

# PERSONAL, FAMILY AND SAFE DEPOSIT BOX DATA

My Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Social Security Number \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Social Security Number \_\_\_\_\_

My Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_

My Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Other Address \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's Address (if other than above) \_\_\_\_\_ Phone \_\_\_\_\_

Location of Safe Deposit Box # 1 \_\_\_\_\_

Box Number \_\_\_\_\_ Key Number \_\_\_\_\_ Location of Key \_\_\_\_\_

Person's Having Access to Box \_\_\_\_\_

Location of Safe Deposit Box # 2 \_\_\_\_\_

Box Number \_\_\_\_\_ Key Number \_\_\_\_\_ Location of Key \_\_\_\_\_

Person's Having Access to Box \_\_\_\_\_

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

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

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

Separated  Divorced on \_\_\_\_\_ at \_\_\_\_\_

Location of Court Papers \_\_\_\_\_

Court Decrees \_\_\_\_\_

Father's Name (if living) \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name (if living) \_\_\_\_\_ Maiden Name \_\_\_\_\_

Place of Birth \_\_\_\_\_ Address \_\_\_\_\_

Children (Names & Addresses)	Deceased	Date of Birth	Marital Status	Occupation	Phone
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**Children (Continued)**

Other Comments (children of prior marriages, children of spouses, etc.) \_\_\_\_\_

**RELATIVES TO BE NOTIFIED IN CASE OF DEATH**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**OTHERS TO BE NOTIFIED**

Accountant \_\_\_\_\_ Phone \_\_\_\_\_

Attorney \_\_\_\_\_ Phone \_\_\_\_\_

Bank Officer \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Others to be Notified (Continued)**

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Executor(s) of Estate \_\_\_\_\_ Phone \_\_\_\_\_

Financial Advisor \_\_\_\_\_ Phone \_\_\_\_\_

Funeral Director \_\_\_\_\_ Phone \_\_\_\_\_

Hospital for Anatomical Gifts \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Agent / Co. - Auto \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Agent / Co. - Life \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Agent / Co. - Other \_\_\_\_\_ Phone \_\_\_\_\_

Landlord - Business \_\_\_\_\_ Phone \_\_\_\_\_

Landlord - Residence \_\_\_\_\_ Phone \_\_\_\_\_

Partner or Business Associate \_\_\_\_\_ Phone \_\_\_\_\_

Partner or Business Associate \_\_\_\_\_ Phone \_\_\_\_\_

Partner or Business Associate \_\_\_\_\_ Phone \_\_\_\_\_

Partner or Business Associate \_\_\_\_\_ Phone \_\_\_\_\_

Partner or Business Associate \_\_\_\_\_ Phone \_\_\_\_\_

Religious Representative \_\_\_\_\_ Phone \_\_\_\_\_

Stockbroker \_\_\_\_\_ Phone \_\_\_\_\_

Trustee of Estate \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

**FUNERAL ARRANGEMENTS**

Made With \_\_\_\_\_

Location of Plot \_\_\_\_\_  Military Honors

Location of Funeral Instructions \_\_\_\_\_

Maximum to be Spent on Funeral \$ \_\_\_\_\_ Manner of Burial \_\_\_\_\_

Anatomical Gifts To \_\_\_\_\_

Other Requests \_\_\_\_\_

# LIFE INSURANCE

Company	Type of Policy	Policy No.	Date Issued
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Owner	Beneficiary	Face Am't	Total Loans Outstanding
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Location of Life Insurance Policies \_\_\_\_\_

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# OTHER INSURANCE (Health, Accident, Property, Casualty, Liability,

Company	Type of Policy	Policy No.	Date Issued
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Deductible	Benefits
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Location of Other Insurance Policies \_\_\_\_\_

