

THE PAPER SAFE

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?



© 2002, 2012, 2016, 2019. Associates of Vietnam Veterans of America. All rights reserved.
Written by Nancy Switzer. Design by Citizen X Design.

Some information for this publication was taken from the *Federal Benefits for Veterans and Dependents*, published by the Department of Veterans Affairs, 2000 Edition. For more information, call your VA Regional Office at 1-800-827-1000 or visit www.va.gov

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: _____ Occupation: _____

Name and Address of Employer: _____

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 OT 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:
Date Divorce Became Final: _____
Any Post-Death Obligation to Former Spouse: _____

PREVIOUS MARRIAGE: Name: _____ Choose one:
Date Divorce Became Final: _____
Any Post-Death Obligation to Former Spouse: _____

LIVING CHILDREN (NATURAL OR ADOPTED):

Name: _____ Choose One:
Address: _____
Telephone Number: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: _____

Name: _____ Choose One:
Address: _____
Telephone Number: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: _____

Name: _____ Choose One:
Address: _____
Telephone Number: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: _____

Name: _____ Choose One:
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.

Name of Disabled Child or Dependent: _____

Name of Trustee: _____

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

DECEASED CHILDREN:

Name: _____ Choose One: _____

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Social Security Number: _____

Cause of Death: _____

Name: _____ Choose One: _____

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: _____

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:

BENEFICIARY/GUARDIAN: (Determine guardians of minors; corporate status organizations).

Name: _____ Address: _____

Interest in Estate: _____

BENEFICIARY/GUARDIAN: (Determine guardians of minors; corporate status organizations).

Name: _____ Address: _____

Interest in Estate: _____

BENEFICIARY/GUARDIAN: (Determine guardians of minors; corporate status organizations).

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: _____

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 login to your current account.

My Bonds Are: _____ 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: _____

Brokerage: _____ Account Number: _____

Address: _____

Name(s) on Account: _____ Acct. Type: _____

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: _____

Company: _____ Telephone: _____
Address: _____

Account Number: _____ Account Type: _____

Company: _____ Telephone: _____
Address: _____

Account Number: _____ Account Type: _____

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:

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.



ASSOCIATES OF VIETNAM VETERANS OF AMERICA

8719 Colesville Road, Suite 100, Silver Spring, MD 20910

For more information on our 501(c)3 organization call 301-585-4000 ext. 169
or visit our website at www.avva.org