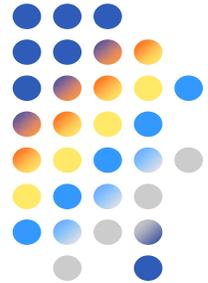


Family Readiness Organizer



Mission Statement

The purpose of the National Guard Family Program is to contribute to the readiness and retention in the National Guard and to enhance the quality of life for all Guard members, their families, and the communities in which they live.

Family Readiness Organizer

The use of this pamphlet is a must for total Family Readiness. Documenting this type of information is especially important to our family's ability to cope regardless of the situation. It's value is immeasurable in the event of war, mobilization, or special assignments. You may want to keep one copy of this pamphlet in your safe deposit box or other secure storage and prepare a second copy for a relative or other trusted individual.

Name

Address

City, State, Zip

Social Security Number

Organizer Data Entries

A. The date this organizer was compiled:

B. Revisions and corrections were made on the following dates:

Date	Category	Page
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Personal History

Birth

A. Date: _____

B. Location City: _____ County: _____

State: _____ Country: _____

C. Father's Name: _____

Date of Birth: _____

D. Mother's Name: _____

Date of Birth: _____

E. My birth certificate is located at: _____

Adoption

A. I was adopted: Yes _____ No _____ Date of Adoption: _____

B. Court of Adoption: _____

Citizenship

A. I am a citizen of: _____

B. Citizen papers are located at: _____

C. Date of my naturalization: _____

D. Certificate Number: _____

Religion

Preference: _____

Marriage

A. I am: Married _____ Single _____ Widowed _____

B. Date of marriage: _____

C. Location City: _____ County: _____
State: _____ Country: _____

Legal Separation

A. I am legally separated: Yes _____ No _____

B. Date of Legal Separation: _____

C. State of jurisdiction for legal separation: _____

D. Separation papers are located at: _____

E. The attorney for the separation was: _____

Address: _____

F. Miscellaneous Information: _____

Divorce

A. I have been divorced: Yes _____ No _____

B. Date of my legal divorce was: _____

C. State of jurisdiction: _____

D. Divorce papers are located: _____

E. My previous divorces were:

From Whom	Date	Location of Documents	Lawyer
-----------	------	-----------------------	--------

_____	_____	_____	_____
_____	_____	_____	_____

Military Service

Active Duty

A. I have served/am serving in the active military service: Yes _____ No _____

If yes, state Branch of Service: _____

B. Active duty began: _____ Ended: _____

C. Country served: _____

D. My serial or identification numbers are: _____

E. My discharge papers (DD 214) and military portfolio are located at: _____

Reserve Duty

A. I have served/am serving in a reserve component unit: Yes _____ No _____

Army	_____	Navy	_____	Coast Guard	_____
Marines	_____	Air Force	_____	National Guard	_____

B. Location of my unit is: _____

C. Time spent on

Active Reserve Component status: _____ Months: _____

Date begun: _____ Ended: _____

Inactive Reserve status: _____

Date begun: _____ Ended: _____

D. My service serial or identification numbers are: _____

E. My discharge papers and military portfolio are located in: _____

Retirement

A. I am drawing retirement pay: Yes _____ No _____

Date begun: _____

B. I am eligible for retirement pay on: _____

C. The total time I was on:

Retirement without pay: _____ Begun: _____

Retirement with pay: _____ Begun: _____

Survivors Retirement Benefit Plan (SRP)