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## WILL DATA

Type \_\_\_\_\_ Date \_\_\_\_\_ Attorney Who Drafted \_\_\_\_\_

Location of Original Executed Will \_\_\_\_\_

Date of Codicil \_\_\_\_\_ Attorney Who Drafted \_\_\_\_\_

Location of Will Codicil \_\_\_\_\_

Type \_\_\_\_\_ Date \_\_\_\_\_ Attorney Who Drafted \_\_\_\_\_

Location of Original Executed Will \_\_\_\_\_

Date of Codicil \_\_\_\_\_ Attorney Who Drafted \_\_\_\_\_

Location of Will Codicil \_\_\_\_\_

## TRUST DATA

Type \_\_\_\_\_ Date Drawn \_\_\_\_\_ Attorney Who Drafted \_\_\_\_\_

Location of Original Executed Trust \_\_\_\_\_

Type \_\_\_\_\_ Date Drawn \_\_\_\_\_ Attorney Who Drafted \_\_\_\_\_

Location of Original Executed Trust \_\_\_\_\_

Type \_\_\_\_\_ Date Drawn \_\_\_\_\_ Attorney Who Drafted \_\_\_\_\_

Location of Original Executed Trust \_\_\_\_\_

## DURABLE POWER(S) OF ATTORNEY - GENERAL

I Have (a) Durable Power(s) of Attorney Dated \_\_\_\_\_ Attorney Who Drafted \_\_\_\_\_

Location of Original Executed Document(s) \_\_\_\_\_

Expiration Date(s) \_\_\_\_\_

## ADVANCE HEALTH CARE DIRECTIVE(S)

Dated Drawn \_\_\_\_\_ Attorney Who Drafted \_\_\_\_\_

Location of Original Executed Document \_\_\_\_\_

## CHECKING AND SAVINGS ACCOUNTS

Name of Institution \_\_\_\_\_

Location or Branch \_\_\_\_\_

Type of Account \_\_\_\_\_

How Title Held \_\_\_\_\_

Account or Book No. \_\_\_\_\_ Location of Book \_\_\_\_\_

Name of Institution \_\_\_\_\_

Location or Branch \_\_\_\_\_

Type of Account \_\_\_\_\_

How Title Held \_\_\_\_\_

Account or Book No. \_\_\_\_\_ Location of Book \_\_\_\_\_

## Checking and Savings Accounts (Continued)

Name of Institution \_\_\_\_\_

Location or Branch \_\_\_\_\_

Type of Account \_\_\_\_\_

How Title Held \_\_\_\_\_

Account or Book No. \_\_\_\_\_ Location of Book \_\_\_\_\_

Name of Institution \_\_\_\_\_

Location or Branch \_\_\_\_\_

Type of Account \_\_\_\_\_

How Title Held \_\_\_\_\_

Account or Book No. \_\_\_\_\_ Location of Book \_\_\_\_\_

## SECURITIES

Description \_\_\_\_\_

\_\_\_\_\_

How Title Held \_\_\_\_\_

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

Broker \_\_\_\_\_ Phone \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

How Title Held \_\_\_\_\_

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

Broker \_\_\_\_\_ Phone \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

How Title Held \_\_\_\_\_

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

Broker \_\_\_\_\_ Phone \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

How Title Held \_\_\_\_\_

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

Broker \_\_\_\_\_ Phone \_\_\_\_\_

## Securities (Continued)

Description \_\_\_\_\_

How Title Held \_\_\_\_\_

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

Broker \_\_\_\_\_ Phone \_\_\_\_\_

Description \_\_\_\_\_

How Title Held \_\_\_\_\_

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

Broker \_\_\_\_\_ Phone \_\_\_\_\_

Description \_\_\_\_\_

How Title Held \_\_\_\_\_

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

Broker \_\_\_\_\_ Phone \_\_\_\_\_

Description \_\_\_\_\_

How Title Held \_\_\_\_\_

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

Broker \_\_\_\_\_ Phone \_\_\_\_\_

Description \_\_\_\_\_

How Title Held \_\_\_\_\_

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

Broker \_\_\_\_\_ Phone \_\_\_\_\_

## U.S. SAVINGS BONDS

<u>Date</u>	<u>Serial No.</u>	<u>Series</u>	<u>Maturity Date</u>	<u>Maturity Value</u>	<u>How Title Held</u>
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Location of Bonds \_\_\_\_\_

