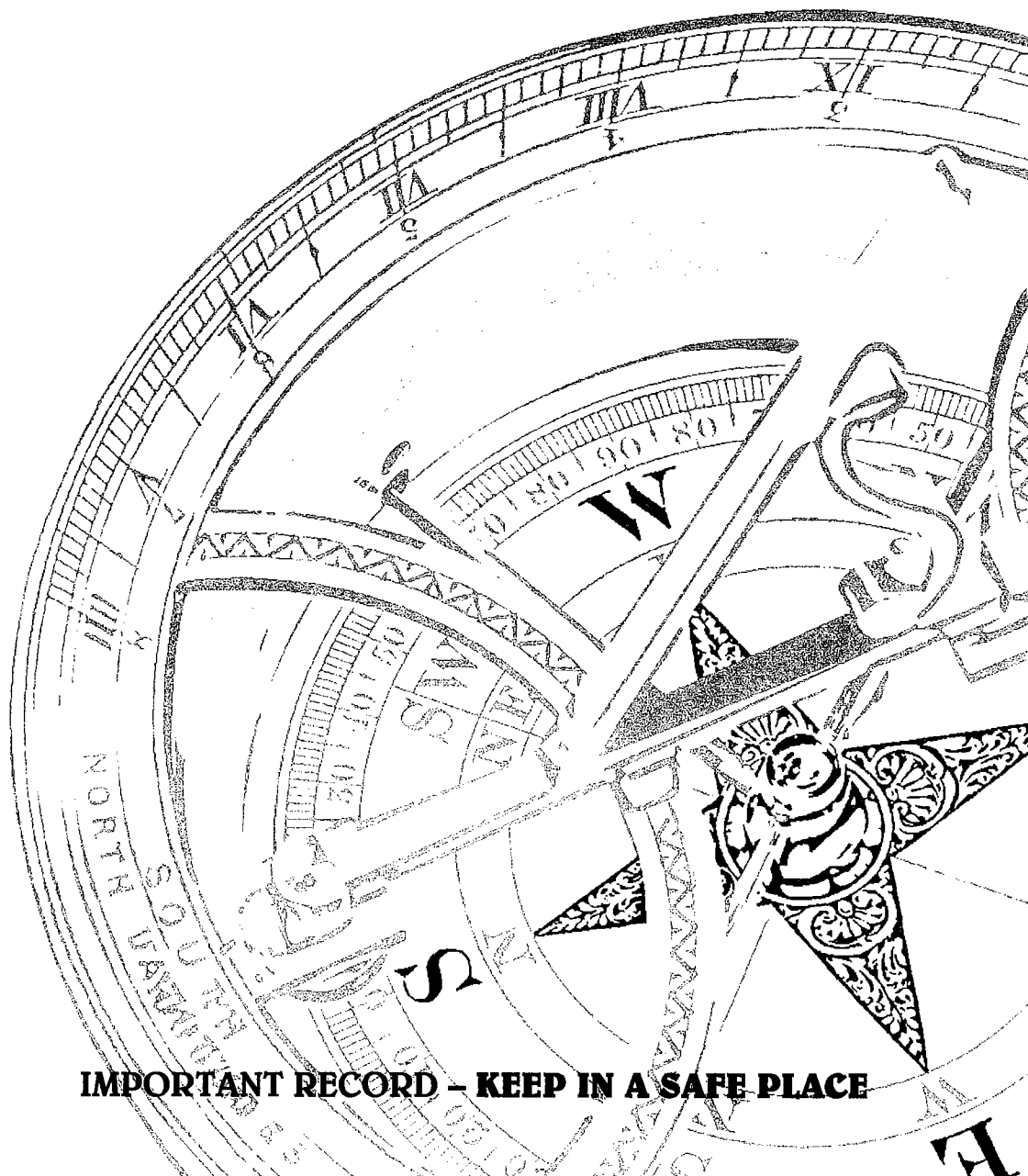


# FAMILY RECORDS ORGANIZER

RECORD FOR: .....

COMPLIMENTS OF:



**IMPORTANT RECORD - KEEP IN A SAFE PLACE**

# INTRODUCTION

## *A Personal Recordkeeping System Is A Must. . . .*

Although you may find recordkeeping a thankless, time-consuming chore, when life's extraordinary situations occur, e.g., a serious illness, injury, or death—its importance can't be overstated. During a crisis involving a loved one, family members or friends must often assume responsibility for personal or financial transactions with which they're unfamiliar. Their lack of knowledge makes their task both confusing and frustrating.

