Personal Finance & Estate Organizer

For

[name] _____

[spouse's name] _____

[address] _____

[city, state ZIP] _____

ORGANIZING YOUR PERSONAL FINANCES

This Personal Finance & Estate Organizer was designed to help you answer the following questions. It will definitely make the job easier for anyone else who needs to manage or settle your affairs. But, more importantly, it will help you manage your own affairs more easily, with greater peace-of-mind.

Are your financial records in order?

Are your ownership and account documents easy to find?

Who are your professional advisors?

What if your wallet or purse was stolen?

Which credit card companies would you notify?

What are their phone numbers?

What if you are in a serious accident tomorrow? Could someone step in and handle your daily affairs while you recovered?

What if you should die tomorrow? Could your spouse or heirs easily settle your estate? Or, will they find a jumble of unorganized papers scattered throughout your house? At your attorney's or accountant's office? In your safe deposit box?

This organizer is very comprehensive; not every page may apply to you. Don't try to complete it all at once. Relax and take your time. Use a pencil so you can easily make changes as they occur. We recommend that you update it at least once each year. The data in this document is extremely sensitive and should be kept in a place that is both secure and accessible to your executor or heirs.

Please Note: ***This document is not intended to replace your will or other estate planning documents.***

Table of Contents

Location of Essential Documents

Location of Safe Deposit Box:

_____
_____

Location of Safe Deposit Box Key(s):

_____
_____

Location of Tax Records:

_____
_____

Location of Wills, Trusts, Powers of Attorney and Medical Documents:

_____
_____

Location of Birth Certificates:

_____
_____

Location of Marriage License:

_____
_____

Location of Military Records:

_____
_____

Location of Social Security Cards:

_____
_____

Location of Court Judgments:

_____
_____

Location of Bank Records:

_____
_____

Other:

_____
_____
_____

Location of Miscellaneous Personal Papers:

_____
_____
_____
_____
_____
_____
_____

Your Personal Data

Full Name _____

Date and Place of Birth _____ ***Social Security #*** _____

Legal Residence Address _____

_____ ***How Long?*** _____

Prior Address _____

_____ ***From*** _____ ***To*** _____

Date and Place of Marriage _____

Date and Place of Previous Divorce _____

Former Spouse's Name and Address

_____

_____

Father's Name _____ ***Date of Birth*** _____ ***Deceased?***_____

Mother's Name _____ ***Date of Birth*** _____ ***Deceased?***_____

Mother's Maiden Name _____

Children

Name	*Date of Birth*	*Social Security#*

Brothers and Sisters

Name	*Date of Birth*	*Name*	*Date of Birth*

Religious Affiliation _____

Memberships (Fraternal, Service and Social Organizations, Unions, Clubs, Etc.):

MILITARY SERVICE

Branch _____ *Service Number* _____ *Date of Enlistment* _____

Rank at Discharge _____ *Date of Discharge* _____

EDUCATION

Schools Attended	*From*	*To*	*Degrees, Diplomas, Honors, Etc*

EMPLOYMENT

Current Employer _____ *Date From* _____
Address _____ *Date To* _____
Employee ID Number _____*Job Title* _____
List Benefits Due _____
_____ *Location of Documents* _____
_____

Previous Employer _____ *Date From* _____
Address _____ *Date To* _____
Employee ID Number _____*Job Title* _____
List Benefits Due _____
_____ *Location of Documents* _____
_____

Previous Employer _____ *Date From* _____
Address _____ *Date To* _____
Employee ID Number _____*Job Title* _____
List Benefits Due _____
_____ *Location of Documents* _____
_____

Previous Employer _____ *Date From* _____
Address _____ *Date To* _____
Employee ID Number _____*Job Title* _____
List Benefits Due _____
_____ *Location of Documents* _____
_____

Your Funeral and Burial Instructions

Person to Conduct Service: Name _____

Address _____ *Phone* _____

Or, if he or she is Not Available: Name _____

Address _____ *Phone* _____

Desired Funeral Home or Mortuary: Name _____

Address _____ *Phone* _____

Service to be held at: Funeral Home or Mortuary? _____ *Church, Synagogue or Mosque?* _____

If Church, Synagogue or Mosque: Name _____

Address _____ *Phone* _____

Type of Service: Family Only? _____ *Include Friends?* _____ *Open to Public?*_____

Music: Organist? _____ *Vocalist?* _____ *If either is YES, Please list selections* _____

_____

_____

Disposition of body: Burial? _____ *Cremation?* _____

Did you purchase a prepaid funeral plan? _____ *If YES, #*_____

At: Name of Funeral Home or Mortuary _____

Address _____ *Phone* _____

Did you purchase a: Cemetery Lot? _____ *Mausoleum Crypt?* _____ *Columbarium Vault?* _____

If YES, Name _____

Address _____ *Phone* _____

Lot Number _____ *Block Number* _____ *Section* _____

If Burial, Casket Viewing: Open? _____ *Closed?* _____

If Cremation, does he/she want ashes scattered? _____ *If YES, Where* _____

_____

Donate Organs or Body? _____ *If YES, Which* _____

To What Institution or Hospital _____

Address _____ *Phone* _____

Please remember that the institution or hospital must be contacted immediately.

Instead of flowers, please make donations to the following organization(s)

_____

_____

Other special requests (type of casket, Bible passages to be read, clothing, etc.)

_____

_____

_____

_____

Spouse's Personal Data

Full Name _____

Date and Place of Birth _____ *Social Security #* _____

Legal Residence Address _____

_____ *How Long?* _____

Prior Address _____

_____ *From* _____ *To* _____

Date and Place of Marriage _____

Date and Place of Previous Divorce _____

Former Spouse's Name and Address _____

_____

Father's Name _____ *Date of Birth* _____ *Deceased?*_____

Mother's Name _____ *Date of Birth* _____ *Deceased?*_____

Mother's Maiden Name _____

Children

Name	*Date of Birth*	*Social Security#*

Brothers and Sisters

Name	*Date of Birth*	*Name*	*Date of Birth*

Religious Affiliation _____

Memberships (Fraternal, Service and Social Organizations, Unions, Clubs, Etc.):

MILITARY SERVICE

Branch _____ Service Number _____ Date of Enlistment _____

Rank at Discharge _____ Date of Discharge _____

EDUCATION

Schools Attended	*From*	*To*	*Degrees, Diplomas, Honors, Etc*

EMPLOYMENT

Current Employer _____ Date From _____
Address _____ Date To _____
Employee ID Number _____Job Title _____
List Benefits Due _____
_____ Location of Documents _____
_____

Previous Employer _____ Date From _____
Address _____ Date To _____
Employee ID Number _____Job Title _____
List Benefits Due _____
_____ Location of Documents _____
_____

Previous Employer _____ Date From _____
Address _____ Date To _____
Employee ID Number _____Job Title _____
List Benefits Due _____
_____ Location of Documents _____
_____

Previous Employer _____ Date From _____
Address _____ Date To _____
Employee ID Number _____Job Title _____
List Benefits Due _____
_____ Location of Documents _____
_____

Spouse's Funeral and Burial Instructions

Person to Conduct Service: Name _____

Address _____ *Phone* _____

Or, if he or she is Not Available: Name _____

Address _____ *Phone* _____

Desired Funeral Home or Mortuary: Name _____

Address _____ *Phone* _____

Service to be held at: Funeral Home or Mortuary? _____ *Church, Synagogue or Mosque?* _____

If Church, Synagogue or Mosque: Name _____

Address _____ *Phone* _____

Type of Service: Family Only? _____ *Include Friends?* _____ *Open to Public?*_____

Music: Organist? _____ *Vocalist?* _____ *If either is YES, Please list selections* _____

_____

_____

Disposition of body: Burial? _____ *Cremation?* _____

Did spouse purchase a prepaid funeral plan? _____ *If YES, #*_____

At: Name of Funeral Home or Mortuary _____

Address _____ *Phone* _____

Did spouse purchase a: Cemetery Lot? _____ *Mausoleum Crypt?* _____ *Columbarium Vault?* _____

If YES, Name _____

Address _____ *Phone* _____

Lot Number _____ *Block Number* _____ *Section* _____

If Burial, Casket Viewing: Open? _____ *Closed?* _____

If Cremation, does he/she want ashes scattered? _____ *If YES, Where* _____

_____

Donate Organs or Body? _____ *If YES, Which* _____

To What Institution or Hospital _____

Address _____ *Phone* _____

Please remember that the institution or hospital must be contacted immediately.

Instead of flowers, please make donations to the following organization(s)

_____

_____

Other special requests (type of casket, Bible passages to be read, clothing, etc.)

_____

_____

_____

_____

Family Advisors

Attorney:
*Name*_____
Address _____
_____
Phone _____

Accountant or Tax Preparer:
*Name*_____
Address _____
_____
Phone _____

Financial Planner:
*Name*_____
Address _____
_____
Phone _____

Investment or Stock Broker:
*Name*_____
Address _____
_____
Phone _____

Investment or Stock Broker:
*Name*_____
Address _____
_____
Phone _____

Investment or Stock Broker:
*Name*_____
Address _____
_____
Phone _____

Insurance Agent - Life:
*Name*_____
Address _____
_____
Phone _____

Insurance Agent - Medical:
*Name*_____
Address _____
_____
Phone _____

Insurance Agent - Auto:
*Name*_____
Address _____
_____
Phone _____

Insurance Agent - Home:
*Name*_____
Address _____
_____
Phone _____

Clergy - You:
*Name*_____
Address _____
_____
Phone _____

Clergy - Spouse:
*Name*_____
Address _____
_____
Phone _____

Other Advisor:
*Name*_____
Address _____
_____
Phone _____
For _____

Other Advisor:
*Name*_____
Address _____
_____
Phone _____
For _____

Other Advisor:
*Name*_____
Address _____
_____
Phone _____
For _____

Other Advisor:
*Name*_____
Address _____
_____
Phone _____
For _____

People to be Notified in Case of Death

Name ______________________________ ***Relationship*** ________________
Address ____
Phone: Home ______________ ***Work*** ______________ ***Cell*** ______________

Name ______________________________ ***Relationship*** ________________
Address ____
Phone: Home ______________ ***Work*** ______________ ***Cell*** ______________

Name ______________________________ ***Relationship*** ________________
Address ____
Phone: Home ______________ ***Work*** ______________ ***Cell*** ______________

Name ______________________________ ***Relationship*** ________________
Address ____
Phone: Home ______________ ***Work*** ______________ ***Cell*** ______________

Name ______________________________ ***Relationship*** ________________
Address ____
Phone: Home ______________ ***Work*** ______________ ***Cell*** ______________

Name ______________________________ ***Relationship*** ________________
Address ____
Phone: Home ______________ ***Work*** ______________ ***Cell*** ______________

Name ______________________________ ***Relationship*** ________________
Address ____
Phone: Home ______________ ***Work*** ______________ ***Cell*** ______________

Name ______________________________ ***Relationship*** ________________
Address ____
Phone: Home ______________ ***Work*** ______________ ***Cell*** ______________

Name ______________________________ ***Relationship*** ________________
Address ____
Phone: Home ______________ ***Work*** ______________ ***Cell*** ______________

Name ______________________________ ***Relationship*** ________________
Address ____
Phone: Home ______________ ***Work*** ______________ ***Cell*** ______________

Name ______________________________ ***Relationship*** ________________
Address ____
Phone: Home ______________ ***Work*** ______________ ***Cell*** ______________

Name ______________________________ ***Relationship*** ________________
Address ____
Phone: Home ______________ ***Work*** ______________ ***Cell*** ______________

People to be Notified in Case of Death *(cont.)*

Name ______________________________________ ***Relationship*** ____________________
Address ____
Phone: Home __________________ ***Work*** __________________ ***Cell*** __________________

Name ______________________________________ ***Relationship*** ____________________
Address ____
Phone: Home __________________ ***Work*** __________________ ***Cell*** __________________

Name ______________________________________ ***Relationship*** ____________________
Address ____
Phone: Home __________________ ***Work*** __________________ ***Cell*** __________________

Name ______________________________________ ***Relationship*** ____________________
Address ____
Phone: Home __________________ ***Work*** __________________ ***Cell*** __________________

Name ______________________________________ ***Relationship*** ____________________
Address ____
Phone: Home __________________ ***Work*** __________________ ***Cell*** __________________

Name ______________________________________ ***Relationship*** ____________________
Address ____
Phone: Home __________________ ***Work*** __________________ ***Cell*** __________________

Name ______________________________________ ***Relationship*** ____________________
Address ____
Phone: Home __________________ ***Work*** __________________ ***Cell*** __________________

Name ______________________________________ ***Relationship*** ____________________
Address ____
Phone: Home __________________ ***Work*** __________________ ***Cell*** __________________

Name ______________________________________ ***Relationship*** ____________________
Address ____
Phone: Home __________________ ***Work*** __________________ ***Cell*** __________________

Name ______________________________________ ***Relationship*** ____________________
Address ____
Phone: Home __________________ ***Work*** __________________ ***Cell*** __________________

Name ______________________________________ ***Relationship*** ____________________
Address ____
Phone: Home __________________ ***Work*** __________________ ***Cell*** __________________

Name ______________________________________ ***Relationship*** ____________________
Address ____
Phone: Home __________________ ***Work*** __________________ ***Cell*** __________________

Your Life Insurance

Type of Policy ______________________________ *Policy Number* ________________
Face Amount $ __________ *Issue Date* _____________ *Maturity Date* ________________
Name of Insured _________________________ *Policy Owner* _____________________
Beneficiaries ____
Premium Due $ __________________ *How Frequently?* __________________________
Name and Address of Insurance Company _____________________________________
____ *Phone* ________________
Name and Address of Insurance Agent _______________________________________
____ *Phone* ________________

Type of Policy ______________________________ *Policy Number* ________________
Face Amount $ __________ *Issue Date* _____________ *Maturity Date* ________________
Name of Insured _________________________ *Policy Owner* _____________________
Beneficiaries ____
Premium Due $ __________________ *How Frequently?* __________________________
Name and Address of Insurance Company _____________________________________
____ *Phone* ________________
Name and Address of Insurance Agent _______________________________________
____ *Phone* ________________

Type of Policy ______________________________ *Policy Number* ________________
Face Amount $ __________ *Issue Date* _____________ *Maturity Date* ________________
Name of Insured _________________________ *Policy Owner* _____________________
Beneficiaries ____
Premium Due $ __________________ *How Frequently?* __________________________
Name and Address of Insurance Company _____________________________________
____ *Phone* ________________
Name and Address of Insurance Agent _______________________________________
____ *Phone* ________________

Type of Policy ______________________________ *Policy Number* ________________
Face Amount $ __________ *Issue Date* _____________ *Maturity Date* ________________
Name of Insured _________________________ *Policy Owner* _____________________
Beneficiaries ____
Premium Due $ __________________ *How Frequently?* __________________________
Name and Address of Insurance Company _____________________________________
____ *Phone* ________________
Name and Address of Insurance Agent _______________________________________
____ *Phone* ________________

Spouse's Life Insurance

Type of Policy ____ *Policy Number* _____________________
Face Amount $ ____________ *Issue Date* ________________ *Maturity Date* _____________________
Name of Insured ________________________________ *Policy Owner* ___________________________
Beneficiaries ____
Premium Due $ ________________________ *How Frequently?* __________________________________
Name and Address of Insurance Company ____
____ *Phone* ____________________
Name and Address of Insurance Agent ____
____ *Phone* ____________________

Type of Policy ____ *Policy Number* _____________________
Face Amount $ ____________ *Issue Date* ________________ *Maturity Date* _____________________
Name of Insured ________________________________ *Policy Owner* ___________________________
Beneficiaries ____
Premium Due $ ________________________ *How Frequently?* __________________________________
Name and Address of Insurance Company ____
____ *Phone* ____________________
Name and Address of Insurance Agent ____
____ *Phone* ____________________

Type of Policy ____ *Policy Number* _____________________
Face Amount $ ____________ *Issue Date* ________________ *Maturity Date* _____________________
Name of Insured ________________________________ *Policy Owner* ___________________________
Beneficiaries ____
Premium Due $ ________________________ *How Frequently?* __________________________________
Name and Address of Insurance Company ____
____ *Phone* ____________________
Name and Address of Insurance Agent ____
____ *Phone* ____________________

Type of Policy ____ *Policy Number* _____________________
Face Amount $ ____________ *Issue Date* ________________ *Maturity Date* _____________________
Name of Insured ________________________________ *Policy Owner* ___________________________
Beneficiaries ____
Premium Due $ ________________________ *How Frequently?* __________________________________
Name and Address of Insurance Company ____
____ *Phone* ____________________
Name and Address of Insurance Agent ____
____ *Phone* ____________________

Your Medical Insurance

Primary Health, Medical or MEDICARE Insurance:

Issue Date _____ *Policy or Plan Number* _____

Premium Due $ _____ *How Frequently?* _____

If MEDICARE, Date of Enrollment _____ *Medicare Insurance #*_____

Name and Address of Insurance Company _____

_____ *Phone* _____

Name and Address of Insurance Agent _____

_____ *Phone* _____

Supplemental Health or Medical Insurance: *Policy or Plan Number* _____

Issue Date _____ *Premium Due $* _____ *How Frequently?* _____

Name and Address of Insurance Company _____

_____ *Phone* _____

Name and Address of Insurance Agent _____

_____ *Phone* _____

Dental Insurance: *Policy or Plan Number* _____

Issue Date _____ *Premium Due $* _____ *How Frequently?* _____

Name and Address of Insurance Company _____

_____ *Phone* _____

Name and Address of Insurance Agent _____

_____ *Phone* _____

Vision Care Insurance: *Policy or Plan Number* _____

Issue Date _____ *Premium Due $* _____ *How Frequently?* _____

Name and Address of Insurance Company _____

_____ *Phone* _____

Name and Address of Insurance Agent _____

_____ *Phone* _____

Long-Term Care (Nursing Home) Insurance: *Policy or Plan Number* _____

Covered Person(s) _____ *Daily Benefit $* _____

Issue Date _____ *Premium Due $* _____ *How Frequently?* _____

Waiting Period _____

Name and Address of Insurance Company _____

_____ *Phone* _____

Name and Address of Insurance Agent _____

_____ *Phone* _____

Spouse's Medical Insurance

Primary Health, Medical or MEDICARE Insurance:

Issue Date _____ *Policy or Plan Number* _____

Premium Due $ _____ *How Frequently?* _____

If MEDICARE, Date of Enrollment _____ *Medicare Insurance #*_____

Name and Address of Insurance Company _____

_____ *Phone* _____

Name and Address of Insurance Agent _____

_____ *Phone* _____

Supplemental Health or Medical Insurance: *Policy or Plan Number* _____

Issue Date _____ *Premium Due $* _____ *How Frequently?* _____

Name and Address of Insurance Company _____

_____ *Phone* _____

Name and Address of Insurance Agent _____

_____ *Phone* _____

Dental Insurance: *Policy or Plan Number* _____

Issue Date _____ *Premium Due $* _____ *How Frequently?* _____

Name and Address of Insurance Company _____

_____ *Phone* _____

Name and Address of Insurance Agent _____

_____ *Phone* _____

Vision Care Insurance: *Policy or Plan Number* _____

Issue Date _____ *Premium Due $* _____ *How Frequently?* _____

Name and Address of Insurance Company _____

_____ *Phone* _____

Name and Address of Insurance Agent _____

_____ *Phone* _____

Long-Term Care (Nursing Home) Insurance: *Policy or Plan Number* _____

Covered Person(s) _____ *Daily Benefit $* _____

Issue Date _____ *Premium Due $* _____ *How Frequently?* _____

Waiting Period _____

Name and Address of Insurance Company _____

_____ *Phone* _____

Name and Address of Insurance Agent _____

_____ *Phone* _____

Other Accident, Health and Dental Insurance

DISABILITY INCOME INSURANCE

Policy Number _____________________ Waiting Period Before Benefits Begin __________________
Covered Person(s) ______________________________________ Monthly Benefit $ ________________
Issue Date _____________ Premium Due $ ______________ How Frequently? ___________________
Name and Address of Insurance Company ____
____ Phone ___________________
Name and Address of Insurance Agent ____
____ Phone ___________________

Policy Number _____________________ Waiting Period Before Benefits Begin __________________
Covered Person(s) ______________________________________ Monthly Benefit $ ________________
Issue Date _____________ Premium Due $ ______________ How Frequently? ___________________
Name and Address of Insurance Company ____
____ Phone ___________________
Name and Address of Insurance Agent ____
____ Phone ___________________

OTHER ACCIDENT, HEALTH, AND DENTAL INSURANCE

Type of Policy _______________________________________Policy Number ______________________
Covered Person(s) ____Benefit Amount $ ______________
Issue Date _____________ Premium Due $ ______________ How Frequently? ___________________
Name and Address of Insurance Company ____
____ Phone ___________________
Name and Address of Insurance Agent ____
____ Phone ___________________

Type of Policy _______________________________________Policy Number ______________________
Covered Person(s) ____Benefit Amount $ ______________
Issue Date _____________ Premium Due $ ______________ How Frequently? ___________________
Name and Address of Insurance Company ____
____ Phone ___________________
Name and Address of Insurance Agent ____
____ Phone ___________________

Type of Policy _______________________________________Policy Number ______________________
Covered Person(s) ____Benefit Amount $ ______________
Issue Date _____________ Premium Due $ ______________ How Frequently? ___________________
Name and Address of Insurance Company ____
____ Phone ___________________
Name and Address of Insurance Agent ____
____ Phone ___________________

Type of Policy _______________________________________Policy Number ______________________
Covered Person(s) ____Benefit Amount $ ______________
Issue Date _____________ Premium Due $ ______________ How Frequently? ___________________
Name and Address of Insurance Company ____
____ Phone ___________________
Name and Address of Insurance Agent ____
____ Phone ___________________

Auto/Boat/RV Insurance

***AUTO* ____ *Policy Number* ____________________**
***Insured Driver(s)* ____**
***Next Renewal Date* ___________ *Renewal Period* ____________ *Last Premium Paid $* __________**
***Deductible $* __________ *Name and Address of Insurance Company* _________________________**
____ *Phone* ___________________
***Name and Address of Insurance Agent* ____**
____ *Phone* ___________________

***AUTO* ____ *Policy Number* ____________________**
***Insured Driver(s)* ____**
***Next Renewal Date* ___________ *Renewal Period* ____________ *Last Premium Paid $* __________**
***Deductible $* __________ *Name and Address of Insurance Company* _________________________**
____ *Phone* ___________________
***Name and Address of Insurance Agent* ____**
____ *Phone* ___________________

***AUTO* ____ *Policy Number* ____________________**
***Insured Driver(s)* ____**
***Next Renewal Date* ___________ *Renewal Period* ____________ *Last Premium Paid $* __________**
***Deductible $* __________ *Name and Address of Insurance Company* _________________________**
____ *Phone* ___________________
***Name and Address of Insurance Agent* ____**
____ *Phone* ___________________

***AUTO* ____ *Policy Number* ____________________**
***Insured Driver(s)* ____**
***Next Renewal Date* ___________ *Renewal Period* ____________ *Last Premium Paid $* __________**
***Deductible $* __________ *Name and Address of Insurance Company* _________________________**
____ *Phone* ___________________
***Name and Address of Insurance Agent* ____**
____ *Phone* ___________________

***BOAT (Describe)* ____________________________________ *Policy Number* ____________________**
***Insured Driver(s)* ___________________________________ *Describe* _________________________**
***Next Renewal Date* ___________ *Renewal Period* ____________ *Last Premium Paid $* __________**
***Deductible $* __________ *Name and Address of Insurance Company* _________________________**
____ *Phone* ___________________
***Name and Address of Insurance Agent* ____**
____ *Phone* ___________________

***RV (Describe)* ____ *Policy Number* ____________________**
***Insured Driver(s)* ____**
***Next Renewal Date* ___________ *Renewal Period* ____________ *Last Premium Paid $* __________**
***Deductible $* __________ *Name and Address of Insurance Company* _________________________**
____ *Phone* ___________________
***Name and Address of Insurance Agent* ____**
____ *Phone* ___________________

Other Property and Casualty Insurance

Homeowners or Renters (address?) ____
____ *Policy Number* ______________
Next Renewal Date ___________ *Renewal Period* ____________ *Last Premium Paid $* __________
Deductible $ __________ *Name and Address of Insurance Company* _________________________
____ *Phone* ___________________
Name and Address of Insurance Agent ____
____ *Phone* ___________________

Homeowners or Renters (address?) ____
____ *Policy Number* ______________
Next Renewal Date ___________ *Renewal Period* ____________ *Last Premium Paid $* __________
Deductible $ __________ *Name and Address of Insurance Company* _________________________
____ *Phone* ___________________
Name and Address of Insurance Agent ____
____ *Phone* ___________________

Personal Liability: Coverage Amount $ ________________________ *Policy Number* ____________
Next Renewal Date ___________ *Renewal Period* ____________ *Last Premium Paid $* __________
Deductible $ __________ *Name and Address of Insurance Company* _________________________
____ *Phone* ___________________
Name and Address of Insurance Agent ____
____ *Phone* ___________________

Other: Type of Policy ____________________________________ *Policy Number* _______________
Next Renewal Date ___________ *Renewal Period* ____________ *Last Premium Paid $* __________
Deductible $ __________ *Name and Address of Insurance Company* _________________________
____ *Phone* ___________________
Name and Address of Insurance Agent ____
____ *Phone* ___________________

Other: Type of Policy ____________________________________ *Policy Number* _______________
Next Renewal Date ___________ *Renewal Period* ____________ *Last Premium Paid $* __________
Deductible $ __________ *Name and Address of Insurance Company* _________________________
____ *Phone* ___________________
Name and Address of Insurance Agent ____
____ *Phone* ___________________

Other: Type of Policy ____________________________________ *Policy Number* _______________
Next Renewal Date ___________ *Renewal Period* ____________ *Last Premium Paid $* __________
Deductible $ __________ *Name and Address of Insurance Company* _________________________
____ *Phone* ___________________
Name and Address of Insurance Agent ____
____ *Phone* ___________________

Home *(primary residence)*

Address _____

Do you rent or own this residence? _____

If you RENT, Landlord's Name and Address _____

_____ *Phone* _____

Lease or Rental Agreement runs from _____ *to* _____

TOTAL MONTHLY RENT: $ _____ *due on the* _____*of each Month*

If you OWN, Name(s) on title _____

_____

Date of Purchase _____*Total Purchase Price: $* _____

Improvements to date $ _____ *Appraised vale $* _____ *Date*_____

Mortgage Held By _____ *Phone* _____

Address _____

Date of Mortgage _____ *Loan Number* _____ *Mortgage Period Years* _____

Annual Interest Rate % _____ *Is this Interest Rate Variable?* _____ *If YES, explain*

_____

Monthly Payment: Principal & Interest: $ _____

Property Taxes: + _____

Homeowner's Property Insurance: + _____

Mortgage Life and Disability Insurance: + _____

TOTAL MONTHLY PAYMENT: $ _____ *due on the* _____ *of each Month*

Is this Mortgage covered by Mortgage Life and/or Disability Insurance? _____

Insurance Company _____

Address _____

Policy Number _____ *Location of Policy*_____

Property Taxes $ _____ *per year, due on* _____ *and* _____

REVERSE Mortgage? _____ *Current Loan Amount $* _____

Mortgage Held By _____ *Phone* _____

Address _____

Date of Mortgage _____ *Loan Number* _____ *Mortgage Period Years* _____

Annual Interest Rate % _____ *Is this Interest Rate Variable?* _____ *If YES, explain*

_____

TOTAL MONTHLY INCOME: $ _____ *due on the* _____ *of each Month*

For Co-ops, Condominiums & Homeowner's Association:

Management Firm _____

Address Phone _____

Membership Dues or Maintenance Fees $ _____ *payable each* _____

Automobiles

AUTO #1: *Make _____ Model _____ Year _____*
Vehicle ID # _____License # _____ State _____
Dealership Name/Address _____
_____ Did you purchase an Extended Warranty?_____
If YES, Location of Warranty _____ Was the car purchased or leased? _____
If Purchased: *Registered Owner(s) _____*
_____ Date Purchased _____
Auto Loan is With _____ Loan # _____
Address _____ Phone _____
Title # _____ Location of Title _____
Purchase Price $ _____ Amount Financed $ _____ How Many Months? _____
Monthly Payment $ _____ Annual Interest Rate _____ %
Is this loan covered with Credit Life and/or Disability Insurance? _____
If Leased: *Name(s) of Lessee(s) _____*
Auto Lease is With _____ Lease # _____
Address _____ Phone _____
Date of Lease _____ Duration of Lease _____
Monthly Lease Payment $ _____ Amount of Security Deposit $ _____
Additional Mileage Costs $ _____ per mile over _____ miles per (year?) _____

Auto #2: *Make _____ Model _____ Year _____*
Vehicle ID # _____License # _____ State _____
Dealership Name/Address _____
_____ Did you purchase an Extended Warranty?_____
If YES, Location of Warranty _____ Was the car purchased or leased? _____
If Purchased: *Registered Owner(s) _____*
_____ Date Purchased _____
Title # _____ Location of Title _____
Auto Loan is With _____ Loan # _____
Address _____ Phone _____
Purchase Price $ _____ Amount Financed $ _____ How Many Months? _____
Monthly Payment $ _____ Annual Interest Rate _____ %
Is this loan covered with Credit Life and/or Disability Insurance? _____
If Leased: *Name(s) of Lessee(s) _____*
Auto Lease is With _____ Lease # _____
Address _____ Phone _____
Date of Lease _____ Duration of Lease _____
Monthly Lease Payment $ _____ Amount of Security Deposit $ _____
Additional Mileage Costs $ _____ per mile over _____ miles per (year?) _____

Other Vehicles

VEHICLE #1: *Make* _____ *Model*_____ *Year* _____
Vehicle ID # _____*License #* _____ *State* _____
Dealership Name/Address _____
_____ *Did you purchase an Extended Warranty?*_____
If YES, Location of Warranty _____ *Was the car purchased or leased?* _____
Registered Owner(s) _____
_____ *Date Purchased* _____
Auto Loan is With _____ *Loan #* _____
Address _____ *Phone* _____
Title # _____ *Location of Title* _____
Purchase Price $ _____ *Amount Financed $* _____ *How Many Months?* _____
Monthly Payment $ _____ *Annual Interest Rate* _____ *%*
Is this loan covered with Credit Life and/or Disability Insurance? _____

VEHICLE #2: *Make* _____ *Model* _____ *Year* _____
Vehicle ID # _____*License #* _____ *State* _____
Dealership Name/Address _____
_____ *Did you purchase an Extended Warranty?*_____
If YES, Location of Warranty _____ *Was the car purchased or leased?* _____
Registered Owner(s) _____
_____ *Date Purchased* _____
Title # _____ *Location of Title* _____
Auto Loan is With _____ *Loan #* _____
Address _____ *Phone* _____
Purchase Price $ _____ *Amount Financed $* _____ *How Many Months?* _____
Monthly Payment $ _____ *Annual Interest Rate* _____ *%*
Is this loan covered with Credit Life and/or Disability Insurance? _____

VEHICLE #3: *Make* _____ *Model* _____ *Year* _____
Vehicle ID # _____*License #* _____ *State* _____
Dealership Name/Address _____
_____ *Did you purchase an Extended Warranty?*_____
If YES, Location of Warranty _____ *Was the car purchased or leased?* _____
Registered Owner(s) _____
_____ *Date Purchased* _____
Title # _____ *Location of Title* _____
Auto Loan is With _____ *Loan #* _____
Address _____ *Phone* _____
Purchase Price $ _____ *Amount Financed $* _____ *How Many Months?* _____
Monthly Payment $ _____ *Annual Interest Rate* _____ *%*
Is this loan covered with Credit Life and/or Disability Insurance? _____

Checking, Savings and Money Market Accounts

Type of Account ______________________________ ***Account Number*** ________________________
Financial Institution ____
Address ____ ***Phone*** ____________________
Current Value $ ____________________ ***Name(s) on account*** _______________________________
____

Type of Account ______________________________ ***Account Number*** ________________________
Financial Institution ____
Address ____ ***Phone*** ____________________
Current Value $ ____________________ ***Name(s) on account*** _______________________________
____

Type of Account ______________________________ ***Account Number*** ________________________
Financial Institution ____
Address ____ ***Phone*** ____________________
Current Value $ ____________________ ***Name(s) on account*** _______________________________
____

Type of Account ______________________________ ***Account Number*** ________________________
Financial Institution ____
Address ____ ***Phone*** ____________________
Current Value $ ____________________ ***Name(s) on account*** _______________________________
____

Type of Account ______________________________ ***Account Number*** ________________________
Financial Institution ____
Address ____ ***Phone*** ____________________
Current Value $ ____________________ ***Name(s) on account*** _______________________________
____

Type of Account ______________________________ ***Account Number*** ________________________
Financial Institution ____
Address ____ ***Phone*** ____________________
Current Value $ ____________________ ***Name(s) on account*** _______________________________
____

Type of Account ______________________________ ***Account Number*** ________________________
Financial Institution ____
Address ____ ***Phone*** ____________________
Current Value $ ____________________ ***Name(s) on account*** _______________________________
____

Type of Account ______________________________ ***Account Number*** ________________________
Financial Institution ____
Address ____ ***Phone*** ____________________
Current Value $ ____________________ ***Name(s) on account*** _______________________________
____

Certificates of Deposit

Certificate Number ______________________ ***Location of Certificate*** ________________________
Amount $ _____________ ***Purchase Date*** _____________ ***Maturity Date*** ___________***Rate*** _____***%***
Name(s) on Account ____
Issuer Name____
Issuer Address ____
____ ***Phone*** ___________________

Certificate Number ______________________ ***Location of Certificate*** ________________________
Amount $ _____________ ***Purchase Date*** _____________ ***Maturity Date*** ___________***Rate*** _____***%***
Name(s) on Account ____
Issuer Name____
Issuer Address ____
____ ***Phone*** ___________________

Certificate Number ______________________ ***Location of Certificate*** ________________________
Amount $ _____________ ***Purchase Date*** _____________ ***Maturity Date*** ___________***Rate*** _____***%***
Name(s) on Account ____
Issuer Name____
Issuer Address ____
____ ***Phone*** ___________________

Certificate Number ______________________ ***Location of Certificate*** ________________________
Amount $ _____________ ***Purchase Date*** _____________ ***Maturity Date*** ___________***Rate*** _____***%***
Name(s) on Account ____
Issuer Name____
Issuer Address ____
____ ***Phone*** ___________________

Certificate Number ______________________ ***Location of Certificate*** ________________________
Amount $ _____________ ***Purchase Date*** _____________ ***Maturity Date*** ___________***Rate*** _____***%***
Name(s) on Account ____
Issuer Name____
Issuer Address ____
____ ***Phone*** ___________________

Certificate Number ______________________ ***Location of Certificate*** ________________________
Amount $ _____________ ***Purchase Date*** _____________ ***Maturity Date*** ___________***Rate*** _____***%***
Name(s) on Account ____
Issuer Name____
Issuer Address ____
____ ***Phone*** ___________________

Certificate Number ______________________ ***Location of Certificate*** ________________________
Amount $ _____________ ***Purchase Date*** _____________ ***Maturity Date*** ___________***Rate*** _____***%***
Name(s) on Account ____
Issuer Name____
Issuer Address ____
____ ***Phone*** ___________________

Bonds and U.S. Treasuries *(in your possession – not in a brokerage account)*

Bond Number ______________________ Location of Bond____ ____________________________
Face Amount $ ____________ Purchase Amount $ _____________ Purchase Date _____________
Maturity Date ___________Rate _____% Owner(s) _ _______________________________________
Issuer Name____
Issuer Address ____
____ Phone ___________________

Bond Number ______________________ Location of Bond____ ____________________________
Face Amount $ ____________ Purchase Amount $ _____________ Purchase Date _____________
Maturity Date ___________Rate _____% Owner(s) _ _______________________________________
Issuer Name____
Issuer Address ____
____ Phone ___________________

Bond Number ______________________ Location of Bond____ ____________________________
Face Amount $ ____________ Purchase Amount $ _____________ Purchase Date _____________
Maturity Date ___________Rate _____% Owner(s) _ _______________________________________
Issuer Name____
Issuer Address ____
____ Phone ___________________

Bond Number ______________________ Location of Bond____ ____________________________
Face Amount $ ____________ Purchase Amount $ _____________ Purchase Date _____________
Maturity Date ___________Rate _____% Owner(s) _ _______________________________________
Issuer Name____
Issuer Address ____
____ Phone ___________________

Bond Number ______________________ Location of Bond____ ____________________________
Face Amount $ ____________ Purchase Amount $ _____________ Purchase Date _____________
Maturity Date ___________Rate _____% Owner(s) _ _______________________________________
Issuer Name____
Issuer Address ____
____ Phone ___________________

Bond Number ______________________ Location of Bond____ ____________________________
Face Amount $ ____________ Purchase Amount $ _____________ Purchase Date _____________
Maturity Date ___________Rate _____% Owner(s) _ _______________________________________
Issuer Name____
Issuer Address ____
____ Phone ___________________

Bond Number ______________________ Location of Bond____ ____________________________
Face Amount $ ____________ Purchase Amount $ _____________ Purchase Date _____________
Maturity Date ___________Rate _____% Owner(s) _ _______________________________________
Issuer Name____
Issuer Address ____
____ Phone ___________________

Stock Certificates *(in your possession – not in brokerage accounts)*

Company Name ____
Certificate Number ______________ ***Location of Certificate*** ______________
Number of Shares ________ ***Purchase Price $*** ________ ***Purchase Date*** ________
Name(s) on Certificate ______________________________________
Transfer Agent ____
Address ____
______________________________________ ***Phone*** ____________

Company Name ____
Certificate Number ______________ ***Location of Certificate*** ______________
Number of Shares ________ ***Purchase Price $*** ________ ***Purchase Date*** ________
Name(s) on Certificate ______________________________________
Transfer Agent ____
Address ____
______________________________________ ***Phone*** ____________

Company Name ____
Certificate Number ______________ ***Location of Certificate*** ______________
Number of Shares ________ ***Purchase Price $*** ________ ***Purchase Date*** ________
Name(s) on Certificate ______________________________________
Transfer Agent ____
Address ____
______________________________________ ***Phone*** ____________

Company Name ____
Certificate Number ______________ ***Location of Certificate*** ______________
Number of Shares ________ ***Purchase Price $*** ________ ***Purchase Date*** ________
Name(s) on Certificate ______________________________________
Transfer Agent ____
Address ____
______________________________________ ***Phone*** ____________

Company Name ____
Certificate Number ______________ ***Location of Certificate*** ______________
Number of Shares ________ ***Purchase Price $*** ________ ***Purchase Date*** ________
Name(s) on Certificate ______________________________________
Transfer Agent ____
Address ____
______________________________________ ***Phone*** ____________

Company Name ____
Certificate Number ______________ ***Location of Certificate*** ______________
Number of Shares ________ ***Purchase Price $*** ________ ***Purchase Date*** ________
Name(s) on Certificate ______________________________________
Transfer Agent ____
Address ____
______________________________________ ***Phone*** ____________

Mutual Funds and Brokerage Accounts

Attach year-end statements for each account:

Type of Account ______________________________ *Account Number* ________________________
Name(s) on Account ____
Financial Institution ____
Address ____ *Phone* _____________________
Broker's Name ____ *Phone* ____________________

Type of Account ______________________________ *Account Number* ________________________
Name(s) on Account ____
Financial Institution ____
Address ____ *Phone* _____________________
Broker's Name ____ *Phone* ____________________

Type of Account ______________________________ *Account Number* ________________________
Name(s) on Account ____
Financial Institution ____
Address ____ *Phone* _____________________
Broker's Name ____ *Phone* ____________________

Type of Account ______________________________ *Account Number* ________________________
Name(s) on Account ____
Financial Institution ____
Address ____ *Phone* _____________________
Broker's Name ____ *Phone* ____________________

Type of Account ______________________________ *Account Number* ________________________
Name(s) on Account ____
Financial Institution ____
Address ____ *Phone* _____________________
Broker's Name ____ *Phone* ____________________

Type of Account ______________________________ *Account Number* ________________________
Name(s) on Account ____
Financial Institution ____
Address ____ *Phone* _____________________
Broker's Name ____ *Phone* ____________________

Type of Account ______________________________ *Account Number* ________________________
Name(s) on Account ____
Financial Institution ____
Address ____ *Phone* _____________________
Broker's Name ____ *Phone* ____________________

Type of Account ______________________________ *Account Number* ________________________
Name(s) on Account ____
Financial Institution ____
Address ____ *Phone* _____________________
Broker's Name ____ *Phone* ____________________

Retirement Savings ***(IRA, 401(k), 403(b), 457, etc.)***

Attach year-end statements for each account:

Type of Account ______________________________ ***Account Number*** ________________________
Name on Account ____
Financial Institution ____
Address ____ ***Phone*** ____________________
Contact ____ ***Phone*** ____________________
Cost Basis $ _____________________ ***(after tax contributions)***
Beneficiaries ____
____

Type of Account ______________________________ ***Account Number*** ________________________
Name on Account ____
Financial Institution ____
Address ____ ***Phone*** ____________________
Contact ____ ***Phone*** ____________________
Cost Basis $ _____________________ ***(after tax contributions)***
Beneficiaries ____
____

Type of Account ______________________________ ***Account Number*** ________________________
Name on Account ____
Financial Institution ____
Address ____ ***Phone*** ____________________
Contact ____ ***Phone*** ____________________
Cost Basis $ _____________________ ***(after tax contributions)***
Beneficiaries ____
____

Type of Account ______________________________ ***Account Number*** ________________________
Name on Account ____
Financial Institution ____
Address ____ ***Phone*** ____________________
Contact ____ ***Phone*** ____________________
Cost Basis $ _____________________ ***(after tax contributions)***
Beneficiaries ____
____

Retirement Income ***(pension, profit-sharing and deferred compensation plans)***

Attach year-end statements for each account:

Employer's or Union's Name ________________________***Address*** ____________________________
____ ***Phone*** ___________________
Type of Plan _______________ ***Benefits Payable To Whom*** __________________________________
Survivor Benefits _________________________________ ***Starting Date for Benefits*** _____________
Vested Lump Sum $ _____________________ ***Vested Monthly Income $*** _______________________
Beneficiaries ____
____

Employer's or Union's Name ________________________***Address*** ____________________________
____ ***Phone*** ___________________
Type of Plan _______________ ***Benefits Payable To Whom*** __________________________________
Survivor Benefits _________________________________ ***Starting Date for Benefits*** _____________
Vested Lump Sum $ _____________________ ***Vested Monthly Income $*** _______________________
Beneficiaries ____
____

Employer's or Union's Name ________________________***Address*** ____________________________
____ ***Phone*** ___________________
Type of Plan _______________ ***Benefits Payable To Whom*** __________________________________
Survivor Benefits _________________________________ ***Starting Date for Benefits*** _____________
Vested Lump Sum $ _____________________ ***Vested Monthly Income $*** _______________________
Beneficiaries ____
____

Employer's or Union's Name ________________________***Address*** ____________________________
____ ***Phone*** ___________________
Type of Plan _______________ ***Benefits Payable To Whom*** __________________________________
Survivor Benefits _________________________________ ***Starting Date for Benefits*** _____________
Vested Lump Sum $ _____________________ ***Vested Monthly Income $*** _______________________
Beneficiaries ____
____

Employer's or Union's Name ________________________***Address*** ____________________________
____ ***Phone*** ___________________
Type of Plan _______________ ***Benefits Payable To Whom*** __________________________________
Survivor Benefits _________________________________ ***Starting Date for Benefits*** _____________
Vested Lump Sum $ _____________________ ***Vested Monthly Income $*** _______________________
Beneficiaries ____
____

Annuities

Type of Policy ____ ***Policy Number*** ____________________
Original Cost $____________ ***Issue Date*** _______________ ***Maturity Date*** ____________________
Name of insured________________________________ ***Policy Owner*** ___________________________
Beneficiaries ____
Premium Due $ _______________________ ***How Frequently?*** _________________________________
Name and Address of Insurance Company ____
____ ***Phone*** ___________________
Agent Name and Address ____
____ ***Phone*** ___________________

Type of Policy ____ ***Policy Number*** ____________________
Original Cost $____________ ***Issue Date*** _______________ ***Maturity Date*** ____________________
Name of insured ________________________________ ***Policy Owner*** ___________________________
Beneficiaries ____
Premium Due $ _______________________ ***How Frequently?*** _________________________________
Name and Address of Insurance Company ____
____ ***Phone*** ___________________
Agent Name and Address ____
____ ***Phone*** ___________________

Type of Policy ____ ***Policy Number*** ____________________
Original Cost $____________ ***Issue Date*** _______________ ***Maturity Date*** ____________________
Name of insured ________________________________ ***Policy Owner*** ___________________________
Beneficiaries ____
Premium Due $ _______________________ ***How Frequently?*** _________________________________
Name and Address of Insurance Company ____
____ ***Phone*** ___________________
Agent Name and Address ____
____ ***Phone*** ___________________

Type of Policy ____ ***Policy Number*** ____________________
Original Cost $____________ ***Issue Date*** _______________ ***Maturity Date*** ____________________
Name of insured ________________________________ ***Policy Owner*** ___________________________
Beneficiaries ____
Premium Due $ _______________________ ***How Frequently?*** _________________________________
Name and Address of Insurance Company ____
____ ***Phone*** ___________________
Agent Name and Address ____
____ ***Phone*** ___________________

