

**RECORD OF EMERGENCY DATA**


**PRIVACY ACT STATEMENT**


**AUTHORITY:** 10 USC 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397, November 1943 (SSN).  
**PRINCIPAL PURPOSES:** This form is used to designate beneficiaries for certain benefits in the event of the servicemember's death. It is a guide for the disposition of that member's pay and allowances if captured, missing, or interned. It also shows names and addresses of the person(s) the servicemember desires to be notified in case of emergency or death. The purpose of soliciting the SSN is to provide positive identification.  
**ROUTINE USES:** None.  
**DISCLOSURE:** Voluntary; however, failure to provide personal identifier information may delay notification of the servicemember's status or may handicap processing of benefits to designated beneficiaries.


**INSTRUCTIONS TO SERVICEMEMBER**

This extremely important form is used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty, and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other dependents listed; for example, as a result of marriage, civil court action, death, or address change. Regarding your designation in Item 11, "Allotment if Missing" (if used by your Service), please read the

following statement carefully, and sign on the line provided: I fully understand that, if I am captured, missing, or interned, my designation of allotments to dependents from my pay and allowances serves only as a guide to the Secretary of my Service. The Secretary may alter my designated allotment in the best interests of myself, my dependents, or the United States Government.

  
 (Signature of Servicemember)

1. **NAME** (Last, First, Middle)                      2a. **SSN**                      b. **INITIAL**                       3a. **SERVICE**                      b. **REPORTING UNIT CODE DUTY STATION**

PEQUENO, JOSE LUIS                                            A                      W8BHYJ

4a. **SPOUSE NAME**                      b. **ADDRESS** (Include ZIP Code)  
 KELLEY A PEQUENO                      99 CHENEY RD LISBON NH US, 035856702

5a. **CHILDREN NAME**                      b. **RELATIONSHIP**                      c. **DATE OF BIRTH**                      d. **ADDRESS** (include ZIP Code)  
 (YYYYMMDD)

MERCEDES T                      DAUGHTER                      19950103  
 ALEXANDRIA                      DAUGHTER                      19970315  
 GAIGE R                      SON                      19980503

6a. **FATHER NAME**                      b. **ADDRESS** (Include ZIP Code)  
 ROBERT W BAGLEY (STEPFATHER)                      22 MAIN ST. GORHAM NH, 03581

7a. **MOTHER NAME**                      b. **ADDRESS** (Include ZIP Code)  
 NELIDA S BAGLEY                      BELL ST. NORTH WOODSTOCK NH, 03262

8a. **DO NOT NOTIFY DUE TO ILL HEALTH**                      b. **NOTIFY INSTEAD**

9a. **BENEFICIARY(IES) FOR DEATH GRATUITY**                      b. **ADDRESS** (Include ZIP Code)                      c. **PERCENTAGE**  
 (If no surviving spouse or child)

ROBERT W. BAGLEY (STEPFATHER)                      22 MAIN ST. GORHAM NH, 03581 phone: 6034669814                      100

10a. **BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES**                      b. **ADDRESS** (include ZIP Code)                      c. **PERCENTAGE**

KELLEY A PEQUENO (WIFE)                      99 CHENEY RD LISBON NH US, 035856702 phone: 603-838-5533                      100

11. **ALLOTMENT DESIGNEE/PERCENTAGE IF MISSING** (Subject to Secretarial Determination)  
 KELLEY A PEQUENO 100% (WIFE, 99 CHENEY RD LISBON NH US, 035856702)

12. **INSURANCE** (SGLI and other Insurance Companies/Policy Numbers)                      a. **SGLI** (Optional Service Use)                      b. **INSURANCE COMPANIES/POLICY NUMBERS**

MAXIMUM                       NO  
 OTHER (Amount)

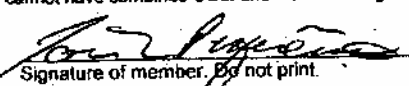
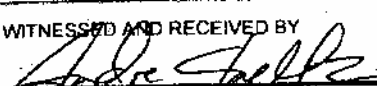
13. **CONTINUATION/REMARKS**

