



**California Retired
Teachers Association**

PORTFOLIO OF VITAL INFORMATION

PART

II

**PERSONAL AND
CONFIDENTIAL RECORDS**



Names

KEEP THIS BY YOUR TELEPHONE

PART II – Personal & Confidential Records

Name: _____

Date: _____

"THAT SOMEDAY IS TODAY"

START NOW!

Some suggestions for completing the Portfolio:

- Review the entire document to familiarize yourself with the information needed for completion.
- This document is designed to allow the listing of the personal and confidential records of two individuals with some page duplication and addenda as needed.
- If you need additional space to record or clarify information (addenda), binder paper inserted after the appropriate page would be appropriate. Name, date, and subject matter should be noted on the insert.
- It is recommended that information, which is subject to change, be listed in pencil.
- It is recommended that the Portfolio be reviewed periodically, at least once per year, and at any time major changes in personal circumstances may occur.
- The Portfolio forms are 'NOT ETCHED IN STONE'. As you complete the forms, you are encouraged to note changes you would make for its improvement. Send a copy of your suggestions to your Division Resource Services Committee Chairman.

Ordering Information:

CalRTA members are encouraged to obtain copies from their Division Resource Services Committee Chairman.

This publication is printed and distributed by the California Retired Teacher's Association Business Office.

Direct requests for copies to:

Portfolio

Resource Services Committee

c/o CalRTA Business Office

1750 Howe Ave., #630

Sacramento, CA 95825

PART II – Personal & Confidential Records

Name: _____

Date: _____

Family Records

	You	Your Spouse/Other
Name	_____ first middle last	_____ first middle last
Date of Birth	_____ month day year	_____ month day year
Place of Birth	_____ city county state	_____ city county state
Birth Certificate	_____ location	_____ location
Religion	_____ affiliation	_____ affiliation
Soc. Security #	_____ xxx-xx-xxxx	_____ xxx-xx-xxxx
Marriage	_____ date place	_____ date place
Parent's Names	_____ mother (maiden name)	_____ mother (maiden name)
	_____ father	_____ father

Your Children

Name	Date of Birth	Where Recorded	Present Address

Spouse/Other Children

Name	Date of Birth	Where Recorded	Present Address

PART II – Personal & Confidential Records

Name: _____

Date: _____

Military / Employment Records

You

Your Spouse/Other

Name

first middle last

first middle last

Branch

Serial Number

Dates

from to

from to

Service Details

Rank, Progression, Citations

Discharge Papers

location

location

Medical Records

location

location

Employment Records (begin with last position)

You

Name	Address	Dates	Title

Spouse/Other

Name	Address	Dates	Title



California Retired
Teachers Association

Portfolio of Vital Information

PART II – Personal & Confidential Records

Name: _____

Date: _____

Professional Advisors

Note: Use boxes below to list your professional advisors. Adapt boxes to fit your needs, e.g., Broker, Real Estate, Insurance, Advisors, etc.

	You	Your Spouse/Other
Attorney	first middle last	first middle last
	address	address
	phone	phone
Accountant/ Financial Advisor	first middle last	first middle last
	address	address
	phone	phone
Physician / Primary Care	first middle last	first middle last
	address	address
	phone	phone
	first middle last	first middle last
	address	address
	phone	phone
	first middle last	first middle last
	address	address
	phone	phone



California Retired
Teachers Association

Portfolio of Vital Information

PART II – Personal & Confidential Records

Name: _____

Date: _____

Safe Deposit Box Inventory

N.B. Cross out unused designations and write in those you need. Duplicate this page if you have additional boxes.

