



PEACE OFFICER WIVES OF CALIFORNIA

Your Personal and Financial Diary

This is a personal diary of: _____

Social Security Number: _____

Date of birth: _____

This diary was last updated on: _____

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INTRODUCTION

We hope this Personal and Financial Diary will help your loved ones feel confident in handling your personal business if such an occasion should arise where you are incapable of making decisions or have passed away. Losing a loved one in the line of duty is difficult in itself; save your loved ones from many hours of searching for your personal information. We advise that you sit with your loved ones to complete your personal diary. Please update the information in this packet as needed and take the time now and make it easy for everyone by eliminating many family disputes associated with a loss of a loved one. We also suggest leaving a copy of the *Contact Information* with your agency so they are aware of how and who to notify in the event of a line of duty death or serious injury.

VISION STATEMENT

We desire to bring faith-based encouragement, support, mental health awareness, and education to our law enforcement families to help decrease divorce, suicide, depression, and PTSD/I among Peace Officers and their families.

MISSION STATEMENT

To see law enforcement families thrive in all aspects of their lives.
Healthy policing begins at home.



<https://www.instagram.com/faith.wife.hero/>



<https://www.facebook.com/faith.wife.hero/>

**201 McCray Street, #A-191
Hollister, CA 95023**

Peace Officer Wives of California Inc.
501c3 Nonprofit organization

CONTACT INFORMATION

In the event of death or serious injury, the CONTACT INFORMATION section is designed to assist your agency in notifying your choice of contacts. Use the NOTES section for any other relevant information the agency may need to know.

Personal Information

FULL LEGAL NAME: _____

HOME ADDRESS: _____

BADGE #: _____

SOCIAL SECURITY #: _____

I WAS BORN IN: _____ DATE OF BIRTH: _____

COUNTY OF: _____

BIRTH CERTIFICATE LOCATED AT: _____

SERVED IN THE ARMED FORCES: _____

SERVICE SERIAL#: _____ BRANCH: _____

ENLISTED ON: _____ DISCHARGE DATE: _____

HEREDITY HEALTH CONCERNS:

I would like the following individual(s) to notify my family in the event of a line of duty death or serious injury. Names are listed in order of contact.

NAME: _____ PHONE: _____

RELATIONSHIP: _____

NAME: _____ PHONE: _____

RELATIONSHIP: _____

NAME: _____ PHONE: _____

RELATIONSHIP: _____

NOTES: _____

Spouse or Significant Other

In the event of death or serious injury, the following individuals should be contacted first.

NAME OF SPOUSE: _____
CELL PHONE: _____ PHONE NUMBER: _____
WORK NUMBER: _____

MARITAL STATUS: _____
DATE OF MARRIAGE CEREMONY: _____
MARRIAGE CERTIFICATE LOCATED AT: _____
CHILDREN FROM THIS MARRIAGE: _____

If not married, complete Contact Name and Relationship.

CONTACT NAME: _____
RELATIONSHIP: _____
PHYSICAL ADDRESS: _____
CELL PHONE: _____ PHONE NUMBER: _____
WORK NUMBER: _____

DIVORCE DECREE(S) LOCATED AT: _____
DATE OF DIVORCE: _____ COUNTY OF: _____

NOTES: _____

Children

Complete the following section regarding your children. Please list in order of how you want them to be contacted.

CHILD: _____

BIRTHDATE: _____

CHILD RESIDES WITH: _____ PHONE: _____

ADDRESS OF CHILD: _____

PROVIDE ADDITIONAL INFORMATION FOR NOTIFICATION:

CHILD: _____

BIRTHDATE: _____

CHILD RESIDES WITH: _____ PHONE: _____

ADDRESS OF CHILD: _____

PROVIDE ADDITIONAL INFORMATION FOR NOTIFICATION:

CHILD: _____

BIRTHDATE: _____

CHILD RESIDES WITH: _____ PHONE: _____

ADDRESS OF CHILD: _____

PROVIDE ADDITIONAL INFORMATION FOR NOTIFICATION:

NOTES: _____

Family Contacts

Complete the following information regarding Family Contacts. Please list in order of how you want them to be contacted.

