

# PERSONAL RECORDS HANDBOOK

Of

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Compliments of

## Nicki A. Burke

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NICKI A. BURKE  
Surrogate

It is certainly my pleasure to provide this Personal Records Handbook to the residents of Salem County which will be of assistance to you, your family, and friends.

After you have carefully completed the necessary information, advise your executor and/or your loved ones of its existence and where it is kept. This handbook should be readily available.

If you have any questions, I am always but a phone call away. Please do not hesitate to contact me as below:

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Phone or e-mail: (856) 935-7510 ext. 8323 [surrogate@salemcountynj.gov](mailto:surrogate@salemcountynj.gov).

Sincerely,

*Nicki A. Burke*

Nicki A. Burke

Surrogate of Salem County

**General Information**

Name: \_\_\_\_\_

Also known as: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I was born (city, state & county if known) \_\_\_\_\_

My mother's name: \_\_\_\_\_

My father's name: \_\_\_\_\_

I have a birth certificate YES \_\_\_\_\_ NO \_\_\_\_\_

Birth Certificate is located: \_\_\_\_\_

My Social Security Number is: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Marital or Civil Union or Domestic Partnership Information**

I was married or joined via civil union or filed domestic partnership in (City,County,State):  
\_\_\_\_\_

My marriage or civil union or domestic partnership certificate is located:  
\_\_\_\_\_

I am or have been divorced: YES \_\_\_\_\_ NO \_\_\_\_\_

Date: \_\_\_\_\_ County/state where divorced: \_\_\_\_\_

My divorce decree is located: \_\_\_\_\_

**Military History**

I served in the Armed Forces: YES \_\_\_\_\_ NO \_\_\_\_\_

Branch: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Discharge papers are kept: \_\_\_\_\_

**RESIDENCE** - I reside: \_\_\_\_\_

I **own** my residence YES [ ] NO [ ]

Title is in my name only YES [ ] NO [ ]

Title is in joint names with:

\_\_\_\_\_

There IS \_\_\_\_\_ IS NOT \_\_\_\_\_ a mortgage on the property.

Mortgage is held by: \_\_\_\_\_

I own the following other real estate: \_\_\_\_\_

\_\_\_\_\_

I **rent** my residence [ ]

My landlord is: \_\_\_\_\_

I send my rent payment to: \_\_\_\_\_

Rent amount: \$ \_\_\_\_\_

My security deposit is: \$ \_\_\_\_\_

My lease document can be found: \_\_\_\_\_

### **Existence and Location of Documents**

I have a Last Will and Testament: YES [ ] NO [ ]

Location of original: \_\_\_\_\_

Location of copy: \_\_\_\_\_

**Note:** It is advisable to have a Last Will & Testament, 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 property.)

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 of original: \_\_\_\_\_

I have a Medical Directive/Living Will: 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: \_\_\_\_\_

I have a Safe Deposit Box: YES [ ] NO [ ]

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

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

I have Checking Accounts: YES [ ] NO [ ]

Account Number: \_\_\_\_\_

Jointly held? YES [ ] NO [ ]

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

Account Number: \_\_\_\_\_

Jointly held? YES [ ] NO [ ]

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

Account Number: \_\_\_\_\_

Jointly held? YES [ ] NO [ ]

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

Account Number: \_\_\_\_\_

Jointly held? YES [ ] NO [ ]

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

I have Savings Accounts: YES [ ] NO [ ]

Account Number: \_\_\_\_\_

Jointly held? YES [ ] NO [ ]

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

Account Number: \_\_\_\_\_

Jointly held? YES [ ] NO [ ]

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

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 NO**, where are they located? \_\_\_\_\_

Please note here if any are held jointly or are payable upon death (POD) to others:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have U.S. Savings Bonds: YES [ ] NO [ ]

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

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

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

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

Please note here if any are held jointly or are payable upon death (POD) to others:

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**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 [ ]

Title/registration is located: \_\_\_\_\_

Title/registration is located: \_\_\_\_\_

Title/registration is located: \_\_\_\_\_

Please note if any are held jointly: \_\_\_\_\_

**I have a pension:** YES [ ] NO [ ]

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

Is asset payable upon death to others? YES [ ] NO [ ]

