

STATEMENT OF PERSONAL INFORMATION

Date: _____

FAMILY AND OCCUPATIONAL DATA:

1. Please supply the following family data:

Your full name _____

Date of Birth: _____ SS#: _____

Place of Birth: _____

Home mailing address: _____

Tel: _____ Fax: _____

E-mail: _____

Name of Employer: _____

Bus. Address: _____

Tel: _____ Fax: _____

Occupation: _____

Spouse's full name _____

Date of Birth: _____ SS#: _____

Place of Birth: _____

Home mailing address: _____

Tel: _____ Fax: _____

E-mail: _____

Name of Employer: _____

Bus. Address: _____

Tel: _____ Fax: _____

Occupation: _____

If deceased, date and place of death: _____

Children: (1) Name _____

Date of Birth: _____ SS#: _____

Married () Single () Student ()

Home mailing address: _____

Tel: _____ Fax: _____

E-mail: _____

(2) Name _____
Date of Birth: _____ SS#: _____
Married () Single () Student ()
Home mailing address: _____

Tel: _____ Fax: _____
E-mail: _____

(3) Name _____
Date of Birth: _____ SS#: _____
Married () Single () Student ()
Home mailing address: _____

Tel: _____ Fax: _____
E-mail: _____

PLEASE ATTACH ADDITIONAL SHEET IF NECESSARY

Grandchildren: (1) Name _____
Date of Birth: _____ SS#: _____
Married () Single () Student ()
Home mailing address: _____

Tel: _____ Fax: _____
E-mail: _____

(2) Name _____
Date of Birth: _____ SS#: _____
Married () Single () Student ()
Home mailing address: _____

Tel: _____ Fax: _____
E-mail: _____

(3) Name _____
Date of Birth: _____ SS#: _____
Married () Single () Student ()
Home mailing address: _____

Tel: _____ Fax: _____
E-mail: _____

PLEASE ATTACH ADDITIONAL SHEET IF NECESSARY

4. **Funeral or memorial service** (preferences as to calling hours; casket open or closed; location and officiant of service; specific instructions for conduct or content of service) _____

5. **Preferences for remembrances** (flowers and/or recipients of memorial gifts): _____

6. **Obituary** (or information for obituary) - **please attach**

7. **Contact information** (to handle estate affairs):

Attorney Name _____

Mailing address: _____

Tel: _____ Fax: _____

E-mail: _____

Financial Planner or Broker:

Mailing address: _____

Tel: _____ Fax: _____

E-mail: _____

Tax Advisor: _____

Mailing address: _____

Tel: _____ Fax: _____

E-mail: _____

Insurance Agent: _____

Mailing address: _____

Tel: _____ Fax: _____

E-mail: _____

Other: _____

Mailing address: _____

Tel: _____ Fax: _____

E-mail: _____

8. **Location of will, trust and other planning documents:** _____

9. **Location of other important personal documents and records** (safe deposit box and/or safe, persons having access and/or manner of obtaining access and description of contents): _____

10. **Description of assets:**
Real estate (property address): _____

Deed location or recording information: : _____

Date of acquisition: _____

Purchase price or acquisition cost _____

Other real estate (property address): _____

Deed location or recording information: : _____

Date of acquisition: _____

Purchase price or acquisition cost _____

Tangible personal property (including any family history; where located, date of most recent appraisal):

PLEASE ATTACH ADDITIONAL SHEETS

Household personal property: _____

Collections: _____

Jewelry: _____

Insurance:

company	type of policy	policy #	date issued	face amount	cash value	beneficiaries

Bank, money market accounts and certificates of deposit:

name and address of firm	type of account	account #

Other assets:

description	location	date acquired	cost	most recent appraised value

