# Personal Financial Affairs– Your Book of Records

*Paying it Forward: Philanthropy Matters*

## 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, date, 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)

______________________

______________________

______________________

______________________

______________________

______________________

______________________

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______________________

______________________

## Wills

Have you executed a will? ____________

Date of execution ________________________

By whom was it drafted? (name and address of attorney) ____________________

______________________________________

______________________________________

______________________________________

______________________________________

Executor of will (name and address) ______

______________________________________

______________________________________

______________________________________

______________________________________

Special instructions to executor or beneficiaries _________________________

______________________________________

______________________________________

______________________________________

______________________________________

______________________________________

Has your spouse executed a will? ________

Date of execution ________________________

By whom was it drafted? (name and address of attorney) ____________________

______________________________________

______________________________________

______________________________________

______________________________________

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***

| Institution holding | 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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______________________________

Trust officer ___________________

______________________________

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______________________________

Accountant ____________________

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Investment broker ____________________

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Financial planner ____________________

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Other ____________________

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## 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—User Names and Passwords

Email ______________________________

______________________________

______________________________

______________________________

______________________________

Social Media ______________________________

______________________________

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Financial Accounts ______________________________

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Other ______________________________

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## Notes

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Your community foundation received accreditation from the National Standards for U. S. Community Foundations. In partnership with the Community Foundation Committee of the Indiana Philanthropy Alliance, your community foundation is pleased to provide this information to you.