NAME: _____
ADDRESS: _____
RELATIONSHIP: _____
CELL PHONE: _____ HOME PHONE: _____
HEALTH CONCERNS/NOTES: _____

NAME: _____
ADDRESS: _____
RELATIONSHIP: _____
CELL PHONE: _____ HOME PHONE: _____
HEALTH CONCERNS/NOTES: _____

NAME: _____
ADDRESS: _____
RELATIONSHIP: _____
CELL PHONE: _____ HOME PHONE: _____
HEALTH CONCERNS/NOTES: _____

NOTES: _____

Important Personal Contacts

Complete the following information regarding Important Personal Contacts.

NAME: _____
RELATIONSHIP: _____
ADDRESS: _____
CELL PHONE: _____ HOME PHONE: _____
ADDITIONAL INFORMATION: _____

NAME: _____
RELATIONSHIP: _____
ADDRESS: _____
CELL PHONE: _____ HOME PHONE: _____
ADDITIONAL INFORMATION: _____

NAME: _____
RELATIONSHIP: _____
ADDRESS: _____
CELL PHONE: _____ HOME PHONE: _____
ADDITIONAL INFORMATION: _____

NOTES: _____

Business Contacts

Complete the following information regarding Business Contacts (e.g. co-workers, attorney, business partners, and financial advisor)

NAME: _____
BUSINESS RELATIONSHIP: _____
ADDRESS: _____
CELL PHONE: _____ HOME PHONE: _____
ADDITIONAL INFORMATION: _____

NAME: _____
BUSINESS RELATIONSHIP: _____
ADDRESS: _____
CELL PHONE: _____ HOME PHONE: _____
ADDITIONAL INFORMATION: _____

NAME: _____
BUSINESS RELATIONSHIP: _____
ADDRESS: _____
CELL PHONE: _____ HOME PHONE: _____
ADDITIONAL INFORMATION: _____

NOTES: _____

EMPLOYMENT / HEALTH BENEFITS / LIVING WILL

Complete the following information regarding Employment, Health Benefits, and Living Will.

Employer Information

EMPLOYED AT: _____

ADDRESS: _____

POINT OF CONTACT: _____

PHONE: _____

HUMAN RESOURCES CONTACT: _____

PHONE#: _____

Health Benefits

HEALTH CARE PROVIDER: _____

POLICY #: _____ PHONE#: _____

DENTAL CARE PROVIDER: _____

POLICY#: _____ PHONE#: _____

VISION CARE PROVIDER: _____

POLICY#: _____ PHONE#: _____

DISABILITY INSURANCE PROVIDER: _____

POLICY#: _____ PHONE#: _____

FLEXIBLE SPENDING ACCOUNT PROVIDER (FSA): _____

POLICY#: _____ PHONE#: _____

Living Will

Individuals may execute a “living will” that instructs family members and physicians to not take extraordinary steps to continue your life on life-support machines. We encourage you to investigate the legality of the “living will” within your state.

I have not executed a “living will” _____ I have executed a “living will” _____

Original “living will” is located at: _____

NOTES: _____

FINANCIAL / RETIREMENT ACCOUNTS

Complete the following information regarding Financial & Retirement Accounts.

Bank Accounts

BANK NAME: _____
PHONE: _____ PASSWORD: _____ PIN#: _____
CHECKING ACCOUNT#: _____
SAVINGS ACCOUNT#: _____
AUTHORIZED SIGNERS: _____

BANK NAME: _____
PHONE: _____ PASSWORD: _____ PIN#: _____
CHECKING ACCOUNT#: _____
SAVINGS ACCOUNT#: _____
AUTHORIZED SIGNERS: _____

BANK NAME: _____
PHONE: _____ PASSWORD: _____ PIN#: _____
CHECKING ACCOUNT#: _____
SAVINGS ACCOUNT#: _____
AUTHORIZED SIGNERS: _____

