



Personal and Financial Information Worksheet

Before you consult with advisors to develop a will or estate plan it is useful to summarize your personal and financial information. By sharing this information with professional advisors you can develop an estate plan that distributes your assets according to your desires and the manner, time and amounts that you prescribe. This worksheet can be useful in providing this important information to your financial and estate planners.

I. Vital Statistics

A. Personal Information

Name: _____

Permanent address: _____

Phone: _____

Summer/winter address: _____

Phone: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Military Service Number: _____

Taxpayer Identification Number: _____

B. Marital Information

Current marital/relationship status

_____ Single _____ Married _____ Widowed _____ Divorced

_____ Separated

Name: _____

Date and Place Married: _____

Marriage Certificate Located: _____

Formerly married to: _____



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Date and Place Married: _____

Termination Papers located: _____

Comments: _____

C. Family Information*

Father's Name: _____ Year of Birth: _____

Address: _____

Mother's Name: _____

Address: _____

Children's Names, Birth Dates, Addresses:

Brothers and Sisters Names, Birth Dates, Addresses

*if a family member is deceased, list names followed by (deceased)



II. Employment and Business Interests

Employer: _____ Phone: _____

Address: _____

Date Employed: _____ Position: _____

Other business interests:

Name of Business: _____

Type: _____ Sole Proprietorship _____ Partnership _____ LLC
 _____ Closely held corporation

Value of Interest: \$ _____

Name of Business: _____

Type: _____ Sole Proprietorship _____ Partnership _____ LLC
 _____ Closely held corporation

Value of Interest: \$ _____

Disposition of business interests after death: _____



III. Financial Information

A. Banks

1) Bank: _____

Address: _____ Type

of Account: ____ Joint ____ Individual

Account Number: _____ Balance: _____

In Names of: _____

2) Bank: _____

Address: _____ Type

of Account: ____ Joint ____ Individual

Account Number: _____ Balance: _____

In Names of: _____

B. Certificates of Deposit/Money Market Certificates

1) Bank: _____ Amount: \$ _____

Type: _____ Maturity Date: _____

2) Bank: _____ Amount: \$ _____

Type: _____ Maturity Date: _____

3) Bank: _____ Amount: \$ _____

Type: _____ Maturity Date: _____

C. Retirement Benefits Pension plan/profit sharing

- Pension Plan/Profit Sharing

Description: _____



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- Deferred Compensation Plan

Payable as lump sum \$ _____ or @ \$ _____ per _____ for
 _____ Years

Stock Option, type _____

Restrictions: _____

- IRA/401(K) plan, other _____

Amount Invested: \$ _____

Type of Investments: _____

Options Available: _____

- IRA/401(K) plan, other _____

Amount Invested: \$ _____

Type of Investments: _____

Options Available: _____

- IRA/401(K) plan, other _____

Amount Invested: \$ _____

Type of Investments: _____

Options Available: _____

- Annuities

Source: _____

Investment \$ _____ Payment Terms: _____

Source: _____

Investment \$ _____ Payment Terms: _____



Comments: _____

• Other Retirement Benefits: _____

• Other Retirement Benefits: _____

Comments: _____

IV. Insurance

A. Life Insurance

• Company: _____

Face Amount: \$ _____ Policy No.: _____

Description of Policy: _____

Date of Issue: _____ Premium: _____ Due on: _____

Insured: _____ Policy Owner: _____

Beneficiaries: 1st _____ 2nd _____

Cash Value: \$ _____ Loan Outstanding: _____

Settlement Options: _____



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• Company: _____

Face Amount: \$ _____ Policy No.: _____

Description of Policy: _____

Date of Issue: _____ Premium: _____ Due on: _____

Insured: _____ Policy Owner: _____

Beneficiaries: 1st _____ 2nd _____

Cash Value: \$ _____ Loan Outstanding: _____

Settlement Options: _____

• Company: _____

Face Amount: \$ _____ Policy No.: _____

Description of Policy: _____

Date of Issue: _____ Premium: _____ Due on: _____

Insured: _____ Policy Owner: _____

Beneficiaries: 1st _____ 2nd _____

Cash Value: \$ _____ Loan Outstanding: _____

Settlement Options: _____

B. Health, Medical and other Insurance

• Hospitalization: Policy No.: _____

Company: _____



- Surgical: Policy No.: _____
Company: _____
- Major Medical: Policy No.: _____
Company: _____
- Accident and Health: Policy No.: _____
Company: _____
- General Liability: Policy No.: _____
Company: _____
- Homeowner's: Policy No.: _____
Company: _____
- Long-term Care: Policy No.: _____
Company: _____
- Automobile: Company: _____
Policy No.: _____
Description of Car: _____
Policy No.: _____
Description of Car: _____
Policy No.: _____
Description of Car: _____

V. Property

A. Residences

- Description: _____ Date Acquired: _____
Cost Basis: _____ Addition to Basis: _____



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Current Value: Land \$ _____ + Building: \$ _____

