

Personal Information

Self

Name

/ /

Social Security Number

Date of Birth

Home Address

City

State

Zip

()

()

Home Telephone Number

Home Fax Number

()

Cellular Phone Number

Business Name

Business Address

City

State

Zip

()

()

Business Telephone Number

Business Fax Number

Mother's Maiden Name

/ /

Mother's Birth Date

Father's Name

/ /

Father's Birth Date

Spouse

Name

/ /

Social Security Number

Date of Birth

()

Cellular Phone Number

Children

Name

/ /

Social Security Number

Date of Birth

Name

/ /

Social Security Number

Date of Birth

Name

/ /

Social Security Number

Date of Birth

Name

/ /

Social Security Number

Date of Birth

Name

/ /

Social Security Number

Date of Birth

Stepchildren

Name

/ /

Social Security Number

Date of Birth

Name

/ /

Social Security Number

Date of Birth

Name

/ /

Social Security Number

Date of Birth

Grandchildren

Name

/ /

Social Security Number

Date of Birth

Name

/ /

Social Security Number

Date of Birth

Name

/ /

Social Security Number

Date of Birth

Name

/ /

Social Security Number

Date of Birth

Name

/ /

Social Security Number

Date of Birth

Name

/ /

Social Security Number

Date of Birth

Name

/ /

Social Security Number

Date of Birth

Name

/ /

Social Security Number

Date of Birth

Great Grandchildren

Name

/ /

Social Security Number

Date of Birth

Name

/ /

Social Security Number

Date of Birth

Name

/ /

Social Security Number

Date of Birth

Name

/ /

Social Security Number

Date of Birth

Name

/ /

Social Security Number

Date of Birth

Name

/ /

Social Security Number

Date of Birth

Name

/ /

Social Security Number

Date of Birth

Name

/ /

Social Security Number

Date of Birth

Personal Advisors

Attorney

Name

Firm

Address

City

State

Zip

()

()

Telephone

Facsimile

E-Mail

Trust Officer

Name

Trust Company

Address

City

State

Zip

()

()

Telephone

Facsimile

E-Mail

Accountant/Tax Preparer

Name _____

Firm _____

Address _____

City State Zip

() ()

Telephone Facsimile

E-Mail _____

Are your tax returns on file with this individual? Yes No

Banker

Name _____

Bank _____

Address _____

City State Zip

() ()

Telephone Facsimile

E-Mail _____

Investment Advisor

Name

Firm

Address

City

()

State

()

Zip

Telephone

Facsimile

E-Mail

Insurance Agent

Name

Firm

Address

City

()

State

()

Zip

Telephone

Facsimile

E-Mail

Doctor

Name

Hospital/Office

Address

City

()

State

Zip

Telephone

E-Mail

Dentist

Name

Office

Address

City

State

Zip

()

Telephone

E-Mail

Clergy

Name

Congregation

Address

City

State

Zip

()

Telephone

E-Mail

Other: _____

Name

Association

Address

City

State

Zip

()

Telephone

E-Mail

Other: _____

Name _____

Association _____

Address _____

City _____ State _____ Zip _____

() _____

Telephone _____ E-Mail _____

Important Documents

Will _____

Location _____

/ / _____ / / _____

Dated as of _____ Codicils Dated as of _____

Executor Named _____

Address _____

City _____ State _____ Zip _____

() _____

Telephone _____

Guardian Named _____

Address _____

City _____ State _____ Zip _____

() _____

Telephone _____

Trust Agreement

Location

/ /

/ /

Dated as of

Amendments Dated

Trustee(s) Named

Address

City

State

Zip

()

Telephone

Living Will

Location

/ /

Dated as of

Health Care Power of Attorney

Location

/ /

Dated as of

Appointee

Address

City

State

Zip

()

Telephone

Medical Insurance

Company

Policy Number

Type

Location of Policy

()

Agent

Telephone Number

Medicare

Policy Number

Homeowner's Insurance

Company

Policy Number

Location of Policy

()

Agent

Telephone Number

Durable Power of Attorney for Property

Location

/ /

Dated as of

Appointee

Address

City

State

Zip

()

