



## Family Financial Record

### Husband

Full Name:	Social Security Number:
Address:	
Phone Number (Home):	(Work)
Email:	
Date of Birth:	U.S. Citizen?
Employer:	Annual Salary: \$

### Wife

Full Name:	Social Security Number:
Address:	
Phone Number (Home):	(Work)
Email:	
Date of Birth:	U.S. Citizen?
Employer:	Annual Salary: \$

### Marriage:

Maiden Name (if applicable):	Date of Marriage:
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### Military Service:

Service Number:
VA Claim Number:
Location of Discharge Papers:

**Children:**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Children:**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Children:**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Children:**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Children:**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Children:**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Grandchildren:**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Grandchildren:**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Grandchildren:**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Grandchildren:**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Grandchildren:**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Grandchildren:**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Marital Status: \_\_\_\_\_

# General Information

## Social Security Benefits:

Husband:

Wife:

## Religious Memberships:

Husband:

Wife:

## Schools Attended / Degrees:

Husband:

Wife:

## Memberships:

Husband

Wife

Name and Address of Organization:

Membership Number:

Death Benefits:

Name and Address of Organization:

Membership Number:

Death Benefits:

## Tax Records:

Locations of returns:

Name & phone number of tax preparer:

## Additional General Info:

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# Financial Information

Name & phone number of investment consultant (s):

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Marketable securities (stocks, bonds, mutual funds)\*

Name, Rate, Maturity	No of Shares/Face Value	Date of Purchase	Cost at Purchase
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\* A copy of current investment statements may be included in lieu of listing each asset.

**Checking Accounts:**

Name and Branch	Account Number	Name(s) on Account

**Savings Accounts:**

Name and Branch	Account Number	Name(s) on Account

**Safety Deposit Boxes and Safes:**

Location	Box No.	Location of Key/Combination	Held Jointly With

**Retirement Accounts (Pension, Profit Sharing, 401(k), IRA, etc.):**

Name and Branch	Acct. No.	Acct. Type	Years of 100% Vesting	Beneficiary

**Real Estate:**

Location:

Acquisition Date:

Acquisition Value:

Name(s) on Deed:

Current Value:

Appraised: Yes No

If Yes, by whom, when, and appraised value:

Restriction & Agreements:

Improvements:

Insurance Coverage (Include name of agent)

Mortgage (name, address, account number, balance:

**Real Estate:**

Location:

Acquisition Date:

Acquisition Value:

Name(s) on Deed:

Current Value:

Appraised: Yes No

If Yes, by whom, when, and appraised value:

Restriction & Agreements:

Improvements:

Insurance Coverage (Include name of agent)

Mortgage (name, address, account number, balance:

**Real Estate:**

Location:

Acquisition Date:

Acquisition Value:

Name(s) on Deed:

Current Value:

Appraised: Yes No

If Yes, by whom, when, and appraised value:

Restriction & Agreements:

Improvements:

Insurance Coverage (Include name of agent)

Mortgage (name, address, account number, balance:

**Limited Partnerships:**

Name and Address:

Investment Interest:

**Automobiles:**

Make: Model:

Year: Title Owner:

Make: Model:

Year: Title Owner:

Make: Model:

Year: Title Owner:

Make: Model:

Year: Title Owner:

**Major Household Goods, Antiques, and Special Collections:**

Item	Estimated Value
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**Jewelry and Furs:**

Item	Estimated Value
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**Miscellaneous Personal Property:**

Property:

Name and Address of Personal Property Insurer:

Does insurer have property inventory: Yes No

Property:

Name and Address of Personal Property Insurer:

Does insurer have property inventory: Yes No

Property:

Name and Address of Personal Property Insurer:

Does insurer have property inventory: Yes No

**Life insurance, Long-Term Care Insurance, and Annuities:**

Name and Address of Company:

Name and Address of Agent:

Policy Owner:

Policy Number:

Date Issued:

Policy Type (Whole, Term, etc.)

Face Value:

Policy Loan? Yes No

If Yes, When and Amount?

Primary Beneficiary:

Secondary Beneficiary:

Location of Policies:

**Life insurance, Long-Term Care Insurance, and Annuities:**

Name and Address of Company:

Name and Address of Agent:

Policy Owner:

Policy Number:

Date Issued:

Policy Type (Whole, Term, etc.)

Face Value:

Policy Loan? Yes No

If Yes, When and Amount?

