



personal financial affairs
record

Neither the author, the publisher nor this organization is rendering legal or tax advice. For advice and assistance in specific cases, the services of an accountant or attorney should be obtained.

Your Vital Information

Why compiling this information is imperative

No one likes to think about their own mortality. But stages of life occur whether we are ready for them or not. What if you passed away tomorrow – would your family know your wishes? Would they know where to find the important information to settle your personal affairs?

Sharing with Your Family

This document is intended to help you organize your financial information and help your family find your important papers. They'll also have documentation of your final wishes.

If something happens to you, your family will not only face concern for your incapacity or mourn your loss, but they will also face the overwhelming responsibility of settling your affairs. Without knowing your wishes or the location of your important documents, including any financial accounts, debts owed or benefits entitled, they may face further stress in trying to guess what needs to be done and what you would want them to do.

Personal Organization

By completing this document, you'll make sure your information is inclusive and accurate. More often than we would like, we've been involved with estates where slight oversights have affected the wishes of the deceased.

For example, one client listed his first wife, from a short-lived marriage, as the beneficiary of his retirement plan. He then remarried and had a long and successful marriage with his second wife, with whom he had several children. The man died suddenly of a heart attack, and when it was time to distribute his retirement plan assets, it was discovered that he had not updated his beneficiary designation. So even though the man's will and trust listed his second wife and children as beneficiaries, the will had no bearing on the retirement plan distribution, and his first wife received all of the money. Don't let this happen to you.

To Procrastinate is Human Nature

There is never a good time to plan for your own incapacity or demise. We all put it off until

later, because we think there is always going to be time. But by taking the time to think about your intentions, plan out the actions to be followed and document your wishes in writing, you and your loved ones will have peace of mind. By letting your family know what you have decided and using written instructions to provide or lead them to important information, they can confidently carry out your wishes and complete your personal business as you would have wanted.

Act Now

We encourage you take the time to complete your vital information today. But beyond completing this document, we encourage you to give copies to select family members and/or place a copy in your safety deposit box. You may also want to have us store a copy of this document in our office for you as well. We can store it electronically, and since our files are backed-up daily, this document won't be lost or misplaced.

Make your vital information a living, breathing document that helps carry on for you when you can no longer speak for yourself.

Personal Information

Personal Information

Information contained here is current as of (date) _____

Full legal name _____

Legal residence _____

Phone _____

Date and place of birth _____

Social Security # _____

Maiden name, if applicable _____

Marital status _____

Drivers license # _____

About my Spouse

Spouse's name _____

Date and place of birth _____

Social Security # _____

Date and place of marriage _____

If deceased, note date and place of death _____

Burial location _____

Location of prenuptial agreement, if applicable _____

Location of postnuptial agreement, if applicable _____

About my Former Spouse(s)

