

# Organization is the Key

**PERSONAL DATA**

OF

\_\_\_\_\_

**I. PERSONAL**

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Co. \_\_\_\_\_

Location of Birth Certificate \_\_\_\_\_

Location of School Records \_\_\_\_\_

If not a Citizen:

Date and Place of Naturalization \_\_\_\_\_

Location of Naturalization Papers \_\_\_\_\_

**II. PARENTS**

Father:

Name \_\_\_\_\_ Place of Birth \_\_\_\_\_

Location of Birth Certificate \_\_\_\_\_

If not a Citizen:

Date and Place of Naturalization \_\_\_\_\_

Location of Naturalization Papers \_\_\_\_\_

Date of Death (If Deceased) \_\_\_\_\_ Place of Birth \_\_\_\_\_ Co. \_\_\_\_\_

Mother:

Name \_\_\_\_\_ Place of Birth \_\_\_\_\_

Location of Birth Certificate \_\_\_\_\_

If not a Citizen:

Date and Place of Naturalization \_\_\_\_\_

Location of Naturalization Papers \_\_\_\_\_

Date of Death (If Deceased) \_\_\_\_\_ Place of Birth \_\_\_\_\_ Co. \_\_\_\_\_

**III. SPOUSE**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Co. \_\_\_\_\_

Location of Birth Certificate \_\_\_\_\_

If not a Citizen:

Date and Place of Naturalization \_\_\_\_\_

Location of Naturalization Papers \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_ Co. \_\_\_\_\_

Location of Marriage Certificate \_\_\_\_\_

**IV. CHILDREN**

Name (s)	Date of Birth	Place of Birth	Co.

Location of Birth Certificate (s):

\_\_\_\_\_  
\_\_\_\_\_

Location of School Records:

\_\_\_\_\_  
\_\_\_\_\_

**V. GRANDCHILDREN**

Name (s)	Date of Birth	Place of Birth	Co.

Location of Birth Certificate (s):

\_\_\_\_\_

\_\_\_\_\_

Location of School Records:

\_\_\_\_\_

\_\_\_\_\_

**VI. PRIOR MARRIAGE**

Name of Spouse \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_ Co. \_\_\_\_\_

Date Marriage Terminated \_\_\_\_\_ Place Terminated \_\_\_\_\_

Location of Divorce Decree (If Any) \_\_\_\_\_

**VII. PROFESSIONAL ADVISORS**

Name of Physician \_\_\_\_\_ Address \_\_\_\_\_

Name of Attorney \_\_\_\_\_ Address \_\_\_\_\_

Name of Accountant \_\_\_\_\_ Address \_\_\_\_\_

**VIII. SOCIAL SECURITY**

Social Security Number \_\_\_\_\_ Location of Card \_\_\_\_\_

Location of Employment Records \_\_\_\_\_

Other Arrangements \_\_\_\_\_

**PERSONS TO NOTIFY OF DEATH:**

**Name**

**Address**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IX. SOLELY OWNED, OR PARTNERSHIP BUSINESS, EMPLOYMENT**

Address \_\_\_\_\_

Location of Lease \_\_\_\_\_

Location of Contracts of Work in Progress \_\_\_\_\_

Location of Business Records \_\_\_\_\_

**ASSOCIATES:**

Partner (s) \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

Partnership Contract Yes \_\_\_ No \_\_\_ Location of Contract \_\_\_\_\_

Business Corporation Yes \_\_\_ No \_\_\_ Location of Documents \_\_\_\_\_

Associate (s) \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

**COMPANY VEHICLES:**

Registered in Name (s) of \_\_\_\_\_

Location of Registration Certificate (s) \_\_\_\_\_

Location of Vehicle Insurance Policy (ies) \_\_\_\_\_

Insurance Agent \_\_\_\_\_ Address \_\_\_\_\_

Recommendation regarding disposition: (Explain factors which in your judgement should be considered in arriving at the price and terms of the sale):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of business friends who will help in disposing of company or who can help complete work in progress:

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

PENSION OR RETIREMENT PLANS: Yes \_\_\_ No \_\_\_

Type \_\_\_\_\_

Location of Documents Relating Thereto \_\_\_\_\_

**X. BANKING**

1. Accounts

Checking & Savings (Indicate Whether Joint Account and With Whom)