= Total \$ _____ Date: _____

Mortgagee: _____ Balance: _____

Terms: _____ Date: _____

Held: _____ Jointly _____ Community _____ Tenants in Common

Names of other owners and percent contributed by each: _____

- Description: _____ Date Acquired: _____

Cost Basis: _____ Addition to Basis: _____

Current Value: Land \$ _____ + Building: \$ _____

= Total \$ _____ Date: _____

Mortgagee: _____ Balance: _____

Terms: _____ Date: _____

Held: _____ Jointly _____ Community _____ Tenants in Common

Names of other owners and percent contributed by each: _____

B. Investment Real Estate

- Description: _____ Date Acquired: _____

Cost Basis: _____ Addition to Basis: _____

Current Value: Land \$ _____ + Building: \$ _____

= Total \$ _____ Date: _____

Mortgagee: _____ Balance: _____

Terms: _____ Date: _____



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Held: _____ Jointly _____ Community _____ Tenants in Common

Names of other owners and percent contributed by each: _____

• Description: _____ Date Acquired: _____

Cost Basis: _____ Addition to Basis: _____

Current Value: Land \$ _____ + Building: \$ _____

= Total \$ _____ Date: _____

Mortgagee: _____ Balance: _____

Terms: _____ Date: _____

Held: _____ Jointly _____ Community _____ Tenants in Common

Names of other owners and percent contributed by each: _____

C. Personal Property

Stocks and Bonds

Company	Shares	Cost Basis	Date Acquired
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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Total Cost Basis: \$ _____

Mutual Funds

Company	Shares	Cost Basis	Date Acquired
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Cost Basis: \$ _____

U.S. Bonds

Type	Face Amount	Issue Date	Maturity Date
_____	\$ _____	_____	_____
Serial No:	_____		
_____	\$ _____	_____	_____
Serial No:	_____		
_____	\$ _____	_____	_____
Serial No:	_____		
_____	\$ _____	_____	_____
Serial No:	_____		

Tangible Assets/ Collections

Type	Cost Basis	Acquired Date
_____	\$ _____	_____



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_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Trusts

- Trustee: _____ Phone: _____

Address: _____

Attorney of Record: _____ Phone: _____

Address: _____

Type of Trust: _____

___ Revocable ___ Irrevocable Estimated Value \$ _____

Retained powers, if any: _____

- Trustee: _____ Phone: _____

Address: _____

Attorney of Record: _____ Phone: _____

Address: _____

Type of Trust: _____

___ Revocable ___ Irrevocable Estimated Value \$ _____

Retained powers, if any: _____



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- Trustee: _____ Phone: _____
 Address: _____
 Attorney of Record: _____ Phone: _____
 Address: _____
 Type of Trust: _____
 ___ Revocable ___ Irrevocable Estimated Value \$ _____
 Retained powers, if any: _____

VI. Obligations

A. Accounts Receivable

- Due From: _____ Phone: _____
 Address: _____
 Amount \$ _____ Terms: _____ Due Date: _____
 Comments: _____
- Due From: _____ Phone: _____
 Address: _____
 Amount \$ _____ Terms: _____ Due Date: _____
- Comments: _____
 ___ Due From: _____ Phone: _____
 Address: _____
 Amount \$ _____ Terms: _____ Due Date: _____
 Comments: _____



B. Liabilities

- Due From: _____ Phone: _____
 Address: _____
 Amount \$ _____ Terms: _____ Due Date: _____
 Comments: _____

- Due From: _____ Phone: _____
 Address: _____
 Amount \$ _____ Terms: _____ Due Date: _____

- Comments: _____ Due
 From: _____ Phone: _____
 Address: _____
 Amount \$ _____ Terms: _____ Due Date: _____
 Comments: _____

C. Claims or Lawsuits

The following claims or lawsuits are pending: _____

Attorney of Record: _____
 Phone: _____

Attorney of Record: _____
 Phone: _____



D. Credit Cards

Company	Account Number	Line of Credit
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

VII Location of Important Papers

Vital Statistics: _____

Trust Agreements: _____

Last Will and Testament: _____

Bonds and Securities: _____

Bank Books: _____

Insurance Policies: _____

Business Agreements: _____

Inventory of Personal Property: _____

Titles and deeds: _____

Tax Papers: _____

Charitable Documents: _____



Others: _____

VIII. Personal Advisors

- Physician: _____
Address: _____
Specialty: _____ Phone: _____
- Physician: _____
Address: _____
Specialty: _____ Phone: _____
- Clergy Person: _____
Address: _____
Phone: _____
- Attorney: _____
Address: _____
Phone: _____
- Accountant: _____
Address: _____
Phone: _____
- Insurance Agent: _____
Address: _____
Phone: _____
- Trust Officer: _____



Address: _____

Phone: _____

- Investment Broker: _____

Address: _____

Phone: _____

- Tax Consultant: _____

Address: _____

Phone: _____

- Other: _____

Address: _____

Phone: _____

IX. Philanthropic Interests

My Principal Philanthropic interests are in the following organizations:

Notes to Executor: _____



X. Last Will and Testament

- Executor under will: _____

Address: _____

Phone: _____

Alternate: _____ Phone: _____

Address: _____

- Guardian/Conservator: _____

Address: _____

Phone: _____

Alternate: _____ Phone: _____

Address: _____

- Trustee: _____

Address: _____

Phone: _____

Date of last will: _____ Codicil

- Attorney of Record: _____

Phone: _____