14. **SIGNATURE OF SERVICEMEMBER**  
 (Include Rank, Rate, or Grade)

15. **SIGNATURE OF WITNESS**  
 (Include Rank, Rate, or Grade)

16. **DATE SIGNED**  
 (YYYYMMDD)

 SGT                       SPC                      20070602

<b>SERVICE MEMBER'S GROUP LIFE INSURANCE ELECTION AND CERTIFICATE - PAGE 2</b> IMPORTANT - This form is for use by ACTIVE DUTY and RESERVE MEMBERS. This form does not apply to and cannot be used for any other Government Life Insurance.				
USE THIS FORM FOR:	1. ELECTING, REDUCING OR REFUSING INSURANCE <i>(Do not make erasures, corrections, or changes. Complete a new form)</i>	2. STATING TO WHOM AND HOW INSURANCE SHOULD BE PAID		
LAST NAME	FIRST NAME	MIDDLE NAME	RANK, TITLE OR GRADE	SOCIAL SECURITY NO.
PEQUENO	JOSE	LUIS	SGT	██████████
BRANCH OF SERVICE <i>(Do not abbreviate)</i>		CURRENT DUTY LOCATION		
Army		W8BHYJ		
REASON FOR COMPLETING THIS FORM <i>(Check as Appropriate)</i>				
<input type="checkbox"/> Initial Application Designation		<input type="checkbox"/> Change/update of beneficiary or change of duty station		<input type="checkbox"/> Change in amount of insurance (increase in amount of insurance requires Form SGLV 8285 - Request for Insurance)
1. AMOUNT OF INSURANCE				
By law, you are automatically insured for \$250,000. <i>If you want \$250,000 of insurance, skip to Beneficiary(ies) and Payment Options. If you want less than \$250,000 of insurance, please check the appropriate box below and write the amount desired and your initials. Coverage is available in increments of \$10,000. If you do not want any insurance, write (in your own handwriting) "I do not want insurance at this time."</i>				
<input type="checkbox"/> I want coverage in the amount of \$ _____ Your initials _____ <input type="checkbox"/> _____ (Write "I do not want insurance at this time.")				
2. BENEFICIARY(IES) AND PAYMENT TO BENEFICIARY(IES)				
I DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE PAYMENT OF MY INSURANCE PROCEEDS AS SHOWN BELOW:				
COMPLETE NAME AND ADDRESS OF BENEFICIARY <i>(If beneficiary is a married woman, give her own first and middle names, for example, USE Mary Lisa Smith, DO NOT USE Mrs. John Smith)</i>	SOCIAL SECURITY NUMBER <i>If unknown, see 1.C on back</i>	RELATIONSHIP TO INSURED	SHARES TO BE PAID TO EACH BENEFICIARY <i>See 1.C on back</i>	PAYMENT OPTIONS TO BENEFICIARY <i>36 payments or lump sum See 1.E on back</i>
PRINCIPAL (First)				
1. KELLEY A PEQUENO 99 CHENEY RD LISBON NH US 035856702	██████████	WIFE	100%	LUMP SUM
CONTINGENT <i>(Second - If principal beneficiary(ies) dies before me or before completion of installment payments to the principal beneficiary(ies).)</i>				
1. ROBERT W. BAGLEY 22 MAIN ST. GORHAM NH 03581		STEPFATHER	100%	LUMP SUM
NOTE: Proceeds will be payable to beneficiaries as stated in 3.A on reverse side of this form, unless otherwise stated.				
I HAVE READ AND UNDERSTAND the instructions on the front and reverse of this form. I UNDERSTAND that this form cancels any prior beneficiary or payment instructions. I UNDERSTAND that if I have legal questions about this form I may consult with a military attorney at no expense to me. I UNDERSTAND that I cannot have combined SGLI and VGLI coverages at the same time for more than \$250,000.				
SIGN HERE IN INK	 Signature of member. Do not print.			20050519 Date Completed
WITNESSED AND RECEIVED BY	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED	
	SGT	MC 8	20050602	

SGLV-8286 (E)

**CERTIFIED TRUE COPY**

  
 DAWN COOKSON, SGT/GS-07  
 RECORDS CUSTODIAN

Please read the instructions before completing this form.