Former spouse's name _____

Current address _____

Dates of marriage _____

Location of divorce decree _____

Former spouse's name _____

Current address _____

Dates of marriage _____

Location of divorce decree _____

Former spouse's name _____

Current address _____

Dates of marriage _____

Location of divorce decree _____

Medical Information

Emergency Contacts

Name _____

Address _____

Phone _____

Relationship _____

Name _____

Address _____

Phone _____

Relationship _____

Name _____

Address _____

Phone _____

Relationship _____

Medical Caregivers

Primary physician _____

Address _____

Phone _____

Dentist _____

Address _____

Phone _____

Other doctor or specialist _____

Address _____

Phone _____

Other doctor or specialist _____

Address _____

Phone _____

Other doctor or specialist _____

Address _____

Phone _____

Special medications and/or conditions _____

Important medical information not previously mentioned _____

Preferred hospital _____

Address _____

Phone _____

Family History

Father's name _____

Date and place of birth _____

Current address _____

If deceased, note date and place of death _____

Burial location _____

Mother's name _____

Date and place of birth _____

Current address _____

If deceased, note date and place of death _____

Burial location _____

Child's name _____

Date of birth _____

Current address _____

Natural, adopted or step-child? _____

Child's name _____

Date of birth _____

Current address _____

Natural, adopted or step-child? _____

Child's name _____

Date of birth _____

Current address _____

Natural, adopted or step-child? _____

Child's name _____

Date of birth _____

Current address _____

Natural, adopted or step-child? _____

Child's name _____

Date of birth _____

Current address _____

Natural, adopted or step-child? _____

Child's name _____

Date of birth _____

Current address _____

Natural, adopted or step-child? _____

Grandchild's name _____
Date of birth _____
Current address _____

Grandchild's name _____
Date of birth _____
Current address _____

Grandchild's name _____
Date of birth _____
Current address _____

Grandchild's name _____
Date of birth _____
Current address _____

Grandchild's name _____
Date of birth _____
Current address _____

Grandchild's name _____
Date of birth _____
Current address _____

Grandchild's name _____
Date of birth _____
Current address _____

Grandchild's name _____
Date of birth _____
Current address _____

Grandchild's name _____
Date of birth _____
Current address _____

Grandchild's name _____

Date of birth _____

Current address _____

Other close relative (name and relationship) _____

Date of birth _____

Current address _____

Other close relative (name and relationship) _____

Date of birth _____

Current address _____

Other close relative (name and relationship) _____

Date of birth _____

Current address _____

Citizenship Information

Birth certificate # _____

Location _____

If no birth certificate exists, other proof of birth date and place _____

Citizenship (name of country) _____

Natural? (Yes or no; if no, explain) _____

Passport Information

Passport # _____

Date issued _____

Expiration date _____

Location _____

*Employment and Income
Information*

Current or most recent employer _____
Address _____
Phone _____
Dates of employment _____
Job title _____
Salary _____

Check all that apply:

- Employment contract
- Deferred compensation plan
- Shareholder agreement

Employment Benefits

Check all that apply:

- Major medical insurance
- Accident and health insurance
- Life insurance
- Pension plan
- Profit sharing
- Stock option
- Disability insurance
- Traditional IRA
- Roth IRA

Professional Advisors

Attorney _____
Address _____
Phone _____

Accountant _____
Address _____
Phone _____

Broker _____
Address _____
Phone _____

Military Service

Branch of service _____
Active dates _____
Rank _____
Service # _____
Discharge date _____
Status _____
Service-connected disability and income _____
Pensions due _____

Honors and Achievements

Income Sources

(Sources of income include salary, Social Security, annuities, securities, trusts, pensions, profit-sharing plans, IRAs, Keogh plans, mortgages or other payments owed to you.)

Source	Amount of Annual Income
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Money Due to Me

Name of debtor _____

Address _____

Phone _____

Amount _____

Payment details _____

Name of debtor _____

Address _____

Phone _____

Amount _____

Payment details _____

Name of debtor _____

Address _____

Phone _____

Amount _____

Payment details _____

Name of debtor _____

Address _____

Phone _____

Amount _____

Payment details _____

Current Liabilities

Liability _____

Contact name _____

Phone _____

Location of documents _____

Account # _____

Balance due _____

Liability _____

Contact name _____

Phone _____

Location of documents _____

Account # _____

Balance due _____

Liability _____

Contact name _____

Phone _____

Location of documents _____

Account # _____

Balance due _____

Liability _____

Contact name _____

Phone _____

Location of documents _____

Account # _____

Balance due _____

Liability _____

Contact name _____

Phone _____

Location of documents _____

Account # _____

Balance due _____

Liability _____

Contact name _____

Phone _____

Location of documents _____

Account # _____

Balance due _____

I am also the guarantor of the following debt:

Liability _____

Contact name _____

Phone _____

Location of documents _____

Balance due _____

Liability _____

Contact name _____

Phone _____

Location of documents _____

Balance due _____

Liability _____

Contact name _____

Phone _____

Location of documents _____

Balance due _____

Liability _____

Contact name _____

Phone _____

Location of documents _____

Balance due _____

Liability _____

Contact name _____

Phone _____

Location of documents _____

Balance due _____

Liability _____

Contact name _____

Phone _____

Location of documents _____

Balance due _____

Tax Information

Income Tax Records

Location _____

Tax advisor _____

Address _____

Phone _____

Property and Other Tax Records

Location _____

Address _____

Phone _____

Years covered _____

Other important employment & income information

Assets

Bank Accounts

Financial institution _____

Account # _____

Type of account _____

Current balance _____

Are financial statements attached? (yes or no) _____

Financial institution _____

Account # _____

Type of account _____

Current balance _____

Are financial statements attached? (yes or no) _____

Financial institution _____

Account # _____

Type of account _____

Current balance _____

Are financial statements attached? (yes or no) _____

Financial institution _____

Account # _____

Type of account _____

Current balance _____

Are financial statements attached? (yes or no) _____

Financial institution _____

Account # _____

Type of account _____

Current balance _____

Are financial statements attached? (yes or no) _____

Certificates of Deposit and Other Investments

Financial institution _____

Account # _____

Type of account _____

Current balance _____

Financial institution _____

Account # _____

Type of account _____

Current balance _____

Financial institution _____

Account # _____

Type of account _____

Current balance _____

Financial institution _____

Account # _____

Type of account _____

Current balance _____

Financial institution _____

Account # _____

Type of account _____

Current balance _____

Important information relating to above: _____

IRAs and Keogh Plans

Type of plan _____

Financial institution _____

Contact name _____

Value _____

Type of plan _____

Financial institution _____

Contact name _____

Value _____

Type of plan _____

Financial institution _____

Contact name _____

Value _____

Type of plan _____

Financial institution _____

Contact name _____

Value _____

Type of plan _____

Financial institution _____

Contact name _____

Value _____

Stocks

Stock _____

of shares _____

Purchase date _____

Cost _____

Current value _____

Stock _____

of shares _____

Purchase date _____

Cost _____

Current value _____

Stock _____

of shares _____

Purchase date _____

Cost _____

Current value _____

Stock _____

of shares _____

Purchase date _____

Cost _____

Current value _____

Stock _____

of shares _____

Purchase date _____

Cost _____

Current value _____

Bonds

Bond _____

of shares _____

Purchase date _____

Cost _____

Current value _____

Bond _____

of shares _____

Purchase date _____

Cost _____

Current value _____

Bond _____

of shares _____

Purchase date _____

Cost _____

Current value _____

Bond _____

of shares _____

Purchase date _____

Cost _____

Current value _____

Bond _____

of shares _____

Purchase date _____

Cost _____

Current value _____

Mutual Funds

Mutual Fund _____

of shares _____

Purchase date _____

Cost _____

Current value _____

Mutual Fund _____

of shares _____

Purchase date _____

Cost _____

Current value _____

Mutual Fund _____

of shares _____

Purchase date _____

Cost _____

Current value _____

Mutual Fund _____

of shares _____

Purchase date _____

Cost _____

Current value _____

Mutual Fund _____

of shares _____

Purchase date _____

Cost _____

Current value _____

Real Estate Holdings

Residential Real Estate

Property description _____

Address _____

Purchase date _____

Purchase cost _____

Approximate current value _____

Nature of title _____

Mortgage balance _____

Mortgage company _____

Joint owner(s), if applicable _____

Is there a right of survivorship? _____

Location of relevant documents _____

Property description _____

Address _____

Purchase date _____

Purchase cost _____

Approximate current value _____

Nature of title _____

Mortgage balance _____

Mortgage company _____

Joint owner(s), if applicable _____

Is there a right of survivorship? _____

Location of relevant documents _____

Non-Residential Real Estate

Property description _____

Address _____

Purchase date _____

Purchase cost _____

Approximate current value _____

Nature of title _____

Mortgage balance _____

Mortgage company _____

Joint owner(s), if applicable _____

Name of lessee, if applicable _____

Duration of lease _____

Annual rent _____

Nature of ownership (tenancy-in-common, joint tenancy or community property) _____

Location of relevant documents _____

Property description _____

Address _____

Purchase date _____

Purchase cost _____

Approximate current value _____

Nature of title _____

Mortgage balance _____

Mortgage company _____

Joint owner(s), if applicable _____

Name of lessee, if applicable _____

Duration of lease _____

Annual rent _____

Nature of ownership (tenancy-in-common, joint tenancy or community property) _____

Location of relevant documents _____

Property description _____

Address _____

Purchase date _____

Purchase cost _____
Approximate current value _____
Nature of title _____
Mortgage balance _____
Mortgage company _____
Joint owner(s), if applicable _____
Name of lessee, if applicable _____
Duration of lease _____
Annual rent _____
Nature of ownership (tenancy-in-common, joint tenancy or community property) _____

Location of relevant documents _____

Other Assets

Description _____
Location _____
Original cost _____
Current value _____
Other information _____

Description _____
Location _____
Original cost _____
Current value _____
Other information _____

Description _____
Location _____
Original cost _____
Current value _____
Other information _____

Insurance Policies

Life Insurance

Agent & company _____

Phone _____

Policy # _____

Face value _____

Cash value _____

Existing loans _____

Beneficiary _____

If disabled, does the policy allow for pre-payments of death benefits to support you? _

If disabled, does the policy allow you to stop making premium payments? _____

Agent & company _____

Phone _____

Policy # _____

Face value _____

Cash value _____

Existing loans _____

Beneficiary _____

If disabled, does the policy allow for pre-payments of death benefits to support you? _

If disabled, does the policy allow you to stop making premium payments? _____

Health / Accident

Agent & company _____

Phone _____

Policy # _____

Face value _____

Cash value _____

Existing loans _____

Beneficiary _____

Disability Insurance

Agent & company _____

Phone _____
Policy # _____
Face value _____
Cash value _____
Existing loans _____
Beneficiary _____
If disabled, does the policy allow you to stop making premium payments? _____

Auto Insurance

Agent & company _____
Phone _____
Policy # _____
Coverage _____

Homeowner's Insurance

Agent & company _____
Phone _____
Policy # _____
Coverage _____

Other Insurance

Type of insurance _____
Agent & company _____
Phone _____
Policy # _____
Coverage _____

Type of insurance _____
Agent & company _____
Phone _____
Policy # _____
Coverage _____

Personal Property of Value

(Includes automobiles, furniture, jewelry, collections, artwork, etc.)

