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This file contains a set of forms that you may complete to provide important information to your family in the event of your becoming incapacitated. Some of the sections may not be pertinent to your personal situation. Obviously, a few of your family members need to be informed about this compilation of information.

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I. CONTACT INFORMATION

A. Personal Contact Information

Name

Date of Birth

Social Security Number

Address

State of Residence

Citizenship – USA, Other

Work Telephone Number and E-mail

Home Telephone Number and E-mail

Name of Spouse/Partner

Date of Current Marriage

Children's Names, Birth Dates and Telephone Numbers and E-mail

Other Dependents' Names and Telephone Numbers and E-mail

Emergency Contact Persons and Relationships, Telephone Numbers and E-mail

U of M Department or Unit, Telephone Number and E-mail

B. Spouse/Partner Contact Information

Name

Date of Birth

Social Security Number

Address

State of Residence

Citizenship – USA, Other

Work Telephone Number and E-mail

Home Telephone Number and E-mail

Name of Spouse/Partner

Date of Current Marriage

Children's Names, Birth Dates and Telephone Numbers and E-mail

Other Dependents' Names and Telephone Numbers and E-mail

Emergency Contact Persons and Relationships, Telephone Numbers and E-mail

Employer

Employer Telephone Number and E-mail

C. Powers of Attorney

FINANCIAL POWER OF ATTORNEY (POA) INFORMATION

Agent Named in POA

Address

Work Telephone Number and E-mail

Home Telephone Number and E-mail

Where is File?

(Indicate file drawer and file label, safe deposit box, on-line, etc.)

Alternate Agent Named in POA

Address

Work Telephone Number and E-mail

Home Telephone Number and E-mail

Where is File?

(Indicate file drawer and file label, safe deposit box, on-line, etc.)

POWER OF ATTORNEY FOR HEALTH CARE (POAHC) INFORMATION

Agent Named in POAHC

Address

Work Telephone Number and E-mail

Home Telephone Number and E-mail

Where is File?

(Indicate file drawer and file label, safe deposit box, on-line, etc.)

Alternate Agent Named in POAHC

Address

Work Telephone Number and E-mail

Home Telephone Number and E-mail

Where is File?

(Indicate file drawer and file label, safe deposit box, on-line, etc.)

D. Appointed and Legal Contacts

PERSONAL REPRESENTATIVE (PF)/EXECUTOR INFORMATION

Personal Representative as Named in Will

Address

Work (W)/Home (H) Telephone Number

Where is Will? (See Section II. B)

Alternate PR as Named in Will

Address/Telephone Number

TRUSTEE/SUCCESSOR TRUSTEES INFORMATION

Trustee as Named in Trust

Address

Work (W)/Home (H) Telephone Number

Where is Trust Document? (See Section II. B)

Successor Trustee as Named in Trust

Address/Telephone Number

ATTORNEY INFORMATION

Attorney's Name

Firm

Address

Telephone Number

Where is File?

E. Bank, Credit Union and Other Financial Contacts

BANK AND CREDIT UNION INFORMATION

Name of Institution/Address

Name of Financial Specialist

Telephone Number

Where is File?

FINANCIAL ADVISER INFORMATION

Accountant's Name

Firm

Address

Telephone Number

Where is File?

Name of Financial Planning Firm/Address

Name of Financial Planner

Telephone Number

Where is File?

Name of Brokerage Firm/Address

Name of Broker

Telephone Number

Where is File?

(Attach duplicate pages as needed)

F. Medical Contacts

PERSONAL PHYSICIAN INFORMATION

Physician's Name

Clinic Name/Address

Telephone Number

Where is File?

Physician's Name

Clinic Name/Address

Telephone Number

Where is File?

HEALTH INSURANCE INFORMATION

Name of Health Insurer or HMO

Address/Telephone Number

Policy Holder/Policy Number

Expiration Date, if any

Where is File?

Note: To record Long Term Care Insurance, Disability Insurance, Accidental Death Insurance, Dental Insurance, and Life Insurance information, complete Section I. I, Other Organizations to Contact.

Date Revised

G. Religious Contacts

Clergy Name

House of Worship

Address/Telephone Number

Where is File?

H. Organizations to Contact Promptly Upon Incapacity, Disability, or Death

The agencies listed below administer health insurance and other benefit programs for University of Minnesota employees and their spouses or partners. **In case the subject of this *LIVING LEDGER* becomes disabled, incapacitated, or dies, the spouse, partner, or the emergency contact should communicate with these agencies as soon as possible but no later than thirty days following the change of status.** The agency representative will provide the proper documents and applications and the deadlines required to maintain benefits without interruption. The instructions should be followed carefully and the deadlines met promptly.

For changes in pension annuity, health insurance, life insurance and accumulated leave credit plans, be prepared to give name of deceased, date of death, relationship to caller, date of birth of deceased, social security number of deceased, and contact information for the caller.

Social Security Administration

Address-Minneapolis 1811 Chicago Ave., Suite 1, Mpls, MN 55404
Address-St. Paul 190 5th St. E., Suite 800, St. Paul, MN 55101
Telephone 1-800-772-1213
Web site www.ssa.gov

Medicare

Telephone 1-800-633-4227
Web site www.medicare.gov

University of Minnesota Office of Human Resources

Address 100 Donhowe Bldg., 319 15th Ave., SE, Mpls, MN
Telephone 612-625-2016
Web site www.umn.edu/ohr

Securian

Address 400 Robert Street N., St. Paul, MN 55101
Telephone 1-800-421-3334
Web site www.umnplans.securian.com

I. Other Organizations to Contact

Company or Agency

Address

Telephone Number

Website

Policy or Account Number

Where is File?

