

PERSONAL AND FINANCIAL ORGANIZER

SECTION 1 GENERAL INFORMATION	Cell Phone(s): _____ Home Phone: _____ Date: _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Email: _____
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	<u>CLIENT</u>	<u>CLIENTS SPOUSE</u>
Your Legal Name (CLIENT)	Social Security # _____	_____
Spouse's Legal Name (CLIENTS SPOUSE)	Date of Birth: _____	_____
Street Address	U. S. Citizen? _____	_____
County of residence	Currently have Will Yes No	Yes No
City	or Trust? If so, give Yr. _____	Yr. _____
State Zip	year & state in which State _____	State _____
Your Employer	prepared	
Address	Expect to receive money Gift	Gift
Your Occupation	or other assets from Inheritance	Inheritance
Spouse's Employer	(circle all that apply) Lawsuit	Lawsuit
Address	Other	Other
Spouse's Occupation	If so, approximately how much? \$ _____	\$ _____
Work Phone	Do you and your spouse have a pre-nup? Yes No	Yes No
Work Phone	Are you a Veteran Yes No	Yes No

SECTION 2 ABOUT YOUR CHILDREN # of children _____ # of grandchildren _____

1. _____ Legal name _____ Date of Birth _____ Goes by _____ Gender _____ Street address _____ City _____ State _____ Zip _____ Phone _____	<input type="checkbox"/> _____'s child only <input type="checkbox"/> Joint child <input type="checkbox"/> Natural <input type="checkbox"/> Legally adopted Spouse's name _____ <input type="checkbox"/> Disabled <input type="checkbox"/> receiving govt benefits
2. _____ Legal name _____ Date of Birth _____ Goes by _____ Gender _____ Street address _____ City _____ State _____ Zip _____ Phone _____	<input type="checkbox"/> _____'s child only <input type="checkbox"/> Joint child <input type="checkbox"/> Natural <input type="checkbox"/> Legally adopted Spouse's name _____ <input type="checkbox"/> Disabled <input type="checkbox"/> receiving govt benefits
3. _____ Legal name _____ Date of Birth _____ Goes by _____ Gender _____ Street address _____ City _____ State _____ Zip _____ Phone _____	<input type="checkbox"/> _____'s child only <input type="checkbox"/> Joint child <input type="checkbox"/> Natural <input type="checkbox"/> Legally adopted Spouse's name _____ <input type="checkbox"/> Disabled <input type="checkbox"/> receiving govt benefits
Grandchildren (names and ages) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	<input type="checkbox"/> Disabled <input type="checkbox"/> receiving govt benefits

SECTION 3 FINANCIAL INFORMATION	Financial Planner: _____
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1. Do you own a home or any other real estate?

Description and Location	Titled in whose name	Purchase Price	Current Value	(-) mortgage	(=) Equity

Total Net Value = _____

2. Do you own any other titled property such as a car, boat, trailer, RV, jets skis, etc.?

Description	Titled in whose name	Current Value		

Total Net Value = _____

3. Do you have a Safety Deposit Box?

Location	Titled in whose name	Value

Total Net Value = _____

4. Do you have any checking accounts & saving accounts

Name of Institution	Account Number	Titled in whose name	Approx balance

Total Net Value = _____

5. Do you own any CD's, Mutual Funds, stocks, bonds or mutual funds, investments (including company stock)

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

Total Net Value = _____

6. Income: _____ Social Security: _____ Retirement: _____
 Pension: _____ Spousal Benefit: _____

7. Do you have any IRAs, 401ks, 403B, Investments

Description/Location	Beneficiary	Current Value

Total Net Value = _____

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

Description	Type of ownership	Purchase Price	Current Value

Total Net Value = _____

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

Name of Company	Policy Owner	1 st Beneficiary	2 nd Beneficiary	Death Benefit

Total Net Value = _____

10. Do you have **Long Term Care Insurance**?

Name of Company	Daily Benefit	Yearly Max	How Long?	Cash Value	Death Benefit

Total Net Value = _____

11. Does anyone owe you money?

Description	Approx. Value

Total Net Value = _____

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

Do you own guns?

Description	Approx. Value

Total Net Value = _____

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

	Amount Owed

Total Net Value = _____

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

15. Total amount you (and your spouse) owe (total line 13 above). \$ _____

16. Subtract line 14 from line 13. **NET ESTATE=** \$ _____

Organizations/Charities/Churches I/We currently support:

- Name: _____ donation amt. \$ _____ yearly monthly weekly
- Name: _____ donation amt. \$ _____ yearly monthly weekly
- Name: _____ donation amt. \$ _____ yearly monthly weekly
- Name: _____ donation amt. \$ _____ yearly monthly weekly
- Name: _____ donation amt. \$ _____ yearly monthly weekly
- Name: _____ donation amt. \$ _____ yearly monthly weekly
- Name: _____ donation amt. \$ _____ yearly monthly weekly