Item _____

Location _____

Original cost _____

Fair market value _____

Item _____

Location _____

Original cost _____

Fair market value _____

Item _____

Location _____

Original cost _____

Fair market value _____

Item _____

Location _____

Original cost _____

Fair market value _____

Item _____

Location _____

Original cost _____

Fair market value _____

Item _____

Location _____

Original cost _____

Fair market value _____

Item _____

Location _____

Original cost _____

Fair market value _____

Item _____

Location _____

Original cost _____

Fair market value _____

Safe Deposit Boxes

Location of safe deposit box/safe _____

Location of keys _____

List of contents _____

Location of safe deposit box/safe _____

Location of keys _____

List of contents _____

Business Interests

Description _____

Share of ownership _____

Description _____

Share of ownership _____

Description _____

Share of ownership _____

Description _____

Share of ownership _____

Persons to contact regarding business interests

(Attorneys, accountants and other advisors)

Name _____

Business _____

Address _____

Phone _____

E-mail _____

Name _____
Business _____
Address _____
Phone _____
E-mail _____

Name _____
Business _____
Address _____
Phone _____
E-mail _____

Name _____
Business _____
Address _____
Phone _____
E-mail _____

Other important asset information

Property Distribution

My Will

Document	Date Signed	Location
Will	_____	_____
Living will	_____	_____
Power of attorney	_____	_____
Medical power of attorney	_____	_____
Medical directive	_____	_____
Living trust	_____	_____
Insurance trust	_____	_____
Charitable trust	_____	_____
Minor's trust	_____	_____
Custodial account	_____	_____
Organ donation	_____	_____
Burial agreement	_____	_____
Retirement beneficiary designation	_____	_____
Insurance beneficiary agreement	_____	_____

More Information about My Will

Date of last review _____

Date(s) of any codicils or prior wills _____

Personal representative (executor / trix) _____

Address _____

Phone _____

E-mail _____

Alternate personal representative _____

Address _____

Phone _____

E-mail _____

Estate attorney _____

Address _____

Phone _____

E-mail _____

Heirs to My Estate

Name _____

Address _____

Relationship _____

Phone _____

Date of birth _____

Name _____

Address _____

Relationship _____

Phone _____

Date of birth _____

Name _____

Address _____

Relationship _____

Phone _____

Date of birth _____

Name _____

Address _____

Relationship _____

Phone _____

Date of birth _____

Name _____

Address _____

Relationship _____

Phone _____

Date of birth _____

Name _____

Address _____

Relationship _____

Phone _____

Date of birth _____

Guardians Named for Dependents

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Special Instructions Concerning Pets

Charitable Organizations Included in my Estate Plan

Organization

Bequest

Trusts Created by Will

Trustee _____

Address _____

Beneficiary _____

Trustee _____

Address _____

Beneficiary _____

Consult These Advisors as Necessary

Revocable Living Trust

Trustee _____

Successor trustee _____

Address _____

Trust address _____

Beneficiary _____

Location of trust agreement _____

Other Trusts

Trustee _____

Successor trustee _____

Address _____

Trust address _____

Beneficiary _____

Location of trust agreement _____

Trustee _____

Successor trustee _____

Address _____

Trust address _____

Beneficiary _____

Location of trust agreement _____

Funeral Wishes

Funeral Instructions

Arrangements to be made by (funeral home) _____

Address _____

Phone _____

Are funeral expenses pre-paid? _____

Manner of burial or cremation instructions _____

Cemetery/crematory _____

Address _____

Plot # / drawer # _____

Is burial plot pre-paid? _____

Is casket pre-paid? _____

Location of documentation _____

Type of service I prefer _____

Funeral to be officiated by _____

Location _____

Pallbearers _____

Organ Donor Information

Please suggest memorial gifts to these organizations:

_____ in lieu of flowers _____ as an option

Organization _____

Address _____

Organization _____

Address _____



Rea & associates
a *brighter* way