

Personal Financial Affairs

Your Book of Records



Personal Financial Affairs Record of:

Information contained here is current as of (date): _____

We are pleased to present this booklet to you as a convenient method of recording information about your personal financial affairs. The information you collect in your Record of Personal Financial Affairs can have several practical uses:

- summarize your present financial position,
- inform your attorney and other advisors of your assets and objectives, and
- assist your family members in the event of your absence or incapacity.

We recommend that you first review the booklet to determine the information that will be needed to complete it. Then collect the certificates, documents, records and other information you will need to record accurate financial data.

Preparing your record of Personal Financial Affairs may reveal areas where you will want to make changes or take some additional action. After these actions are taken, make it a point to keep the booklet up-to-date. An annual review is strongly recommended.

The time you spend completing this booklet can be very rewarding. You will have the satisfaction of knowing that your financial affairs are in order and that you have taken steps to assure the effective management of your assets.

If we can be of assistance to you, please feel free to call.

Individual and Family Background

Legal residence _____

Occupation _____

Social Security # _____

Date and place of birth _____

married single divorced widowed

Date and place of marriage _____

Prior marriages (date and place) _____

Children: name, birth date, natural, adopted or stepchild? _____

Other close relatives (if any):

Name _____

Relationship _____

Address _____

Name _____

Relationship _____

Address _____

Employment, Compensation and Benefits

Employer _____

Date of hire _____

Position/title _____

Salary \$ _____ per _____

Bonus/commission _____

Check all that apply:

Medical Insurance

Group Life Insurance

Amount \$ _____

Primary beneficiary _____

Secondary beneficiary _____

Disability Insurance

IRA (specify: Traditional Roth)

Pension/Profit Sharing/ 401(k) Plan

Value of death benefits _____

Beneficiary _____

Form of payout elected _____

Other employment benefits (describe)



Wills and Trusts

Have you executed a will? _____

Date of execution _____

By whom was it drafted? _____

Name and address of executor of will _____

Special instructions to executor or beneficiaries _____

Has your spouse executed a will? _____

Date of execution _____

By whom was it drafted? _____

Name and address of executor of will _____

Have you created a living trust agreement? _____

How many? _____

Are these agreements
 revocable?
 irrevocable?

Are any of the trusts related to a pour-over provision in your will? _____

Names and addresses of the trustees _____

Names and addresses of the beneficiaries _____

Approximate value of trusts \$ _____

Nature of properties included in trusts _____

Name and address of the attorney drafting these agreements _____

- Have you executed
- power of attorney?
 - health care proxy?
 - living will?

Inventory of Assets

Residential Real Estate

Location #1 _____

Description _____

Approximate value \$ _____

Mortgage \$ _____

Mortgagor _____

If the property is not in your name alone, who is/are the co-owner(s)? _____

Is there a right of survivorship? _____

Location #2 _____

Description _____

Approximate value \$ _____

Mortgage \$ _____

Mortgagor _____

If the property is not in your name alone, who is/are the co-owner(s)? _____

Is there a right of survivorship? _____

Non-Residential Real Estate

Location of property #1 _____

Description _____

Approximate value \$ _____

Mortgagor _____

Mortgage \$ _____

Is property leased? _____

Name of lessee _____

Duration of lease _____

Annual rent \$ _____

If the property is not in your name alone, who is/are the co-owner(s)? _____

Is ownership

- tenancy-in-common?
- joint tenancy?
- community property?

Location of property #2 _____

Description _____

Approximate value \$ _____

Mortgagor _____

Mortgage \$ _____

Is property leased? _____

Name of lessee _____

Duration of lease _____

Annual rent \$ _____

If the property is not in your name alone, who is/are the co-owner(s)? _____

Is ownership

- tenancy-in-common?
- joint tenancy?
- community property?

Stock

Shares	purchase date	cost	value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of co-owner, if any _____

Special dividend arrangements are _____

Bonds

Denomination	purchase date	cost	value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mutual Fund Shares

Shares	purchase date	cost	value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If any shares are not solely owned by you, the co-owner(s) is/are _____

Bank Accounts and Certificates

Checking Accounts

Bank	Account Number	Co-owner	Avg. Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Savings Accounts

Bank	Account Number	Co-owner	Avg. Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Life Insurance Policies

Policies on your own life _____

Policy number _____

Company _____

Principal amount \$ _____

Cash value \$ _____

Beneficiaries _____

Loans against the policy \$ _____

Location of policy _____

Policies you own on the life of another _____

Policy number _____

Company _____

Principal amount \$ _____

Cash value \$ _____

Beneficiaries _____

Loans against the policy \$ _____

Location of policy _____

Certificates of Deposit

Institution holding _____

Amount \$ _____

Maturity date _____

Co-owners _____

Institution holding _____

Amount \$ _____

Maturity date _____

Co-owners _____



Business Interests

Nature of Ownership

Do you have ownership in a business or profession? _____

Is the business

- a proprietorship?
- a partnership?
- a corporation? C S
- a family limited partnership?
- a limited liability company?

Home furnishings _____

If you do not have sole interest, what is the percent of your ownership? _____

The other owners of the business or profession are: _____

Name _____

Age _____

Percentage of ownership _____

Jewelry _____

Sale of the Business after Death

Is your estate committed to sell the business after your death? _____

Indicate the parties to this agreement _____

Date of agreement _____

Sources of funds to carry out transaction _____

What is the value of the business \$ _____

Your interest in it _____

Antiques and art _____

Other tangibles _____

Tangible Personal Property

Do you maintain a list of your valuable possessions? _____

Where is the list located? _____

Indicate the major items of value within each category:

Automobiles _____

Other assets (describe) _____

Liabilities

I owe money or am financially obligated to _____

Amount \$ _____

Location of note _____

Due date _____

Collateral _____

Terms of payment _____

I owe money or am financially obligated to _____

Amount \$ _____

Location of note _____

Due date _____

Collateral _____

Terms of payment _____

I owe money or am financially obligated to _____

Amount \$ _____

Location of note _____

Due date _____

Collateral _____

Terms of payment _____

Personal Advisors

Indicate the name, address, and telephone number of your:

Physician _____

Clergy _____

Insurance agent _____

Attorney _____

Trust officer _____

Accountant _____

Investment broker _____

Financial planner _____

Other _____

Location of Key Documents

Birth certificate _____

_____ Stock certificates, bonds, mutual fund shares _____

Marriage certificate _____

Prenuptial agreement _____ Living will _____

Divorce papers _____ Power of attorney _____

Naturalization (citizenship) papers _____ Health care proxy _____

Passport _____ Safety deposit box _____

Employment records (including benefits) _____ Business buy-sell agreements _____

_____ **Additional notes** _____

Tax returns _____

Last will and testament (original) _____

Funeral/burial instructions _____

