



Personal & Financial Information

Names: _____ Date: _____

Address: _____ City: _____ St: _____ Zip: _____

Husband

Wife

Dates of Birth: _____

Social Security Numbers: _____

Employer & Address: _____

Parents Names/ Age: _____

Brothers/Sisters: _____

Immediate Family Information

Name/Relationship	Address	Ph#	SSN#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Important Names

Name/Relationship	Address	Ph#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Will and/or Trust

Location of Will or Trust: _____

Person designated to carry out its provisions: _____ Ph #: _____

If that person cannot or will not serve, the alternate is: _____ Ph #: _____

Attorney: _____ Ph#: _____

Accountant: _____ Ph#: _____

Income Benefits

Company Benefits (Description): _____

Contact: _____ Ph#: _____

Social Security Benefits:

Husband and wife's SSN#s: _____

To receive Social Security benefits, go in person to the local Social Security office. Take the Social Security card, death certificate, birth certificate, marriage certificate and birth certificates for each child.

Veteran's Benefits

Branch of Service: _____ Service Number: _____

Length of service: _____ From: _____ Until: _____ Rank: _____

Information: _____



Insurance Coverage

Insurance Company: _____ Policy #: _____

Person Insured: _____ Beneficiaries: _____

Insurance Company: _____ Policy #: _____

Person Insured: _____ Beneficiaries: _____

Insurance Company: _____ Policy #: _____

Person Insured: _____ Beneficiaries: _____

Insurance Company: _____ Policy #: _____

Person Insured: _____ Beneficiaries: _____

Other Insurance

Insurance Company: _____ Policy #: _____

Type of Insurance: _____ Information: _____

Insurance Company: _____ Policy #: _____

Type of Insurance: _____ Information: _____

Insurance Company: _____ Policy #: _____

Type of Insurance: _____ Information: _____

Insurance Company: _____ Policy #: _____

Type of Insurance: _____ Information: _____

Property Owned

Description	Address
_____	_____
_____	_____
_____	_____



Investments

Company	Account #	Product
_____	_____	_____

Contact Information: _____

Company	Account #	Product
_____	_____	_____

Contact Information: _____

Company	Account #	Product
_____	_____	_____

Contact Information: _____

Company	Account #	Product
_____	_____	_____

Contact Information: _____

Funeral Instructions

Funeral Home: _____ Ph#: _____

Address: _____

Burial Place: _____

Instructions: _____

Memorial gifts to be given to the following organizations:

_____ Address: _____ Ph#: _____

_____ Address: _____ Ph#: _____



Budget Worksheet

Total Monthly Income: _____

Salary: _____

Other, _____: _____

Other, _____: _____

Less:

1. Giving/Donations: _____

2. Taxes (est. income, etc.) _____

Net Income to Spend: _____

3. Housing: _____

Mortgage (rent) _____

Insurance: _____

Taxes: _____

Utilities: _____

Telephone: _____

Maintenance: _____

Other _____: _____

Other _____: _____

4. Food _____

5. Short-term Savings: _____

6. Automobile (s): _____

Payments: _____

Gas & oil: _____

Insurance: _____

License/Taxes: _____

Maint./repair: _____

Replacement: _____

7. Insurance: _____

Life: _____

Medical: _____

Other: _____

Other: _____

8. Medical: _____

Doctor: _____

Dentist: _____

Prescriptions: _____

9. Debts: _____

Credit Card: _____

Loans: _____

Other: _____

10. Clothing: _____

11. Miscellaneous: _____

Toiletries: _____

Beauty/barber: _____

Laundry: _____

Subscriptions: _____

Gifts (all): _____

Allowances: _____

Other _____: _____

Other _____: _____

12. School/Child Care: _____

Tuition: _____

Materials: _____

Day Care: _____

Other: _____

13. Entertainment & Recreation: _____

Eating out: _____

Activities: _____

Vacation: _____

Other: _____

14. Investments: _____

Total Expenses: _____

Income vs. Expenses

Net Income to Spend: _____

Less Expenses: _____

Surplus Income: _____



Financial Assets Worksheet

Assets

Home equity: _____

Vehicle value: _____

Vehicle value: _____

Home furnishings value: _____

Personal property value: _____

Life insurance cash value: _____

Savings: _____

Investment: _____

Investment: _____

Investment: _____

Other assets: _____

Other assets: _____

Total Assets: _____

Liabilities

Amount owed on home: _____

Amount owed on vehicle: _____

Amount owed on vehicle: _____

Credit card debt: _____

Credit card debt: _____

Other debt: _____

Other debt: _____

Other debt: _____

Short term liabilities: _____

Total Liabilities: _____

Total Assets – Total Liabilities = Net Worth _____