☐	Abstracts	☐	Military Discharges
☐	Adoption Papers	☐	Mortgages
☐	Auto Title Certificates	☐	Promissory Notes
☐	Birth Certificates (Orig.)	☐	Naturalization Papers
☐	Bonds	☐	Patents
☐	Certificates of Deposit	☐	Pension Certificates
☐	Contracts	☐	Savings Certificates
☐	Copyrights	☐	Social Security Records
☐	Court Decrees	☐	Stock Certificates
☐	Deeds	☐	Tax Returns
☐	Divorce Decree(s)	☐	Treasured Photos
☐	Insurance Policies	☐	Trust Agreements
☐	Inventories (personal property and valuables)	☐	Valued Letters
☐	Jewelry	☐	Wills/Living Trusts
☐	Marriage Certificate(s)	☐	
☐		☐	

Box #					
Location					

Note: See also P11-15 - Miscellany Locator

PART II – Personal & Confidential Records

Name: _____

Date: _____

Wills / Living Trusts

You

Name _____

Latest Will, Living Trust or Durable Power of Attorney:

document	date	location
----------	------	----------

document	date	location
----------	------	----------

document	date	location
----------	------	----------

Executor

name _____

address _____

Attorney

name _____

address _____

Spouse/Other

Name _____

Latest Will, Living Trust or Durable Power of Attorney:

document	date	location
----------	------	----------

document	date	location
----------	------	----------

document	date	location
----------	------	----------

Executor

name _____

address _____

Attorney

name _____

address _____

PART II – Personal & Confidential Records

Name: _____

Date: _____

Bank Accounts

Name & Address of Bank, S & L, Credit Union	Account #& Type of Account	Other Signers on account	Location of Passbook / Checkbook

N.B. Re: Joint Accounts: Review with your bank to make sure your savings institution will not block the account in the event of the death of one of the owners.

Safe Deposit Boxes

Name & Address of Bank, S & L, Credit Union	Box #	Persons with Access	Location of Keys

N.B. Access to boxes and their contents, even for joint box holders or authorized deputies, may be restricted upon the death of one of the renters. Check with the bank officer for the rules.

Other Safes/Strongboxes

Name & Address of Bank, S & L, Credit Union	Box #	Comments

PART II – Personal & Confidential Records

Name: _____

Date: _____

Real Estate

Description & Location of Property: _____

_____		How Titled?
Acquisition	_____	_____
	date	cost
Mortgagor	_____	_____
	name	address
Mortgage Terms:	_____	_____
	original amount	term
	_____	_____
	monthly payments	due date

Description & Location of Property: _____

_____		How Titled?
Acquisition	_____	_____
	date	cost
Mortgagor	_____	_____
	name	address
Mortgage Terms:	_____	_____
	original amount	term
	_____	_____
	monthly payments	due date

Description & Location of Property: _____

_____		How Titled?
Acquisition	_____	_____
	date	cost
Mortgagor	_____	_____
	name	address
Mortgage Terms:	_____	_____
	original amount	term
	_____	_____
	monthly payments	due date

N.B. Property separately owned and jointly owned by married persons should be clearly indicated. If the joint owner is other than a spouse, give the name, address and interest of each joint owner. Attach an addendum to this page if more space is needed.

PART II – Personal & Confidential Records

Name: _____

Date: _____

Investments

This page is to serve as a guide only for the listing of your investments. It may not be necessary to list bond, stock and mutual fund ownership if you receive detailed, periodic account statements from a broker, financial advisor, investment service or fund. You should, at a minimum make lists of long held investments where you hold the certificates and no periodic statement is received.

Bonds (Corporate - Municipal)

Name/Type	# Owned	Serial # of Certificates	Purchase Price	Maturity Date	In Whose Name(s)

Location of Bonds/Account Statements: _____

Stocks & Mutual Finds

Name/Type	# Owned	Serial # of Certificates	Purchase Price	Maturity Date	In Whose Name(s)

Location of Stock or Fund Certificates/Account Statements: _____

Note: Additional pages as needed - See also P11-13 Inventory - US Treasury Securities.