Credit Cards

CREDIT CARD NAME: _____
ACCOUNT#: _____
PHONE: _____ PASSWORD: _____ PIN#: _____
AUTHORIZED SIGNERS: _____

CREDIT CARD NAME: _____
ACCOUNT#: _____
PHONE: _____ PASSWORD: _____ PIN#: _____
AUTHORIZED SIGNERS: _____

CREDIT CARD NAME: _____
ACCOUNT#: _____
PHONE: _____ PASSWORD: _____ PIN#: _____

AUTHORIZED SIGNERS: _____

Retirement Accounts

Complete the following information regarding Retirement Financial Accounts. Please update the beneficiaries as needed.

IRA Accounts

INSTITUTION NAME: _____

FINANCIAL ADVISOR NAME: _____

PHONE: _____ PASSWORD: _____ PIN#: _____

POLICY#: _____

BENEFICIARIES: 1. _____

2. _____

INSTITUTION NAME: _____

FINANCIAL ADVISOR NAME: _____

PHONE: _____ PASSWORD: _____ PIN#: _____

POLICY#: _____

BENEFICIARIES: 1. _____

2. _____

401(K) Accounts

INSTITUTION NAME: _____

FINANCIAL ADVISOR NAME: _____

PHONE: _____ PASSWORD: _____ PIN#: _____

POLICY#: _____

BENEFICIARIES: 1. _____

2. _____

INSTITUTION NAME: _____

FINANCIAL ADVISOR NAME: _____

PHONE: _____ PASSWORD: _____ PIN#: _____

POLICY#: _____

BENEFICIARIES: 1. _____

2. _____

457 Investment (Retirement/Deferred Comp. Plan)

INSTITUTION NAME: _____
FINANCIAL ADVISOR NAME: _____
PHONE: _____ PASSWORD: _____ PIN#: _____
POLICY#: _____
BENEFICIARIES: 1. _____
2. _____

529 Investment (Education Plan)

INSTITUTION NAME: _____
FINANCIAL ADVISOR NAME: _____
PHONE: _____ PASSWORD: _____ PIN#: _____
POLICY#: _____
BENEFICIARIES: 1. _____
2. _____

Deposit Box

INSTITUTION NAME: _____
PHONE: _____ PASSWORD: _____ PIN#: _____
ACCOUNT#: _____
AUTHORIZED SIGNERS: _____

Stocks & Bonds

INSTITUTION NAME: _____
ADVISOR NAME: _____
PHONE: _____ PASSWORD: _____ PIN#: _____
POLICY#: _____
AUTHORIZED SIGNERS: _____

INSTITUTION NAME: _____
ADVISOR NAME: _____
PHONE: _____ PASSWORD: _____ PIN#: _____
POLICY#: _____
AUTHORIZED SIGNERS: _____

INSURANCE ACCOUNTS

Complete the following information regarding Insurance Accounts.

Life Insurance

INSTITUTION NAME: _____
ADVISOR NAME: _____ COVERAGE AMOUNT: _____
POLICY#: _____ PHONE: _____
BENEFICIARIES: 1. _____ %
2. _____ %
3. _____ %
4. _____ %

Life Insurance (Employer Supplied)

INSTITUTION NAME: _____
ADVISOR NAME: _____ COVERAGE AMOUNT: _____
POLICY#: _____ PHONE: _____
BENEFICIARIES: 1. _____ %
2. _____ %
3. _____ %
4. _____ %

Short Term Insurance

INSTITUTION NAME: _____
ADVISOR NAME: _____
PHONE: _____ PASSWORD: _____ PIN#: _____
POLICY#: _____

Long Term Insurance

INSTITUTION NAME: _____
ADVISOR NAME: _____
PHONE: _____ PASSWORD: _____ PIN#: _____
POLICY#: _____

We recommend that you discuss with your spouse/loved one the beneficiary listings you have chosen on various insurance policies. Please update the beneficiaries as needed.

