Personal Financial Affairs–
Your Book of Records



Where Local Good Grows

Hendricks County Community Foundation

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

Legal residence _____

_____

_____

_____

Occupation _____

_____

Social Security # _____

Date and place of birth _____

_____

❑ married ❑ single
❑ divorced ❑ widowed

Date and place of marriage _____

_____

Prior marriages (date and place) _____

_____

_____

_____

Children: name, DOB, natural, adopted, or stepchild? _____

_____

_____

_____

_____

_____

_____

_____

Other close relatives (if any):

Name _____

Relationship _____

Address _____

Name _____

Relationship _____

Address _____

Employment, Compensation, and Benefits

Employer _____

Date of hire _____

Position/Title _____

_____

Salary $ _____ per _____

Bonus/commission _____

Check all that apply:

❑ Medical Insurance
❑ Group Life Insurance

Amount $ _____

Primary beneficiary _____

Secondary beneficiary _____

❑ Disability Insurance
❑ IRA (Specify: ❑ Traditional ❑ Roth)
❑ Pension/Profit Sharing/401(k) Plan

Value of death benefits $ _____

Beneficiary _____

Form of payout elected _____

❑ Other employment benefits (describe)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Wills

Have you executed a will? _____

Date of execution _____

Drafting attorney (name and address) ____

_____

_____

_____

_____

_____

Executor of will (name and address) _____

_____

_____

_____

_____

Special instructions to executor or beneficiaries _____

_____

_____

_____

_____

_____

Has your spouse executed a will? _____

Date of execution _____

Drafting attorney (name and address) ___

_____

_____

_____

_____

Executor of will (name and address) _____

_____

_____

_____

_____

Trusts

Have you created a living trust agreement? _____

How many? _____

_____

Are these agreements

- ❑ revocable?
- ❑ irrevocable?

Are any of the trusts related to a pour-over provision in your will? _____

Names and addresses of the trustees ___

_____

_____

_____

_____

_____

Names and addresses of the beneficiaries

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Approximate value of trusts $ _____

Nature of properties included in trusts ___

_____

_____

_____

_____

_____

Name and address of the attorney drafting the trust(s) _____

_____

_____

_____

_____

Have you executed a

- ❑ power of attorney?
- ❑ health care proxy?
- ❑ living will?

Residential Real Estate

Location #1 _____

_____

Description _____

_____

Approx. Value $ _____

Mortgage $ _____

Mortgagor _____

_____

If the property is not in your name alone, who is/are the co-owner(s)? _____

_____

_____

_____

Is there a right of survivorship? _____

Location #2 _____

_____

Description _____

_____

Approx. Value $ _____

Mortgage $ _____

Mortgagor _____

_____

If the property is not in your name alone, who is/are the co-owner(s)? _____

_____

_____

_____

Is there a right of survivorship? _____

Non-Residential Real Estate

Location #1 _____

_____

Description _____

_____

Approx. Value $ _____

Mortgage $ _____

Mortgagor _____

_____

Is the property leased? _____

Name of lessee _____

_____

_____

Duration of lease _____

Annual rent $ _____

If the property is not in your name alone, who is/are the co-owner(s)? _____

_____

_____

Is ownership

- ❑ tenancy-in-common?
- ❑ joint tenancy?
- ❑ community property?

Location #2 _____

_____

Description _____

_____

Approx. Value $ _____

Mortgage $ _____

Mortgagor _____

_____

Is the property leased? _____

Name of lessee _____

_____

_____

Duration of lease _____

Annual rent $ _____

If the property is not in your name alone, who is/are the co-owner(s)? _____

_____

_____

Is ownership

- ❑ tenancy-in-common?
- ❑ joint tenancy?
- ❑ community property?