Primary Beneficiary:

Secondary Beneficiary:

Location of Policies:

**Life insurance, Long-Term Care Insurance, and Annuities:**

Name and Address of Company: \_\_\_\_\_

Name and Address of Agent: \_\_\_\_\_

Policy Owner: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Policy Type (Whole, Term, etc.) \_\_\_\_\_ Face Value: \_\_\_\_\_

Policy Loan? Yes No \_\_\_\_\_ If Yes, When and Amount? \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Secondary Beneficiary: \_\_\_\_\_

Location of Policies: \_\_\_\_\_

\_\_\_\_\_

**Life insurance, Long-Term Care Insurance, and Annuities:**

Name and Address of Company: \_\_\_\_\_

Name and Address of Agent: \_\_\_\_\_

Policy Owner: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Policy Type (Whole, Term, etc.) \_\_\_\_\_ Face Value: \_\_\_\_\_

Policy Loan? Yes No \_\_\_\_\_ If Yes, When and Amount? \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Secondary Beneficiary: \_\_\_\_\_

Location of Policies: \_\_\_\_\_

\_\_\_\_\_

**Life insurance, Long-Term Care Insurance, and Annuities:**

Name and Address of Company: \_\_\_\_\_

Name and Address of Agent: \_\_\_\_\_

Policy Owner: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Policy Type (Whole, Term, etc.) \_\_\_\_\_ Face Value: \_\_\_\_\_

Policy Loan? Yes No \_\_\_\_\_ If Yes, When and Amount? \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Secondary Beneficiary: \_\_\_\_\_

Location of Policies: \_\_\_\_\_

\_\_\_\_\_

**Business Interests:**

Name and Address of Business: \_\_\_\_\_

Nature of Interests: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

Buy/Sell Stock Purchase Agreement? Yes No Retirement Agreement? Yes No

Are agreements funded? Yes No Defined Compensation? Yes No

**Life Insurance Related to Business Interests:**

Insured: \_\_\_\_\_

Face Amount: \_\_\_\_\_ Purpose: \_\_\_\_\_

Cash Value: \_\_\_\_\_ Location of Policy: \_\_\_\_\_

Insured: \_\_\_\_\_

Face Amount: \_\_\_\_\_ Purpose: \_\_\_\_\_

Cash Value: \_\_\_\_\_ Location of Policy: \_\_\_\_\_

**Debts – Personal:**

Name, Address & Phone of Creditor	Acct. No.	Names on Acct.	Balance

**Debts – Business:**

Name, Address & Phone of Creditor	Acct. No.	Names on Acct.	Balance

**Estate Information**

**Will Information - Husband:**

Date of last will \_\_\_\_\_ Location of Will \_\_\_\_\_

Name of executor(s) \_\_\_\_\_

Name and address of attorney who prepared the will \_\_\_\_\_

**Power of Attorney - Husband:**

Name and address of person(s) appointed \_\_\_\_\_

Location of additional copies \_\_\_\_\_

Does agent have a copy? Yes No \_\_\_\_\_ Power of Attorney for: healthcare property \_\_\_\_\_

**Will Information - Wife:**

Date of last will \_\_\_\_\_ Location of Will \_\_\_\_\_

Name of executor(s) \_\_\_\_\_

Name and address of attorney who prepared the will \_\_\_\_\_

**Power of Attorney - Wife:**

Name and address of person(s) appointed \_\_\_\_\_

Location of additional copies \_\_\_\_\_

Does agent have a copy? Yes No \_\_\_\_\_ Power of Attorney for: healthcare property \_\_\_\_\_

**Living Trusts:**

When Established: \_\_\_\_\_

Name & Address of Trustee: \_\_\_\_\_

Location of Trust Document: \_\_\_\_\_

Attorney who prepared trust \_\_\_\_\_

**Other Trusts for which you are Maker, Beneficiary, or Remainderman:**

When Established:

Name & Address of Trustee:

Beneficiaries:

Remaindermen:

Location of Trust Document:

Attorney who prepared trust

**Burial and Administration Direction Husband:**

Location of Cemetery or Moratorium:

Right to or title in burial lot:

Name and address of preferred funeral director:

Special Instructions for funeral/burial:

Burial Account:

Name and address of preferred attorney:

Name and address of real estate agent:

Name and address of preferred auctioneer:

Additional Notes:

**Burial and Administration Direction Wife:**

Location of Cemetery or Moratorium:

Right to or title in burial lot:

Name and address of preferred funeral director:

Special Instructions for funeral/burial:

Burial Account:

Name and address of preferred attorney:

Name and address of real estate agent:

Name and address of preferred auctioneer:

Additional Notes:

**Gifts:** List all gifts valued in excess of \$10,000 (or current indexed gift tax exclusion amount) that you have given within the last 3 years. Do not include gifts to your spouse. Update on a regular basis. Include name of custodian for UTMA (Uniform Transfers to Minors Act) accounts (if any):

Date of Gift	Name of Recipient.	Value of Gift

Have you used or claimed any portion of your Federal Unified Credit for Estate and Gift?    Yes    No

Have you used or claimed any portion of your Federal Generation Skipping Tax Exclusion?    Yes    No

If yes to either, provide dates, amounts, nature of transfer, and location of relevant documents.

**Additional Comments:**

Date this document prepared: \_\_\_\_\_ Date(s) modified or reviewed: \_\_\_\_\_



**Tennessee Turns To Us**