Important Documents for Veterans and Their Loved Ones
VETERANS:

Do Your Loved Ones Have All the Information They'll Need
To Receive the Benefits You Have Earned?
BURIAL BENEFITS
U.S. DEPARTMENT OF VETERANS AFFAIRS

The National Cemetery Administration (NCA), a division of the Department of Veterans Affairs (VA), provides burial benefits, which include a gravesite, a headstone or marker, a burial flag and Presidential Memorial Certificate, opening and closing of the grave, and perpetual care in a VA national cemetery. To be eligible for burial benefits, veterans must have been discharged or separated from military service under conditions other than dishonorable, and must have completed their required period of service.

Currently there are 137 national cemeteries located in 40 states and Puerto Rico. Spouses and minor children of eligible veterans and service personnel may be buried in a national cemetery, as may certain adult children who are incapable of supporting themselves. These eligible spouses and dependents may be buried in a national cemetery even if they predecease the Veteran.

Gravesites may not be reserved; funeral directors or others making the arrangements must apply for the site after the veteran's death. For more information on benefits from the NCA, see: http://www.cem.va.gov

STATE VETERANS CEMETERIES
In addition to VA national cemeteries, most states maintain veterans cemeteries for their eligible veterans. For information on state cemeteries, contact the State Veterans' Services Office in your state, or see: http://www.nasdva.net

ARLINGTON NATIONAL CEMETERY
Arlington National Cemetery in Virginia is maintained by the Department of the Army. Please call 877-907-8585 for information concerning burial availability, eligibility and application procedures.

BURIAL AT SEA
For Burial at Sea, please call 866-787-0081 or visit http://www.navy.mil/navydata/questions/burial.html

REIMBURSEMENT OF PRIVATE CEMETERY BURIAL EXPENSES
The Veterans Benefits Administration (VBA) will reimburse funeral expenses paid by the family or funeral home upon receipt of an application and accompanied by paid bill receipts. The VA will reimburse up to $2,000 ($1,500 if death is prior to September 10, 2001), provided that the cause of death has been adjudicated as service-connected. For non-service-connected deaths, VA will pay up to $300 toward burial and funeral expenses and a $300 plot-interment allowance for deaths on or after December 1, 2001. The plot-interment allowance is $150 for deaths prior to December 1, 2001. If the death happened while the veteran was in a VA hospital or under VA-contracted nursing home care, some or all of the costs for transporting the veteran's remains may be reimbursed.

Even if buried in a private cemetery, veterans may receive a headstone, marker or medallion, a burial flag, and a Presidential Memorial Certificate, at no cost to the family. For more information, contact an accredited veteran service officer, or call the VBA at 800-827-1000.

SURVIVORS' BENEFITS
The VA administers two types of benefits for the survivors of veterans, depending upon whether the cause of death is service-connected or non-service-connected. This is limited to minor children or children who became incapable of self-support at age 18. This includes adopted children.

Service-connected death compensation is called Dependency and Indemnity Compensation or "DIC." It provides monthly payments to the surviving spouse and children of a veteran whose death is determined to be service-connected. To be eligible, the veteran must have died as the result of:

1) A disease or injury incurred or aggravated while on active duty, or

2) An injury incurred or aggravated in the line of duty, while on active duty or inactive duty for training, or

3) A disability that the VA can pay compensation benefits for.

The veteran's death may not be the result of willful misconduct.

Furthermore, if the veteran's spouse remarries, he or she will lose eligibility to receive unless the surviving spouse remarries on or after December 16, 2003, and on or after attaining age 57.

In addition, DIC payments may be authorized to the spouse and children of totally disabled veterans
whose deaths were not the result of their disabilities. The survivors qualify if:

1) An injury or disease incurred or aggravated in the line of duty, while on active duty or inactive duty for training, or the veteran was rated 100% service-connected for ten years or more preceding death, or

2) The veteran was rated 100% service-connected for five years from the date of discharge from military service, or

3) The veteran was a former prisoner of war who was rated as 100% service-connected for at least one year preceding death.