**I have other death benefits:** YES [ ] NO [ ]

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

Is asset payable upon death to others? YES [ ] NO [ ]

**OTHER ASSETS NOT ALREADY NAMED:**

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Held Jointly/Payable Upon Death to others? YES [ ] NO [ ]

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Held Jointly/Payable Upon Death to others? YES [ ] NO [ ]

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Held Jointly/Payable Upon Death to others? YES [ ] NO [ ]

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Held Jointly/Payable Upon Death to others? YES [ ] NO [ ]

**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: \_\_\_\_\_  
Other: YES [ ] NO [ ] Located at: \_\_\_\_\_  
Please note if any are held jointly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The personal property **IS** [ ] **IS NOT** [ ] insured.

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

**INSURANCE INFORMATION**

**I have Homeowners/Renters Insurance: YES [ ] NO [ ]**

Company & address where I send payments: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

**I have Auto Insurance: YES [ ] NO [ ]**

Company & address where I send payments: \_\_\_\_\_  
\_\_\_\_\_

**I have Health Insurance: YES [ ] NO [ ]**

Company & address where I send payments: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

**I have Prescription Assistance: YES [ ] NO [ ]**

Agency/Company & address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

**I have Life Insurance: YES [ ] NO [ ]**

Company & address where I send payments: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Beneficiary on policy: YES [ ] NO [ ]

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

Company & address where I send payments: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Beneficiary on policy: YES [ ] NO [ ]

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

Company & address where I send payments: \_\_\_\_\_

Telephone Number: (     ) \_\_\_\_\_

Beneficiary on policy: YES [  ] NO [  ]

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

**LIABILITIES**

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

**I have a mortgage: YES [  ] NO [  ]**

Company & address where I send payments: \_\_\_\_\_

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

**I have an automobile loan(s):**

Company & address where I send payments: \_\_\_\_\_

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

Company & address where I send payments: \_\_\_\_\_

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

Company & address where I send payments: \_\_\_\_\_

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

**I have a credit card(s): YES [  ] NO [  ]**

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

Company & address where I send payments: \_\_\_\_\_

**I have a credit card(s): YES [  ] NO [  ]**

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

Company & address where I send payments: \_\_\_\_\_

**I have a credit card(s): YES [  ] NO [  ]**

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

Company & address where I send payments: \_\_\_\_\_

**I have a credit card(s): YES [  ] NO [  ]**

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

Company & address where I send payments: \_\_\_\_\_

**I have a credit card(s): YES [  ] NO [  ]**

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

Company & address where I send payments: \_\_\_\_\_





1. It is important to make inventory lists of your digital assets and how to access them. Account numbers should be stored on a separate list.
2. Find a safe place to store this information. This list contains valuable personal information that could lead to identity theft or financial losses so you need to be careful where you put them.
3. Write out instructions for what should happen to your digital assets after you pass. Do you want your social media accounts deactivated, do you want them to remain online as a memorial of your life, etc.
4. Consider whether you want to post a final message online.
5. Select a "digital executor". This person could be someone other than the executor of your will if you would like but be sure it is someone who is comfortable using a computer.

**I appoint \_\_\_\_\_ as my digital executor.**

**If my first appointed digital executor predeceases me or cannot act I appoint \_\_\_\_\_**

ASSET	LOGIN	PASSWORD
Facebook		
Twitter		
Instagram		
Linkedin		
Google		
Ebay		
Apple		
Itunes		
Wireless Carrier		
Cable		
E-mail		
E-mail		
Online Banking		
Online Banking		
Credit Card		
Credit Card		
Credit Card		
Amazon		
Online Shopping		
Other		

Other		
Other		
Other		
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Other		
Other		

**Arrangements upon my death**

**I have a prepaid funeral trust:            YES [ ]            NO [ ]**

If yes, location of the funeral trust document: \_\_\_\_\_

Designated funeral home: \_\_\_\_\_

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

**Buried            YES [ ]            NO [ ]**

Location: \_\_\_\_\_

**Cremated    YES [ ]    NO [ ]**

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

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

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