## Family Coverage Election

### Servicemember's Information

Last name	First name	Middle name	Suffix (Jr., Sr., etc.)	Date of Birth	Social Security Number
PEQUEÑO	JOSE	LUIS		22 Feb 1974	[REDACTED]
Branch of Service (Do not abbreviate)				Rank, title or grade	
Army				SGT E5	

### Amount of Insurance

**Family Coverage for Dependent Child(ren).** By law, if you are insured under SGLI, each of your dependent children (see page 3 for a definition of dependent children for SGLI purposes) is automatically insured for \$10,000.

**Family Coverage for Spouse.** By law, if you are insured under SGLI, your spouse is automatically insured for \$100,000 or the amount of your SGLI coverage, whichever is less. **If you want less than the automatic amount of coverage for your spouse,** please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$10,000. **If you do not want any coverage for your spouse\***, check the appropriate block below and write (in your own handwriting), "I do not want coverage for my spouse at this time."

I want coverage in the amount of \$ \_\_\_\_\_

\_\_\_\_\_  
(Write "I do not want coverage for my spouse at this time.")

\*Note: Reduced or refused family coverage can only be restored by completing form SGLV 8285A with proof of good health and compliance with other requirements. It will also affect the amount of insurance your spouse can convert to when Family Coverage expires.

### Spouse's Information

(To be completed by member. It is not necessary to complete this section if you're declining coverage.)

Last name	First name	Middle name	Suffix (Jr., Sr., etc.)	Social Security Number
PEQUEÑO	Kelley	Anne		unknown
Date of Birth (dd-mmm-yyyy e.g. 24-AUG-1965)				
18 NOV 1973				

### Premiums for Spousal Coverage

Spouse's age:	Monthly rate per \$10,000	Monthly cost for \$100,000 coverage
Under 35	\$ .60	\$6.00
35-39	\$ .75	\$7.50
40-44	\$1.00	\$10.00
45-49	\$1.90	\$19.00
50-54	\$2.80	\$28.00
55-59	\$4.20	\$42.00
60 & older	\$5.40	\$54.00

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form and certify that the information I have provided is correct.

SIGNATURE OF SERVICEMEMBER

Date: 12 MAY 2005  
(dd-mmm-yyyy e.g. 01-NOV-2001)

Do not write in space below. For official use only.

Witnessed and received by: (please print)	Rank, title or grade	Organization	Date Received <small>(dd-mmm-yyyy e.g. 01-NOV-2001)</small>
HENDERSON THOMAS	E-6	MCS	12 MAY 05



LAST WILL AND TESTAMENT

OF

JOSE LUIS PEQUENO

I, JOSE LUIS PEQUENO, a resident of the State of New Hampshire, make, publish and declare this to be my Last Will and Testament, revoking all wills and codicils at any time heretofore made by me. I am in the military service of the United States.

FIRST: I direct that the expenses of my last illness and funeral, the expenses of the administration of my estate, and all estate, inheritance and similar taxes payable with respect to property included in my estate, whether or not passing under this will, and any interest or penalties thereon, shall be paid out of my residuary estate, without apportionment and with no right of reimbursement from any recipient of any such property.

SECOND: I give all tangible personal property owned by me at the time of my death, including without limitation personal effects, clothing, jewelry, furniture, furnishings, household goods, automobiles and other vehicles, together with all insurance policies relating thereto, to my wife KELLEY A. PEQUENO, if she survives me, or if she does not survive me, to those of my children (MERCEDES TIERRA MERRILL-PEQUENO, ALEXANDRIA ELIZABETH PEQUENO and GAIGE ROBERT PEQUENO and any other children which I hereafter may have) who survive me, in substantially equal shares, to be divided among them as they shall agree, or if they cannot agree, or if any of them shall be under the age of twenty-one (21) years, as my Executor shall determine.

