

Phone () _____
Date acquired _____
Cost or basis \$ _____ Current value \$ _____

Real estate holdings

Description _____
City _____
State _____ County _____
Purchase date _____ Cost \$ _____
Nature of title _____
Mortgage balance \$ _____
If joint ownership, with whom _____
Location of relevant documents _____

Insurance policies

Life

Company/Agent _____
Policy # _____ Value \$ _____
Company/Agent _____
Policy # _____ Value \$ _____

Health/Accident

Company/Agent _____
Policy # _____
Coverage _____
Company/Agent _____
Policy # _____
Coverage _____

Personal property of value

(Automobiles, jewelry, collections, etc.)
Item _____ Location _____
Fair market value \$ _____
Cost (basis) \$ _____
Item _____ Location _____
Fair market value \$ _____
Cost (basis) \$ _____
Item _____ Location _____
Fair market value \$ _____
Cost (basis) \$ _____

Property distribution plans

Location of my will _____
Date of will _____ Last review _____
Date(s) of any codicils or prior wills _____
Personal representative (executor/trix) _____
Address _____
Phone/Email _____
Alternate personal representative _____
Address _____
Phone/Email _____
Estate attorney _____

Address _____
Phone/Email _____

Revocable living trust

Trustee _____
Successor trustee _____
Address _____
Trust assets _____
Beneficiary(ies) _____
Location of trust agreement _____

People to notify in the event of my death

Special instructions concerning pets

Funeral instructions

Arrangements to be made by _____
Please suggest memorial gifts to _____
Organization _____
Address _____
Organization _____
Address _____

Organization _____
Address _____

Passwords and digital instructions

Primary passwords or location of passwords:

My authorization for _____
(named person/personal representative)
to access my digital information and accounts
wherever situated in the event I am
incapacitated or deceased, signed by me this
_____ day of _____
(month) (year)

(Signature)



COMPANY
TAGLINE GOES HERE

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PERSONAL FINANCIAL AFFAIRS RECORD



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Having your estate-related information compiled in one place can be beneficial as a record for future reference.

At a glance, you or others will be able to locate the most important information regarding your estate and other financial plans. Simply fill in the blanks and keep this document in a safe place, accessible to your loved ones.

For the record

Personal history

_____ (Full legal name)

Date of birth _____

Social Security # _____

Place of birth _____

Birth certificate # _____

Location _____

If no birth certificate exists, other proof of birth date and place _____

Citizenship _____ (Name of country)

Medical information

Primary physician _____

Address _____

Phone () _____

Organ donor Yes No

Family history

Spouse's name _____

Father's name _____

Mother's name _____

Maiden name (if applicable) _____

Children's/Grandchildren's names _____

Other special relatives, friends and charities _____

Employment/Income information

Latest employer _____

Address _____

Phone () _____

Date(s) employed _____

Position _____

Employment benefits

Accident/Health insurance

Medical insurance

Life insurance Stock option

Pension or deferred compensation plan

Other retirement plans

Contact for benefits _____

Location of proof of benefits _____

Military service

Branch of service _____

From _____ To _____

Rank _____ Service # _____

Discharge date _____ Status _____

Service-connected disability and income _____

Pensions due _____

Honors and achievements _____

Income sources

(Include salary, Social Security, annuities, securities, trusts, pensions, profit-sharing, IRAs, Keogh plans, mortgages, etc.)

Source	Amount of annual income
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Current liabilities

Credit cards	Account #	Balance due
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Other loans	Account #	Balance due
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Income tax records

Location _____

Tax advisor _____

Phone () _____

Property and other tax records

Location _____

Years covered _____

Safe-deposit box

Box number _____ Location _____

Assets

Bank accounts

Financial institution/Account number	Type of account/Current balance
1. _____	_____
_____	\$ _____
2. _____	_____
_____	\$ _____

3. _____

_____ \$ _____

Certificates of deposit/Other investments

Financial institution/Account number	Type of account/Current balance
1. _____	_____
_____	\$ _____
2. _____	_____
_____	\$ _____
3. _____	_____
_____	\$ _____

Individual retirement plans

Type of plan	Financial institution/Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

Brokerage accounts and investments

Asset _____

Investment company/Representative _____

Phone () _____

Date acquired _____

Cost or basis \$ _____ Current value \$ _____

Asset _____

Investment company/Representative _____