

Information Summary

I. Personal Information

Name _____

Address _____

Citizenship _____
(if naturalized citizen, date and #) _____

Date of Birth _____

Place of Birth _____

Social Security No _____

Military ID Number _____

Date of Beginning of Service _____

Date of End of Service _____

Civil Service Annuity No. _____

Spouse _____

Date and Place of Marriage: _____ in _____

Spouse's Social Security No. _____

Spouse's Citizenship _____

Date and Place of Divorce(s) and Name(s) of Former Spouse, if any:

Children:

Name	SS #	DOB	Place of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I. Family Tree

Husband's Parents:

_____ & _____

Husband's Siblings [Indicate if Deceased]:

_____, _____
_____, _____
_____, _____
_____, _____

Descendants of Deceased Siblings of Husband:

_____, _____
_____, _____
_____, _____

Wife's Parents:

_____ & _____

Wife's Siblings [Indicate if Deceased]:

_____, _____
_____, _____
_____, _____
_____, _____

Descendants of Deceased Siblings of Wife:

_____, _____
_____, _____
_____, _____

II. Contacts/Advisors

Financial/Investment Advisors:

Name _____
Company _____
Address: _____
Phone _____; Fax _____
E-Mail _____

Name _____
Company _____
Address: _____
Phone _____; Fax _____
E-Mail _____

CPA/Accountant:

Name _____
Company _____
Address: _____
Phone _____; Fax _____
E-Mail _____

Lawyers:

Name _____
Company _____
Address: _____
Phone _____; Fax _____
E-Mail _____

Name _____
Company _____
Address: _____
Phone _____; Fax _____
E-Mail _____

Doctors:

Name _____
Address: _____
Phone _____; Fax _____
E-Mail _____

Name _____
Address: _____
Phone _____; Fax _____
E-Mail _____

III. Insurance Policies

Life Insurance:

Company _____
Policy No. _____
Address: _____
Agent: _____

Company _____
Policy No. _____
Address: _____
Agent: _____

Company _____
Policy No. _____

Address: _____
Agent: _____

Company Policy No. _____
Address: _____
Agent: _____

Disability:

Company Policy No. _____
Address: _____
Agent: _____

Medical:

Company Policy No. _____
Address: _____
Agent: _____

Company Policy No. _____
Address: _____
Agent: _____

Company Policy No. _____
Address: _____
Agent: _____

Long Term Care:

Company Policy No. _____
Address: _____
Agent: _____

Homeowner's/Tenant's:

Company _____
Policy No. _____
Address: _____
Agent: _____

Auto:

Company _____
Policy No. _____
Address: _____
Agent: _____

Umbrella:

Company _____
Policy No. _____
Address: _____
Agent: _____

Other:

Company _____
Policy No. _____
Address: _____
Agent: _____

Company _____
Policy No. _____
Address: _____
Agent: _____

IV. Assets

	VALUE_(less secured debt)		
	Name	Spouse	Joint
Real Estate: [Location]			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Tangible Personal Property
 [Special Item; Categories]

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Interests in Trusts
 [Indicate Trust name and date,
 Trustee, nature of interest, location of
 Copy of agreement]

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

V. Debts

<u>[Creditor Name and Address]</u>	<u>acct. #</u>	<u>amount due</u>	<u>mo. payment</u>	<u>Debt of: H/W/Joint</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Important Documents

	<u>Date</u>	<u>Location of Original</u>
Will	_____	_____
Revocable Trust	_____	_____
Insurance Trust	_____	_____
Other Trusts	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Financial Powers of Attorney	_____	_____
_____	_____	_____
Living Will	_____	_____
Health Care Power of Attorney *	_____	_____

Divorce Decree	_____	_____
Property Settlement Agreement	_____	_____
Pre-Nuptial Agreement	_____	_____
Deeds to Real Estate	_____	_____
Keys to Safe Deposit Box	_____	_____
[Location of Box]	_____	_____
Citizenship Papers	_____	_____