

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

His Name

Her 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

His Date of Birth

Her Date of Birth

His Place of Birth (*City, State*)

Her Place of Birth (*City, State*)

His Social Security #

Her Social Security #

His Military Service #

Her Military Service #

His Taxpayer ID # for Business

Her Taxpayer ID # for Business

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
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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 #

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	
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Current Address	City	State	Zip
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Phone

Social Security #

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

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

Grandchild's Name	Date of Birth	Place of Birth	
Current Address	City	State	Zip
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Phone			
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Social Security #			

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

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

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

Phone

Social Security #

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

Phone

Social Security #

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

Phone

Social Security #

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

Phone

Social Security #

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

Phone

Social Security #

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

Phone

Social Security #

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

Phone

Social Security #

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

Phone

Social Security #

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

Phone

Social Security #

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

Phone

Social Security #

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

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

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

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

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

Other Relative's Name	Relationship	Date of Birth	
Current Address	City	State	Zip
Phone _____			

Other Relative's Name	Relationship	Date of Birth	
Current Address	City	State	Zip
Phone _____			

Other Relative's Name	Relationship	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
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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
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Type of account: Pension Plan Profit Sharing IRA Annuity Other

Account # _____ Balance \$ _____

Beneficiary: _____

Company Name/Description

Address	City	State	Zip
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Type of account: Pension Plan Profit Sharing IRA Annuity Other

Account # _____ Balance \$ _____

Beneficiary: _____

Company Name/Description

Address	City	State	Zip
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Type of account: Pension Plan Profit Sharing IRA Annuity Other

Account # _____ Balance \$ _____

Beneficiary: _____

Company Name/Description

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

<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			
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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	%		
	Percent of Ownership		
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	%		
	Percent of Ownership		
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	%		
	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	

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
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Date Acquired	\$ Cost Basis
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Company	# Shares	\$ Current Value
----------------	-------------	---------------------

Date Acquired	\$ Cost Basis
---------------	------------------

Company	# Shares	\$ Current Value
----------------	-------------	---------------------

Date Acquired	\$ Cost Basis
---------------	------------------

Company	# Shares	\$ Current Value
----------------	-------------	---------------------

Date Acquired	\$ Cost Basis
---------------	------------------

Company	# Shares	\$ Current Value
----------------	-------------	---------------------

Date Acquired	\$ Cost Basis
---------------	------------------

Company	# Shares	\$ Current Value
----------------	-------------	---------------------

Date Acquired	\$ Cost Basis
---------------	------------------

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: _____

WHITE COUNTY COMMUNITY FOUNDATION

Affiliate of The Community Foundation of Greater Lafayette

1001 South Main Street, P.O. Box 1154

Monticello, IN 47960

(574) 583-6911