

Personal Records Handbook

of

Susan J. Hoffinan
Surrogate of Hunterdon County



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www.co.hunterdon.nj.us/depts/surrog/message.htm



Susan J. Hoffman Surrogate

It is my pleasure to provide this Personal Records Handbook which will be of assistance to your family and friends.

After you have carefully recorded the necessary information, advise your executor and/or your loved ones of its existence and where it is kept. It should be readily available. If you have any questions please do not hesitate to contact my office at (908)788-1156.

Sincerely,

Susan J. Hoffman,
Surrogate Hunterdon County

General Information

Name: _____

Also Known As: _____

Maiden Name: _____

Date of Birth: _____

I was born (City, State) _____

My mother's name: _____

My father's name: _____

I have a
birth certificate YES _____ NO _____

It is kept in or at: _____

My Social Security Number is: _____

Marital or Civil Union Information

I was *married* or *joined via civil union* in (City, State):

Date of marriage or civil union: _____

My marriage or civil union certificate is located in:

I am or have been divorced: YES _____ NO _____

Date: _____ Where: _____

Military History

I served in the Armed Forces: YES _____ NO _____

Dates of Service: _____

Serial Number _____

Discharge papers are kept: _____

Residence

I reside at _____

<p>I own _____ my residence.</p> <p>~~~~~ Title is _____ in my name only _____ in Joint name with: _____</p> <p>There IS _____ IS NOT _____ a mortgage on the property.</p> <p>Mortgage is held by: _____ _____ _____</p> <p>I own the following other real estate: _____ _____</p>	<p>I rent _____.</p> <p>My landlord is _____ _____</p> <p>~~~~~ I send my rent payment to: _____ _____ _____</p> <p>Amount of my rent: \$ _____</p> <p>My security deposit is: \$ _____</p> <p>My lease document can be found in: _____ _____</p>
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Existence and Location of Documents

I have a Last Will and Testament: YES _____ NO _____

Location: _____

Note: It is advisable to have a Will, even if you have already set up a trust or believe that there are limited assets in your estate. By establishing a Will, you can appoint your personal representative, direct to whom your estate is distributed, and waive the need for a personal representative to “post a bond” (pay an insurance premium to ensure the estate is managed properly).

Without a Will, the laws of the state will determine who may serve as your personal representative & how your estate is distributed. In addition, your personal representative may need to incur the additional expense to your estate by having to “post a bond.”

I have a Power of Attorney: YES _____ NO _____

Location: _____

I have an Advance Directive / Health Care Proxy: YES _____ NO _____

Location: _____

I have a Living Trust: YES _____ NO _____

Location: _____

I have a Cemetery Plot/Deed: YES _____ NO _____

Location: _____

I AM THE BENEFICIARY OF A TRUST YES _____ NO _____

Name & Address of the Trustee/s is: _____

Asset Information

I have a Post Office Box YES ___ NO ___

Located at: _____

Key is located: _____

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**I have a Safe Deposit Box** YES \_\_\_ NO \_\_\_

Located at: \_\_\_\_\_

Key is located: \_\_\_\_\_

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I have Checking Accounts YES ___ NO ___

Account No. _____

Held Jointly? YES ___ NO ___

Located at: _____

Account No. _____

Held Jointly? YES ___ NO ___

Located at: _____

Account No. _____

Held Jointly? YES ___ NO ___

Located at: _____

Account No. _____

Held Jointly? YES ___ NO ___

Located at: _____

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**I have Savings Accounts** YES \_\_\_ NO \_\_\_

**Account No.** \_\_\_\_\_

Held Jointly? YES \_\_\_ NO \_\_\_

Located at: \_\_\_\_\_

**Account No.** \_\_\_\_\_

Held Jointly? YES \_\_\_ NO \_\_\_

Located at: \_\_\_\_\_

# Asset Information

(continued)

I have Stocks/Bonds YES \_\_\_ NO \_\_\_

Are they located in a brokerage account? YES \_\_\_ NO \_\_\_

If yes, the Account No. is: \_\_\_\_\_

Held Jointly? YES \_\_\_ NO \_\_\_

If not, where are they located? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note if any are held jointly or are payable upon death (POD) to others: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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I have U.S. Savings Bonds YES ___ NO ___

Located: _____

Located: _____

Located: _____

Located: _____

Located: _____

Note if any are held jointly or are payable upon death (POD) to others: _____

Asset Information

(continued)

I have a motor vehicle(s) in my name: YES ___ NO ___

I have a boat(s) in my name: YES ___ NO ___

I have a trailer(s) in my name: YES ___ NO ___

The title/registration are located: _____

The title/registration are located: _____

The title/registration are located: _____

Note if any are held jointly: _____

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I have a pension YES \_\_\_ NO \_\_\_

Person / Agency to contact & details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is asset payable upon death to others? YES \_\_\_ NO \_\_\_

\_\_\_\_\_

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I have other death benefits YES ___ NO ___

Person / Agency to contact & details: _____

Is asset payable upon death to others? YES ___ NO ___

Asset Information

(continued)

OTHER ASSETS NOT ALREADY NAMED:

Held Jointly/Payable Upon Death to others? YES__ NO__

.....