THIRD: I give all the rest, residue and remainder of my property and estate, both real and personal, of whatever kind and wherever located, that I own or to which I shall be in any manner entitled at the time of my death (collectively referred to as my "residuary estate"), as follows:

- (a) If my wife KELLEY A. PEQUENO survives me, to my wife outright.
- (b) If my wife does not survive me, then to those of my children who survive me and to the issue who survive me of those of my children who shall not survive me, per stirpes.
- (c) If my wife does not survive me and there shall be no issue of mine then living, I give my residuary estate to my father, ROBERT BAGLEY and my sister ELIZBETH BAGLEY, in equal shares, if they survive me.

FOURTH: If any property of my estate vests in absolute ownership in a minor or incompetent, my Executor, at any time and without court authorization, may: distribute the whole or any part of such property to the beneficiary; or use the whole or any part for the health, education, maintenance and support of the beneficiary; or distribute the whole or any part to a guardian, committee or other legal representative of the beneficiary, or to a custodian for the beneficiary under any gifts to minors or transfers to minors act, or to the person or persons with whom the beneficiary resides. Evidence of any such distribution or the receipt therefor executed by the person to whom the distribution is made shall be a full discharge of my Executor from any liability with respect thereto, even though my Executor may be such person. If such beneficiary is a minor, my Executor may defer the distribution of the whole or any part of such property until the beneficiary attains the age of twenty-one (21) years, and may hold the same as a separate fund for the beneficiary with all of the powers described in Article SIXTH hereof. If the beneficiary dies before attaining said age, any balance shall be paid and distributed to the estate of the beneficiary.

FIFTH: I appoint my father ROBERT BAGLEY to be my Executor. I direct that no Executor shall be required to file or furnish any bond, surety or other security in any jurisdiction.

SIXTH: I grant to my Executor all powers conferred upon executors wherever my Executor may act. I also grant to my Executor power to retain, sell at public or private sale, exchange, grant options on, invest and

~~reinvest, and otherwise deal with any kind of property, real or personal, for cash or on credit, to borrow money and encumber or pledge any property to secure loans; to exercise all powers of an absolute owner of property; to compromise and release claims with or without consideration; and to employ attorneys, accountants and other persons for services or advice. The term "Executor" wherever used herein shall mean the executors, executor, executrix or administrator in office from time to time.~~

SEVENTH: I direct that for purposes of this will a beneficiary shall be deemed to predecease me unless such beneficiary survives me by more than thirty days. The terms "child" and "children" as used in this will include not only the child and children (whether now or hereafter born) of the person designated, but also the legally adopted child and children of such person. The term "issue" includes not only the children and other issue (whether now or hereafter born) of the person designated, but also the legally adopted children and issue of such person.

EIGHTH: If my wife shall not survive me or is adjudged to be incapacitated, I appoint my sister-in-law KIMBERLY ZALLA to be the Guardian of the person and property of any children of mine who have not attained the age of majority. If my sister-in-law KIMBERLY ZALLA shall fail or cease to act as Guardian of the person, I appoint my mother NELIDA BAGLEY as Guardian of the person. No Guardian of the person shall be required to file or furnish any bond, surety or other security in any jurisdiction.

NINTH: I have served in the Armed Forces of the United States. I therefore request that my Executor make appropriate inquiries to ascertain whether there are any benefits to which I, my dependents or my heirs may be entitled by virtue of any military affiliation. I specifically request that my Executor consult with a retired affairs officer at the nearest military installation, the Department of Veterans Affairs, and the Social Security Administration.

IN WITNESS WHEREOF, I, JOSE LUIS PEQUENO, sign my name and publish and declare this instrument as my last will and testament this 22<sup>nd</sup> day of March, 2005.

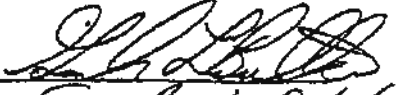
  
JOSE LUIS PEQUENO

The foregoing instrument was signed, published and declared by JOSE LUIS PEQUENO, the above-named Testator, to be his last will and testament in our presence, all being present at the same time, and we, at his request and in his presence and in the presence of each other, have subscribed our names as witnesses on the date above written.

  
Jan Paul Rodriguez

having an address at

Manchester  
New Hampshire

  
Gordon L. Butcher

having an address at

Manchester  
NH