The veteran and spouse must have been married for at least one year prior to the veteran’s death, unless they have children together.

All DIC payments are subject to judicial offset against any recoveries made under the Federal Torts Claims Act.

Non-service-connected survivors’ pension is payable to widows, widowers, or children of veterans whose deaths were not related to their military service and whose estates are incapable of supporting them. The veteran must have served on active duty, under honorable conditions, for at least 90 consecutive active-duty days, with at least one day during a period of war.

The improved pension program provides payments to bring an eligible person’s income to a level established by law. These payments are reduced by income from any other source, including Social Security benefits. However, medical expenses may be deducted from the annual income to reduce the individual’s income level. Benefits are not payable to those capable of supporting themselves or those who have assets adequate to provide support. For more information, see http://www.vba.va.gov/survivors

DEPENDENTS’ EDUCATION

Dependents’ Educational Assistance under 38 USC CHAPTER 35 authorizes education and training opportunities to eligible dependents of veterans who are either deceased due to a service-connected condition, or who are rated 100% service-connected permanent and total by VA. The program offers up to 45 months of education benefits, and benefits may be used for degree and certificate programs, apprenticeships, and on-the-job training. Eligibility rules can be complex. For further information, contact a local accredited veteran service officer, or the Department of Veterans Affairs at 1-888-442-4551, or go to http://www.benefits.va.gov/gibill

A WORD OF CAUTION

Accredited service officers focus on helping veterans and dependants in obtaining VA benefits, including aid & attendance benefits, but are not experts on elder law, estate law, federal and state tax law, Medicare, or Medicaid. A veteran, spouse, or family member who is in need of assisted living often is in a situation that overlaps all these areas of law. A decision made in one area can significantly impact the other areas, and there can be severe state and federal tax implications. Therefore, we suggest contacting the National Association of Elder Law Attorneys (http://www.naela.org) for a referral to a local experienced attorney who is well versed in all these areas of law and can provide comprehensive advice to veterans and their families in these types of situations.

IMPORTANT DOCUMENTS

The spouse of any veteran eligible for VA benefits should maintain a record of the following documents:

1. The veteran’s original or certified copy of discharge papers, DD214, military and/or separation papers.
2. All marriage, certified divorce decrees and death certificate for the veteran and the spouse (if deceased.)
3. All minor children’s birth certificates.
4. Social Security numbers for the entire family.
5. All medical evaluation boards, disability ratings, or Social Security awards.
6. All hospital and medical records, surgical reports, and treatment records.
7. An official copy of the death certificate. Death certificates can be amended to include service-connected conditions, and survivors should try to correct the death certificate if a service-connected cause/contributing case is erroneously omitted.
ESTATE ADMINISTRATION INFORMATION

INFORMATION CONCERNING INDIVIDUAL:

Legal Name: ________________________________
Any Name Variations Used by Veteran: ________________________________

Address: ______________________________________________

Social Security Number: ________________________________
Citizenship: ___________________________________________
Date of Birth: ____________ Birthplace: ______________________
Parents: Mother: ________________________________
Father: ________________________________
Person to Notify in Case of Emergency: ________________________________
Telephone: ________________________________

VETERAN’S STATUS:

Are You A Veteran? Yes No Branch of Service: ________________________________
Veteran Service Number: ________________________________ Rank: ________________________________
Where Did You Serve and Dates?

