Note: To save a digital version once completed, save under a new name on your hard drive.

What Your Family Should Know if *Something* Happens to You

ASSETS Continued

Vehicles

Year _____ Make and Model _____

Name on Title _____

Lien Holder or None_____ Account # _____

Phone _____ FAX _____

Amount of Payments _____ Frequency & Form of Payments_____

Title Location _____

If there is a "Transfer on Death" Document on File, Name of Heir(s)_____

_____

_____

_____

Phone _____FAX _____

Premium Amount _____Frequency_____

Approved Drivers _____

Maintenance & Repair Shop _____ Phone _____

Location of Maintenance & Repair Records_____

_____

Additional Notes _____

_____

_____

_____