

A Personal and Charitable Financial Record



1001 S. Main St.
P.O. Box 1154
Monticello, IN 47960
574-583-6911

The Personal and Charitable Financial Record of

(Date Completed)

(Date Revised)

PERSONAL INFORMATION

Name

Permanent Street & Mailing Address

City

State

Zip

Phone

Summer/Winter Residence

City

State

Zip

Phone

Business Name

Business Title/Position

Business Address

City

State

Zip

Phone

Date of Birth

Place of Birth (*City, State*)

Social Security #

Military Service #

Taxpayer ID # for Business

MARITAL INFORMATION

Current marital/relationship status:

___ single ___ married ___ widowed ___ divorced ___ separated ___ significant other

Spouse/Significant Other

Date married _____ Place married (*City, State*) _____

Location of Marriage Certificate _____

Former Spouse

Date married to former spouse _____ Place married (*City, State*) _____

Marriage terminated by ___ death ___ divorce ___ annulment

Date terminated _____ Place terminated (*City, State*) _____

Location of Termination Papers _____

Comments _____

FAMILY INFORMATION

Child's Name	Date of Birth	Place of Birth
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Current Address	City	State	Zip
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Phone _____

Social Security # _____

Child's Name	Date of Birth	Place of Birth
--------------	---------------	----------------

Current Address	City	State	Zip
-----------------	------	-------	-----

Phone _____

Social Security # _____

Child's Name	Date of Birth	Place of Birth	
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Current Address	City	State	Zip
-----------------	------	-------	-----

Phone

Social Security #

Child's Name	Date of Birth	Place of Birth	
---------------------	---------------	----------------	--

Current Address	City	State	Zip
-----------------	------	-------	-----

Phone

Social Security #

Child's Name	Date of Birth	Place of Birth	
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Current Address	City	State	Zip
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Phone

Social Security #

Father's Name	Date of Birth	Place of Birth	
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Current Address	City	State	Zip
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Phone

Social Security #

Mother's Name	Date of Birth	Place of Birth	
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Current Address	City	State	Zip
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Phone

Social Security #

Brother's/Sister's Name	Date of Birth		
Current Address	City	State	Zip
<hr/>			
Phone			

Brother's/Sister's Name	Date of Birth		
Current Address	City	State	Zip
<hr/>			
Phone			

Brother's/Sister's Name	Date of Birth		
Current Address	City	State	Zip
<hr/>			
Phone			

Brother's/Sister's Name	Date of Birth		
Current Address	City	State	Zip
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Phone			

Grandchild's Name	Date of Birth		
Current Address	City	State	Zip
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Phone			

Grandchild's Name	Date of Birth		
Current Address	City	State	Zip
<hr/>			
Phone			

Grandchild's Name	Date of Birth		
Current Address	City	State	Zip
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Phone			

Grandchild's Name	Date of Birth		
Current Address	City	State	Zip
Phone			

Grandchild's Name	Date of Birth		
Current Address	City	State	Zip
Phone			

Grandchild's Name	Date of Birth		
Current Address	City	State	Zip
Phone			

Comments

EMPLOYMENT and BUSINESS INTERESTS

Employer	Phone		
Current Address	City	State	Zip
Date Employed	Current Position		

Other Business Interests:

Name of business

Type: ___ sole proprietorship ___ partnership ___ closely held corporation

Value of Interest/Shares: \$ _____

Name of business

Type: ___ sole proprietorship ___ partnership ___ closely held corporation

Value of Interest/Shares: \$ _____

Name of businessType: sole proprietorship partnership closely held corporation

Value of Interest/Shares: \$ _____

Disposition of business interests after death:

Comments

_____**FINANCIAL INFORMATION****Banks:**

Bank Name

Address _____ City _____ State _____ Zip _____
Type of account: Checking Savings Money Market CD Lock Box
Account # _____ Balance \$ _____
Ownership: Joint Individual
In name(s) of: _____

Bank Name

Address _____ City _____ State _____ Zip _____
Type of account: Checking Savings Money Market CD Lock Box
Account # _____ Balance \$ _____
Ownership: Joint Individual
In name(s) of: _____

Bank Name

Address _____ City _____ State _____ Zip _____
Type of account: Checking Savings Money Market CD Lock Box
Account # _____ Balance \$ _____
Ownership: Joint Individual
In name(s) of: _____

Bank Name

Address _____ City _____ State _____ Zip _____

Type of account: Checking Savings Money Market CD Lock Box

Account # _____ Balance \$ _____

Ownership: Joint Individual

In name(s) of: _____

Retirement Funds:

Company Name/Description

Address _____ City _____ State _____ Zip _____

Type of account: Pension Plan Profit Sharing IRA Annuity Other

Account # _____ Balance \$ _____

Beneficiary: _____

Company Name/Description

Address _____ City _____ State _____ Zip _____

Type of account: Pension Plan Profit Sharing IRA Annuity Other

Account # _____ Balance \$ _____

Beneficiary: _____

Company Name/Description

Address _____ City _____ State _____ Zip _____

Type of account: Pension Plan Profit Sharing IRA Annuity Other

Account # _____ Balance \$ _____

Beneficiary: _____

Company Name/Description

Address _____ City _____ State _____ Zip _____

Type of account: Pension Plan Profit Sharing IRA Annuity Other

Account # _____ Balance \$ _____

Beneficiary: _____

Lifetime and Testamentary Charitable Gifts:

Charity Name	Phone		
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Address	City	State	Zip
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<u>\$ or %age</u>			
Amount and Type of Gift			Date

Charity Name	Phone		
---------------------	-------	--	--

Address	City	State	Zip
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<u>\$ or %age</u>			
Amount and Type of Gift			Date

Charity Name	Phone		
---------------------	-------	--	--

Address	City	State	Zip
---------	------	-------	-----

<u>\$ or %age</u>			
Amount and Type of Gift			Date

Charity Name	Phone		
---------------------	-------	--	--

Address	City	State	Zip
---------	------	-------	-----

<u>\$ or %age</u>			
Amount and Type of Gift			Date

Charity Name	Phone		
---------------------	-------	--	--

Address	City	State	Zip
---------	------	-------	-----

<u>\$ or %age</u>			
Amount and Type of Gift			Date

Charity Name	Phone		
---------------------	-------	--	--

Address	City	State	Zip
---------	------	-------	-----

<u>\$ or %age</u>			
Amount and Type of Gift			Date

Comments

Life Insurance:

Company Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

\$ _____ # _____
Face Amount _____ Policy # _____

_____ \$ _____
Date of Issue _____ Premium Amount _____

Insured Name _____ Policy Owner _____

First Beneficiary _____ Second Beneficiary _____

Company Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

\$ _____ # _____
Face Amount _____ Policy # _____

_____ \$ _____
Date of Issue _____ Premium Amount _____

Insured Name _____ Policy Owner _____

First Beneficiary _____ Second Beneficiary _____

Company Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

\$ _____ # _____
Face Amount _____ Policy # _____

_____ \$ _____
Date of Issue _____ Premium Amount _____

Insured Name _____ Policy Owner _____

First Beneficiary _____ Second Beneficiary _____

Comments _____

Personal Residence:

Address	City	State	Zip
Date Acquired	\$ Purchase Price	\$ Current Value	
Mortgage Holder	Loan #		
Title Held: <input type="checkbox"/> Individually <input type="checkbox"/> Jointly <input type="checkbox"/> Community <input type="checkbox"/> Tenants-in-common			
Name(s) of other owners	%		
Insurance Company	# Policy Number		

Summer Residence:

Address	City	State	Zip
Date Acquired	\$ Purchase Price	\$ Current Value	
Mortgage Holder	Loan #		
Title Held: <input type="checkbox"/> Individually <input type="checkbox"/> Jointly <input type="checkbox"/> Community <input type="checkbox"/> Tenants-in-common			
Name(s) of other owners	%		
Insurance Company	# Policy Number		

Investment Property:

Property Address	City	State	Zip
Type of Property: <input type="checkbox"/> Residential Rental <input type="checkbox"/> Farm <input type="checkbox"/> Business			
Tenants:			
Name			Phone
Date Acquired	\$ Purchase Price	\$ Current Value	
Mortgage Holder	Loan #		
Title Held: <input type="checkbox"/> Individually <input type="checkbox"/> Jointly <input type="checkbox"/> Community <input type="checkbox"/> Tenants-in-common			
Name(s) of other owners	%		
Insurance Company	# Policy Number		

Property Address	City	State	Zip
Type of Property: <input type="checkbox"/> Residential Rental <input type="checkbox"/> Farm <input type="checkbox"/> Business			
Tenants: _____			
Name			Phone
	\$	\$	
Date Acquired	Purchase Price	Current Value	
Mortgage Holder		Loan #	
Title Held: <input type="checkbox"/> Individually <input type="checkbox"/> Jointly <input type="checkbox"/> Community <input type="checkbox"/> Tenants-in-common			
			%
Name(s) of other owners			Percent of Ownership
			#
Insurance Company			Policy Number