MEDALS/COMENDATIONS AWARDED:
ARE YOU CURRENTLY RECEIVING VETERANS BENEFITS? (List all benefits including disability)

YOUR VETERANS SERVICE OFFICER – (Name, address and telephone number):

MEDICAL INFORMATION:

PHYSICIANS:  
Primary care: ______________________________  Phone: ______________
Specialty Care: ______________________________  Phone: ______________
Specialty Care: ______________________________  Phone: ______________
Specialty Care: ______________________________  Phone: ______________

HOSPITAL NAME: ______________________________ PHONE: ______________
ADDRESS:

VA HOSPITALS YOU HAVE BEEN A PATIENT IN:

HEALTH CARE PROVIDER: ________________________________
Telephone: ______________  Provider Number: ________________________________

EMPLOYMENT:

Current Employment Status: (Choose One) ▼  Occupation: ________________________________
Name and Address of Employer: _______________________________________________________
                                           _______________________________________________________
                                           _______________________________________________________

Important Documents for Veterans and Their Loved Ones
IF SELF-EMPLOYED: Name and description of ongoing business:

SHOULD BUSINESS BE:

Name, Address and Phone Number to Call for Retirement Benefits, Life Insurance, Etc.:

____________________________________ (Please include your employee ID #) ________________

FINANCIAL PLANNER/OTHER INCOME SOURCES:

Name: ________________________________ Telephone Number: ________________
Other Income Sources: _____________________________________________________________

CHURCH AFFILIATION, PASTOR OR SPIRITUAL ADVISER:

CHURCH: Name: _____________________ Telephone: ________________
Address: ____________________________________________________________

CLERIC: Name: _____________________ Telephone: ________________

SPIRITUAL ADVISOR: Name: _____________________ Telephone: ________________

MARRIAGE HISTORY:

SURVIVING SPOUSE: Name: _______________________________________________
Address: ____________________________________________________________
Telephone: ________________ Social Security Number: ________________
Date of Birth: ________________ Date of Marriage: ________________
Place of Marriage: _____________________________________________________

DECEASED SPOUSE: _______________________________________________________
Date of Death of Deceased Spouse: ____________________________________________
(PLEASE INCLUDE A DEATH CERTIFICATE OF YOUR SPOUSE)
PREVIOUS MARRIAGE:
Name: ________________________________ Choose one: (Click Here) 
Date Divorce Became Final: ________________________________
Any Post-Death Obligation to Former Spouse: ________________________________

PREVIOUS MARRIAGE:
Name: ________________________________ Choose one: (Click Here) 
Date Divorce Became Final: ________________________________
Any Post-Death Obligation to Former Spouse: ________________________________

LIVING CHILDREN (NATURAL OR ADOPTED):
Name: ________________________________ Choose One: (Click Here) 
Address: ____________________________________________________________
Telephone Number: ________________________________ Social Security Number: ________________________________
Date of Birth: __________ Place of Birth: ________________________________

Name: ________________________________ Choose One: (Click Here) 
Address: ____________________________________________________________
Telephone Number: ________________________________ Social Security Number: ________________________________
Date of Birth: __________ Place of Birth: ________________________________

Name: ________________________________ Choose One: (Click Here) 
Address: ____________________________________________________________
Telephone Number: ________________________________ Social Security Number: ________________________________
Date of Birth: __________ Place of Birth: ________________________________

Name: ________________________________ Choose One: (Click Here) 
Address: ____________________________________________________________
Telephone Number: ________________________________ Social Security Number: ________________________________
Date of Birth: __________ Place of Birth: ________________________________

DISABLED AND SPECIAL NEEDS CHILDREN OR DEPENDENTS:

Do you have a trust for your dependent with special needs? By creating a “special needs trust” parents or others can provide for a disabled person without risking the loss of government benefits. The key to this kind of trust is that the disabled person is not named as the trustee (manager of the trust) and has no legal control over the assets of the trust.

Important Documents for Veterans and Their Loved Ones
THE PAPERSAFE 8
Name of Disabled Child or Dependent: ____________________________________________

Name of Trustee: _____________________________________________________________

Date of Birth of Child or Dependent Person: ______________ SS Number: ______________

DECEASED CHILDREN:

Name: ___________________________________________ Choose One: (Click Here) •
Date of Birth: ______________ Place of Birth: _________________________________
Date of Death: ______________ Social Security Number: ______________
Cause of Death: ____________________________________________________________

Name: ___________________________________________ Choose One: (Click Here) •
Date of Birth: ______________ Place of Birth: _________________________________
Date of Death: ______________ Social Security Number: ______________
Cause of Death: ____________________________________________________________

