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In Case of Death Information – Section 2

What is your legal name: _____

Have you gone by any other names: _____

What were your parent's names: _____

What is your mother's maiden name: _____

What is your current address and what addresses/states have you lived at in the past: _____

What are your sibling's names, phone numbers and addresses: _____

What are your children's names, phone numbers and what are their addresses: _____

What is your Social Security Number: _____

What is your Medicare Number: _____

What company do you have health/dental/vision insurance through and what are the policy numbers:

Where is a copy of your birth certificate, marriage license and divorce decrees if any: _____

Were you in the military? If so, when and what branch? _____