California Retired
Teachers Association

Portfolio of Vital Information

PART II – Personal & Confidential Records

Name: _____

Date: _____

Other Investments . (Money Owed to You)

Kind (Promissory Note, Mortgage, Contract, etc.)	Payable by Whom	Principal Amount	Payment Terms	Due Date

Location of Above Documents: _____

Insurance

Life

Company Name	Policy #	Face Amount	Beneficiaries	Policy Loan?	Premium Dates	Agent

Location of Above Documents: _____

Automobile & Casualty

Company Name	Policy #	Date of Ins.	Policy Amount	Property or Risk Covered	Agent

Location of Above Documents: _____

PART II – Personal & Confidential Records

Name: _____

Date: _____

Accident & Health

Company Name	Policy #	Date of Ins.	Beneficiaries	Death Benefits	Premium Benefits	Agent

Location of Above Documents: _____

Long Term Care

Company Name	Policy #	Date of Ins.	Beneficiaries	Premium Dates	Agent

Location of Above Documents: _____

Health and Hospitalization (See Part I Pages 2 & 4)

Property & Liability..... (Home Owners=/Renters= Insurance)

Company Name	Property Covered	Policy #	Date of Ins.	Policy Amount	Premium Dates	Agent

Location of Above Documents: _____

Other Insurance Benefits

(Death, disability & misc., i.e., other retirement system, union, fraternal, V.A.)

Name of Benefit	Amount or Service	Contact

Location of Above Documents: _____

PART II – Personal & Confidential Records

Name: _____

Date: _____

Pensions - Annuities

Name of Employer or Investment Firm	Type of Plan	I.D. #	Insurer	Beneficiaries	Maturity Date	Amount per Mo.	Survivor's Rights

N.B. You should determine and note under Survivor's Rights, whether or not a given pension or annuities will pay in whole or part to a surviving spouse or dependents, and in what amount.

Social Security Retirement Benefits (Actual or Estimated for early retirees)

For Covered Worker:

Retired at 62	Retired at 65	For Dependent(s)	Total

N.B. If you don't know the approximate amount of social security retirement benefits you can expect, obtain leaflet Estimating Your Social Security Check from the nearest Social Security Office.

Rents and Royalties

Description of Property	Income Per Month	Persons or Organizations Lessees, etc..	Terms of Lease/Contract	Pay Date

Note: List other rent and royalty income on separate sheet if needed.

PART II – Personal & Confidential Records

Name: _____

Date: _____

Financial Obligations

NOTES PAYABLE

Name	Address	Collateral	Person's Liable	Maturity Date	How Payable \$ Per	Balance Due
Total					\$	\$

INSTALLMENT OBLIGATIONS

Payable To	Person(s) Liable	Collateral	How Payable \$ Per	Balance Due
Total			\$	\$

Use additional page for other miscellaneous obligations. It is unnecessary to list recurring monthly bills such as utilities and city services.

SOME FINANCIAL RECORDKEEPING HINTS

CREDIT CARDS and CHARGE ACCOUNTS

An effective way to keep an accurate record of credit and charge cards is to make a photocopy of all of them. Place cards facedown on machine with a white paper on top and proceed to make a copy. Remember to update or make a new copy as changes or additions occur.

BUSINESS COMMUNICATIONS

Following your incapacity or death - the person acting in your behalf should keep a log of all his/her phone calls, letters and personal contacts with all financial institutions and legal advisors. The following outline is suggested:

NAME OF PERSON

Date	Institution	Topic	Disposition
9/4/97	Nancy Jones ABC Ins.	How to make a claim	She will mail forms
9/5/97	Jim Smith Personal contact		Obituary will appear next Tuesday

N.B. The person acting in your behalf should keep all letters and make photocopies of all checks received after the incapacity or death. A record of the deposit of the check by date, account number and bank should be written on the photocopy.

PART II – Personal & Confidential Records

Name: _____

Date: _____

**Inventory
U.S. Treasury Securities**

Savings Bonds

Series	Serial #	Maturity	Face Value	Purchase/ Due Date

Location of Above Documents: _____

Treasury Notes and Bills

Series	Type	Maturity	Par Value	Purchase Date

Location of Notes and Bills: _____

If purchased Treasury Direct, location of current Statement of Account: _____

Note: Duplicate as needed.