Company or Agency

Address

Telephone Number

Website

Policy or Account Number

Where is File?

Company or Agency

Address

Telephone Number

Website

Policy or Account Number

Where is File?

Date Revised

II. LOCATION OF DOCUMENTS

A. Where Are Your Personal Documents Kept?

(Indicate file drawer and file label, safe deposit box, on-line, etc.)

Birth/Adoption Certifications

Marriage Certificate

Divorce Papers

Military Records

Citizenship Papers

Passport

Note: To obtain a copy of Minnesota vital record certificates, go to www.health.state.mn.us/divs/chs/osr/

B. Where Are Your Legal Documents Kept?

(Indicate file drawer and file label, safe deposit box, on-line, etc.)

Will (original and copies) (also see Section I.D.)

Revocable Trust (also see Section III.R.)

Marital Property Agreement

Irrevocable Trust (also see Section III.S.)

Financial Power of Attorney (also see Section I.C.)

Power of Attorney for Health Care (also see Section I.C.)

Other

C. Where Are Your Bank/Credit Union Documents Kept?

(Indicate file drawer and file label, safe deposit box, on-line, etc.)

Checkbooks

Bank or Credit Union Statements

D. Where Is Your Safe Deposit Box?

(Indicate file drawer and file label, safe deposit box, on-line, etc.)

Name of Financial Institution

Address and Telephone Number

Box Number

Number and Location of Keys

Person(s) Authorized to Access Box

E. Where Are Your Investment Documents Kept?

(Indicate file drawer and file label, safe deposit box, on-line, etc.)

Bonds (original certificates)

Stock Certificates (original certificates)

Mutual Funds

CDs (original certificates)

IRAs

403(b), 401(k) or Similar Accounts

Managed Investment Accounts

Outstanding Loans to Others

F. Where Are Your Real Estate and Automobile Documents Kept?

(Indicate file drawer and file label, safe deposit box, on-line, etc.)

Primary Residence

Real Estate Owned (Investments)

Vacation Property

Timeshares

Records of Capital Improvements

Property Deeds/Title

Mortgage or Satisfaction Information

Automobile Title/Registration

Second Automobile Title/Registration

Automobile Lease Information

G. Where Are Your Insurance Documents Kept?

(Indicate file drawer and file label, safe deposit box, on-line, etc.)

Automobile (also see Sections II. F., III. O.)

Homeowners/Renters (also see Sections II. F., III. H.)

Life (also see Sections I. H., I. I., II. H., III. J.)

Long-Term Care (see Sections I. I., III. K.)

Health (also see Sections I.F., I. H., I. I., II. H.)

Disability or Income Continuation (also see Section I. I.)

Other (indicate type)

H. Where Are Your Income Tax Documents Kept?

(Indicate file drawer and file label, safe deposit box, on-line, etc.)

Federal Income Tax Records

State Income Tax Records

I. Where Are Your Other Financial Documents Kept?

(Indicate file drawer and file label, safe deposit box, on-line, etc.)

Health Savings Accounts

Other Documents

Note: Because retirees have a variety of types of investments -- Tax Sheltered Annuities, IRAs, Managed Investment Accounts, Equity Investments, Bond Investments, Mutual Fund Investments -- we recommend that you assemble a complete listing of all such investments with the name of each of the financial institutions, the account numbers and telephone numbers.

III. Final Disposition

ORGAN, TISSUE AND BODY DONATIONS

A. Organ and Tissue Donations

What anatomical gifts have you agreed to make?

Noted on driver's license?

Noted on ID card?

Noted on Power of Attorney for Health Care?

Discussed with family?

Where is File?

B. Body Donations

Have you made arrangements for a body donation?

With University of Minnesota Medical School? Office: 612-625-1111 Fax: 612-625-1688 E-Mail: bequest@umn.edu <http://www.bequest.umn.edu>

With Mayo Clinic? Telephone: 507-284-2693

Date donation form submitted

Telephone number to call at time of death

Person(s) responsible for carrying out donor's instructions and their telephone numbers

Where is the File?

Other arrangements made

FUNERAL AND MEMORIAL INSTRUCTIONS

A. Guidelines for Funeral or Memorial Services

Contact funeral home, church, synagogue, mosque, meeting house, etc.

Contact relatives, friends, U of M department or unit, etc.*

Completed obituary notice and file location*

Memorial considerations:

Funeral service or memorial

Level of expense

Visitation or ceremony

Prepaid funeral/burial plans

Private (relatives and close friends) or conventional

Direct burial or cremation

Music preferences

Suggested pallbearers

Veteran honor guard or taps

Body: open or closed casket or body not present

Embalm body or not

Type of container for body or ashes

Where is file?

*Attach list or refer to file

Date Revised

FUNERAL AND MEMORIAL INSTRUCTIONS

B. Guidelines for Final Arrangements

Disposition of body: ground, mausoleum or medical school

Disposition of ashes: scattered, burial, storage or urn, where?

Disposition site: purchased, where?

Monument: granite, marble, bronze plaque or none

Inscription on monument

Death certificate

The funeral director and/or doctor submits the death certificate. To obtain copies of the certificate of a death that occurred in Minnesota, see instructions at www.health.state.mn.us/divs/chs/osr/death.html