In order to assist you and your family avoid this problem, the following data has been compiled so that you can easily track important people, events and documents that could be useful to one designated to assume responsibility for another's financial affairs in an emergency. The record not only traces locations of important records, accounts and professional advisors, but personal and family history as well.

## *Storing Your Important Family Records. . . .*

When it comes to storage of your important personal and financial documents, experts recommend both a fireproof box or safe kept at home, plus a safe deposit box rented through a bank. The decision about where to store a given record depends on the nature of the item.

### **Suggestions for records to be kept in a home fireproof safe:**

- Birth certificate copies
- Passports
- Social security numbers
- Savings passbooks
- List of credit cards  
(with telephone number of where to call if they are lost or stolen)
- Life, health, homeowner, and auto insurance policies
- Deeds to your home and other real property you own
- Appraisal reports on valuables like jewelry, antiques, etc.
- An original copy of your will
- Burial instructions

### **Suggestions for records to be kept in bank safe deposit storage:**

- Birth certificates
- Marriage, adoption, divorce papers
- Citizenship or name change records
- Car titles
- Stock certificates
- Bonds
- Valuables (gold, silver, jewelry, etc.)
- Insurance company names, addresses and policy numbers
- Duplicate list of credit cards
- Copy of will or trust instruments  
(include instructions about location of original)

## *Safeguarding This Record. . . .*

Since this record contains confidential information, you should keep it in a safe, yet accessible place. If possible, let a trusted relative or friend know of its whereabouts. Possibilities are a locked file cabinet, desk drawer or home safe. A bank safe deposit box is probably not a good choice since that location may not be readily available to individuals other than yourself.

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# GENERAL INFORMATION

*You*

*Spouse*

	<i>You</i>	<i>Spouse</i>
Surname/Maiden Name		
First Name & Initial		
Social Security Number	- - - - -	- - - - -
Birth Date	/ /	/ /
Birth Place		
Citizenship		
Driver's License Number		
Alias Used		
Former Spouse		
Date of Divorce	/ /	/ /
State of Divorce		
Former Spouse		
Date of Divorce	/ /	/ /
State of Divorce		
Father	<input type="checkbox"/> Biological <input type="checkbox"/> Adoptive	<input type="checkbox"/> Biological <input type="checkbox"/> Adoptive
Name		
Address (if living)		
Date of Birth	/ /	/ /
Place of Birth		
Phone (if living)		
Date of Death	/ /	/ /
Cause of Death		
Mother	<input type="checkbox"/> Biological <input type="checkbox"/> Adoptive	<input type="checkbox"/> Biological <input type="checkbox"/> Adoptive
Name		
Address (if living)		
Date of Birth	/ /	/ /
Place of Birth		
Phone (if living)		
Date of Death	/ /	/ /
Cause of Death		

# SIBLINGS

Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  You  Spouse  
 Deceased

Address \_\_\_\_\_ Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  You  Spouse  
 Deceased

Address \_\_\_\_\_ Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  You  Spouse  
 Deceased

Address \_\_\_\_\_ Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  You  Spouse  
 Deceased

Address \_\_\_\_\_ Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  You  Spouse  
 Deceased

Address \_\_\_\_\_ Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  You  Spouse  
 Deceased

Address \_\_\_\_\_ Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  You  Spouse  
 Deceased

Address \_\_\_\_\_ Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  You  Spouse  
 Deceased

Address \_\_\_\_\_ Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  You  Spouse  
 Deceased

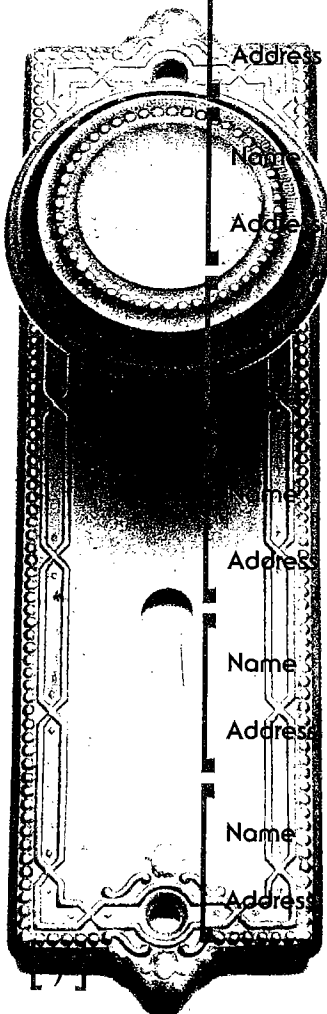
Address \_\_\_\_\_ Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  You  Spouse  
 Deceased