Identifying Number	Bank	Location	Name
_____	1. _____	_____	_____
_____	2. _____	_____	_____
_____	3. _____	_____	_____
_____	4. _____	_____	_____
_____	5. _____	_____	_____
_____	6. _____	_____	_____
_____	7. _____	_____	_____
_____	8. _____	_____	_____

Location of Cancelled Checks (Which should be Retained for a Minimum of 5 years)

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2. Certificate of Deposits (Indicate Whether Joint Account and With Whom)

Identifying Number	Bank	Location	Name
_____	1.	_____	_____
_____	2.	_____	_____
_____	3.	_____	_____
_____	4.	_____	_____
_____	5.	_____	_____
_____	6.	_____	_____
_____	7.	_____	_____
_____	8.	_____	_____

3. NAME OF BANK OFFICER \_\_\_\_\_

4. SAFETY DEPOSIT BOX (S) \_\_\_\_\_

A. Bank Location \_\_\_\_\_

B. Box Number \_\_\_\_\_

C. Location of Key \_\_\_\_\_

D. Person (s) with Right to Enter Box \_\_\_\_\_

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**XI. REAL ESTATE**

**RESIDENCE**

Description \_\_\_\_\_

Title in Name of \_\_\_\_\_ Location of Deed \_\_\_\_\_

Mortgage (or Lien)

Held by \_\_\_\_\_ Address \_\_\_\_\_

If Paid, Location of Records \_\_\_\_\_

Insurance

Fire	\$ _____
Extended Coverage	\$ _____
Liability	\$ _____
Mortgage	\$ _____

Location of Policies \_\_\_\_\_

Insurance Agent \_\_\_\_\_ Address \_\_\_\_\_

**OFFICE, SHOP, WAREHOUSE:**

Description \_\_\_\_\_

Title in Name of \_\_\_\_\_ Location of Deed \_\_\_\_\_

Mortgage (Or Lien)

Held by \_\_\_\_\_ Address \_\_\_\_\_

If Paid, Location of Records \_\_\_\_\_

Insurance

Fire	\$ _____
Extended Coverage	\$ _____
Liability	\$ _____
Mortgage	\$ _____

Location of Policies \_\_\_\_\_

Insurance Agent \_\_\_\_\_ Address \_\_\_\_\_

**OTHER:**

Description \_\_\_\_\_

Title in Name of \_\_\_\_\_ Location of Deed \_\_\_\_\_

Mortgage (or Lien)

Held by \_\_\_\_\_ Address \_\_\_\_\_

If Paid, Location of Records \_\_\_\_\_

Insurance

Fire	\$ _____
Extended Coverage	\$ _____
Liability	\$ _____



Mortgage \$ \_\_\_\_\_

Location of Policies \_\_\_\_\_

Insurance Agent \_\_\_\_\_ Address \_\_\_\_\_

For Any Real Estate Which is Rented, Show the Rental Income and the Location of Leases, if any.

