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 Continued

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) _____

_____

_____

Insurance Company _____

Phone _____ FAX _____

Premium Amount _____ Frequency _____

Approved Drivers _____

Maintenance & Repair Shop _____ Phone _____

Location of Maintenance & Repair Records _____

_____

Additional Notes _____

_____

_____

_____