ASSETS

Complete the following information regarding Assets.

Vehicle/Boat/RV/Motorcycle/Utility Vehicle Information:

MAKE: _____ MODEL: _____ YEAR: _____
INSURANCE CARRIER: _____ INSUR. POLICY#: _____
INSUR. PHONE: _____ PURCHASED DATE: _____ LEASE TERM: _____
BANK NAME: _____ ACCOUNT#: _____
VIN#: _____

MAKE: _____ MODEL: _____ YEAR: _____
INSURANCE CARRIER: _____ INSUR. POLICY#: _____
INSUR. PHONE: _____ PURCHASED DATE: _____ LEASE TERM: _____
BANK NAME: _____ ACCOUNT#: _____
VIN#: _____

MAKE: _____ MODEL: _____ YEAR: _____
INSURANCE CARRIER: _____ INSUR. POLICY#: _____
INSUR. PHONE: _____ PURCHASED DATE: _____ LEASE TERM: _____
BANK NAME: _____ ACCOUNT#: _____
VIN#: _____

MAKE: _____ MODEL: _____ YEAR: _____
INSURANCE CARRIER: _____ INSUR. POLICY#: _____
INSUR. PHONE: _____ PURCHASED DATE: _____ LEASE TERM: _____
BANK NAME: _____ ACCOUNT#: _____
VIN#: _____

Weapons

DESCRIPTION: _____ SERIAL#: _____
LOCATION: _____

DESCRIPTION: _____ SERIAL#: _____
LOCATION: _____

DESCRIPTION: _____ SERIAL#: _____

LOCATION: _____

Other Personal Property

ITEM: _____	LOCATION: _____
ITEM: _____	LOCATION: _____
ITEM: _____	LOCATION: _____
ITEM: _____	LOCATION: _____

Real Estate

MY RESIDENT ADDRESS: _____
OWN: YES ___ NO ___ RENTAL: YES ___ NO ___ OCCUPIED: YES ___ NO ___
BANK NAME: _____ BANK PHONE: _____ ACCOUNT#: _____
LANDLORD NAME: _____ LANDLORD PHONE: _____

INVESTMENT ADDRESS: _____
OWN: YES ___ NO ___ RENTAL: YES ___ NO ___ OCCUPIED: YES ___ NO ___
BANK NAME: _____ BANK PHONE: _____ ACCOUNT#: _____

INVESTMENT ADDRESS: _____
OWN: YES ___ NO ___ RENTAL: YES ___ NO ___ OCCUPIED: YES ___ NO ___
BANK NAME: _____ BANK PHONE: _____ ACCOUNT#: _____

REAL ESTATE PARTNERSHIP/CO-OWNERSHIP WITH:
NAME: _____ PHONE: _____
ADDRESS: _____

NAME: _____ PHONE: _____
ADDRESS: _____

DEEDS & MORTGAGE INFORMATION LOCATED AT:

HOMEOWNER'S INSURANCE PAPERS LOCATED AT:

PERSONAL ACCOUNTS

Complete the following information regarding Personal Accounts.

Social Media

FACEBOOK LOGIN: _____ PASSWORD: _____
INSTAGRAM LOGIN: _____ PASSWORD: _____
SNAPCHAT LOGIN: _____ PASSWORD: _____
OTHER: _____ PASSWORD: _____

Email

EMAIL LOGIN: _____ PASSWORD: _____
EMAIL LOGIN: _____ PASSWORD: _____
EMAIL LOGIN: _____ PASSWORD: _____

Electronics (e.g. Computer, Cell Phone, Tablets)

LOGIN: _____ PASSWORD: _____
LOGIN: _____ PASSWORD: _____
LOGIN: _____ PASSWORD: _____
LOGIN: _____ PASSWORD: _____

Memberships

GYM: _____ PHONE: _____
SOCIAL CLUBS: _____ PHONE: _____
COUNTRY CLUBS: _____ PHONE: _____

Security Safe / Lock Boxes

CODE: _____ LOCATION: _____
CODE: _____ LOCATION: _____

NOTES: _____

TRUST / WILL / POWER OF ATTORNEY

Complete the following information regarding Trust, Will, and Power of Attorney. Seek professional legal assistance and make sure you keep the original documents.

