

*William Blair*

This document is designed to help you organize your personal financial information as a consolidated record of your property

## A Record of Personal Financial and Family Information



We encourage you to keep an updated copy of this document in a safe, secure location, and to make trusted individuals aware of its existence and location in the event of an emergency.

# Personal Information

## Self

Name

Date of Birth (MM/DD/YYYY)

Social Security Number

Previous Name (If changed due to marriage, divorce, other)

Mother's Name

Date of Birth

Father's Name

Date of Birth

Address

City

State

Zip

Home Telephone Number

Mobile Telephone Number

E-mail Address

Alternate E-mail Address

Business

Address Line 1

Address Line 2

City

State

Zip

E-mail Address

Telephone Number

## Spouse

Name

Date of Birth (MM/DD/YYYY)

Social Security Number

Previous Name (If changed due to marriage, divorce, other)

Mother's Name

Date of Birth

Father's Name

Date of Birth

Address

City

State

Zip

Home Telephone Number

Mobile Telephone Number

E-mail Address

Alternate E-mail Address

Business

Address Line 1

Address Line 2

City

State

Zip

E-mail Address

Telephone Number

# Personal Information (continued)

## Children

.....  
Name

.....  
Date of Birth (MM/DD/YYYY)

.....  
Social Security Number

.....  
Name

.....  
Date of Birth (MM/DD/YYYY)

.....  
Social Security Number

.....  
Name

.....  
Date of Birth (MM/DD/YYYY)

.....  
Social Security Number

.....  
Name

.....  
Date of Birth (MM/DD/YYYY)

.....  
Social Security Number

.....  
Name

.....  
Date of Birth (MM/DD/YYYY)

.....  
Social Security Number

.....  
Name

.....  
Date of Birth (MM/DD/YYYY)

.....  
Social Security Number

## Stepchildren

.....  
Name

.....  
Date of Birth (MM/DD/YYYY)

.....  
Social Security Number

.....  
Name

.....  
Date of Birth (MM/DD/YYYY)

.....  
Social Security Number

.....  
Name

.....  
Date of Birth (MM/DD/YYYY)

.....  
Social Security Number

## Grandchildren

.....  
Name

.....  
Date of Birth (MM/DD/YYYY)

.....  
Social Security Number

.....  
Name

.....  
Date of Birth (MM/DD/YYYY)

.....  
Social Security Number

.....  
Name

.....  
Date of Birth (MM/DD/YYYY)

.....  
Social Security Number

.....  
Name

.....  
Date of Birth (MM/DD/YYYY)

.....  
Social Security Number

.....  
Name

.....  
Date of Birth (MM/DD/YYYY)

.....  
Social Security Number

.....  
Name

.....  
Date of Birth (MM/DD/YYYY)

.....  
Social Security Number

## Great-Grandchildren

.....  
Name

.....  
Date of Birth (MM/DD/YYYY)

.....  
Social Security Number

.....  
Name

.....  
Date of Birth (MM/DD/YYYY)

.....  
Social Security Number

.....  
Name

.....  
Date of Birth (MM/DD/YYYY)

.....  
Social Security Number

# Personal Advisors

## Attorney

.....  
Name

.....  
Firm Telephone Number

.....  
Address City State Zip

.....  
E-mail Address

## Trust Officer

.....  
Name

.....  
Trust Company Telephone Number

.....  
Address City State Zip

.....  
E-mail Address

## Accountant/Tax Preparer

.....  
Name

.....  
Firm Telephone Number

.....  
Address City State Zip

.....  
E-mail Address

.....  
Are your tax returns on file with this individual?  Yes  No

## Banker

.....  
Name

.....  
Firm Telephone Number

.....  
Address City State Zip

.....  
E-mail Address

## Wealth Advisor

.....  
Name

.....  
Firm Telephone Number

.....  
Address City State Zip

.....  
E-mail Address

## Insurance Agents

.....  
Name

.....  
Firm Type of Insurance

.....  
Address City State Zip

.....  
E-mail Address

.....  
Telephone Number

.....  
Name

.....  
Firm Type of Insurance

.....  
Address City State Zip

.....  
E-mail Address

.....  
Telephone Number

# Personal Advisors (continued)

## Clergy

.....  
Name

.....  
Congregation/Church/Etc.