RELATIVES:

Name: ___________________________________________ Relationship: ______________
Address: _________________________________________________________________

Name: ___________________________________________ Relationship: ______________
Address: _________________________________________________________________

Name: ___________________________________________ Relationship: ______________
Address: _________________________________________________________________

Name: ___________________________________________ Relationship: ______________
Address: _________________________________________________________________

Name: ___________________________________________ Relationship: ______________
Address: _________________________________________________________________

CARE OF PETS:

Person to Take Possession: ___________________________ Phone Number: ______________
FUNERAL ARRANGEMENTS:

Funeral Home: _____________________________ Telephone: ________________
Address: ____________________________

Cemetery: ____________________________ Plot/Section: ____________________________
Deed Number: ____________________________ Location: ____________________________

List all pertinent information which pertains to your funeral arrangements (example: Person to speak at your eulogy, Special requests, music arrangements, Veterans organizations taking part, pallbearers, military honors, etc.)

Person to Notify: _____________________________ Telephone: ________________
Address: ____________________________

Person to Notify: _____________________________ Telephone: ________________
Address: ____________________________

Person to Notify: _____________________________ Telephone: ________________
Address: ____________________________

Person to Notify: _____________________________ Telephone: ________________
Address: ____________________________
Person to Notify: ___________________________ Telephone: _______________

Address:

ORGANIZATIONS AND COMMUNITY INVOLVEMENT:

Organization: ___________________________ Telephone: _______________
Member Number: ___________________________ Member Since: _______________
Positions Held: ___________________________ Honors/Awards: ___________________________

Organization: ___________________________ Telephone: _______________
Member Number: ___________________________ Member Since: _______________
Positions Held: ___________________________ Honors/Awards: ___________________________

Organization: ___________________________ Telephone: _______________
Member Number: ___________________________ Member Since: _______________
Positions Held: ___________________________ Honors/Awards: ___________________________

Organization: ___________________________ Telephone: _______________
Member Number: ___________________________ Member Since: _______________
Positions Held: ___________________________ Honors/Awards: ___________________________

WILL/TRUST:

Date: ________________ Location of Original Will: ___________________________
Codicil Date: ________________ State Where Executed: ___________________________

Important Documents for Veterans and Their Loved Ones

THE PAPERSAFE
ATTORNEY WHO PREPARED YOUR WILL: 

Address: 

Phone Number: 

NAMED EXECUTOR/EXECUTRIX: 

Address: 

Phone Number: 

Relationship to You: 
Social Security #: 

NAMED CO-EXECUTOR/EXECUTRIX: 

Address: 

Phone Number: 

Relationship to You: 
Social Security #: 

SUBSTITUTE OR SUCCESSOR EXECUTOR: 

Address: 

NAMED TRUSTEE: 

Address: 

NAMED TRUSTEE: 

Address: 

SUBSTITUTE OR SUCCESSOR TRUSTEE: 

Address: 

Important Documents for Veterans and Their Loved Ones
BENEFICIARY/GUARDIAN:  (Determine guardians of minors; corporate status organizations).
Name: ________________________________ Address: ________________________________
Interest in Estate: ________________________________

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Name: ________________________________ Address: ________________________________
Interest in Estate: ________________________________

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Name: ________________________________ Address: ________________________________
Interest in Estate: ________________________________

OTHER POSSIBLE BENEFICIARIES:
Name: ________________________________ Relationship: ________________________________
Address: ________________________________

Name: ________________________________ Relationship: ________________________________
Address: ________________________________

Name: ________________________________ Relationship: ________________________________
Address: ________________________________

Name: ________________________________ Relationship: ________________________________
Address: ________________________________
ASSETS
PASSING BY WILL, BY LAW, OR BY CONTRACT/DESIGNATION

PERSONAL PROPERTY:

CASH AMOUNT: ____________________

JEWELRY (To be inventoried and appraised):