Trust

LIVING TRUST FOR: _____
TRUSTEE IS: _____
ESTABLISHED ON: _____ LAW FIRM: _____
ATTORNEY NAME: _____ PHONE: _____
TRUST LOCATED AT: _____

Will

WILL FOR: _____
EXECUTOR IS: _____
ESTABLISHED ON: _____ LAW FIRM: _____
ATTORNEY NAME: _____ PHONE: _____
WILL LOCATED AT: _____

Power of Attorney

POWER ATTORNEY FOR: _____
EXECUTOR IS: _____
ESTABLISHED ON: _____ LAW FIRM: _____
ATTORNEY NAME: _____ PHONE: _____
POWER ATTORNEY LOCATED AT: _____

POWER ATTORNEY FOR: _____
EXECUTOR IS: _____
ESTABLISHED ON: _____ LAW FIRM: _____
ATTORNEY NAME: _____ PHONE: _____
POWER ATTORNEY LOCATED AT: _____

Other Important Documents

COPIES OF NOTES, LOANS, AND RECEIPTS ARE LOCATED:

I AM INVOLVED IN THE FOLLOWING LAWSUIT(S); AS EITHER THE PLAINTIFF OR DEFENDANT?

END OF LIFE DETAILS

Be proactive and address these issues so you don't leave the decisions to someone who may not know what you would desire to happen.

Funeral Planning

I WOULD LIKE TO BE AN ORGAN DONOR, IF POSSIBLE: YES ___ NO ___
TRANSPLANT: ___ RESEARCH: ___

I PREFER: CREMATION ___ INTERMENT ___ ENTOMBMENT ___

IF CREMATION, I WISH MY ASHES TO BE: _____

I WISH FOR THE FOLLOWING TO BE PRESENT DURING THE SCATTING OF OF MY ASHES: _____

I WISH TO BE BURIED AT: _____

PURCHASED LOT: YES ___ NO ___ BLOCK: _____ LOT#: _____

SERVICE TO BE HELD AT: _____

CHURCH: _____ PHONE: _____

FUNERAL HOME: _____ PHONE: _____

RELIGIOUS AFFILIATION: _____

CLERGYMAN: _____ PHONE: _____

PALLBEARERS: _____

I WISH TO BE WEARING: _____

CLASS A UNIFORM: _____

MILITARY UNIFORM: _____

SUIT: _____

OTHER: _____

VETERANS BENEFITS: YES ___ NO ___

MILITARY HONORS: YES ___ NO ___

OTHER BENEFITS: _____

OBITUARY: YES ___ NO ___

PLEASE LIST THE FOLLOWING IN MY OBITUARY:

Other Requests

MUSIC: _____

INSTRUMENTS: _____

POEMS: _____

READINGS: _____

SPEAKERS: _____

Additional Information:

The death or serious injury of a loved one is always traumatic and we hope this Personal and Financial Diary will help provide some comfort knowing that you will be fulfilling your loved one's desires. We created this packet to help save time and heartache immediately following a line of duty death or serious injury. Please take the time to fill it out with your loved ones and make sure you keep it up to date and in a safe place. Seek legal assistance in securing legal documents and always keep the original. We hope that this packet brings some peace of mind during a time of grief.

Respectfully,
Peace Officer Wives of California Inc.

A Special Note

It is suggested that you write a letter to be opened upon your death. Leave some words of advice, share a story, favorite memories, any requests you want to be fulfilled. Your words will be a comfort for your loved one to read. Please take a moment to do that here.

Disclaimer & Disclosure

This resource guide is not a substitute for the advice or treatment of a trained professional. This is for spouses by spouses and their peace officer as a peer support resource.

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