.....  
Telephone Number

.....  
Address

.....  
City

.....  
State

.....  
Zip

.....  
E-mail Address

## Doctor

.....  
Name

.....  
Hospital

.....  
Telephone Number

.....  
Address

.....  
City

.....  
State

.....  
Zip

.....  
E-mail Address

## Dentist

.....  
Name

.....  
Association

.....  
Telephone Number

.....  
Address

.....  
City

.....  
State

.....  
Zip

.....  
E-mail Address

## Other

.....  
Name

.....  
Association

.....  
Telephone Number

.....  
Address

.....  
City

.....  
State

.....  
Zip

.....  
E-mail Address

.....  
Name

.....  
Association

.....  
Telephone Number

.....  
Address

.....  
City

.....  
State

.....  
Zip

.....  
E-mail Address

.....  
Name

.....  
Association

.....  
Telephone Number

.....  
Address

.....  
City

.....  
State

.....  
Zip

.....  
E-mail Address

.....  
Name

.....  
Association

.....  
Telephone Number

.....  
Address

.....  
City

.....  
State

.....  
Zip

.....  
E-mail Address

# Important Documents

## Will

Location

Address City State Zip

Dated as of

Codicils Dated as of

Executor Named

Address City State Zip

Telephone Number

Guardian Named

Address City State Zip

Telephone Number

## Trust Agreement

Location if different than Will

Dated as of

Amendments Dated

Trustee(s) Named

Address City State Zip

Telephone Number

## Living Will, Trust Agreement, and Health Care POA

Location

Dated as of

## Health Care Power of Attorney

Location

Dated as of

Appointee

Address City State Zip

Telephone Number

## Medical Insurance and Long-Term Care Policies

Company

Policy Number

Type

Location of Policy

Agent

Telephone Number

## Long-Term Care Policies

Company

Policy Number

# Important Documents (continued)

## Medicare and Homeowners Insurance

.....  
Policy Number

.....  
Supplemental Medicare Policy

## Homeowner's Insurance

.....  
Company

.....  
Policy Number

.....  
Location of Policy

.....  
Agent

.....  
Telephone Number

## Durable POA for Property

.....  
Location

.....  
Dated as of

.....  
Appointee

.....  
Address

.....  
City

.....  
State

.....  
Zip

.....  
Telephone Number

## Passport

.....  
Number

.....  
Issue Date

## Marriage Certificate

.....  
Location

.....  
Dated as of

## Location of Tax Returns and Other Financial Documents

## Location of Judgements or Other Legal Documents

## Military Discharge

.....  
Location

.....  
Branch

.....  
Rank

.....  
Service Number

## Safe Deposit Box\*

.....  
Location of Key

.....  
Bank

.....  
Number

.....  
Title and Authorized Signers

## Home Safe\*

.....  
Location

.....  
Password or Combination

\*We encourage you to keep this document in a safe, secure location, and to make trusted individuals aware of its existence and location in the event of an emergency.



# Important Documents (continued)

## Adoption Papers

.....  
Name

.....  
Date of Adoption

.....  
Location of Certificate

.....  
Name

.....  
Date of Adoption

.....  
Location of Certificate

.....  
Name

.....  
Date of Adoption

.....  
Location of Certificate

## Birth Certificates for Family Members

.....  
Self

.....  
Date of Birth

.....  
Location of Certificate

.....  
Spouse

.....  
Date of Birth

.....  
Location of Certificate

.....  
Name

.....  
Date of Birth

.....  
Location of Certificate

.....  
Name

.....  
Date of Birth

.....  
Location of Certificate

## Divorce Decrees

.....  
Name

.....  
Location

.....  
Dated as of

.....  
Name

.....  
Location

.....  
Dated as of

## Death Certificates for Family Members

.....  
Name of Deceased

.....  
Relationship to You

.....  
Date of Death

.....  
Location of Certificate

.....  
Name of Deceased

.....  
Relationship to You

.....  
Date of Death

.....  
Location of Certificate

.....  
Name of Deceased

.....  
Relationship to You

.....  
Date of Death

.....  
Location of Certificate

.....  
Name of Deceased

.....  
Relationship to You

.....  
Date of Death

.....  
Location of Certificate

# Summary of Property

## Cash and Bank Accounts

Bank

Address City State Zip

Account Number

Type of Account

Title of Account

Bank

Address City State Zip

Account Number

Type of Account

Title of Account

Bank

Address City State Zip

Account Number

Type of Account

Title of Account

## Credit Cards

Card Number Issuer/Phone Number

Card Number Issuer/Phone Number

Card Number Issuer/Phone Number

Card Number Issuer/Phone Number

Card Number Issuer/Phone Number

Card Number Issuer/Phone Number

## Loans/Obligations

Lending Company Due Date Interest (%) Amount (\$)

Description

Lending Company Due Date Interest (%) Amount (\$)

Description

Lending Company Due Date Interest (%) Amount (\$)

Description

Lending Company Due Date Interest (%) Amount (\$)

Description

Lending Company Due Date Interest (%) Amount (\$)

Description

# Summary of Property (continued)

## Investment Accounts

.....  
Title of Account

.....  
Account Number

.....  
Value of Portfolio (\$)

.....  
Institution

.....  
Broker/Portfolio Manager

.....  
Telephone Number

.....  
Title of Account

.....  
Account Number

.....  
Value of Portfolio (\$)

.....  
Institution

.....  
Broker/Portfolio Manager

.....  
Telephone Number

.....  
Title of Account

.....  
Account Number

.....  
Value of Portfolio (\$)

.....  
Institution

.....  
Broker/Portfolio Manager

.....  
Telephone Number

.....  
Title of Account

.....  
Account Number

.....  
Value of Portfolio (\$)

.....  
Institution

.....  
Broker/Portfolio Manager

.....  
Telephone Number

## Investment Accounts

.....  
Title of Account

.....  
Account Number

.....  
Value of Portfolio (\$)

.....  
Institution

.....  
Broker/Portfolio Manager

.....  
Telephone Number

.....  
Title of Account

.....  
Account Number

.....  
Value of Portfolio (\$)

.....  
Institution

.....  
Broker/Portfolio Manager

.....  
Telephone Number

## Individual Retirement Accounts (IRAs)

.....  
Institution

.....  
Type of Investment

.....  
Institution

.....  
Type of Investment

.....  
Institution

.....  
Type of Investment

.....  
Institution

.....  
Type of Investment

# Summary of Property (continued)

## Individual Securities/Certificates Held By Me

Security Amount (\$)

Number of Shares Purchased Date Cost

Title

Location

Security Amount (\$)

Number of Shares Purchased Date Cost

Title

Location

Security Amount (\$)

Number of Shares Purchased Date Cost

Title

Location

Security Amount (\$)

Number of Shares Purchased Date Cost

Title

Location

## Notes, Accounts Receivable (Owed to You)

Payor Date of Note Interest (%)

Due Date Amount (\$)

Description

Payor Date of Note Interest (%)

Due Date Amount (\$)

Description

Payor Date of Note Interest (%)

Due Date Amount (\$)

Description

## Foreign Assets

# Summary of Property (continued)

## Life Insurance Policies

.....  
Company

.....  
Policy Number

.....  
Type

.....  
Face Value

.....  
Date of Policy

.....  
Location of Policy

.....  
Owner

.....  
Beneficiary(ies)

.....  
Agent Telephone Number

.....  
Company

.....  
Policy Number

.....  
Type

.....  
Face Value

.....  
Date of Policy

.....  
Location of Policy

.....  
Owner

.....  
Beneficiary(ies)

.....  
Agent Telephone Number

## Employee Benefits

The following benefits are in force where I work:

Health Insurance/Health Savings Account (HSA)	Vested Amount (\$)
..... Disability Insurance	.....
..... Life Insurance	.....
..... Pension or Retirement Plan	.....
..... Employee Savings Plan	.....
..... Profit Sharing Plan/401(k)	.....
..... Survivor's Benefits	.....
..... Name of person in charge of employee benefits at work	.....
..... Telephone Number	.....

# Summary of Property (continued)

## Annuities

.....  
Company

.....  
Date of Purchase                      Cost

.....  
Payment Period                      Amount (\$)

.....  
Term

.....  
Beneficiary(ies)

.....  
Agent

.....  
Telephone Number

.....  
Company

.....  
Date of Purchase                      Cost

.....  
Payment Period                      Amount (\$)

.....  
Term

.....  
Beneficiary(ies)

.....  
Agent

.....  
Telephone Number

## Education Savings Plan

.....  
Description

.....  
Trustee or Custodian For

.....  
Description

.....  
Trustee or Custodian For

.....  
Description

.....  
Trustee or Custodian For

## Real Estate: Property 1

.....  
Property 1 Description

.....  
Address

.....  
City                                      State                                      Zip

.....  
Appraised Value (\$)                      Date of Last Appraisal

.....  
Purchase Price (\$)                      Date of Purchase

.....  
Deed in Name of                      Location of Deed

.....  
Amount of Mortgage (\$)                      Type of Mortgage

.....  
Mortgage Holder/Number

.....  
Amount of Real Estate Taxes (\$)                      Payable On

.....  
Insurance of Property Policy Number

.....  
Company

.....  
Agent

.....  
Income/Lease (\$)

# Summary of Property (continued)

## Real Estate: Property 2

Property 2 Description

Address

City State Zip

Appraised Value (\$) Date of Last Appraisal

Purchase Price (\$) Date of Purchase

Deed in Name of Location of Deed

Amount of Mortgage (\$) Type of Mortgage

Mortgage Holder/Number

Amount of Real Estate Taxes (\$) Payable On

Insurance of Property Policy Number

Company

Agent

Income/Lease (\$)

## Real Estate: Property 3

Property 3 Description

Address

City State Zip

Appraised Value (\$) Date of Last Appraisal

Purchase Price (\$) Date of Purchase

Deed in Name of Location of Deed

Amount of Mortgage (\$) Type of Mortgage

Mortgage Holder/Number

Amount of Real Estate Taxes (\$) Payable On

Insurance of Property Policy Number

Company

Agent

Income/Lease (\$)

# Business Interest

## Business Interests

Name of Firm

Address

City

State

Zip

Taxpayer Identification Number

Telephone Number

Type of Account

Principals

Date Acquired

Cost (\$)

Owned (%)

Partner (General or Limited, %)

Amount of Real Estate Taxes (\$)

Payable On

Income (\$)

Is a buy/sell agreement in effect?

Name of Firm

Address

City

State

Zip

Taxpayer Identification Number

Telephone Number

Type of Account

Principals

Date Acquired

Cost (\$)

Owned (%)

Partner (General or Limited, %)

Amount of Real Estate Taxes (\$)

Payable On

Income (\$)

Is a buy/sell agreement in effect?

## Other Business Interest or Interest in Trust

Title

Date of Trust

Beneficial Interest

Power of Appointment

Title

Date of Trust

Beneficial Interest

Power of Appointment

Title

Date of Trust

Beneficial Interest

Power of Appointment



# Personal Property

## Automobiles

.....  
Make and Year

.....  
Insurance Company

.....  
Policy Number

.....  
Telephone Number

.....  
Make and Year

.....  
Insurance Company

.....  
Policy Number

.....  
Telephone Number

.....  
Make and Year

.....  
Insurance Company

.....  
Policy Number

.....  
Telephone Number

## Jewelry

.....  
Insurance Company

.....  
Policy Number

.....  
Telephone Number

.....  
Description

.....  
Appraised Value (\$)

.....  
Location

.....  
Description

.....  
Appraised Value (\$)

.....  
Location

.....  
Description

.....  
Appraised Value (\$)

.....  
Location

## Username and Passwords\*

.....  
Alternate location of username/password document or name of centralized password management service/software

.....  
Website Address or Device

.....  
Username

.....  
Password

.....  
Website Address or Device

.....  
Username

.....  
Password

.....  
Website Address or Device

.....  
Username

.....  
Password

.....  
Website Address or Device

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Username

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Password

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Website Address or Device

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Username

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Password

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Website Address or Device

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Username

.....  
Password

.....  
Website Address or Device

.....  
Username

.....  
Password

.....  
Website Address or Device

.....  
Username

.....  
Password

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# Personal Property (continued)

## Collections

.....  
Insurance Company

.....  
Policy Number Telephone Number

.....  
Description

.....  
Appraised Value (\$) Location

.....  
Description

.....  
Appraised Value (\$) Location

.....  
Description

.....  
Appraised Value (\$) Location

## Other (Paintings, Furniture, Etc.)

.....  
Insurance Company

.....  
Policy Number

.....  
Telephone Number

.....  
Description

.....  
Appraised Value (\$) Location

.....  
Description

.....  
Appraised Value (\$) Location

.....  
Description

.....  
Appraised Value (\$) Location

## Irrevocable Gifts (Values at more than \$10,000)

.....  
By Whom Date of Gift Amount (\$)

.....  
To Whom

.....  
Description of Gift (stock, cash, property)