Property Address	City	State	Zip
Type of Property: <input type="checkbox"/> Residential Rental <input type="checkbox"/> Farm <input type="checkbox"/> Business			
Tenants: _____			
Name			Phone
	\$	\$	
Date Acquired	Purchase Price	Current Value	
Mortgage Holder		Loan #	
Title Held: <input type="checkbox"/> Individually <input type="checkbox"/> Jointly <input type="checkbox"/> Community <input type="checkbox"/> Tenants-in-common			
			%
Name(s) of other owners			Percent of Ownership
			#
Insurance Company			Policy Number

Property Address	City	State	Zip
Type of Property: <input type="checkbox"/> Residential Rental <input type="checkbox"/> Farm <input type="checkbox"/> Business			
Tenants: _____			
Name			Phone
	\$	\$	
Date Acquired	Purchase Price	Current Value	
Mortgage Holder		Loan #	
Title Held: <input type="checkbox"/> Individually <input type="checkbox"/> Jointly <input type="checkbox"/> Community <input type="checkbox"/> Tenants-in-common			
			%
Name(s) of other owners			Percent of Ownership
			#
Insurance Company			Policy Number

Personal Property:

Automobile (Year/Make/Model)

Title Held: ___ Individually ___ Jointly with _____

Insurance Company _____ Policy Number _____

Automobile (Year/Make/Model)

Title Held: ___ Individually ___ Jointly with _____

Insurance Company _____ Policy Number _____

Automobile (Year/Make/Model)

Title Held: ___ Individually ___ Jointly with _____

Insurance Company _____ Policy Number _____

Stocks/Mutual Funds:

Company	# Shares	\$ Current Value
<hr/>		
Date Acquired	\$ Cost Basis	

Company	# Shares	\$ Current Value
<hr/>		
Date Acquired	\$ Cost Basis	

Company	# Shares	\$ Current Value
<hr/>		
Date Acquired	\$ Cost Basis	

Company	# Shares	\$ Current Value
<hr/>		
Date Acquired	\$ Cost Basis	

Company	# Shares	\$ Current Value
<hr/>		
Date Acquired	\$ Cost Basis	

Company	# Shares	\$ Current Value
<hr/>		
Date Acquired	\$ Cost Basis	

Bonds:

Type \$ Face Amount Issue Date Maturity Date # Serial #

Type \$ Face Amount Issue Date Maturity Date # Serial #

Type \$ Face Amount Issue Date Maturity Date # Serial #

Type \$ Face Amount Issue Date Maturity Date # Serial #

Type \$ Face Amount Issue Date Maturity Date # Serial #

Type \$ Face Amount Issue Date Maturity Date # Serial #

Other Assets:

Description \$ Cost Basis Date Acquired \$ Current Value

Description \$ Cost Basis Date Acquired \$ Current Value

Description \$ Cost Basis Date Acquired \$ Current Value

Description \$ Cost Basis Date Acquired \$ Current Value

Description \$ Cost Basis Date Acquired \$ Current Value

Description \$ Cost Basis Date Acquired \$ Current Value

Trusts:

Trustee Phone

Address City State Zip

Attorney of Record Phone

 ___ Revocable ___ Irrevocable Dated \$ Estimated Value

Trustee Phone

Address City State Zip

Attorney of Record Phone

 ___ Revocable ___ Irrevocable Dated \$ Estimated Value

LOCATION OF IMPORTANT PAPERS

Vital Statistics _____

Trust Agreements _____

Last Will and Testament _____

Bonds and Securities _____

Bank Books _____

Insurance Policies _____

Business Agreements _____

Inventory of Personal Assets _____

Titles and Deeds _____

Tax Papers _____

Charitable Documents _____

Others _____

PERSONAL ADVISORS

Accountant Phone

Address

Attorney Phone

Address

Clergyperson Phone

Address

Insurance Agent Phone

Address

Investment Banker Phone

Address

Physician Phone

Address _____

FUNERAL and BURIAL INSTRUCTIONS

Funeral Home & Director _____

Phone _____

Address _____

None _____ Cemetery Plot # _____ _____ Cemetery Vault _____

Cemetery _____ Location _____

Religious Affiliation _____

Fraternal Affiliation _____

Officer _____ Phone _____

Club/Sorority Affiliations _____

Officer _____ Phone _____

Club/Sorority Affiliations _____

Officer _____ Phone _____

Designation of Memorial Gifts _____

Other Instructions _____

LAST WILL and TESTAMENT

Executor _____ Phone _____

Address _____

Guardian _____ Phone _____

Address _____

Attorney of Record _____ Phone _____

Date of Last Will _____ **Date of Codicil** _____

Comments _____

PHILANTHROPIC INTERESTS

My principal philanthropic interests are in the following organizations: _____

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