PART II – Personal & Confidential Records

Name: _____

Date: _____

Balance Sheet

As of _____

ASSETS		LIABILITIES	
Real Estate		Mortgages	
Personal Property		Taxes	
Autos		Operating Expenses	
Business Accounts Receivable		Business Accounts Payable	
Cash		Insurance Premiums	
Savings		Loans (Payments Due Others)	
Checking		Installments	
Time Deposits		Charge Accounts	
Stocks		Credit Cards	
Mutual Funds		Other Liabilities - Indebtedness	
Bonds			
Government Bonds			
Pension			
Annuity			
IRA			
Profit-Sharing			
Cash-Value Life Insurance			
Loans (Payments Receivable)			
Other Assets			
		Total Liabilities	
		Total Assets	
		Less Total Liabilities	
		Net Worth	

N.B. It is recommended that this statement be updated periodically - particularly when significant changes occur.

PART II – Personal & Confidential Records

Name: _____

Date: _____

MISCELLANY LOCATOR

SUBJECT	LOCATION
ADDRESS BOOK	
AUTO LOANS	
AUTO OWNERSHIP CERTIFICATES	
BANK STATEMENTS/CANCELLED CHECKS	
BURGLAR ALARM CODES	
COLLECTIBLES (STAMPS, COINS, ETC.)	
COMBINATIONS	
COMPUTER ACCESS CODES	
CREDIT CARD LIST	
CURRENT YEAR TAX MATERIALS	
DATEBOOK/PERSONAL CALENDAR	
DIARY/JOURNAL	
FAMILY GENEOLOGICAL MATERIAL	
HOME EQUIPMENT WARRANTIES/INSTRUCTIONS	
HOME IMPROVEMENT DATA	
HOME MORTGAGE MATERIALS	
HOUSEHOLD INVENTORY (Video-Pictures)	
I.R.A. STATEMENTS	
INSURANCE POLICIES	
KEYS — HOME — RENTAL	
LISTS OF BEQUESTS - DESIGNATED GIFTS	
PERSONAL LOANS	
SOCIAL SECURITY/MEDICARE DATA	
STOCKS AND BONDS	
STRS BENEFICIARY FORM	
TAX RETURNS	
TAX RETURNS — INVESTMENT PROPERTY	
UNPAID BILLS	
UNUSED CHECKS	
WARRANTIES — OTHER	

NOTE: Not in priority order.

PART II – Personal & Confidential Records

Name: _____

Date: _____

PERTINENT INFORMATION

DURABLE POWER OF ATTORNEY - HEALTH CARE

(California Civil Code 2410-2444)

An important legal document giving your designated agent the power to make health decisions for you when you are unable to do so. Copies to review should be available at your doctors' office. Before executing this document, review it with your doctor and family. You may feel the need to consult an attorney.

DECLARATION OF ANATOMICAL GIFT

A legal document granting on death all vital organs for transplantation or therapy to accredited medical facilities. Before executing this document, consult with your doctor and family.

HOME INVENTORY FILE

Loss due to fire, disaster, and or theft is always a possibility. An inventory of the property and possessions in your home is recommended for insurance purposes. When completed, the inventory should be kept in your safe deposit box or a location outside of your home. Forms, booklets for home inventories are available from all major home insurance companies.

CALIFORNIA STATE TEACHERS' DEATH BENEFIT

From time to time, check the beneficiary and alternates you named on Form M-2 when you retired. If you wish to make a change, a new M-2 must be obtained from and returned to STRS. Normally a check for \$5,000, less taxes, and the final retirement check of the deceased will be sent to the beneficiary named upon receipt of an original copy of the death certificate by STRS.

VETERANS DEATH BENEFITS

For information regarding Survivors' Benefits, phone 1-800-827-1000.

SOCIAL SECURITY SURVIVORS BENEFITS

For information regarding Survivors' Benefits, phone 1-800-771-1213.

DEATH CERTIFICATES

Original (certified) copies will be required. Suggest you order 12 copies as a minimum. When mailing certificates, send by certified mail - return receipt requested.

PART II – Personal & Confidential Records

Name: _____

Date: _____

In Case of Death

When a death occurs in the family, certain information regarding the deceased is immediately required. by completing this form, some of the stress associated with such a tragedy can be avoided.

