

## **Section B-7 Legal Affairs**

The contents of this Toolkit have been developed to assist you in your efforts to support family readiness. Every effort has been made to ensure that the information provided is current and accurate. However, because statutory and regulatory changes may have occurred since the publication of this Toolkit, the Office of the Assistant Secretary of Defense for Reserve Affairs cannot assume responsibility for its continued accuracy. Before taking any significant action based on the contents of this Toolkit, you should contact your Family Readiness Program representative or legal officer, as appropriate, to secure the most current information.

**Legal Affairs**

**Property and Financial Affairs Management**

1). Record of Personal Affairs

- a. Name (First, Middle, Last):
- b. Present Rank and Social Security Number:
- c. Street Address:
- d. City, State, and Zip Code:

2). Family Records and Important Documents Location

Birth Certificates (for yourself and family members)	Adoption Papers	Naturalization Papers (if applicable)	Marriage License	Divorce Decree, Death Certificates	Power of Attorney & Guardianship Papers	Other important family papers (i.e. Social Security Cards, shot records)

2). Military Personnel File Location:

3). Other Important Papers

- a. I (have) or (have not) executed a Will:

Copies have been given to:

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b. I (have) or (have not) executed a Power of Attorney:

Date:

Agent or Attorney:

Telephone Number:

Address:

4). Location of cancelled checks, bank books, new checks:

5). Savings Bonds

a. Location:

b. Approximate value (attach listing of serial numbers):

6). Annuities

a. Survivor Benefit Plan (SBP)

Payable to:

Address:

Current amount: \$

Date:

b. Other Annuities

Payable to:

Address:

Current amount: \$

Location of Annuity Papers:

7). Employer

a. List your current employer and company survivor benefits

Employer:

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Address:

Telephone:

Survivor Benefits:

8). Private Associations and Organizations – you may be a member of several associations or organizations that may be helpful to your family. It is recommended that you list them and indicate what assistance your family may expect.

Association/Organization	Address	Telephone Number & Point of Contact	Comments

9). Funeral and Burial Arrangements

a. I have given instructions regarding my funeral in:

Will:

Location:

Letter:

Location:

Other:

Location:

b. I am entitled to military honors: Yes \_\_\_\_\_ No \_\_\_\_\_

c. I desire military honors: Yes \_\_\_\_\_ No \_\_\_\_\_

d. Military/National Cemetery Burial: Yes \_\_\_\_\_ No \_\_\_\_\_

e. I want to be: Buried \_\_\_\_\_ Cremated: \_\_\_\_\_

f. I own a plot or vault in the following cemetery:

Name:

Address:

10). Other instructions or directions:

11). Military Awards & Decorations: