficiary on policy: YES [] NO []
Name of Beneficiary(s):
LIABILITIES
Location of my Tax Returns:
I have a mortgage: YES [] NO []
Company & address where I send payments:
PROPERTY TAXES PAID TO:
I have an automobile loan(s): Company & address where I send payments:
Company & address where I send payments:
Telephone Number:
Company & address where I send payments:
Telephone Number:

I have a credit card(s):	YES	[]	NO		1
Account No.						
Company & address where I	send p	ay	mer	nts:		
I have a credit card(s):	YES	[]	NO	[1
Account No.						
Company & address where I	send p	oay	mer	nts:		
I have a credit card(s):	YES	[]	NO	[]
Account No.						
Company & address where I	send p	oay	mer	nts:		
I have a credit card(s):	YES	[]	NO	[1
Account No.						
Company & address where I	send p	oay	mer	nts:		
I have a credit card(s):	YES	[]	NO	[]
Account No.						
Company & address where I	send p	oay	mer	nts:		
IN THE EVENT OF MY DEA	<u> </u>	<u>LE</u>	ASE	<u>NOTI</u>	FY	THE FOLLOWING PEOPLE:

IN THE EVE	ENT OF MY DEATI	H, PLEASE N	NOTIFY THE	SE PROFESS	SIONALS:
Clergypersor	າ:				
	Telephone:				
Executor of	Estate:				
	Telephone:				
Employer:					
	Telephone:				
Attorney:					
Accountant:	Telephone:				
niooo u nnamin	Telephone:				
Insurance Bi	roker:				
	Telephone:				
Broker:					·
	Telephone:				
Other:					
	Telephone:				
Other:					
	Telephone:				
Other:					
	Telephone:				
My Address	book is located: _				

PASSWORD INFORMATION

Passwords & where to find them (examples: banking, facebook, twitter, linkedin, etc.) and OTHER NOTES
Arrangements upon my death
I have a prepaid funeral trust: YES [] NO []
(This is <u>not</u> a life insurance policy that will pay for the cost of the funeral)
Designated funeral home:
I wish to be or have arranged to be:
Buried YES [] NO []
Location:
Cremated YES [] NO []
Please do the following with my remains:

My wishes regarding funeral, memorial or other service					