A. I participated in SRB: _____ Begun: _____

Miscellaneous

A. Veterans or Armed Forces benefits to which I am entitled: _____

B. Benefits to which my spouse/dependants are entitled: _____

C. I have a record of Emergency Data Form: Yes _____ No _____

Location: _____

D. Persons designated on my Emergency Data Form:

Name Address

Health History

General Physical Data

Date of last physical: _____

A. Blood Type: _____

B. RH Factor: _____

C. Height _____

D. Weight: _____

E. Color Hair: _____

F. Color Eyes _____

G. Right-handed: _____ Left-handed: _____

H. Build: Slender _____ Medium _____ Heavy _____

I. Wear glasses: Yes ___ No ___ Contact lenses: Yes ___ No ___

J. Vision in both eyes: Yes ___ No ___ Details: _____

K. Wear hearing aid: Yes ___ No ___ Details: _____

L. Sleepwalk: Yes ___ No ___

M. Trick Knee: Yes ___ No ___ Details: _____

N. Trick Shoulder: Yes ___ No ___ Details: _____

O. Loss of Limb: Yes ___ No ___ Details: _____

P. Scars, tattoos, marks: _____

Q. Dental records located at: _____

Immunization Record located at: _____

A. Last immunization: _____

General Medical Data

A. My medical records are located at: _____

B. I have adverse reactions to the following medications: _____

C. I have the following allergies: _____

Official Medical Report

Family Data

Spouse

Name: _____

Maiden Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Naturalized: Yes ___ No ___ Place of Naturalization: _____

Date of Naturalization: _____ Certificate #: _____

Immigrated to the United States (date): _____

Deceased: Yes ___ No ___ Date of Death: _____

Location of Documents: _____

Son/Daughter

Name: _____

Maiden Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Naturalized: Yes ___ No ___ Place of Naturalization: _____

Date of Naturalization: _____ Certificate #: _____

Immigrated to the United States (date): _____

Married: Yes ___ No ___ Date of Marriage: _____

To Whom: _____

Deceased: Yes ___ No ___ Date of Death: _____

Location of Documents: _____

Son/Daughter

Name: _____

Maiden Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Naturalized: Yes ___ No ___ Place of Naturalization: _____

Date of Naturalization: _____ Certificate #: _____

Immigrated to the United States (date): _____

Married: Yes ___ No ___ Date of Marriage: _____

To Whom: _____

Deceased: Yes ___ No ___ Date of Death: _____

Location of Documents: _____

Son/Daughter

Name: _____

Maiden Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Naturalized: Yes ___ No ___ Place of Naturalization: _____

Date of Naturalization: _____ Certificate #: _____

Immigrated to the United States (date): _____

Married: Yes ___ No ___ Date of Marriage: _____

To Whom: _____

Deceased: Yes ___ No ___ Date of Death: _____

Location of Documents: _____

Son/Daughter

Name: _____

Maiden Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Naturalized: Yes ___ No ___ Place of Naturalization: _____

Date of Naturalization: _____ Certificate #: _____

Immigrated to the United States (date): _____

Married: Yes ___ No ___ Date of Marriage: _____

To Whom: _____

Deceased: Yes ___ No ___ Date of Death: _____

Location of Documents: _____

Son/Daughter

Name: _____

Maiden Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Naturalized: Yes ___ No ___ Place of Naturalization: _____

Date of Naturalization: _____ Certificate #: _____

Immigrated to the United States (date): _____

Married: Yes ___ No ___ Date of Marriage: _____

To Whom: _____

Deceased: Yes ___ No ___ Date of Death: _____

Location of Documents: _____

Father

Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Married: Yes ___ No ___ Date of Marriage: _____

To Whom: _____

Deceased: Yes ___ No ___ Date of Death: _____

Location of Documents: _____

Mother

Name: _____

Maiden Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Married: Yes ___ No ___ Date of Marriage: _____

To Whom: _____

Deceased: Yes ___ No ___ Date of Death: _____

Location of Documents: _____

Brother/Sister

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Employment Data

My Current Employer

A. Company Name: _____

B. Address: _____

C. Employment began on: _____

Current Benefit Plans

Jobs Prior to My Present Employment

Company: _____

Address: _____

Dates of Employment: _____ Full-time: ____ Part-time: ____

Position held: _____

Company: _____

Address: _____

Dates of Employment: _____ Full-time: ____ Part-time: ____

Position held: _____

Company: _____

Address: _____

Dates of Employment: _____ Full-time: ____ Part-time: ____

Position held: _____

Personal Businesses

I am the Owner of the Following

Name of Business: _____

Address: _____

Where Registered: _____

Accountant: _____ Attorney: _____

Location of Papers/Records: _____

Name of Business: _____

Address: _____

Where Registered: _____

Accountant: _____ Attorney: _____

Location of Papers/Records: _____

Partnerships of Which I am a Member

Name: _____

Address: _____

A. My share of the business (specify share): _____

B. I have the following stipulations with this partnership: _____

C. Records are located at: _____

D. Partners:

Name/Address: _____

Name/Address: _____

Name/Address: _____

Corporations

I am a stockholder of the following corporations:

Corporate Name: _____

Address: _____

Shares Owned: _____ Position Held: _____

Location of Papers/Records: _____

C Corporate Name: _____

Address: _____

Shares Owned: _____ Position Held: _____

Location of Papers/Records: _____

Corporate Benefits

<u>Type</u>	<u>Business Involved</u>	<u>Location of Records</u>
Insurance	_____	_____
Pension	_____	_____
Social Security	_____	_____
Individual Retirement Accts	_____	_____
Keogh Plans	_____	_____
Other	_____	_____

Income

My Approximate Monthly Income

Salary(ies) Full-time Employment	\$	_____
Salary(ies) Reserve Component	\$	_____
Alimony	\$	_____
Bond interest (total all bonds)	\$	_____
Child Support	\$	_____
Commissions	\$	_____
VA Disability	\$	_____
Individual Retirement Accounts (total of all)	\$	_____
Inheritance Allotments	\$	_____
Keogh plans (total amounts)	\$	_____
Life Annuities Payments	\$	_____
Owned Mortgages (total of all)	\$	_____
Pension (total of all)	\$	_____
Royalties	\$	_____
Savings interest (total of all)	\$	_____
Social Security	\$	_____
Stock Dividends (total of all)	\$	_____
Spouse's Income	\$	_____
Trust income	\$	_____
Other: _____	\$	_____
Other: _____	\$	_____
Total	\$	_____

Bank Accounts

Checking Accounts

Bank/Credit Union: _____

Address: _____

Account #: _____

Names on Account: _____

Bank/Credit Union: _____

Address: _____

Account #: _____

Names on Account: _____

Bank/Credit Union: _____

Address: _____

Account #: _____

Names on Account: _____

The following persons have Power of Attorney to sign checks in my behalf:

Name: _____ Relationship: _____

Address: _____

Effective Date: _____ Termination Date: _____

Name: _____ Relationship: _____

Address: _____

Effective Date: _____ Termination Date: _____

Savings Accounts

Bank/Credit Union: _____

Address: _____

Account #: _____

Names on Account: _____

Bank/Credit Union: _____

Address: _____

Account #: _____

Names on Account: _____

Bank/Credit Union: _____

Address: _____

Account #: _____

Names on Account: _____

The following persons may deposit or withdraw on these accounts:

Name: _____ Relationship: _____

Address: _____

Effective Date: _____ Termination Date: _____

Name: _____ Relationship: _____

Address: _____

Effective Date: _____ Termination Date: _____

Name: _____ Relationship: _____

Address: _____

Effective Date: _____ Termination Date: _____

Credit Cards

I have the following Credit Cards:

Credit Card: _____ Payment due on: _____

Account Number: _____

Address: _____

Credit Card: _____ Payment due on: _____

Account Number: _____

Address: _____

Credit Card: _____ Payment due on: _____

Account Number: _____

Address: _____

Credit Card: _____ Payment due on: _____

Account Number: _____

Address: _____

Credit Card: _____ Payment due on: _____

Account Number: _____

Address: _____

Credit Card: _____ Payment due on: _____

Account Number: _____

Address: _____

Credit Card: _____ Payment due on: _____

Account Number: _____

Address: _____

Loans

I have the following loans

Creditor: _____ Payment due on: _____

Account Number: _____

Address: _____

Creditor: _____ Payment due on: _____

Account Number: _____

Address: _____

Creditor: _____ Payment due on: _____

Account Number: _____

Address: _____

Creditor: _____ Payment due on: _____

Account Number: _____

Address: _____

Creditor: _____ Payment due on: _____

Account Number: _____

Address: _____

Creditor: _____ Payment due on: _____

Account Number: _____

Address: _____

Creditor: _____ Payment due on: _____

Account Number: _____

Address: _____

Expenses

My approximate monthly expenses are:

Alimony	\$	_____
Automobile insurance	\$	_____
Automobile Payment	\$	_____
Automobile Payment	\$	_____
Child Support	\$	_____
Dues (club, union, etc)	\$	_____
Gas and Electric	\$	_____
Health insurance	\$	_____
Home Insurance	\$	_____
Life Insurance	\$	_____
Mortgage Payment	\$	_____
Mortgage (second)	\$	_____
Rent	\$	_____
Taxes	\$	_____
Telephone	\$	_____
Water and Sewerage	\$	_____
Other: _____	\$	_____
Total	\$	_____

Insurance

Personal Life Insurance

Company: _____

Policy #: _____ Amount: _____

Beneficiary: _____

Company: _____

Policy #: _____ Amount: _____

Beneficiary: _____

Company: _____

Policy #: _____ Amount: _____

Beneficiary: _____

Home, Auto, Boat, Plane, etc

Company: _____

Policy #: _____ Location: _____

Company: _____

Policy #: _____ Location: _____

Life Insurance on Others

Company: _____

Policy #: _____ Amount: _____

Person: _____ Relationship: _____

Company: _____

Policy #: _____ Amount: _____

Person: _____ Relationship: _____

Personal Property Safekeeping

I have a Safe Deposit Box: Yes _____ No _____

Box Number

Location of Box

Location of Keys

The following persons have access to my box(es):

Name: _____

Address: _____

Name: _____

Address: _____

A list of contents is located at: _____

I have a safe: Yes _____ No _____

The following persons have access to my safe(s):

Name: _____

Address: _____

Name: _____

Address: _____

A list of contents is located at: _____

Photographs & Serial or Identification Numbers

I have photos and I.D. #'s on my personal property : Yes _____ No _____

Location of photos/I.D.: _____

Personal Property Safekeeping

I have other personal property or documents entrusted to the following persons:

Description of Property: _____

Name of entrusted: _____

Address: _____

Description of Property: _____

Name of entrusted: _____

Address: _____

Description of Property: _____

Name of entrusted: _____

Address: _____

Description of Property: _____

Name of entrusted: _____

Address: _____

Description of Property: _____

Name of entrusted: _____

Address: _____

Real Estate

I own the following Real Estate

Type of Property: _____

Property Address: _____

Mortgager: _____

Mortgages: _____

Location of Documents: _____

Type of Property: _____

Property Address: _____

Mortgager: _____

Mortgages: _____

Location of Documents: _____

Type of Property: _____

Property Address: _____

Mortgager: _____

Mortgages: _____

Location of Documents: _____

Type of Property: _____

Property Address: _____

Mortgager: _____

Mortgages: _____

Location of Documents: _____

Securities

Stocks and Bonds

I own the following stocks (includes mutual funds)

Stock: _____

Date Acquired: _____

Registered to: _____

Location of Documents: _____

Stock: _____

Date Acquired: _____

Registered to: _____

Location of Documents: _____

Stock: _____

Date Acquired: _____

Registered to: _____

Location of Documents: _____

Stock: _____

Date Acquired: _____

Registered to: _____

Location of Documents: _____

My stockbroker is: _____

Address: _____

US Savings (War) Bonds

I own the following savings bonds

Serial #: _____

Bond Denomination: _____

Date Acquired: _____ Location of Bond: _____

Registered to: _____

Beneficiary: _____

Location of Documents: _____

Serial #: _____

Bond Denomination: _____

Date Acquired: _____ Location of Bond: _____

Registered to: _____

Beneficiary: _____

Location of Documents: _____

Other Securities (e.g. gold, silver, whiskey deposit certificates)

Type of Security: _____

Date Acquired: _____ Location of Documents: _____

Beneficiary: _____

Type of Security: _____

Date Acquired: _____ Location of Documents: _____

Beneficiary: _____

Tax Returns

Copies of my Income Tax Returns

Located at: _____

Address: _____

Current withholding tax forms and receipts received from my employer are located at:

Worksheets and evidence to support my tax returns are located at:

My taxes are prepared by:

Name: _____

Address: _____

Phone: _____

Additional Information:

Local and National Affiliations

I am or have been a member of the following:

Credit Union

Name: _____

Address: _____

Account Number: _____ Since: _____

Name: _____

Address: _____

Account Number: _____ Since: _____

Name: _____

Address: _____

Account Number: _____ Since: _____

National or Local Trade Union(s)

Name: _____

Address: _____

Identification Card #: _____ Since: _____

Name: _____

Address: _____

Identification Card #: _____ Since: _____

Name: _____

Address: _____

Identification Card #: _____ Since: _____

Local and National Affiliations

Other affiliations (Elks, Lions, etc)

Name: _____

Address: _____

Dates From: _____ To: _____

Name: _____

Address: _____

Dates From: _____ To: _____

Name: _____

Address: _____

Dates From: _____ To: _____

Name: _____

Address: _____

Dates From: _____ To: _____

Documents of Insurance, Benefits, etc from Associations

Type of Document: _____

Association/Union: _____

Type of Document: _____

Association/Union: _____

Type of Document: _____

Association/Union: _____

Wills and Testaments

I have a will:

Yes _____ No _____

The date of my will is: _____

Location of the original executed copy of my will is located at:

The attorney who drew my will is:

Name: _____

Address: _____

My will names the following:

Executor(s):

Name: _____ Relation: _____

Address: _____

Name: _____ Relation: _____

Address: _____

Trustee(s):

Name: _____ Relation: _____

Address: _____

Name: _____ Relation: _____

Address: _____

Guardian of My Children:

Name: _____ Relation: _____

Address: _____

Name: _____ Relation: _____

Address: _____

I have pledged the following parts of my body:

Body Part

Dedicated to

The above body parts are dedicated under the uniform Donor Laws: Yes _____ No _____

The state of origin for the Uniform Donor Laws: _____

I have executed a Power of Attorney:

Yes _____ No _____

The following are entrusted with Power of Attorney

Name: _____

Address: _____

Effective From: _____ to: _____

Name: _____

Address: _____

Effective From: _____ to: _____

Name: _____

Address: _____

Effective From: _____ to: _____

Funeral Arrangements

I have given instructions regarding my funeral in:

Will: _____ Location: _____

Letter: _____ Location: _____

Other: _____ Location: _____

I am entitled to military honors: Yes _____ No _____

I desire military honors: Yes _____ No _____

Military/National Cemetery Burial Yes _____ No _____

I desire a military Chaplain Yes _____ No _____

I want to be Buried _____ Cremated _____

For details contact: _____

I own a plot or vault in the following cemetery:

Name: _____

Address: _____

The deed to the cemetery plot or vault is located at: _____

There is a provision for the perpetual care of this plot or vault: Yes _____ No _____

I do not own a plot or vault, but want to be buried at: _____

Other instructions: _____

Military Awards or Decorations: _____

Some Suggestions on Additional Documentation

Financial Section

We suggest that you include the following copies of income tax returns:

- Federal Tax Returns for the preceding four years
- State Tax Returns for the preceding four years

Educational Information

The following is a list of the educational information suggested:

- Official School transcripts
- High School diplomas
- College diplomas

Military Records

The following is a list of the military records suggested:

- Current copy of Leave and Earnings Statement (LES)
- Copy of most recent promotion papers
- Photostat copy of ID cards
- Photostat copy of ID tags
- Copy of DD Form 93 (Emergency Data Card)
- Location of all other military records

Household Belongings Inventory

Bedrooms

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Household Belongings Inventory

Office/Den

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Household Belongings Inventory

Laundry/Bathrooms

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Household Belongings Inventory

Basement/Garage/Attic

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Household Belongings Inventory

Hallways/Closets

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Household Belongings Inventory

Jewelry

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Household Belongings Inventory

Heirlooms/Silver/Artwork

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Household Belongings Inventory

Other Items

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Household Belongings Inventory

Kitchen

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Household Belongings Inventory

Family Room

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Household Belongings Inventory

Living Room

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Household Belongings Inventory

Dining Room

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

Item: _____

Value: \$ _____ Serial Number: _____

Warranty: _____ Year: _____

UTAH NATIONAL GUARD

Mission Statement

The purpose of the National Guard Family Program is to contribute to the readiness and retention in the National Guard and to enhance the quality of life for all Guard members, their families, and the communities in which they live.

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