# REAL ESTATE

Description \_\_\_\_\_

Location of Property \_\_\_\_\_

Deed in Name of \_\_\_\_\_

Name of Mortgagor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Description \_\_\_\_\_

Location of Property \_\_\_\_\_

Deed in Name of \_\_\_\_\_

Name of Mortgagor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Description \_\_\_\_\_

Location of Property \_\_\_\_\_

Deed in Name of \_\_\_\_\_

Name of Mortgagor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Description \_\_\_\_\_

Location of Property \_\_\_\_\_

Deed in Name of \_\_\_\_\_

Name of Mortgagor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Description \_\_\_\_\_

Location of Property \_\_\_\_\_

Deed in Name of \_\_\_\_\_

Name of Mortgagor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Deeds, Insurance Policies, Leases, etc., are located at \_\_\_\_\_

# EMPLOYEE BENEFIT PLANS & IRA's

Description

Beneficiary

Owner

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

## PROMISSORY NOTES & TRUST DEEDS

Payor \_\_\_\_\_

How Title Held \_\_\_\_\_

Payor \_\_\_\_\_

How Title Held \_\_\_\_\_

Payor \_\_\_\_\_

How Title Held \_\_\_\_\_

Location of Documents \_\_\_\_\_

\_\_\_\_\_

## PATENTS, COPYRIGHTS, ETC.

Description \_\_\_\_\_

\_\_\_\_\_

Expiration Date \_\_\_\_\_ Location of Certificate \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

Expiration Date \_\_\_\_\_ Location of Certificate \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

Expiration Date \_\_\_\_\_ Location of Certificate \_\_\_\_\_

## OTHER ASSETS & LOCATION (Include Jewelry, Furs, Antiques, Art Objects, Hobbies, Collections, Boats, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ASSETS TO BE SOLD IN PAYMENT OF ESTATE TAXES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# LIABILITIES

Description	Payee	Location of Documents
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# RECORD OF GIFTS

Donor's or Donee's Name	Date of Gift	Description	Value
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# BUSINESS DATA

Name of Business \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Description \_\_\_\_\_

Form of Organization:     Sole Proprietorship     Partnership     "C" Corporation     "S" Corporation

Location of Ownership Records \_\_\_\_\_

Names of Partners or Shareholders	Relationship	% of Ownership	Years with Company
1			
2			
3			
4			
5			
6			
7			
8			

Arrangements for continuation or liquidation after my death \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If "Retained by Family," business to be Operated by \_\_\_\_\_

If to be "Sold", who will be the purchaser? \_\_\_\_\_

Is there a purchase-and-sale agreement? If so, describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Tax and Financial Records and Agreements \_\_\_\_\_

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

# MILITARY DATA

Service Branch \_\_\_\_\_ Serial No. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Retired? \_\_\_\_\_

Rank \_\_\_\_\_ Disabled? \_\_\_\_\_ Description of Benefits \_\_\_\_\_

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

# TAX & LEGAL DATA

Location of Tax Returns \_\_\_\_\_  
\_\_\_\_\_

My Net Worth at Date of Marriage \_\_\_\_\_ Spouse's Net Worth at Date of Marriage \_\_\_\_\_

States Resided in Since Marriage	From	To	Combined Net Worth When Established Residence in State
_____	_____	_____	_____

Date of Pre-Nuptial Agreement \_\_\_\_\_ Prepared by Attorney \_\_\_\_\_

Location of Agreement \_\_\_\_\_  
\_\_\_\_\_

# OTHER DATA

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