

#### Record of Personal Financial Affairs for (name):

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

This form provides you with 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
- Assist your family members in the event of your absence or incapacity

Review the form first to determine the information you will need to complete it. Then collect the certificates, documents, records and other information and record accurate financial data.

Preparing your Record of Personal Financial Affairs may reveal areas where you want to make changes or take some additional action. If you do so, make it a point to update this form. We strongly recommend an annual review.

The time you spend compiling this information 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 ensure the effective management of your assets.

If we can be of assistance to you, please feel free to call. As with all other sensitive legal and personal information, keep this document in a secure location and share it only with those who need access to such information.

#### Individual and Family Background Employment, Compensation and Benefits Legal residence \_\_\_\_\_ Employer \_\_\_\_\_ Date of hire Position/Title \_\_\_\_\_ Occupation \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_ Social Security # \_\_\_\_\_ Bonus/commission \_\_\_\_ Date and place of birth \_\_\_\_\_ Check all that apply: Medical Insurance ☐ Group Life Insurance ■ married ■ single ☐ divorced ☐ widowed Amount \$ Primary beneficiary \_\_\_\_\_ Date and place of marriage \_\_\_\_\_ Secondary beneficiary \_\_\_\_\_ Prior marriages (date and place) \_\_\_\_\_ ■ Disability Insurance ☐ IRA (Specify: ☐ Traditional ☐ Roth) ☐ Pension/Profit Sharing/401(k) Plan Value of death benefits \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_ Children: name, date, natural, adopted, Form of payout elected \_\_\_\_\_ or stepchild? \_\_\_\_\_ ☐ Other employment benefits (describe) Other close relatives (if any): Name\_\_\_\_\_ \_\_\_\_ Relationship \_\_\_\_\_ \_\_\_ \_\_\_\_\_ Address \_\_\_\_ Name \_\_\_\_\_ \_ Address \_\_\_\_\_

### Wills **Trusts** Have you executed a will? \_\_\_\_\_ Have you created a living trust agreement? \_\_\_\_\_ Date of execution \_\_\_\_\_ How many? \_\_\_\_\_ By whom was it drafted? (name and address of attorney) \_\_ Are these agreements □ revocable? ☐ irrevocable? Are any of the trusts related to a pour-over provision in your will? \_\_\_\_\_ Executor of will (name and address) \_\_\_ Names and addresses of the trustees \_\_\_ Special instructions to executor or beneficiaries \_\_\_\_\_ Names and addresses of the beneficiaries Has your spouse executed a will?\_\_\_\_\_ Date of execution By whom was it drafted? (name and address of attorney) \_\_\_\_\_ Approximate value of trusts \$ \_\_\_\_\_ Nature of properties included in trusts \_\_\_ Executor of will (Name and address) \_\_\_\_

Name and address of the attorney drafting the trust(s)	If the property is not in your name alone, who is/are the co-owner(s)?
Have you executed a	Is there a right of survivorship?
<ul><li>power of attorney?</li><li>health care proxy?</li><li>living will?</li></ul>	Non-Residential Real Estate  Location #1
Residential Real Estate	Description
Location #1  Description	Approx. Value \$ Mortgage \$ Mortgagor
Approx. Value \$  Mortgage \$  Mortgagor	Is the property leased? Name of lessee
If the property is not in your name alone, who is/are the co-owner(s)?	Duration of lease  Annual rent \$  If the property is not in your name alone, who is/are the co-owner(s)?
Is there a right of survivorship? Location#2	Is ownership
Description	<ul><li>tenancy-in-common?</li><li>joint tenancy?</li><li>community property?</li></ul>
Approx. Value \$  Mortgage \$	Location #2
Mortgagor	Description

Approx. Value S	\$	Annual rer	nt \$	
Mortgage \$		· · ·	erty is not in yo	
Mortgagor		who is/are	the co-owner(s	)?
Is the property	leased?			
Name of lessee	<u> </u>	Is ownersh	·	nmon2
			tenancy-in-cor joint tenancy?	
Duration of leas	Se		community pro	pperty?
Stock				
Name	Shares	Purchase Date	Cost	Value
Name of co-ow	ner, if any			
Special dividen	d arrangements			
Bonds				
Denomination		Purchase Date	Cost	Value
Mutual Fund	Shares			
Shares		Purchase Date	Cost	Value
Name of co-ow	ner, if any			
Traine of CO-OW	rici, ii arry			

### Bank Accounts and Certificates

Checking Accounts				
Bank	Account Number	Co-owner	Avg. Balance	
Savings Accounts				
Bank	Account Number	Co-owner	Avg. Balance	
Certificates of Depos	sit			
Institution holding	Amount	Maturity date	Co-owners	
Life Insurance Po	licies			
1) On your own life		2) You own on the life	of another	
Policy number		Policy number		
Company		Company		
Principal amount \$ _		Principal amount \$		
Cash value \$		Cash value \$		
Beneficiaries		Beneficiaries		
Loans against the po	licy \$	Loans against the police	ry \$	
Location of policy		Location of policy		

#### Business Interests

# Tangible Personal Property

Nature of Ownership  Do you have ownership in a business?  Is the business  □ a proprietorship? □ a partnership? □ a corporation (□ C or □ S)? □ a family limited partnership? □ a limited liability company?  If you do not have sole interest, what is the percent of your ownership?	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 owners of the business:  Name  Age  Percentage of ownership	Home furnishings
Name  Age  Percentage of ownership  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	Antiques and art
Date of agreement  Sources of funds to carry out transaction	Other tangibles
Value of the business \$  Your interest in it	

## Liabilities

### Personal Advisors

I owe money or am financially obligated to	Indicate the name, address, telephone number and email of your:
	Physician(s)
Amount \$	
Location of note	
Due date	
Collateral	
Terms of payment	
I owe money or am financially obligated to	Clergy
Amount \$	
Location of note	Insurance agent
Due date	
Collateral	
Terms of payment	
I owe money or am financially obligated to	Attorney
Amount \$	
Location of note	
Due date	Trust officer
Collateral	
Terms of payment	

Accountant	Divorce papers
	Naturalization (citizenship) papers
	Passport
Investment broker	
	Tax returns
Financial planner	
	Funeral/burial instructions
Other	Deeds to real estate
	Stock certificates, bonds, mutual fund shares
	Living will
	Power of attorney
Location of Key Documents	Health care proxy
Birth certificate	Safety deposit box
Marriage certificate	Business buy-sell agreements
Prenuptial agreement	

Social Media Other	Social Media	Social MediaOtherNotes	Email	Financial Accounts
Other		Notes ————————————————————————————————————		
	Notes	Notes		Other