Address \_\_\_\_\_ Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  You  Spouse  
 Deceased

Address \_\_\_\_\_ Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_



# DESCENDANTS

Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Your Child  
Address \_\_\_\_\_  Spouse's Child  
SS# \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  Grandchild  
 Deceased

Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Your Child  
Address \_\_\_\_\_  Spouse's Child  
SS# \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  Grandchild  
 Deceased

Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Your Child  
Address \_\_\_\_\_  Spouse's Child  
SS# \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  Grandchild  
 Deceased

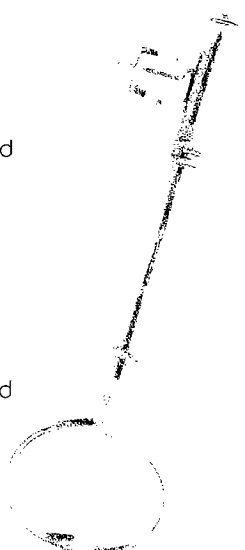
Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Your Child  
Address \_\_\_\_\_  Spouse's Child  
SS# \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  Grandchild  
 Deceased

Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Your Child  
Address \_\_\_\_\_  Spouse's Child  
SS# \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  Grandchild  
 Deceased

Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Your Child  
Address \_\_\_\_\_  Spouse's Child  
SS# \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  Grandchild  
 Deceased

Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Your Child  
Address \_\_\_\_\_  Spouse's Child  
SS# \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  Grandchild  
 Deceased

Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Your Child  
Address \_\_\_\_\_  Spouse's Child  
SS# \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone # ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  Grandchild  
 Deceased



# PROFESSIONALS & ADVISORS

X

*Attorney - Business*

Name \_\_\_\_\_ Phone # (    ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

*Attorney - Personal*

Name \_\_\_\_\_ Phone # (    ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

*Personal*

*Accountant/Tax Advisor*

Name \_\_\_\_\_ Phone # (    ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

X

*Bank/Banker*

Name \_\_\_\_\_ Phone # (    ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

X

*Business Consultant*

Name \_\_\_\_\_ Phone # (    ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

*Clergy*

Name \_\_\_\_\_ Phone # (    ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

*Artist*  You  Spouse

Name \_\_\_\_\_ Phone # (    ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

*Artist*  You  Spouse

Name \_\_\_\_\_ Phone # (    ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

*Executor/Executrix*

Name \_\_\_\_\_ Phone # (    ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

*Financial Planner/Investment Counsel*

Name \_\_\_\_\_ Phone # (    ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

*HMO/Hospital*

Name \_\_\_\_\_ Phone # (    ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

*Insurance Agent/Broker*

Name \_\_\_\_\_ Phone # (    ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

*Pension Administrator*

Name \_\_\_\_\_ Phone # (    ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

*Physician*  You  Spouse

Name \_\_\_\_\_ Phone # (    ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

*Physician*  You  Spouse

Name \_\_\_\_\_ Phone # (    ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

*Real Estate Agent/Broker*

Name \_\_\_\_\_ Phone # (    ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

*Travel Agent*

Name \_\_\_\_\_ Phone # (    ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

*Other:*

Name \_\_\_\_\_ Phone # (    ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

# DOCUMENT LOCATIONS

You

Spouse

Annuity Policies

Automobile Title

Birth Certificate

Buy/Sell Agreements

Checkbooks

Deeds

Divorce Agreements

Durable Power

Funeral Arrangements

Insurance Policies

Leases

Marriage Certificate

Mortgages Payable

Military Discharge

Notes & Trust Deeds

Partnership Agreements

Pension Documents

Savings Account Books

Stock Certificates

Tax Returns

Title Policies

Trust Documents

Will

Other:

Other:

Other:

Other:



# SAFE KEEPING DEPOSITORIES

<i>Description</i>	<i>Combination</i>	<i>Location/Address</i>	<i>Key Holder, Authorized Signer</i>
Bank Box			
Bank Box			
Floor Safe			
Wall Safe			
Other:			
Other:			
Other:			

# INSURANCE POLICIES

Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone # (     )     -     Policy Location \_\_\_\_\_

- Medical
- Life
- Annuity
- Home
- Car
- \_\_\_\_\_

Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone # (     )     -     Policy Location \_\_\_\_\_