Stock

Name Shares Purchase Date Cost Value

_____

_____

_____

_____

Name of co-owner, if any _____

Special dividend arrangements _____

Bonds

Denomination Purchase Date Cost Value

_____

_____

_____

_____

Mutual Fund Shares

Shares Purchase Date Cost Value

_____

_____

_____

Name of co-owner, if any _____

Bank Accounts and Certificates

Checking Accounts

Bank Account Number Co-owner Avg. Balance

_____

_____

_____

_____

Savings Accounts

Bank Account Number Co-owner Avg. Balance

_____

_____

_____

_____

Certificates of Deposit

Bank/Financial Institution Amount Maturity Date Co-owners

_____

_____

_____

_____

Life Insurance Policies

1) On your own life

Policy number _____

Company _____

_____

Principal amount $ _____

Cash value $ _____

Beneficiaries _____

_____

Loans against the policy $ _____

_____

Location of policy _____

2) You own on the life of another

Policy number _____

Company _____

_____

Principal amount $ _____

Cash value $ _____

Beneficiaries _____

_____

Loans against the policy $ _____

_____

Location of policy _____

Business Interests

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? _____

Other owners of the business:

Name _____

Age _____

Percentage of ownership _____

Name _____

Age _____

Percentage of ownership _____

Name _____

Age _____

Percentage of ownership _____

Sale of the Business after Death

Is your estate committed to sell the business after your death? _____

Indicate the parties to this agreement ___

_____

_____

_____

Date of agreement _____

Sources of funds to carry out transaction

_____

_____

Value of the business $ _____

Your interest in it _____

_____

Tangible Personal Property

Do you maintain a list of your valuable possessions? _____

Where is the list located? _____

_____

Indicate the major items of value within each category:

Automobiles _____

_____

_____

_____

Home furnishings _____

_____

_____

_____

_____

Jewelry _____

_____

_____

_____

_____

_____

Antiques and art _____

_____

_____

_____

_____

_____

Other tangibles _____

_____

_____

_____

_____

_____

Liabilities

I owe money or am financially obligated to

_____

_____

Amount $ _____

Location of note _____

_____

Due date _____

Collateral _____

_____

Terms of payment _____

_____

I owe money or am financially obligated to

_____

_____

Amount $ _____

Location of note _____

_____

Due date _____

Collateral _____

_____

Terms of payment _____

_____

I owe money or am financially obligated to

_____

_____

Amount $ _____

Location of note _____

_____

Due date _____

Collateral _____

_____

Terms of payment _____

_____

Personal Advisors

Indicate the name, address, telephone number and email of your:

Physician(s) _____

_____

_____

_____

_____

_____

_____

_____

_____

Clergy _____

_____

_____

_____

_____

Insurance agent _____

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Attorney _____

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_____

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Trust officer _____

_____

_____

_____

_____

Accountant _____

Investment broker _____

Financial planner _____

Other _____

Location of Key Documents

Birth certificate _____

Marriage certificate _____

Prenuptial agreement _____

Divorce papers _____

Naturalization (citizenship) papers _____

Passport _____

Employment, pension, and benefit records

Tax returns _____

Last will and testament (original) _____

Funeral/burial instructions _____

Deeds to real estate _____

Stock certificates, bonds, mutual fund shares _____

Living will _____

Power of attorney _____

Health care proxy _____

Safety deposit box _____

Business buy-sell agreements _____

Digital Assets–Usernames and Passwords

Email _____

_____

_____

_____

_____

Social Media _____

_____

_____

_____

_____

Financial Accounts _____

_____

_____

_____

_____

Digital Currency (location of access instructions) _____

_____

_____

_____

_____

_____



Notes

_____

_____

_____

_____

_____

_____

OUR MISSION:

The Hendricks County Community Foundation partners with generous people to realize their charitable goals while addressing community needs in meaningful and lasting ways.

OUR VISION:

Hendricks County is a vibrant, giving community.

Where Local Good Grows

Hendricks County Community Foundation

William A. Rhodehamel
President & CEO

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