CLOTHING, FURS, ETC (Inventory and value):

ART OBJECTS (To be inventoried and appraised):

COLLECTIONS (Coins, stamps, etc. to be inventoried and appraised):

FURNITURE / FURNISHINGS (To be inventoried and appraised):

AUTOMOBILE: Year / Make / model: ____________________________
License No.: ____________ Vehicle ID No (VIN): ________________
If not paid in full, who is the lender? ________________________________
Phone number: ____________ Loan number: ________________
Location of title: __________________________________________________________________
Registered to: ____________________ Telephone number: ____________
Insured by: ____________________ Policy number: ________________
AUTOMOBILE:  Year / Make / model: ____________________________________________
License No.: ______________  Vehicle ID No (VIN): ___________________________
If not paid in full, who is the lender? ________________________________________
Phone number: ______________  Loan number: _____________________________
Location of title: _________________________________________________________
Registered to: ______________________  Telephone number: _________________
Insured by: ________________________  Policy number: ______________________

AUTOMOBILE:  Year / Make / model: ____________________________________________
License No.: ______________  Vehicle ID No (VIN): ___________________________
If not paid in full, who is the lender? ________________________________________
Phone number: ______________  Loan number: _____________________________
Location of title: _________________________________________________________
Registered to: ______________________  Telephone number: _________________
Insured by: ________________________  Policy number: ______________________

RECREATIONAL EQUIPMENT (Boat, campers, etc.):

OTHER PERSONAL PROPERTY:

REFUNDS (Income tax, insurance, subscriptions, etc.):

ACCRUED SALARY, VACATION PAY, BONUSES, COMMISSIONS DUE TO YOU:
REAL ESTATE:

PROPERTY ADDRESS:

Location of Abstract: ____________________________________________
Bank Owning Mortgage: __________________________________________
Loan Number: _________________________________________________

BUSINESS ADDRESS:

Location of Abstract: ____________________________________________
Bank Owning Mortgage: __________________________________________
Loan Number: _________________________________________________

RENTAL PROPERTY ADDRESS:

Location of Abstract: ____________________________________________
Bank Owning Mortgage: __________________________________________
Loan Number: _________________________________________________

TIME SHARE ADDRESS:

Location of Abstract: ____________________________________________
Bank Owning Mortgage: __________________________________________
Loan Number: _________________________________________________

MOBILE HOME: Make: ________________ Model: ________________ Year: __________
Address Where Located: ____________________________________________
______________________________________________________ Decal #: __________________

* Check with your county assessor for information about any lien on this property
DIRECT DEPOSIT INCOME INFORMATION: Please ensure a responsible party knows your passwords.

Bank: __________________________  Account #: __________________       Phone #: __________________
Username: ________________________  Security Code Word (If any): __________________
Which Income? _____________________

Bank: __________________________  Account #: __________________       Phone #: __________________
Username: ________________________  Security Code Word (If any): __________________
Which Income? _____________________

Bank: __________________________  Account #: __________________       Phone #: __________________
Username: ________________________  Security Code Word (If any): __________________
Which Income? _____________________

STOCKS:

Name of Corporation: ____________________________  Number of Shares: _________
Name(s) in which stock is registered: ____________________________

Name of Corporation: ____________________________  Number of Shares: _________
Name(s) in which stock is registered: ____________________________

Name of Corporation: ____________________________  Number of Shares: _________
Name(s) in which stock is registered: ____________________________

Name of Corporation: ____________________________  Number of Shares: _________
Name(s) in which stock is registered: ____________________________

Name of Corporation: ____________________________  Number of Shares: _________
Name(s) in which stock is registered: ____________________________

Name of Corporation: ____________________________  Number of Shares: _________
Name(s) in which stock is registered: ____________________________

Name of Corporation: ____________________________  Number of Shares: _________
Name(s) in which stock is registered: ____________________________

Name of Corporation: ____________________________  Number of Shares: _________
Name(s) in which stock is registered: ____________________________
BONDS:

Name of Obligor: ____________________________________________
Face Amount: ___________________________ Date of Maturity: _________________________
Interest Rate/Interest Payable: ___________________________ Due Date: _________________________

Name of Obligor: ____________________________________________
Face Amount: ___________________________ Date of Maturity: _________________________
Interest Rate/Interest Payable: ___________________________ Due Date: _________________________

Name of Obligor: ____________________________________________
Face Amount: ___________________________ Date of Maturity: _________________________
Interest Rate/Interest Payable: ___________________________ Due Date: _________________________

Name of Obligor: ____________________________________________
Face Amount: ___________________________ Date of Maturity: _________________________
Interest Rate/Interest Payable: ___________________________ Due Date: _________________________

U.S. SAVINGS BONDS:

U.S. Savings Bonds are no longer issued as paper bonds. If you have already had your paper bonds re-issued to digital, you will have a Treasury Direct account. If you have paper bonds and you have not re-issued them as digital bonds your beneficiary or trustee will have to create a Treasury Direct account to deal with them. The can go to https://www.treasurydirect.gov to set up the necessary accounts, or to log in to your current account.

My Bonds Are: Choose One Here ->  • My Treasury Direct Account #: ___________________________
Account Password: ___________________________ Bond Series Number(s) or Letter(s): ___________________________
How Many Bonds? ___________________________ Total Face Value of All: ___________________________

LIST PAPER BOND SERIAL #S INDIVIDUALLY IF NEEDED:

_________________________________________  __________________________________________
_________________________________________  __________________________________________
_________________________________________  __________________________________________
_________________________________________  __________________________________________
_________________________________________  __________________________________________
_________________________________________  __________________________________________
BROKERAGE ACCOUNTS:

Brokerage: ___________________________ Account Number: ___________________________
Address: ____________________________

Name(s) on Account: ___________________________ Acct. Type: Choose One →

Brokerage: ___________________________ Account Number: ___________________________
Address: ____________________________

Name(s) on Account: ___________________________ Acct. Type: Choose One →

SAFE DEPOSIT BOX: (Please do not put your original will, insurance policies, or this Paper Safe in this box.)

Bank: ___________________________ Telephone Number: ___________________________
Address: ____________________________

Safe Deposit Box Number: ___________ Where are Keys? ____________________________
Name(s) box is Registered to, joint tenant or deputy: ____________________________

LIFE INSURANCE:

Company: ___________________________ Telephone Number: ___________________________
Address: ____________________________

Policy Number: ___________________________ Face Value of Policy: ___________________________
Beneficiary (Individual(s) or Estate/Trust): ____________________________

Company: ___________________________ Telephone Number: ___________________________
Address: ____________________________

Policy Number: ___________________________ Face Value of Policy: ___________________________
Beneficiary (Individual(s) or Estate/Trust): ____________________________
RETIREMENT INCOME:

Company: ____________________________ Telephone: ________________________
Address: ____________________________

Account Number: ____________________ Account Type:  Choose One -->  

Company: ____________________________ Telephone: ________________________
Address: ____________________________

Account Number: ____________________ Account Type:  Choose One -->  

Company: ____________________________ Telephone: ________________________
Address: ____________________________

Account Number: ____________________ Account Type:  Choose One -->  

SOCIAL SECURITY BENEFITS & VETERANS BENEFITS:

NOTE: The Social Security check received the first week of each month is for the preceding month. Individuals must live the entire month to receive the check, otherwise the check must be returned to the Social Security Administration.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

ADDITIONAL INFORMATION NOT LISTED, OR ADDITIONS:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Important Documents for Veterans and Their Loved Ones

THE PAPERSAFE 20
If you find this gift from the Associates of Vietnam Veterans of America, Inc. to be a useful tool for compiling your personal information, you can request additional copies for your group by using the information provided below.

An electronic version of this Paper Safe can also be downloaded and filled in online at

www.avva.org/papersafe.html

WE THANK YOU FOR YOUR SERVICE.