

NAME		
DOB/AGE	HT/ WT	NICOTINE
OCCUPATION ACTIVE-INCOME LENGTH RET AGE		
SSN INCOME PENSION INCOME OTHER INCOME		
MEDICARE ADV HOSPITAL INDEMNITY SUPPLEMENT		

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<u>EXPENSES/ DEBT LEFT TO FAMILY</u>		
MORTGAGE BALANCE MTG/RENT PMT VALUE OF HOME BASIC MONTHLY LIVING ESP OTHER DEBTS		
BURIED (or) CREMEATED	EXPECTED COST	WHO WILL TAKE RESPONSIBILITY

<u>MEDICAL INFO</u>
MAJOR HEALTH
MEDICATIONS
SURGERIES

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BLOOD PRESSURE, HEART ATTACK, STROKE, STENT, TIA, KIDNEY DZ, CANCER, COPD, OXYGEN, ALCOHOL, ASTHMA, DIABETES (PILLS/INSULIN), NEUROPATHY, LIVER DISEASE, CHOLESTEROL, DUI/DRUGS, CHF, DEMENTIA

<u>\$ LEFT TO HELP FAMILY</u>		
LIFE INSURANCE	TYPE	BENEFICIARY
WORK POLICY		BENEFICIARY
\$ IN RETIREMENT (401,457, TSP, ETC)		CURRENT/OLD
NON RETIREMENT (FUNDS, SVGS, CD'S, ETC.)		

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	OPTION 1	OPTION 2