- Medical
- Life
- Annuity
- Home
- Car
- \_\_\_\_\_

Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone # (     )     -     Policy Location \_\_\_\_\_

- Medical
- Life
- Annuity
- Home
- Car
- \_\_\_\_\_

Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone # (     )     -     Policy Location \_\_\_\_\_

- Medical
- Life
- Annuity
- Home
- Car
- \_\_\_\_\_

Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone # (     )     -     Policy Location \_\_\_\_\_

- Medical
- Life
- Annuity
- Home
- Car
- \_\_\_\_\_

# MOTOR VEHICLES, BOATS, ETC.

<i>Description/Model</i>	<i>Year</i>	<i>ID Number</i>	<i>License Number</i>	<i>Owners</i>		
				<i>You</i>	<i>Spouse</i>	<i>Both</i>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# CHECKING & SAVINGS ACCOUNTS

<i>Bank/Institution</i>	<i>Branch</i>	<i>Number</i>	<i>Type*</i>	<i>Owners</i>		
				<i>You</i>	<i>Spouse</i>	<i>Both</i>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Enter the type of account, e.g., Checking, Savings, Money Market, Certificate of Deposit, etc.

# BROKERAGE ACCOUNTS

Broker	Representative	Account Number	Phone	Owners		
				You	Spouse	Both
			( ) -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			( ) -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			( ) -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			( ) -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			( ) -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# SECURITIES, BONDS & MUTUAL FUNDS- DIRECTLY OWNED (NOT HELD BY BROKER)

Security Name	Shares Owned	Date Acquired	Code (See Note)	Cost or Basis (1)	Location of Certificate	Ownership		
						You	Spouse	Both
		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Code each entry as follows: P (purchased), G (gift) or I (inherited)  
 (1) Enter cost if purchased or received as a gift. If inherited, enter fair market value at date of death.

# NOTES & U.S. OBLIGATIONS

Payee or Type U.S. Obligation	Face Value	Due Date or Maturity	Location of Certificate	Ownership		
				You	Spouse	Both
		/ /		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		/ /		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		/ /		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		/ /		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		/ /		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# PARTNERSHIPS & TRUSTS

<i>Partnership or Trust Name</i>	<i>Tax ID Number</i>	<i>Type (1)</i>	<i>Ownership</i>		
			<i>You</i>	<i>Spouse</i>	<i>Both</i>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Address</i> _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Address</i> _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Address</i> _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Address</i> _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(1) Type codes: LP (Limited Partnership), GP (General Partnership), PT (Publicly Traded Partnership) or T (Trust)

# RETIREMENT PLANS & ANNUITIES

<i>Company Name, Trustee, or Insurance Company</i>	<i>Type (1)</i>	<i>Total or Periodic Value</i>	<i>Contact Phone</i>	<i>Beneficiary</i>		
				<i>You</i>	<i>Spouse</i>	<i>Both</i>
_____	_____	_____	( ) -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	( ) -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	( ) -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	( ) -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	( ) -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	( ) -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	( ) -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	( ) -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	( ) -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(1) Use the following codes for type: A (Annuity), D (Deferred Compensation or 401-K), E (Employer Plan), or I (IRA)

# REAL ESTATE OWNED

Address/Location \_\_\_\_\_

Purchase Date \_\_\_\_\_

Cost or Basis (1) \$ \_\_\_\_\_

Mortgage Co. \_\_\_\_\_

Phone # ( ) - \_\_\_\_\_

Owners:  You  Spouse  Both

Acquired:  Purchase  Gift  Inheritance

- Primary Residence
- Secondary Residence
- Rental
- Vacant Land
- Other \_\_\_\_\_

Address/Location \_\_\_\_\_

Purchase Date \_\_\_\_\_

Cost or Basis (1) \$ \_\_\_\_\_

Mortgage Co. \_\_\_\_\_

Phone # ( ) - \_\_\_\_\_

Owners:  You  Spouse  Both

Acquired:  Purchase  Gift  Inheritance

- Primary Residence
- Secondary Residence
- Rental
- Vacant Land
- Other \_\_\_\_\_

Address/Location \_\_\_\_\_

Purchase Date \_\_\_\_\_

Cost or Basis (1) \$ \_\_\_\_\_

Mortgage Co. \_\_\_\_\_

Phone # ( ) - \_\_\_\_\_

Owners:  You  Spouse  Both

Acquired:  Purchase  Gift  Inheritance

- Primary Residence
- Secondary Residence
- Rental
- Vacant Land
- Other \_\_\_\_\_