\_\_\_\_\_  
\_\_\_\_\_

Attach List of Additional Real Estate Held, if any, With Similar Information

## **XII. STOCKS, BONDS, AND INVESTMENTS**

**BROKERS:**

Name (s) \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

**SECURITIES:**

Type (s) \_\_\_\_\_ Company (ies) \_\_\_\_\_

\_\_\_\_\_

Location of Certificates, Bonds, or Securities \_\_\_\_\_

Location of Records of Transactions \_\_\_\_\_

## **XIII. MISCELLANEOUS**

**AUTOMOBILES: (Owned Personally)**

Registered in Names (s) of \_\_\_\_\_

Location of Registration Certificate (s) \_\_\_\_\_

Location of Automobile Insurance Policy (ies) \_\_\_\_\_

Insurance Agent \_\_\_\_\_ Address \_\_\_\_\_

**Other Items of Personal Property Having Particular Value**

Description \_\_\_\_\_ Location \_\_\_\_\_

**XIV. OTHER BUSINESS OR FINANCIAL INTERESTS**

Nature \_\_\_\_\_

Approximate Value \_\_\_\_\_

Location of Agreement Reflecting Such \_\_\_\_\_

**INSURANCE:**

**Insurance**

Fire \$ \_\_\_\_\_

Extended Coverage \$ \_\_\_\_\_

Liability \$ \_\_\_\_\_

Mortgage \$ \_\_\_\_\_

Location of Policies \_\_\_\_\_

Insurance Agent \_\_\_\_\_ Address \_\_\_\_\_

**OTHER:**

Description \_\_\_\_\_

Title in Name of \_\_\_\_\_

**MORTGAGE (or Lien):**

Held by \_\_\_\_\_ Address \_\_\_\_\_

If Paid, Location of Records \_\_\_\_\_

**Insurance**

Fire \$ \_\_\_\_\_

Extended Coverage \$ \_\_\_\_\_

Liability \$ \_\_\_\_\_

Mortgage \$ \_\_\_\_\_

Location of Policies \_\_\_\_\_

Insurance Agent \_\_\_\_\_ Address \_\_\_\_\_

**OTHER:**

Description \_\_\_\_\_

Title in Name of \_\_\_\_\_ Location of Deed \_\_\_\_\_

Mortgage (or Lien)

Held by \_\_\_\_\_ Address \_\_\_\_\_

If Paid, Location of Records \_\_\_\_\_

Insurance

Fire \$ \_\_\_\_\_

Extended Coverage \$ \_\_\_\_\_

Liability \$ \_\_\_\_\_

Mortgage \$ \_\_\_\_\_

Nature \_\_\_\_\_

Approximate Value \_\_\_\_\_

Location of Agreement Reflecting Such \_\_\_\_\_

Nature \_\_\_\_\_

Approximate Value \_\_\_\_\_

Location of Agreement Reflecting Such \_\_\_\_\_

**XV. MONEY DUE FROM OTHERS**

<b>From Whom</b>	<b>Amount</b>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

**LIABILITIES**

You may have incurred liabilities other than those previously listed. These should be disclosed to your professional advisors as they are a necessary consideration in your estate planning. Care should be taken to keep your professional advisors informed of any changes in your liabilities.

**XVI. MILITARY**

Branch of Service \_\_\_\_\_

Dates of Service, From \_\_\_\_\_

Serial Number \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Location of Discharge Papers \_\_\_\_\_

Disability Rating (if any) \_\_\_\_\_ Claim Number \_\_\_\_\_

**XVII. FRATERNAL ORGANIZATIONS**

\_\_\_\_\_

\_\_\_\_\_

Notify for Funeral Services \_\_\_\_\_

**XVIII. WILL**

Location of Original Will \_\_\_\_\_ Date of Will \_\_\_\_\_

Name of Executor \_\_\_\_\_ Address \_\_\_\_\_

Name of Attorney \_\_\_\_\_ Address \_\_\_\_\_

Trusts of Estates of Others Naming Members of Family as Beneficiary

Member (s) of Family \_\_\_\_\_

Name of Trust or Testator \_\_\_\_\_

**XIX. MISCELLANEOUS**

Location of Income Tax Records \_\_\_\_\_

**XX. FUNERAL ARRANGEMENTS**

Preference for Arrangements and Preparations

MORTICIAN

Name \_\_\_\_\_

Location \_\_\_\_\_

I wish to be Buried \_\_\_\_\_ or Cremated \_\_\_\_\_

**CEMETERY**

Name \_\_\_\_\_

Location \_\_\_\_\_

Preference as to Flowers or Contributions to Selected Charity (ies) \_\_\_\_\_

\_\_\_\_\_

What Charity, if so Desired \_\_\_\_\_

**XXI. INSURANCE**

<b>Company</b>	<b>Face Amount</b>	<b>Policy #</b>	<b>Type of Policy</b>	<b>Date of Issue</b>	<b>Beneficiary (ies)</b>	<b>Policy Owned By</b>

ON SPOUSE'S LIFE \_\_\_\_\_

\_\_\_\_\_

ON CHILDREN'S LIVES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of Policy (ies): \_\_\_\_\_

Location of Premium Receipt (s): \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Address \_\_\_\_\_

**DATES OF REVIEW OF INSURANCE PROGRAMS:** \_\_\_\_\_

\_\_\_\_\_