Other Investments

Description ____

____

Owner(s) ____
Date Acquired ______________ *Amount Invested $* ______________
Contact ____
Address ____
____ *Phone* ______________

Description ____

____

Owner(s) ____
Date Acquired ______________ *Amount Invested $* ______________
Contact ____
Address ____
____ *Phone* ______________

Description ____

____

Owner(s) ____
Date Acquired ______________ *Amount Invested $* ______________
Contact ____
Address ____
____ *Phone* ______________

Description ____

____

Owner(s) ____
Date Acquired ______________ *Amount Invested $* ______________
Contact ____
Address ____
____ *Phone* ______________

Description ____

____

Owner(s) ____
Date Acquired ______________ *Amount Invested $* ______________
Contact ____
Address ____
____ *Phone* ______________

Description ____

____

Owner(s) ____
Date Acquired ______________ *Amount Invested $* ______________
Contact ____
Address ____
____ *Phone* ______________

Other Real Property *(real estate)*

Type of Property ____________________
Location ____________________
Owner(s) ____________________
Date Acquired __________ *Cost Basis $* __________ *Most recent appraised value $* __________
Mortgage Held By ____________________ *Phone* __________
Address ____________________
*Date of Mortgage*__________ *Loan Number* __________ *Mortgage Period Years* ______
Monthly Payment $ __________ *Rate %* _______ *Is this Rate Variable?* _____ *If YES, explain*
____
Monthly Cash Flow $ __________ *Manager* ____________________
Address ____________________ *Phone* __________

Type of Property ____________________
Location ____________________
Owner(s) ____________________
Date Acquired __________ *Cost Basis $* __________ *Most recent appraised value $* __________
Mortgage Held By ____________________ *Phone* __________
Address ____________________
Date of Mortgage __________ *Loan Number* __________ *Mortgage Period Years* _____
Monthly Payment $ __________ *Rate %* _______ *Is this Rate Variable?* _____ *If YES, explain*
____
Monthly Cash Flow $ __________ *Manager* ____________________
Address ____________________ *Phone* __________

Type of Property ____________________
Location ____________________
Owner(s) ____________________
Date Acquired __________ *Cost Basis $* __________ *Most recent appraised value $* __________
Mortgage Held By ____________________ *Phone* __________
Address ____________________
Date of Mortgage __________ *Loan Number* __________ *Mortgage Period Years* _____
Monthly Payment $ __________ *Rate %* _______ *Is this Rate Variable?* _____ *If YES, explain*
____
Monthly Cash Flow $ __________ *Manager* ____________________
Address ____________________ *Phone* __________

Type of Property ____________________
Location ____________________
Owner(s) ____________________
Date Acquired __________ *Cost Basis $* __________ *Most recent appraised value $* __________
Mortgage Held By ____________________ *Phone* __________
Address ____________________
Date of Mortgage __________ *Loan Number* __________ *Mortgage Period Years* _____
Monthly Payment $ __________ *Rate %* _______ *Is this Rate Variable?* _____ *If YES, explain*
____
Monthly Cash Flow $ __________ *Manager* ____________________
Address ____________________ *Phone* __________

Credit Cards

Card Number ______________________ *Location of Card* _________________________________
*Issuer Name*____
Issuer Address ____
____ *Phone* ____________________
Name(s) on account ____

Card Number ______________________ *Location of Card* _________________________________
*Issuer Name*____
Issuer Address ____
____ *Phone* ____________________
Name(s) on account ____

Card Number ______________________ *Location of Card* _________________________________
*Issuer Name*____
Issuer Address ____
____ *Phone* ____________________
Name(s) on account ____

Card Number ______________________ *Location of Card* _________________________________
*Issuer Name*____
Issuer Address ____
____ *Phone* ____________________
Name(s) on account ____

Card Number ______________________ *Location of Card* _________________________________
*Issuer Name*____
Issuer Address ____
____ *Phone* ____________________
Name(s) on account ____

Card Number ______________________ *Location of Card* _________________________________
*Issuer Name*____
Issuer Address ____
____ *Phone* ____________________
Name(s) on account ____

Card Number ______________________ *Location of Card* _________________________________
*Issuer Name*____
Issuer Address ____
____ *Phone* ____________________
Name(s) on account ____

Card Number ______________________ *Location of Card* _________________________________
*Issuer Name*____
Issuer Address ____
____ *Phone* ____________________
Name(s) on account ____

Other Liabilities

Home Equity Loan or Line of Credit:
Borrower(s) _____
Loan Number _____ ***Home's Address*** _____
Lender's Name and Address _____
_____ ***Phone*** _____
Maximum Credit Limit $ _____ ***Outstanding Balance $*** _____
Duration of Loan _____ ***Months*** ***Most Recent Monthly Payment $*** _____
Date Payments Due _____ ***Loan Expires On*** _____***Interest Rate*** _____***%***
Is this Interest Rate Variable? _____ ***If so, explain*** _____
Is this loan covered by Credit Life and/or Disability Insurance? _____

Home Equity Loan or Line of Credit:
Borrower(s) _____
Loan Number _____ ***Home's Address*** _____
Lender's Name and Address _____
_____ ***Phone*** _____
Maximum Credit Limit $ _____ ***Outstanding Balance $*** _____
Duration of Loan _____ ***Months*** ***Most Recent Monthly Payment $*** _____
Date Payments Due _____ ***Loan Expires On*** _____***Interest Rate*** _____***%***
Is this Interest Rate Variable? _____ ***If so, explain*** _____
Is this loan covered by Credit Life and/or Disability Insurance? _____

Other Loan or Line of Credit:
Borrower(s) _____
Lender's Name and Address _____
Loan Number _____ ***Home's Address*** _____
Lender's Name and Address _____
_____ ***Phone*** _____
Maximum Credit Limit $ _____ ***Outstanding Balance $*** _____
Duration of Loan _____ ***Months*** ***Most Recent Monthly Payment $*** _____
Date Payments Due _____ ***Loan Expires On*** _____***Interest Rate*** _____***%***
Is this Interest Rate Variable? _____ ***If so, explain*** _____
Is this loan covered by Credit Life and/or Disability Insurance? _____

Other Loan or Line of Credit:
Borrower(s) _____
Lender's Name and Address _____
Loan Number _____ ***Home's Address*** _____
Lender's Name and Address _____
_____ ***Phone*** _____
Maximum Credit Limit $ _____ ***Outstanding Balance $*** _____
Duration of Loan _____ ***Months*** ***Most Recent Monthly Payment $*** _____
Date Payments Due _____ ***Loan Expires On*** _____***Interest Rate*** _____***%***
Is this Interest Rate Variable? _____ ***If so, explain*** _____
Is this loan covered by Credit Life and/or Disability Insurance? _____

Additional Information

Additional Information