Address/Location \_\_\_\_\_

Purchase Date \_\_\_\_\_

Cost or Basis (1) \$ \_\_\_\_\_

Mortgage Co. \_\_\_\_\_

Phone # ( ) - \_\_\_\_\_

Owners:  You  Spouse  Both

Acquired:  Purchase  Gift  Inheritance

- Primary Residence
- Secondary Residence
- Rental
- Vacant Land
- Other \_\_\_\_\_

Address/Location \_\_\_\_\_

Purchase Date \_\_\_\_\_

Cost or Basis (1) \$ \_\_\_\_\_

Mortgage Co. \_\_\_\_\_

Phone # ( ) - \_\_\_\_\_

Owners:  You  Spouse  Both

Acquired:  Purchase  Gift  Inheritance

- Primary Residence
- Secondary Residence
- Rental
- Vacant Land
- Other \_\_\_\_\_

Address/Location \_\_\_\_\_

Purchase Date \_\_\_\_\_

Cost or Basis (1) \$ \_\_\_\_\_

Mortgage Co. \_\_\_\_\_

Phone # ( ) - \_\_\_\_\_

Owners:  You  Spouse  Both

Acquired:  Purchase  Gift  Inheritance

- Primary Residence
- Secondary Residence
- Rental
- Vacant Land
- Other \_\_\_\_\_



(1) Enter cost if purchased or received as a gift. If inherited, enter value (FMV) at date of death.

# EMPLOYERS

<i>Company Name</i>	<i>Address</i>	<i>Phone</i>	<i>Employee</i>	
			You	Spouse
_____	_____	( ) - _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	( ) - _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	( ) - _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	( ) - _____	<input type="checkbox"/>	<input type="checkbox"/>



# MILITARY SERVICE

<i>Branch</i>	<i>Serial Number</i>	<i>Years of Service</i>	<i>Discharge Date</i>	<i>Employee</i>	
				You	Spouse
_____	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>

# CREDIT CARDS & CHARGE ACCOUNTS

<i>Firm</i>	<i>Account Number</i>	<i>Phone</i>	<i>Debtor</i>		
			You	Spouse	Both
_____	_____	( ) - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	( ) - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	( ) - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	( ) - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	( ) - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	( ) - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	( ) - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	( ) - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	( ) - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	( ) - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	( ) - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# DEBTS, MORTGAGES & LIENS

Description \_\_\_\_\_ Balance \$ \_\_\_\_\_ Secured By\* \_\_\_\_\_  
 Creditor \_\_\_\_\_ Address \_\_\_\_\_ ( ) - \_\_\_\_\_  
 Insured By \_\_\_\_\_ ( ) - \_\_\_\_\_ Debtor:  You  Spouse  Both

Description \_\_\_\_\_ Balance \$ \_\_\_\_\_ Secured By\* \_\_\_\_\_  
 Creditor \_\_\_\_\_ Address \_\_\_\_\_ ( ) - \_\_\_\_\_  
 Insured By \_\_\_\_\_ ( ) - \_\_\_\_\_ Debtor:  You  Spouse  Both

Description \_\_\_\_\_ Balance \$ \_\_\_\_\_ Secured By\* \_\_\_\_\_  
 Creditor \_\_\_\_\_ Address \_\_\_\_\_ ( ) - \_\_\_\_\_  
 Insured By \_\_\_\_\_ ( ) - \_\_\_\_\_ Debtor:  You  Spouse  Both

Description \_\_\_\_\_ Balance \$ \_\_\_\_\_ Secured By\* \_\_\_\_\_  
 Creditor \_\_\_\_\_ Address \_\_\_\_\_ ( ) - \_\_\_\_\_  
 Insured By \_\_\_\_\_ ( ) - \_\_\_\_\_ Debtor:  You  Spouse  Both

\*Property used as security for the debt, e.g., home, car, etc.

## MISCELLANEOUS ASSETS (COLLECTIBLES, ART, ANTIQUES, JEWELRY, ETC.)

Description	Date Acquired	Code (See Note)	Cost or Basis (1)	Location	Ownership		
					You	Spouse	Both
	/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Code each entry as follows: P (purchased), G (gift) or I (inherited)  
 (1) Enter cost if purchased or received as gift. If inherited, enter value (FMV) at date of death.