

INFORMATION RECORD

(Print and store in a safe place)

VITAL STATISTICS

Personal Information

Name: _____

Permanent Address: _____

Summer/Winter residence: _____

Business Address: _____

Date of birth: _____

Place of birth: _____

Social Security No.: _____

Military Service No.: _____

Taxpayer Identification No.: _____

Marital Information

Current marital/relationship status

single married widowed divorced separated significant other

Name: _____

Date & place married: _____

Marriage certificate located: _____

Formerly married to: _____

Date and place married _____:

Marriage terminated by: death divorce annulment

Date and place terminated: _____

Termination papers located: _____

Comments: _____

Family Information

Fathers Name: _____ year of birth _____

Address: _____

Mother's Name: _____ year of birth _____

Address: _____

Children's names, birthdates, addresses:

Brothers' and sisters' names, birthdates, address:

Grandchildrens' names, birthdates addresses:

EMPLOYMENT & BUSINESS INTERESTS

Employer: _____ phone _____

Address: _____

Date employed: _____ position _____

Other business interests: _____

Name of business: _____

Type: sole proprietorship partnership closely held corporation

Value of interest: \$

Name of business: _____

Type: sole proprietorship partnership closely held corporation

Value of interest: \$

Disposition of business interests after death: _____

FINANCIAL INFORMATION

Banks

Bank: _____

Address: _____

Type of account: __ joint __ individual

Account No: _____

In name(s) of: _____

Bank: _____

Address: _____

Type of account: __ joint __ individual

Account No: _____

In name(s) of: _____

Certificates of deposit/money market certificates

Bank: _____ amount \$ _____

Type: _____ maturity date _____

Bank: _____ amount \$ _____

Type: _____ maturity date _____

Bank: _____ amount \$ _____

Type: _____ maturity date _____

Retirement benefits

__ Pension plan/profit sharing
Description: _____

__ Deferred-compensation plan
Payable as lump sum \$ _____ or @ \$ per _____ for _____ yrs

__ Stock option, type
Restrictions: _____

__ IRA/Keogh plan, other
Amount invested \$ _____
Type of investments _____
Options available _____

__ Annuities
Source _____
Investment \$ _____ payment terms _____

Source _____
Investment \$ _____ payment terms _____

Comments: _____

__ Other retirement benefits: _____

__ Charitable retirement benefits: _____

__ Charitable retirement benefits: _____

Comments: _____

Lifetime and testamentary charitable gifts

Charity: _____

Type of gift: date _____

Phone: _____

Comments: _____

Charity: _____

Type of gift: date _____

Phone: _____

Comments: _____

Charity: _____

Type of gift: date _____

Phone: _____

Comments:

Charity: _____

Type of gift: date _____

Phone: _____

Comments:

INSURANCE

Life Insurance

Company: _____

Face amount: \$ _____ policy no. _____

Description of policy _____

Date of issue: _____ premium \$ _____ due on _____

Insured: policy owner

Beneficiaries: 1st _____ 2nd _____

Cash value \$ _____ loan outstanding _____

Settlement options _____

Company: _____

Face amount: \$ _____ policy no. _____

Description of policy _____

Date of issue: _____ premium \$ _____ due on _____

Insured: policy owner

Beneficiaries: 1st _____ 2nd _____

Cash value \$ _____ loan outstanding _____

Settlement options _____

Health, Medical & Other Insurance

__ Hospitalization _____

Company _____

__ Surgical _____

Company _____

__ Accident & health _____

Company _____

__ General liability _____

Company _____

Homeowners's _____

Company _____

Automobile
Company _____

Description of vehicle: _____

Policy no.: _____

Description of vehicle: _____

Policy no.: _____

Description of vehicle: _____

Policy no.: _____

PROPERTY

Residences

Description: _____

Date acquired: _____

Cost basis: _____

Current value: land \$ _____ + bulding\$ _____

= total \$ _____ date _____

Mortgagee _____ balance \$ _____

Terms _____ date _____

Held: __ jointly __ community __ tenants-in-common

Names of other owners and percent contributed by each:

Description: _____

Date acquired _____

Cost basis: _____

Current value: land \$ _____ + bulding\$ _____

= total \$ _____ date _____

Mortgagee _____ balance \$ _____

Terms _____ date _____

Held: jointly community tenants-in-common

Names of other owners and percent contributed by each:

Investment Real Estate

Description: _____

Date acquired: _____

Cost basis: _____

Current value: land \$ _____ + bulding\$ _____
= total \$ _____ date _____

Depreciation method: _____

Depreciation value: _____ date _____

Mortgagee _____ balance \$ _____

Terms _____ date _____

Held: jointly community tenants-in-common

Names of other owners and percent contributed by each:

Description: _____

Date acquired: _____

Cost basis: _____

Current value: land \$ _____ + bulding\$ _____
= total \$ _____ date _____

Depreciation method: _____

Depreciation value: _____ date _____

Mortgagee _____ balance \$ _____

Terms _____ date _____

Held: jointly community tenants-in-common

Names of other owners and percent contributed by each:

Personal Property

Stocks and bonds

Company	Shares	Cost basis	Date acquired

Mutual Funds

Company	Shares	Cost basis	Date acquired

U.S. Bonds

Type	Face amount	Issue date	Maturity date

Serial no. _____

Type	Face amount	Issue date	Maturity date

Serial no. _____

Type	Face amount	Issue date	Maturity date

Serial no. _____

Tangible assets

Description: _____

Cost basis: _____

Trusts

Trustee _____ phone _____

Address _____

Attorney of record _____ phone _____

Address _____

Type of trust __ revocable __ irrevocable est. value\$ _____

Retained powers, if any: _____

Trustee _____ phone _____

Address _____

Attorney of record _____ phone _____

Address _____

Type of trust __ revocable __ irrevocable est. value\$ _____

Retained powers, if any: _____

Trustee _____ phone _____

Address _____

Attorney of record _____ phone _____

Address _____

Type of trust __ revocable __ irrevocable est. value\$ _____

Retained powers, if any: _____

Safe deposit box

Box location _____

Box no: key location _____

Other investments

Description _____

Value _____

Comments _____

OBLIGATIONS

Accounts Receivable

Due from _____ phone _____
Address _____
Amount \$ _____ terms _____ due date _____
Comment _____

Due from _____ phone _____
Address _____
Amount \$ _____ terms _____ due date _____
Comment _____

Due from _____ phone _____
Address _____
Amount \$ _____ terms _____ due date _____
Comment _____

Liabilities

Due from _____ phone _____
Address _____
Amount \$ _____ terms _____ due date _____
Comment _____

Due from _____ phone _____
Address _____
Amount \$ _____ terms _____ due date _____
Comment _____

Due from _____ phone _____
Address _____
Amount \$ _____ terms _____ due date _____
Comment _____

Claims or Lawsuits

The following are pending:

Attorney of record _____ phone _____

Credit cards

Company

Account no.

Line of credit

LOCATION OF IMPORTANT PAPERS

Vital statistics _____
Trust agreements _____
Bonds and securities _____
Bank books _____
Insurance policies _____
Business agreements _____
Personal inventory _____
Titles and deeds _____
Tax papers _____
Charitable documents _____
Others _____

PERSONAL ADVISORS

Physician _____ phone _____
Address _____
Specialty _____

Physician _____ phone _____
Address _____
Specialty _____

Clergyperson _____
Address _____
Phone _____

Attorney _____
Address _____
Phone _____

Accountant _____
Address _____
Phone _____

Insurance agent _____
Address _____
Phone _____

Investment broker _____
Address _____
Phone _____

Tax consultant _____
Address _____
Phone _____

Other _____
Address _____
Phone _____

FUNERAL AND BURIAL INSTRUCTIONS

Funeral director _____
Address _____
Phone _____

Religious affiliation _____
Clergy member _____

Fraternal affiliation _____
Officer _____

Designation of memorial gifts _____

__ cemetery plot __ cemetery vault __ none

Cemetery name: _____ Location _____

Phone _____

Section No. _____ plot no. _____

Location of deed _____

Other burial instructions _____

LAST WILL AND TESTAMENT

Executor under will _____

Phone _____

Address _____

Guardian/conservator _____

Phone _____

Address _____

Trustee _____

Phone _____

Address _____

Date of last will _____ codicil _____

PHILANTHROPIC INTERESTS

