

PERSONAL INFORMATION

Prepared on _____ for _____

Personal information for:

Name _____
Address _____

SSN _____
Date of birth _____
Phone _____

Occupation:

Title _____
Employer _____
Address _____
_____, _____
Phone _____

Spouse:

Name _____
Address _____
_____, _____
SSN _____
Date of birth _____
Phone _____

Spouse's Occupation:

Title _____
Employer _____
Address _____
_____, _____
Phone _____

Children:

Name _____
Address _____

SSN _____
Date of birth _____

WILL INFORMATION

Executor:

Name _____
Address _____
_____, ____ _____
Phone _____

Alternate Executor:

Name _____
Address _____
_____, ____ _____
Phone _____

Guardian:

Name _____
Address _____
_____, ____ _____
Phone _____

Alternate Guardian:

Name _____
Address _____
_____, ____ _____
Phone _____

Location of Will:

LIVING WILL INFORMATION

Agent:

Name _____
Address _____
_____, ____ _____
Phone _____
Relationship _____

Alternate Agent:

Name _____
Address _____
_____, ____ _____
Phone _____
Relationship _____

Location of Living Will:

HEALTH CARE POWER OF ATTORNEY INFORMATION

Agent:

Name _____
Address _____
_____, ____ _____
Phone _____
Relationship _____

Alternate Agent:

Name _____
Address _____
_____, ____ _____
Phone _____
Relationship _____

Location of Health Care Power of Attorney:

ADVANCE DIRECTIVE FOR HEALTH CARE INFORMATION

Agent:

Name _____
Address _____
_____, ____ _____
Phone _____
Relationship _____

Alternate Agent:

Name _____
Address _____
_____, ____ _____
Phone _____
Relationship _____

Location of Advance Directive for Health Care:

SPECIAL POWER OF ATTORNEY INFORMATION

Agent:

Name _____
Address _____
_____, ____ _____
Phone _____

Alternate Agent:

Name _____
Address _____
_____, ____ _____
Phone _____

Location of Special Power of Attorney:

GENERAL POWER OF ATTORNEY INFORMATION

Agent:

Name _____
Address _____
_____, ____ _____
Phone _____

Alternate Agent:

Name _____
Address _____
_____, ____ _____
Phone _____

Location of General Power of Attorney:

SAFE DEPOSIT BOX INFORMATION

Institution:

Name _____
Address _____
_____, ____ _____

Location of Safe Deposit Box Keys:

BANK ACCOUNTS
(checking, savings, time certificates)

Account:

Name _____ \$ _____
Acct. Type _____
Owner _____

Total Bank Accounts ***Total*** \$ _____

IRA ACCOUNTS

Account:

Name _____ \$ _____
Owner _____
Beneficiary _____

Total IRA Accounts ***Total*** \$ _____

INVESTMENT ACCOUNTS
(brokerage accounts, mutual funds)

Account:

Name _____ \$ _____
Owner _____

Total Investment Accounts ***Total*** \$ _____

STOCKS

Stock:

Name _____
Owner _____
Purchase Date _____
Number of Shares/Units 0 at \$0.00 per share/unit \$ _____

Total Value of Stocks ***Total*** \$ _____

REAL ESTATE

Real Estate:

Type _____ \$ _____
Address _____
_____, _____
Legal Description _____

Owner _____

Total Value of Real Estate

Total \$ _____

MOTOR VEHICLES

Vehicle:

Make/Year _____ \$ _____
Owner _____

Total Value of Vehicles

Total \$ _____

PERSONAL PROPERTY AND HOUSEHOLD FURNISHINGS

Property/Furnishings:

Description _____ \$ _____
Owner _____

Total Personal Property/Household Furnishings

Total \$ _____

OTHER ASSETS

Asset:

Type _____ \$ _____
Owner _____

Total Other Assets

Total \$ _____

LOANS

Loan:

Lender _____ \$ _____
Borrower _____
Account No. _____
Date of Loan _____

Due Date _____
Payment \$0.00 per _____
Interest Rate 0.00%
Collateral _____

Total Loans

Total \$ _____

OTHER LIABILITIES

Liability:

Type _____ \$ _____
Debtor _____

Total Other Liabilities

Total \$ _____

GRAND TOTAL - ASSETS AND LIABILITIES

Total Bank Accounts \$ _____
Total IRA Accounts \$ _____
Total Investment Accounts \$ _____
Total Value of Stocks \$ _____
Total Value of Real Estate \$ _____
Total Vehicles \$ _____
Total Personal Property/Household Furnishings \$ _____
Total Other Assets \$ _____
Total Assets **Total \$** _____

Total Loans \$ _____
Total Other Liabilities \$ _____
Total Liabilities **Total \$** _____

NET WORTH: **Total \$** _____

AUTO INSURANCE

Policy:

Company _____
Insured _____
Policy Number _____
Vehicle Insured _____
Date Issued _____
Annual Premium \$ _____

<i>Coverage:</i>	<i>Per Person</i>	<i>Per Accident</i>
Personal Injury	\$ _____	\$ _____
Property Damage	\$ _____	\$ _____
Medical Payment	\$ _____	\$ _____
Uninsured Motorists	\$ _____	\$ _____
Underinsured Motorists	\$ _____	\$ _____
Comprehensive	\$ _____	\$ _____
Collision	\$ _____	\$ _____

Deductible:

HOMEOWNERS INSURANCE

Policy:

Company _____

Policy Number _____

Date Issued _____

Annual Premium \$ _____

Home Address _____, _____

<i>Coverage:</i>	<i>Amount</i>
Other Structures _____	\$ _____
Dwelling	\$ _____
Personal Liability	\$ _____
Medical Payments	\$ _____
Loss of Use	\$ _____
Deductible	\$ _____

LIFE INSURANCE

Policy:

Company _____

Policy Number _____

Type _____

Date Issued _____

Annual Premium \$ _____

Owner _____

Insured _____

Death Benefit \$ _____

Beneficiary _____
Contingent Beneficiary _____
Cash Surrender Value \$ _____

OTHER POLICIES

Policy:

Company _____
Policy Number _____
Date Issued _____
Annual Premium \$ _____
Insured _____
Additional Information: _____

Final Checklist for Personal Fact Sheet

(Name) _____

Make It Legal

_____ The Personal Fact Sheet is not a legal document and does not require any signature, witnesses or notarization. It is merely a worksheet to assemble and organize your personal data and financial information.

Other Information

- * The document should be stored in a location where the person who will become responsible for your affairs would expect to find such information. In addition to organizing financial matters, this document may be useful to your spouse or other family members if you become incapacitated, or upon your death. It contains the type of information needed if another person is required to manage your financial affairs, such as a conservator appointed by a court, or your agent as designated under a Power of Attorney. Also, this document contains the type of information that a lawyer or an executor would need for the administration of your estate.

When to Update

- * The document should be reviewed and updated at least annually in order to reflect additions or changes to the information.