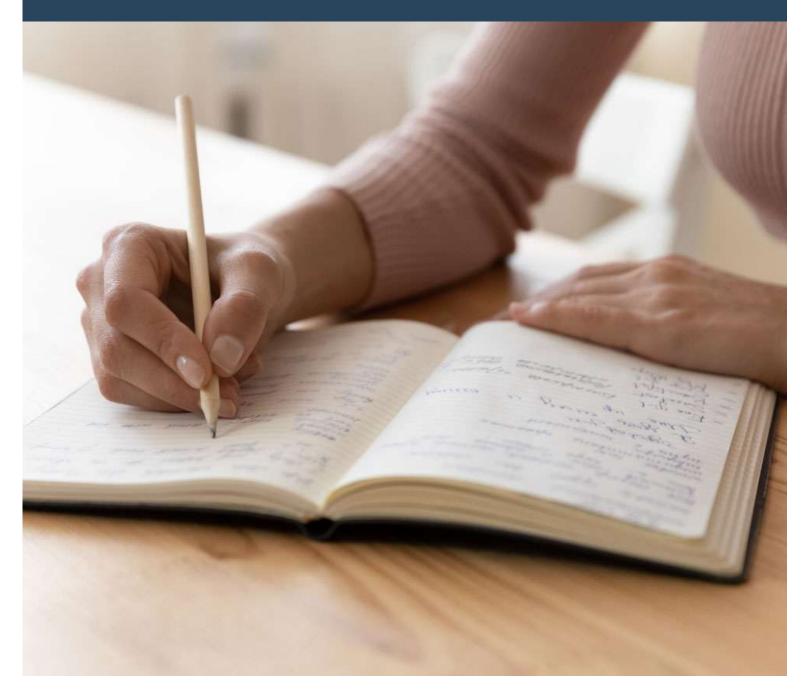
Personal Financial Affairs

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 | Employment, Compensation, and Benefits | | |
|--|--|--|--|
| Legal residence | Employer | | |
| | Date of hire | | |
| | Position/Title | | |
| Occupation | | | |
| Occupation | Salary \$ per | | |
| Social Security # | Bonus/commission | | |
| Date and place of birth | Check all that apply: | | |
| | ☐ Medical Insurance | | |
| ☐ married ☐ single | ☐ Group Life Insurance | | |
| ☐ divorced ☐ widowed | Amount \$ | | |
| Date and place of marriage | Primary beneficiary | | |
| | 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, DOB, natural, adopted, | Form of payout elected | | |
| or stepchild? | Other employment benefits (describe) | | |
| | Other employment benefits (describe) | | |
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| | | | |
| Other close relatives (if any): | | | |
| Name | | | |
| Relationship | | | |
| Address | | | |
| Name | | | |
| Relationship | | | |
| Address | | | |

| Wills | Trusts | | |
|---|---|--|--|
| Have you executed a will? Date of execution | Have you created a living trust agreement? | | |
| Drafting attorney (name and address) | How many? | | |
| Executor of will (name and address) | 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 | | |
| | | | |
| Special instructions to executor or beneficiaries | Names and addresses of the beneficiaries | | |
| Has your spouse executed a will? | | | |
| Date of execution Drafting attorney (name and address) | | | |
| | Approximate value of trusts \$ | | |
| Executor of will (name and address) | Nature of properties included in trusts | | |
| | | | |
| | | | |

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

| Approx. Value \$ Mortgage \$ Mortgagor Is the property leased? Name of lessee Duration of lease | | If the proposition who is/are who is/are listowners | If the property is not in your name alone who is/are the co-owner(s)? Is ownership Itenancy-in-common? Joint tenancy? community property? | | | |
|--|------------|---|---|-------|--|--|
| Stock | | | | | | |
| Name | Shares | Purchase Date | Cost | Value | | |
| | | | | | | |
| Bonds | | | | | | |
| Denomination | | Purchase Date | Cost | Value | | |
| | | | | | | |
| Mutual Fund S | hares | | | | | |
| Shares | | Purchase Date | Cost | Value | | |
| Name of co-owne | er, if any | | | | | |

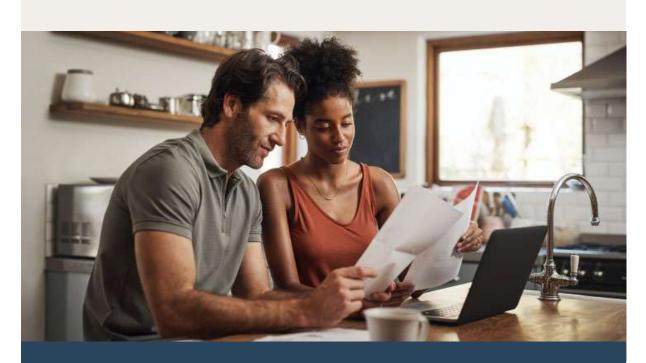
Bank Accounts and Certificates **Checking Accounts** Bank Account Number Co-owner Avg. Balance **Savings Accounts** Account Number Co-owner Bank Avg. Balance **Certificates of Deposit** Bank/Financial Institution Amount Maturity Date Co-owners Life Insurance Policies 2) You own on the life of another 1) On your own life Policy number _____ Policy number _____ Company _____ Company _____ Principal amount \$ _____ Principal amount \$ _____ Cash value \$ Cash value \$ Beneficiaries _____ Beneficiaries _____ Loans against the policy \$ _____ Loans against the policy \$ _____ Location of policy _____ Location of policy _____

Business Interests Tangible Personal Property Do you maintain a list of your valuable Nature of Ownership possessions? _____ Do you have ownership in a business? ____ Where is the list located? _____ Is the business ■ a proprietorship? ■ a partnership? Indicate the major items of value within \square a corporation (\square C or \square S)? each category: ■ a family limited partnership? Automobiles _____ ■ a limited liability company? If you do not have sole interest, what is the percent of your ownership? _____ Other owners of the business: Name _____ Home furnishings _____ Age _____ Percentage of ownership _____ Jewelry _____ Age _____ Percentage of ownership _____ Sale of the Business after Death Is your estate committed to sell the business after your death? _____ Antiques and art _____ Indicate the parties to this agreement ___ Date of agreement ____ Sources of funds to carry out transaction Other tangibles _____ Value of the business \$ _____ Your interest in it ______

Personal Advisors Liabilities 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 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 |
| | , in the second |
| Investment broker | |
| | Tax returns |
| Financial planner | Last will and testament (original) |
| | Funeral/burial instructions |
| Other | |
| | Deeds to real estate |
| | ole a ve e |
| | 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 | |

Digital Assets—Usernames and Passwords Email ______ Financial Accounts ______ Social Media ______ Digital Currency (location/instructions) ______



| Notes | | | |
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OUR VISION:

Hendricks County is a place where everyone has the opportunity to have a fulfilling life and the tools they need to build a stronger future together.

OUR MISSION:

To be a trusted community partner in understanding needs, aligning resources, and empowering people to address today's priorities and create lasting impact together.



William A. Rhodehamel President & CEO

Hendricks County Community Foundation 6319 East U.S. Highway 36, Suite 211 Avon, IN 46123

317.268.6240 www.hendrickscountycf.org