.....  
By Whom Date of Gift Amount (\$)

.....  
To Whom

.....  
Description of Gift (stock, cash, property)

.....  
By Whom Date of Gift Amount (\$)

.....  
To Whom

.....  
Description of Gift (stock, cash, property)

## Club Memberships

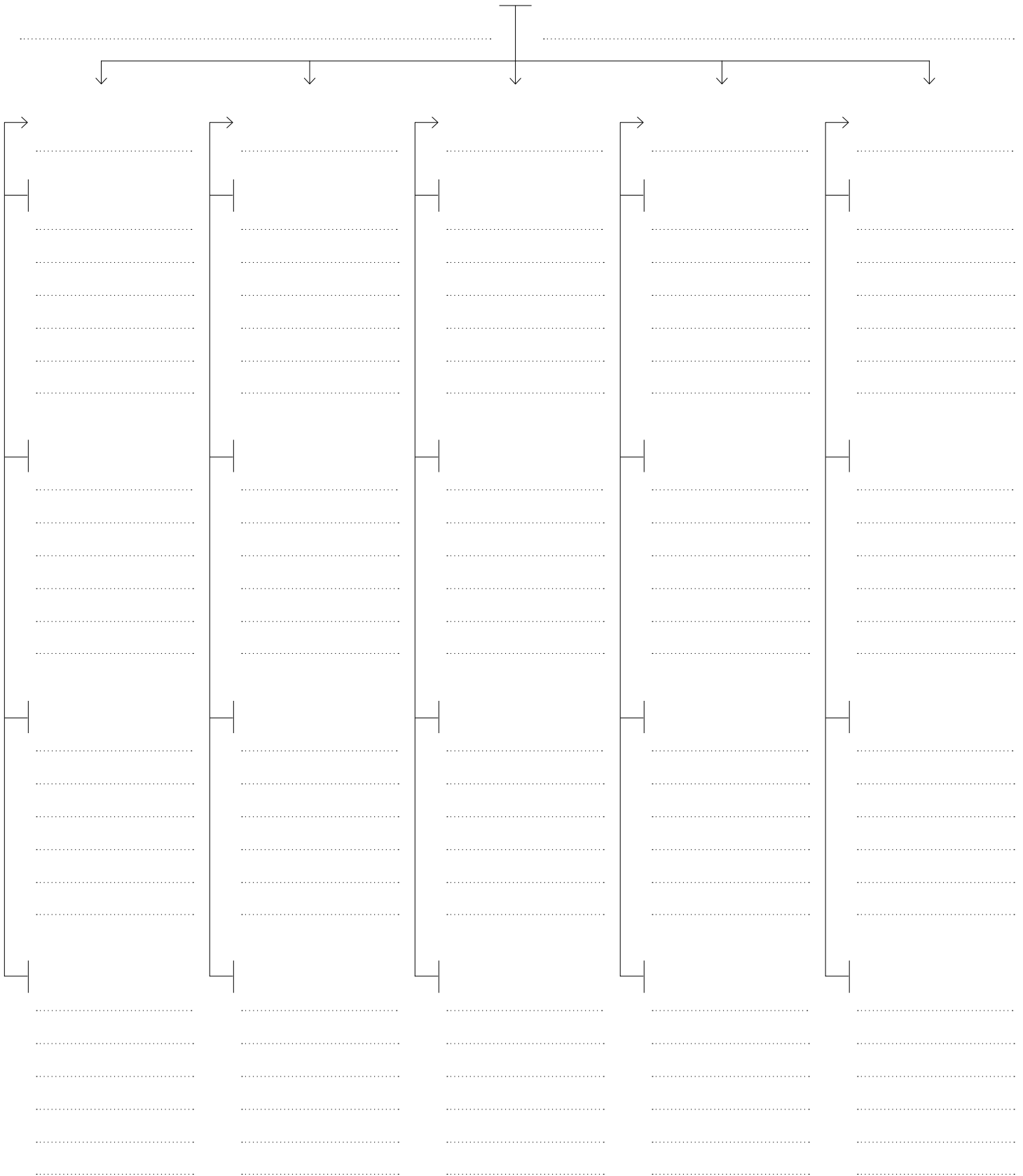
## Special Instructions

.....  
Burial Instructions

.....  
Funeral Home

.....  
Other

# Family Relationship Tree











September 2024

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