

INFORMATION RECORD
(Print and store in a safe place or send electronically to relatives/lawyer)

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 _____

Homeowner'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 \$ _____ + building \$ _____
 = 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 \$ _____ + building \$ _____
 = 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 \$ _____ + building \$ _____
= 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 \$ _____ + building \$ _____
= 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 number: _____ 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 _____
Clergyperson _____

Fraternal affiliation _____
Officer _____

Designation of memorial gifts _____

cemetery plot cemetery vault none

Cemetery name: _____ Location _____
Phone _____

Section No. _____ Plot no. _____

Location of deed _____

Pre-Paid for Funeral and/or Burial yes no

If yes, amount paid: _____ Amount still owed: _____

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

