

## **CHECK LIST**

1. \_\_\_\_\_ DISCHARGE PAPERS
2. \_\_\_\_\_ DD FORM 214
3. \_\_\_\_\_ MARRIAGE CERTIFICATE
4. \_\_\_\_\_ DEATH CERTIFICATE(S)
5. \_\_\_\_\_ DIVORCE DECREE(S)
6. \_\_\_\_\_ CHILD'S BIRTH CERTIFICATE(S)
7. \_\_\_\_\_ CHILD'S SOCIAL SECURITY NUMBER(S)
8. \_\_\_\_\_ SPOUSE'S SOCIAL SECURITY NUMBER
9. \_\_\_\_\_ SPOUSE'S DATE OF BIRTH
10. \_\_\_\_\_ MEDICAL TREATMENT RECORDS AND NAMES, ADDRESSES AND PHONE NUMBERS OF DOCTORS AND HOSPITALS
11. \_\_\_\_\_ AMOUNT IN CHECKING ACCOUNT(S), SAVINGS ACCOUNT(S), AND CERTIFICATE OF DEPOSITS (CD'S)
12. \_\_\_\_\_ AMOUNT OF INTEREST AND DIVIDENDS
13. \_\_\_\_\_ AMOUNT IN IRA'S
14. \_\_\_\_\_ AMOUNT IN STOCKS AND BONDS
15. \_\_\_\_\_ AMOUNT OF SOCIAL SECURITY CHECK
16. \_\_\_\_\_ AMOUNT OF RETIREMENT CHECK
17. \_\_\_\_\_ AMOUNT RECEIVED FROM RENTAL PROPERTY
18. \_\_\_\_\_ AMOUNT PAID OUT OF POCKET FOR MEDICAL EXPENSES:  
HEALTH INSURANCE, CANCER INSURANCE, EYEGLASSES,  
PRESCRIPTIONS, DOCTORS, HOSPITALS, SITTING FEES, OVER THE COUNTER  
MEDS, MILEAGE TO AND FROM  
DOCTOR, HOSPITAL AND PHARMACY, ETC.