See P11-20 - OBITUARY

Full Name _____ Soc. Sec. No. _____

Address _____ Mil. Serv. No. _____

Date of Birth _____ Birthplace _____ Citizen of _____

Father's Name _____ Birthplace _____

Mother's Maiden Name _____ Birthplace _____

Last Occupation and Title _____

Name of Business _____ Address _____

Marital Status ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced

Name of Surviving Spouse _____
Address _____

Spouse/Other

Full Name _____ Soc. Sec. No. _____

Address _____ Mil. Serv. No. _____

Date of Birth _____ Birthplace _____ Citizen of _____

Father's Name _____ Birthplace _____

Mother's Maiden Name _____ Birthplace _____

Last Occupation and Title _____

Name of Business _____ Address _____

Marital Status ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced

Name of Surviving Spouse _____
Address _____

PART II – Personal & Confidential Records

Name: _____

Date: _____

Personal Requests in Case of Death

Name

first middle last

Choice of Mortuary:

name address

Dispositions of Remains:

☐ Internment ☐ Crypt ☐ Ashes Scattered ☐ Other

Cemetery Name

location

Facility Owned

☐ Plot ☐ Crypt ☐ Niche Location of Deed _____

Services to be held at

☐ Mortuary ☐ Church ☐ Temple ☐ Other

Location

name address

Service to be conducted by

name address

Type of Service

☐ Private ☐ For Friends ☐ Memorial Service Later

when where

Relatives to be notified

Name	Address	Phone	Relationship

Fraternal Orders, Lodges, Organizations to be notified

Name	Person to be Notified	Phone	Address

Friends to be notified

Name	Address	Phone

(Attach addendum if needed for special requests re: services such as music, flowers, clothes, pall bearers, etc.)

PART II – Personal & Confidential Records

Name: _____

Date: _____

Personal Requests in Case of Death (Spouse/Other)

Name

first middle last

Choice of Mortuary:

name address

Dispositions of Remains:

☐ Internment ☐ Crypt ☐ Ashes Scattered ☐ Other

Cemetery Name

location

Facility Owned

☐ Plot ☐ Crypt ☐ Niche Location of Deed _____

Services to be held at

☐ Mortuary ☐ Church ☐ Temple ☐ Other

Location

name address

Service to be conducted by

name address

Type of Service

☐ Private ☐ For Friends ☐ Memorial Service Later

when where

Relatives to be notified

Name	Address	Phone	Relationship

Fraternal Orders, Lodges, Organizations to be notified

Name	Person to be Notified	Phone	Address

Friends to be notified

Name	Address	Phone

(Attach addendum if needed for special requests re: services such as music, flowers, clothes, pall bearers, etc.)

PART II – Personal & Confidential Records

Name: _____

Date: _____

OBITUARY

You know yourself best. Don't be bashful. Tell about your life by using the form below as a guide. It will be a big help to your survivors.

Name

first

middle

last

Birth

place

date

Schools or Colleges Attended

Degrees or Honors Won

Father's and Mother's Names

Profession or Place of Work

Length of Service w/ Company

Armed Services Record

Notable Achievements

Membership in Clubs, Lodges,
Fraternal Orders, etc.

Additional Data

Children's Names and Cities Where Live

Name	City	Name	City

Number of Grandchildren

Request Memorials be Directed to

List newspapers, professional journals and alumni magazines to which copies can be sent.

Publication	Address	Publication	Address

PART II – Personal & Confidential Records

Name: _____

Date: _____

OBITUARY (Spouse/Other)

You know yourself best. Don't be bashful. Tell about your life by using the form below as a guide. It will be a big help to your survivors.

Name _____
first middle last

Birth _____
place date

Schools or Colleges Attended _____

Degrees or Honors Won _____

Father's and Mother's Names _____

Profession or Place of Work _____

Length of Service w/ Company _____

Armed Services Record _____

Notable Achievements _____

Membership in Clubs, Lodges,
Fraternal Orders, etc. _____

Additional Data _____

Children's Names and Cities Where Live

Name	City	Name	City

Number of Grandchildren _____

Request Memorials be Directed to _____

List newspapers, professional journals and alumni magazines to which copies can be sent.

Publication	Address	Publication	Address