

## THE WHEREABOUTS OF MY FINANCES

Name	Social Security #	Birth Date	
Address			
MY FINANCIAL ADVISORS			
Name	Address	Phone Number	
Attorney			
Accountant			
Stockbroker			
Banker			
Life Ins. Agent			
Other Ins. Agents			
Financial Planner			
Other			
IMPORTANT PROPERTY OR PAPERS			
Name or Number	Location		
Safe-Deposit Box			
Other Person with Access			
Key to Safe-Deposit Box			
Auto Titles			
Antiques			
Stamps & Coins			
Jewelry (Valuable)			
Birth Certificate			
Marriage Certificate			
Military Discharge Papers			
Citizenship Papers			
Divorce Decree			
Income Tax Returns for Past 3 Yrs.			
Passport			
Employment Contract with			
Funeral Plot			
Other			
ACCOUNTS			
Type	Location	Institution & Address	Account #
Checking			
Savings			
Money Market (Fund/Acct)			
Retirement Accts (IRA's, KEOGH'S)			

Uniform Gift to Minors Accounts for			
Child			
Child			
Child			
Child			
Trusts			

**MUTUAL FUNDS**

Name	Location	Date Bought	Purchase Price

**STOCKS**  
(Don't forget dividend reinvestment, if applicable)

Name of Company	Location of Certificates	Number of Shares	Date Bought	Purchase Price

**BONDS**  
(Corporate, Municipal & Federal)

Name of Issuer	Location of Bonds	Face Amount	Date Bought	Purchase Price	Date Due

**CERTIFICATES OF DEPOSIT**  
(CD's)

Name of Issuer	Location of CD's	Date Bought	Purchase Price	Date Due

**REAL ESTATE**  
(Residential & Investment)

Location	Location of Deed & Important Papers	Date Bought	Purchase Price

<b>DEBT</b> (Mortgages, Auto, Education, Life Insurance, Home Improvement & Personal Loans)			
Lender	Location of Related Papers	Type of Loan	Account #
<b>CREDIT CARDS</b>			
Name of Card & Issuer	Where Kept	Number of Card	Phone # to Report Stolen Card
<b>WILL</b>			
Attorney Who Drew Up Will	Location of Original	Location of Copies	Date of Will
Attorney Who Drew Up Codicils	Location of Original	Location of Copies	Date of Codicils
<b>LIFE INSURANCE POLICIES</b>			
Issuing Company	Location of Policy	Policy #	Face Value
<b>OTHER INSURANCE POLICIES</b>			
Issuing Company	Location of Policy	Policy #	
Home			
Auto			
Medical			
Disability			
Hospital			
Annuity			
<b>PENSIONS</b> (Note your 401 K's here)			
Company	Location of Related Papers	Amount	Date Payable
<b>BUSINESS INTEREST</b>			
Company Name	Location of Related Papers	Location of Business	% of Ownership

**FAMILY TREE**

(List family members who are impacted by estate plan)

Name	Address	Phone #