Telephone Number

Safe Deposit Box

Location of Key

Bank

Key Number

Title and Authorized Signers

Marriage Certificate

Location

/ /

Dated as of

Divorce Decrees

Location

/ /

Dated as of

Location

/ /

Dated as of

Birth Certificates for Family Members

Self

/ /

Date

Place of Birth

Location of Certificate

Spouse

/ /

Date

Place of Birth

Location of Certificate

Name

/ /

Date

Place of Birth

Location of Certificate

Name

/ /

Date

Place of Birth

Location of Certificate

Name

/ /

Date

Place of Birth

Location of Certificate

Name

/ /

Date

Place of Birth

Location of Certification

Adoption Papers

Name

/ /

Date of Adoption

Location of Certificate

Name

/ /

Date of Adoption

Location of Certificate

Name

/ /

Date of Adoption

Location of Certificate

Name

/ /

Date of Adoption

Location of Certificate

Name

/ /

Date of Adoption

Location of Certificate

Name

/ /

Date of Adoption

Location of Certificate

Death Certificates for Family Members

Name of Deceased

Relationship to You

Location of Certificate

/ /

Date of Death

Name of Deceased

Relationship to You

Location of Certificate

/ /

Date of Death

Name of Deceased

Relationship to You

Location of Certificate

/ /

Date of Death

Name of Deceased

Relationship to You

Location of Certificate

/ /

Date of Death

Military Discharge

/ /

Discharge Date

Rank

Branch

Service Number

Judgements and Legal Documents

Description

Location

Description

Location

Description

Location

Description

Location

Summary of Property

Cash and Bank Accounts

Bank

Address

City **State** **Zip**

Account Number

Type of Account

Title of Account

Bank

Address

City **State** **Zip**

Account Number

Type of Account

Title of Account

Bank

Address

City **State** **Zip**

Account Number

Type of Account

Title of Account

Cash and Bank Accounts (continued)

Bank

Address

City

State

Zip

Account Number

Type of Account

Title of Account

Bank

Address

City

State

Zip

Account Number

Type of Account

Title of Account

Bank

Address

City

State

Zip

Account Number

Type of Account

Title of Account

Credit Cards

Issuer

Card Number

Issuer

Card Number

Issuer

Card Number

Issuer

Card Number

Issuer

Card Number

Issuer

Card Number

Issuer

Card Number

Issuer

Card Number

Issuer

Card Number

Obligations

	/ /
Loan	Due Date
%	\$
Interest	Amount

Description

	/ /
Loan	Due Date
%	\$
Interest	\$ Amount

Description

	/ /
Loan	Due Date
%	\$
Interest	Amount

Description

Notes, Accounts (Owed to You)

	/ /	
Payor	Date of Note	
%	\$	/ /
Interest	Amount	Due Date

	/ /	
Payor	Date of Note	
%	\$	/ /
Interest	Amount	Due Date

	/ /	
Payor	Date of Note	
%	\$	/ /
Interest	Amount	Due Date

Brokerage and Investment Accounts

Title of Account

\$

Account Number

Value of Portfolio

Institution

()

Broker/Portfolio Manager

Telephone

Title of Account

\$

Account Number

Value of Portfolio

Institution

()

Broker/Portfolio Manager

Telephone

Title of Account

\$

Account Number

Value of Portfolio

Institution

()

Broker/Portfolio Manager

Telephone

Title of Account

\$

Account Number

Value of Portfolio

Institution

()

Broker/Portfolio Manager

Telephone

Brokerage and Investment Accounts (continued)

Title of Account

\$

Account Number

Value of Portfolio

Institution

()

Broker/Portfolio Manager

Telephone

Title of Account

\$

Account Number

Value of Portfolio

Institution

()

Broker/Portfolio Manager

Telephone

Individual Securities Held

Location

Security

Title

/ /

\$

Number of Shares

Purchase Date

Cost

Security

Title

/ /

\$

Number of Shares

Purchase Date

Cost

Individual Securities Held (continued)

Security

Title

	/ /	\$
Number of Shares	Purchase Date	Cost

Security

Title

	/ /	\$
Number of Shares	Purchase Date	Cost

Security

Title

	/ /	\$
Number of Shares	Purchase Date	Cost

Security

Title

	/ /	\$
Number of Shares	Purchase Date	Cost

Security

Title

	/ /	\$
Number of Shares	Purchase Date	Cost

Individual Securities Held (continued)

Security

Title

	/ /	\$
Number of Shares	Purchase Date	Cost

Security

Title

	/ /	\$
Number of Shares	Purchase Date	Cost

Security

Title

	/ /	\$
Number of Shares	Purchase Date	Cost

Security

Title

	/ /	\$
Number of Shares	Purchase Date	Cost

Security

Title

	/ /	\$
Number of Shares	Purchase Date	Cost

Life Insurance

Company

Policy Number

Type

\$

Face Value

/ /

Date of Policy

Location of Policy

Owner

Beneficiary(ies)

()

Agent

Telephone

Company

Policy Number

Type

\$

Face Value

/ /

Date of Policy

Location of Policy

Owner

Beneficiary

()

Agent

Telephone

Employee Benefits

The following benefits are in force where I work:

Health Insurance	
	\$
Disability Insurance	Amount
	\$
Life Insurance	Amount
	\$
Pension or Retirement Plan	\$ Vested Amount
	\$
Employee Savings Plan	\$ Amount
	\$
Profit-Sharing Plan/401(k)	\$ Amount
	\$
Survivor's Benefits	\$ Amount
	\$
Stock Options	\$ Amount
	\$
ESOP	\$ Amount
	()
Employee Benefits Manager	Telephone

Individual Retirement Accounts (IRAs)

Institution
Type of Investment
Institution
Type of Investment
Institution
Type of Investment
Institution
Type of Investment

Annuities

Company
/ / \$

Date of Purchase Cost

Payment Period Amount

Term

Beneficiary(ies)

Agent () Telephone

Company
/ / \$

Date of Purchase Cost

Payment Period Amount

Term

Beneficiary(ies)

Agent () Telephone

Company
/ / \$

Date of Purchase Cost

Payment Period Amount

Term

Beneficiary(ies)

Agent () Telephone

Real Estate Property #1

Description

Address

City

State

Zip

\$

/ /

Appraised Value

Date of Last Appraisal

/ /

\$

Date of Purchase

Purchase Price

Deed in Name of

Location of Deed

\$

Amount of Mortgage

Type of Mortgage

Mortgage Holder

\$

Amount of Real Estate Taxes

Payable on

Property Insurance Policy Number

Company

Agent

\$

Income/Lease

Real Estate Property #2

Description

Address

City

State

Zip

\$

/ /

\$ Appraised Value

Date of Last Appraisal

/ /

\$

Date of Purchase

\$ Purchase Price

Deed in Name of

Location of Deed

\$

Amount of Mortgage

Type of Mortgage

Mortgage Holder

\$

\$ Amount of Real Estate Taxes

Payable on

Property Insurance Policy Number

Company

Agent

\$

Income/Lease

Real Estate Property #3

Description

Address

City

State

Zip

\$

/ /

\$ Appraised Value

Date of Last Appraisal

/ /

\$

Date of Purchase

Purchase Price

Deed in Name of

Location of Deed

\$

Amount of Mortgage

Type of Mortgage

Mortgage Holder

\$

\$ Amount of Real Estate Taxes

Payable on

Property Insurance Policy Number

Company

Agent

\$

\$ Income/Lease

Business Interests

Name of Firm

Address

City

State

Zip

()

Telephone

Principal(s)

/ /

\$

Date Acquired

Cost

Owned %

Partner % (general or limited)

\$

\$ Income

Is a buy/sell agreement in effect?

Other Business Interests or Interests in Trust

Title

/ /

Date of Trust

Beneficial Interest

Power of Appointment

Personal Property

Automobiles

Make **Year**

Insurance Company

Policy Number **Telephone**

Make **Year**

Insurance Company

Policy Number **Telephone**

Make **Year**

Insurance Company

Policy Number **Telephone**

Collections

Description **\$
Appraised Value**

Location

Description **\$
Appraised Value**

Location

Description **\$
Appraised Value**

Location

Jewelry

\$

Description	Appraised Value
-------------	-----------------

Location

\$

Description	Appraised Value
-------------	-----------------

Location

\$

Description	Appraised Value
-------------	-----------------

Location

\$

Description	Appraised Value
-------------	-----------------

Location

\$

Description	Appraised Value
-------------	-----------------

Location

\$

Description	Appraised Value
-------------	-----------------

Location

\$

Description	Appraised Value
-------------	-----------------

Location

\$

Description	Appraised Value
-------------	-----------------

Location

Jewelry (continued)

\$

Description	Appraised Value
-------------	-----------------

Location

\$

Description	Appraised Value
-------------	-----------------

Location

Other Valuables (Paintings, Furniture, etc.)

\$

Description	Appraised Value
-------------	-----------------

Location

\$

Description	Appraised Value
-------------	-----------------

Location

\$

Description	Appraised Value
-------------	-----------------

Location

\$

Description	Appraised Value
-------------	-----------------

Location

\$

Description	Appraised Value
-------------	-----------------

Location

\$

Description	Appraised Value
-------------	-----------------

Location

Other Valuables (Paintings, Furniture, etc.) (continued)

Description \$
Appraised Value

Location

Description \$
Appraised Value

Location

Description \$
Appraised Value

Location

Description \$
Appraised Value

Location

Irrevocable Gifts (Valued at \$10,000 or more)

By Whom / /
Date of Gift

To Whom \$
Amount

Description of Gift (stock, cash, or property)

By Whom / /
Date of Gift

To Whom \$
Amount

Description of Gift (stock, cash, or property)

By Whom / /
Date of Gift

To Whom \$
Amount

Description of Gift (stock, cash, or property)

Club Memberships

Special Instructions

Burial Instructions

Funeral Home

Address

City

State

Zip

()

Contact

Telephone Number

Other Notes