



Derik A. Tutt is an Independent Insurance Broker in the State of Georgia. He is the Owner of InstaSure Financial which is based in Atlanta, GA. Mr. Tutt is passionate about helping people and educating folks on the importance of implementing a solid plan for the future. This document will help you organize your personal affairs. Too many people fail to plan for future events that are going to happen, whether we like it or not. Feel free to print this document out in its entirety, fill it out, and store it in a safe place. Once it is filled out, you can then fax it over to me at (206) 333-0190 and I will keep it on file for you in case you lose or misplace it. I would not advise storing it in a safe deposit box unless a few of your close family members know how to access it in case something happens to you. You can give me a call at 404-200-5532 or E-Mail me at DerikTutt@InstaSureFinancial.com if you have any questions regarding this document. I can provide this document to your friends and family as well. If there is anyone that you know who needs to organize their personal affairs, we can help them out as well.

Other Free Services:

Free Living Will aka Advance Directive

Free Credit Report

Free Life Insurance Policy Review

Free Financial Needs Analysis

Free Debt Analysis and Plan to Become Debt Free in less than half the time

Property Tax Exemption Review

Social Services Eligibility Recommendations

Derik A. Tutt

Independent Insurance Broker

InstaSure Financial

www.InstaSureFinancial.com

<http://deriktutt.businesscard2.com>

(404) 200-5532 Direct Line

(206) 333-0190 fax

DerikTutt@InstaSureFinancial.com

Organizing Your Personal Affairs

ABOUT YOU

Your legal name _____

Address _____

City _____ State _____ Zip Code _____

Date of birth _____ Place of birth _____

City _____ State _____ Zip Code _____

Your citizenship _____ Your race _____

Your religious affiliation _____

Occupation or former occupation (kind of work you did most of your life) _____

Your education:

High School _____

College _____

Graduate School _____

Other _____

SIGNIFICANT OTHER

Marital Status: ___ Married ___ Divorced ___ Widowed ___ Other _____

Name of spouse _____

Spouse's place of birth _____

FAMILY

Mother's maiden name _____ Her place of birth _____

Her address _____

City _____ State _____ Zip Code _____

Father's name _____ His place of birth _____

His address _____

City _____ State _____ Zip Code _____

CHILDREN

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

GRAND CHILDREN

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

SIBLINGS

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

GOD PARENTS

Name _____ Phone _____

Name _____ Phone _____

Other Important Family Members

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

MILITARY

Dates of service _____ Branch of service _____

Rank _____ Service Number _____

Wars/conflicts served: First _____ Second _____

Location of discharge papers (you will need a copy of these papers) _____

FRATERNAL ORGANIZATIONS

Name _____ Address _____

City _____ State _____ Zip Code _____

Name _____ Address _____

City _____ State _____ Zip Code _____

INSURANCE INFORMATION

Health Insurance Company _____ Policy Number _____

My policy is located at: _____

Life Insurance Company _____ Policy Number _____

My policy is located at: _____

Beneficiary _____ Contingent _____

My policy is located at: _____

Long Term Care Company _____ Policy Number _____

My policy is located at: _____

Annuity Insurance Company _____ Policy Number _____

My policy is located at: _____

Disability Insurance Company _____ Policy Number _____

My policy is located at: _____

Other Policies: Company _____ Policy Number _____

Amount _____ Reason Purchased _____

My policy is located at: _____

PENSION DETAILS

Name of Company _____ Phone _____

Type (401k, RRSPs, RRIFs, etc.) _____

Value _____ Other _____

Name of Company _____ Phone _____

Type (401k, RRSPs, RRIFs, etc.) _____

Value _____ Other _____

CREDIT CARDS

Card Type _____ Expiration Date _____

Additional Card Holder _____ Relationship _____

Telephone Number of Additional Card Holder _____

Card Type _____ Expiration Date _____

Additional Card Holder _____ Relationship _____

Telephone Number of Additional Card Holder _____

Card Type _____ Expiration Date _____

Additional Card Holder _____ Relationship _____

Telephone Number of Additional Card Holder _____

Card Type _____ Expiration Date _____

Additional Card Holder _____ Relationship _____

Telephone Number of Additional Card Holder _____

Card Type _____ Expiration Date _____

Additional Card Holder _____ Relationship _____

Telephone Number of Additional Card Holder _____

Card Type _____ Expiration Date _____

Additional Card Holder _____ Relationship _____

Telephone Number of Additional Card Holder _____

SAFETY DEPOSIT BOX

I have a Safety Deposit Box? Yes No Box Number _____

It is located at _____ Contact Number _____

Additional Key Holder _____ Contact Number _____

In the event of no Additional Key Holder the contents of the box is to be opened by:

_____ Contact Number _____

FINANCIAL INSTITUTIONS

Savings Account Location (Name of Bank) _____

Name of Joint Account Holder _____ Phone _____

Savings Account Location (Name of Bank) _____

Name of Joint Account Holder _____ Phone _____

Checking Account Location (Name of Bank) _____

Name of Joint Account Holder _____ Phone _____

Checking Account Location (Name of Bank) _____

Name of Joint Account Holder _____ Phone _____

POWER OF ATTORNEY

I have a will: ___ Yes ___ No

It is located at name/place: _____ Phone: _____

City _____ State _____ Zip Code _____

My attorney's name is: _____ Phone: _____

City _____ State _____ Zip Code _____

The executor of my Will is: _____ Phone: _____

City _____ State _____ Zip Code _____

I have a living will: ___ Yes ___ No

It is located at: _____

City _____ State _____ Zip Code _____

I have a medical Power of Attorney: ___ Yes ___ No

It is located at: _____

City _____ State _____ Zip Code _____

The person designated under my Medical Power of Attorney is: _____

Address _____ Phone: _____

City _____ State _____ Zip Code _____

FUNERAL ARRANGEMENTS

I have already made my funeral arrangements: Yes No

I wish to have my body: Buried (at _____) Cremated (given
to _____) Donated (to _____)

I would like a: Traditional Funeral Direct Burial Direct Cremation Other(_____)

I would like my ceremony to be: Religious Personalized Military Other _____

I wish to have my funeral handled by: _____

Phone _____ Address _____

City _____ State _____ Zip Code _____

I want my Viewing/Funeral to be: Open Casket Closed Casket Other _____

I would like my service to be conducted by: _____

Phone _____

I would like my eulogy to be conducted by: _____

Phone _____

I would like to request the following people as Pallbearers:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

I would like to be buried wearing _____

I would prefer to be buried wearing my jewelry: Yes No

I would like to have the following songs played at my funeral: _____

In honor of my memory I would prefer: Flowers be sent to the Funeral Home
 Donations to be made to: _____ Other: _____

Special Instructions: _____

ORGAN DONATION INFORMATION

Are you an Organ Donor: Yes No

If it is at all possible I would like to have the following organs donated: None All

Heart Liver Kidney Lung Pancreas Intestine Cornea

Skin Bone Bone Marrow Eyes Other: _____

Donor _____ Date _____

Witness _____ Date _____

Witness _____ Date _____

COPIES OF THIS DOCUMENT

Copies of this document have been probated: Yes No

Copies of this document are kept by the following people:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

HOW I WOULD LIKE MY HEADSTONE, FOOTSTONE,
& OBITUARY TO READ

The following should be followed:

Exactly As a guideline At discretion Does not matter

Headstone:

Footstone:

Obituary:

SPECIFIC CONTACTS AT THE TIME OF PASSING VIA PHONE

Call:(name)_____ At (phone)_____

Tell them:_____

Tell them to contact_____ At (phone)_____

Call:(name)_____ At (phone)_____

Tell them:_____

Tell them to contact_____ At (phone)_____

Call:(name)_____ At (phone)_____

Tell them:_____

Tell them to contact_____ At (phone)_____

Call:(name)_____ At (phone)_____

Tell them:_____

Tell them to contact_____ At (phone)_____

Call:(name)_____ At (phone)_____

Tell them:_____

Tell them to contact _____ At (phone) _____

SPECIFIC CONTACTS AT THE TIME OF PASSING VIA MAIL

Name _____ Address _____

City _____ State _____ Zip _____

I already have a letter written for them: ___ Yes ___ No

If Yes it is located _____

If No, Please write _____

Name _____ Address _____

City _____ State _____ Zip _____

I already have a letter written for them: ___ Yes ___ No

If Yes it is located _____

If No, Please write _____

Name _____ Address _____

City _____ State _____ Zip _____

I already have a letter written for them: ___ Yes ___ No

If Yes it is located _____

If No, Please write _____

or, if they are unavailable _____ . Thank you in advance for complying with my wishes.