Held Jointly/Payable Upon Death to others? YES__ NO__

.....

Held Jointly/Payable Upon Death to others? YES__ NO__

.....

Held Jointly/Payable Upon Death to others? YES__ NO__

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# Asset Information

## Personal Property

I have the following and keep it at the listed location/s:

**Jewelry:** YES \_\_\_ NO \_\_\_ Located at: \_\_\_\_\_

**Furs:** YES \_\_\_ NO \_\_\_ Located at: \_\_\_\_\_

**Other:** YES \_\_\_ NO \_\_\_ Located at: \_\_\_\_\_

**Other:** YES \_\_\_ NO \_\_\_ Located at: \_\_\_\_\_

**Other:** YES \_\_\_ NO \_\_\_ Located at: \_\_\_\_\_

Note if any are held jointly:

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**The personal property \_\_\_ IS \_\_\_ IS NOT insured.**

Details on insurance: \_\_\_\_\_

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# Insurance Information

**I have Homeowners/Renters Insurance**      **YES**\_\_\_ **NO**\_\_\_

Company & address where I send payments:

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Telephone Number: \_\_\_\_\_

**I have Auto Insurance**      **YES**\_\_\_ **NO**\_\_\_

Company & address where I send payments:

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Telephone Number: \_\_\_\_\_

**I have Health Insurance**      **YES**\_\_\_ **NO**\_\_\_

Company & address where I send payments:

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Telephone Number: \_\_\_\_\_

**I have Prescription Assistance**      **YES**\_\_\_ **NO**\_\_\_

Agency/Company & address:

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Telephone Number: \_\_\_\_\_

# Insurance Information

(Continued)

I have Life Insurance YES\_\_\_ NO\_\_\_

Company & address where I send payments:

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Telephone Number: \_\_\_\_\_

Beneficiary on policy: YES\_\_\_ NO\_\_\_

Name of Beneficiary(s): \_\_\_\_\_

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Company & address where I send payments:

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Telephone Number: \_\_\_\_\_

Beneficiary on policy: YES\_\_\_ NO\_\_\_

Name of Beneficiary(s): \_\_\_\_\_

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Company & address where I send payments:

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Telephone Number: \_\_\_\_\_

Beneficiary on policy: YES\_\_\_ NO\_\_\_

Name of Beneficiary(s): \_\_\_\_\_

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# Liabilities

Location of my Tax Returns: \_\_\_\_\_

\_\_\_\_\_

I have a mortgage: YES\_\_\_ NO\_\_\_

Company & address where I send payments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**\*PROPERTY TAXES PAID TO:** \_\_\_\_\_

I have an automobile loan YES\_\_\_ NO\_\_\_

Company & address where I send payments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Company & address where I send payments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

# Liabilities

(Continued)

I have a credit card(s) YES\_\_\_ NO\_\_\_

Account No. \_\_\_\_\_

Company & address where I send payments:

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Telephone Number: \_\_\_\_\_



Account No. \_\_\_\_\_

Company & address where I send payments:

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Telephone Number: \_\_\_\_\_



Account No. \_\_\_\_\_

Company & address where I send payments:

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Telephone Number: \_\_\_\_\_



I have other debts YES\_\_\_ NO\_\_\_

Company & address where I send payments:

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Telephone Number: \_\_\_\_\_

**In the event of my death, please notify the following  
people:**

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**In the event of my death, please notify these professionals:**

**Clergy person:** \_\_\_\_\_

Telephone: \_\_\_\_\_

**Executor of Estate:** \_\_\_\_\_

Telephone: \_\_\_\_\_

**Employer:** \_\_\_\_\_

Telephone: \_\_\_\_\_

**Attorney:** \_\_\_\_\_

Telephone: \_\_\_\_\_

**Accountant:** \_\_\_\_\_

Telephone: \_\_\_\_\_

**Insurance broker:** \_\_\_\_\_

Telephone: \_\_\_\_\_

**Broker:** \_\_\_\_\_

Telephone: \_\_\_\_\_

**Other:** \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

**My Address book is located:** \_\_\_\_\_

\_\_\_\_\_



# Arrangements upon my death

**I have a prepaid funeral trust**      YES\_\_\_ NO\_\_\_  
(This is not a life insurance policy that  
will pay for the cost of the funeral)

**Designated funeral home:**

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**I wish to be *or* have arranged to be:**

**Buried**      YES\_\_\_ NO\_\_\_

Location:

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**Cremated**      YES\_\_\_ NO\_\_\_

Please do the following with my remains:\_\_\_\_\_

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**My wishes regarding  
funeral, memorial or other service**

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# **PASSWORD INFORMATION**

**Passwords & where to find them**

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## **OTHER NOTES**

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