

PERSONAL AND FINANCIAL ORGANIZER

Organizer completion date: _____

Cell Phone: _____

CLIENT INFORMATION

**** Please PRINT legibly ****

Spouse Cell Phone: _____

Home Phone: _____

☐ Married ☐ Single ☐ Divorced ☐ Widowed*

* date of death: _____

* please provide all information for both spouses

Your Legal Name (Self) _____

Spouse Legal Name (if applicable) _____

Street Address _____

City _____ State _____ Zip _____

Your Email Address _____

Spouse Email Address _____

Your Employer _____

Your Occupation _____

Spouse Employer _____

Spouse Occupation _____

	<u>Self</u>	<u>Spouse</u> (if applicable)
Gender (please circle)	M / F	M / F
Social Security #		
Date of Birth		
U.S. Citizen	Yes No	Yes No
Expect to receive money or other assets from (circle all that apply)	Gift Inheritance Lawsuit Other	Gift Inheritance Lawsuit Other
If so, approximately How much?	\$	\$

Who referred you to our office? _____

Have you or your spouse ever served in the U.S. Military? Yes ☐ No ☐

If yes, name and date of entry into service: _____ Branch of Service: _____

Did you or your spouse serve in Vietnam or 30 days at Camp Lejeune? (Circle which one) Yes ☐ No ☐

Circle the existing legal documents you have: **Power of Attorney** **Trust** **Last Will and Testament**

ABOUT YOUR CHILDREN – MUST COMPLETE ACCURATELY ** *Please PRINT legibly* **

1. _____
Legal Name _____ Date of Birth _____
Street Address _____ Phone # _____
City/State Zip _____
Email Address _____
☐ Single ☐ Legally Adopted
☐ Married ☐ Special Needs
Related To:
☐ You Only ☐ Spouse Only ☐ Both
2. _____
Legal Name _____ Date of Birth _____
Street Address _____ Phone # _____
City/State/Zip _____
Email Address _____
☐ Single ☐ Legally Adopted
☐ Married ☐ Special Needs
Related To:
☐ You Only ☐ Spouse Only ☐ Both
3. _____
Legal Name _____ Date of Birth _____
Street Address _____ Phone # _____
City/State/Zip _____
Email Address _____
☐ Single ☐ Legally Adopted
☐ Married ☐ Special Needs
Related To:
☐ You Only ☐ Spouse Only ☐ Both
4. _____
Legal Name _____ Date of Birth _____
Street Address _____ Phone # _____
City/State/Zip _____
Email Address _____
☐ Single ☐ Legally Adopted
☐ Married ☐ Special Needs
Related To:
☐ You Only ☐ Spouse Only ☐ Both
5. _____
Legal Name _____ Date of Birth _____
Street Address _____ Phone # _____
City/State/Zip _____
Email Address _____
☐ Single ☐ Legally Adopted
☐ Married ☐ Special Needs
Related To:
☐ You Only ☐ Spouse Only ☐ Both
6. _____
Legal Name _____ Date of Birth _____
Street Address _____ Phone # _____
City/State/Zip _____
Email Address _____
☐ Single ☐ Legally Adopted
☐ Married ☐ Special Needs
Related To:
☐ You Only ☐ Spouse Only ☐ Both

Do you have any deceased children? Yes No

Name(s)

FINANCIAL INFORMATION

Name of your financial advisor and phone number: _____

1. Do you own a **home** or any **other real estate (land or time share)**?

Address/City/State/County	Titled in whose name	Purchase Price	Current Value	(-) Mortgage	(=) Equity

Total value = \$

2. Do you own any **other titled property** such as a car, boat, etc.?

Description: Year/Make/Model	Titled in whose name	Current Value	(-) Loan	Mileage

Total value = \$

3. Do you have any **bank accounts, interest bearing** and/or **CDs**? (US Bank, Bank of America, etc.)

Name of Institution	Account Number (last 4 digits)	Titled in whose name	Type of acct.	Approx. Balance

Total value = \$

4. Do you own any **investment accounts, annuities, stocks, bonds or mutual funds** (including company stock)? (Edward Jones, Fidelity, etc.)

# Shares	Description	Account Number	Titled in whose name	Purchase Price	Current Value

Total Value = \$

5. Do you have any **profit sharing, IRAs, or retirement plans?** (401K)

Description/Location	Owner	Beneficiary	Current Value

Total Value = \$

6. Do you or your spouse own a **business** or have any **partnership interests?**

Description & Location	Type of Ownership	Purchase Price	Current Value

Total Value = \$

7. Do you have any **life insurance policies?**

Name of Company	Policy Owner	Insured	1 st Beneficiary	Cash Surr. Val.	Death Benefit

Total Value = \$

8. Do you have any **funeral contracts** and/or **cemetery lots**?

Name of Insured	Funeral Home	Policy/Contract #	Revocable/Irrevocable

9. Do you have any **long-term care insurance, health insurance, prescription drug (Part D), etc.**?

Name of Company	Insured	Premium

Total Value = \$

10. Does anyone **owe** you money? If **yes**, is there a **written agreement**? Status of **repayment**?

Description	Written Agreement (Y/N)	Status of Repayment

Total Value = \$

11. Do you have any **special items of value** such as coin collections, antiques, jewelry, etc.?

Description	Approx. Value

Total Value = \$

12. What is the approximate total value of all your remaining **personal property** – whatever you own that has not been included above? (clothes, furniture, etc.) *Just estimate a garage/estate sale value* \$ _____

13. Do you have any **debts** other than mortgage(s) and loans listed above (credit cards, personal loans, etc.)?

Description	Amount Owed
Total Value = \$	

14. Has anyone in your home **sold** or **given** any money, vehicles, property or any other resources within the last **five years**?

Description	Amount
Total Value = \$	

15. Total value of everything you (and your spouse) own (add totals of lines 1 thru 12 above) \$_____

16. Total amount you (and your spouse) owe (total of lines 13 & 14 above) - \$_____

17. Subtract (-) line 16 from line 15 **NET ESTATE** = \$_____

18. Do you have a **safe deposit box**?

Location & Contents of box	Titled in whose name

CURRENT INCOME INFORMATION

Source (Soc. Security, Pensions, etc.)	Self / Spouse	Monthly Amount

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface. There is no handwriting or other markings on the paper.

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