Sincerely,

MY PERSONAL INFORMATION

Favorite Bible Verse _____

Favorite Song _____

Favorite Holiday _____

Favorite Place _____

Favorite Color _____

Most Important Event in My Life _____

Saddest Day of My Life _____

Favorite Saying _____

Lucky Number(s) _____

Hobbies _____

Most Prized Possession _____

Best Friend(s) _____

Accomplishments _____

Favorite Charity _____

Greatest Goal _____

Favorite Movie _____

Favorite TV Show _____

Favorite Actor/ Actress _____

Favorite Car _____

Other Things of Personal Interest _____

AUTOMOBILE/ VEHICLE DETAILS

Vehicle Model _____ Year _____

Vehicle Identification Number _____ Tag _____

Ownership Status: ___Own ___Leased ___Financed to Own

Leasing/ Finance Company _____ Phone _____

Date of End of Lease/ Finance Period _____ Monthly Payment _____

Co-owners Name _____ Phone _____

Insurance Name _____ Policy Number _____

Notes _____

Vehicle Model _____ Year _____

Vehicle Identification Number _____ Tag _____

Ownership Status: ___Own ___Leased ___Financed to Own

Leasing/ Finance Company _____ Phone _____

Date of End of Lease/ Finance Period _____ Monthly Payment _____

Co-owners Name _____ Phone _____

Insurance Name _____ Policy Number _____

Notes _____

Vehicle Model _____ Year _____

Vehicle Identification Number _____ Tag _____

Ownership Status: ___Own ___Leased ___Financed to Own

Leasing/ Finance Company _____ Phone _____

Date of End of Lease/ Finance Period _____ Monthly Payment _____

Co-owners Name _____ Phone _____

Insurance Name _____ Policy Number _____

Notes _____

IMPORTANT DOCUMENTS LOCATIONS

Lock Box and/or Other Important Keys _____

Birth Certificate(s) _____

Children's Birth Certificate(s) _____

Marriage Certificate(s) _____

Divorce Decree _____

Adoption Papers _____

Deeds and Titles _____

Mortgages and Notes _____

Income Tax Records>Returns _____

Veteran Discharge Papers _____

Other Important Papers (Please List) _____

PROFESSIONAL DIRECTORY

Name _____ Profession _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Notes _____

Name _____ Profession _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Notes _____

MEDICAL DIRECTORY

Physician's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Notes _____

Specialist's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Notes _____

Chiropractor's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Notes _____

Dentist's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Notes _____

PET DETAILS

Name _____ Type _____

This pet has papers: Yes No The papers are located _____

Pet to go to _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Veterinarian's Name _____ Phone _____

Allergies _____

Feeding Schedule _____ Vaccination Schedule _____

Has the pet been spaded, or neutered? Yes No

Name _____ Type _____

This pet has papers: Yes No The papers are located _____

Pet to go to _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Veterinarian's Name _____ Phone _____

Allergies _____

Feeding Schedule _____ Vaccination Schedule _____

Has the pet been spaded, or neutered? Yes No

Special Instructions _____

MEDICAL HISTORY

1). Parents and/or siblings had heart disease, kidney disease, diabetes, cancer, stroke, or any other hereditary disease? (If yes, indicate family member, illness, age at onset, if applicable, age at death.)

No Yes _____

2). Have you had problems with your circulatory, cerebrovascular or cardiovascular systems or blood vessels (such as: heart attack, heart disease, palpitations, heart murmur, chest pain, high blood pressure, stroke, anemia)?

No Yes _____

3). Have you had problems your with nose, throat, lung or respiratory system (emphysema, asthma, shortness of breath, chronic cough or sleep apnea)?

No Yes _____

4). Have you had problems with stomach, intestine, rectum, liver or pancreas (such as: hepatitis, ulcer, colitis, Crohn's disease, or pancreatitis)?

No Yes _____

5). Have you had problems with your nervous system (such as: epilepsy, seizures, multiple sclerosis, depression, suicide, eating disorder, dementia, Alzheimer's, anxiety, mental illness)?

No Yes _____

6). Have you had problems with your Endocrine system, bones, muscles, joints, eyes or skin (such as: diabetes, thyroid, lupus, arthritis, or back problems)?

No Yes _____

7). Have you had Cancer, tumor(s), polyps, melanoma or any other malignancy?

No Yes _____

8). Have you had problems with your sugar, albumin or blood in urine, or other illness or disease of the kidneys, bladder, or urinary system, prostate, breast, sexually transmitted disease, or any other reproductive disorder?

No Yes _____

This is a free service that I provide to my clients and to anyone else who wants to get their personal affairs in order.

Derik A. Tutt

Independent Insurance Broker

InstaSure Financial

www.InstaSureFinancial.com

(404) 200-5532 Direct Line

(206) 333-0190 fax

DerikTutt@InstaSureFinancial.com