

Personal Financial Affairs

Your Book of Records



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)

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 \$ _____

Annual rent \$ _____

Mortgage \$ _____

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

Mortgagor _____

Is the property leased? _____

Name of lessee _____

Is ownership

tenancy-in-common?

joint tenancy?

community property?

Duration of lease _____

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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Savings Accounts

Bank	Account Number	Co-owner	Avg. Balance
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 _____

Attorney _____

Trust officer _____

Accountant _____

Investment broker _____

Financial planner _____

Other _____

Location of Key Documents

Birth certificate _____

Marriage certificate _____

Preuptial 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 _____ Financial Accounts _____

_____	_____
_____	_____
_____	_____

Social Media _____ Digital Currency (location of access
instructions) _____

_____	_____
_____	_____
_____	_____

Notes
