

# Personal Affairs Record



This *Personal Affairs Record* has a three-fold purpose:

- To assist you and your advisors in establishing the best possible estate plan for you and your family;
- To aid your executor in the effective administration of your estate; and
- To provide vital information to your family in the event of emergency or your incapacity.

We urge you to complete this valuable record without delay, to review and update it periodically (at least once a year), and to inform the appropriate people that you have established this important record – and where it is kept!

At the same time, we hope you will consider, in the course of your planning, making a bequest in your will to benefit and perpetuate our programs.

## Inside This Guide Book

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**This is the personal affairs record of:**

\_\_\_\_\_

Name

**Information contained is current as of**

\_\_\_\_\_

Date

**Revised on**

\_\_\_\_\_

Date

# Personal Affairs Record

In completing the *Personal Affairs Record* you have demonstrated your personal thoughtfulness, foresight and concern for the future of others. May we suggest that these same humanitarian concerns might be channeled in another direction: a bequest or other planned gift for our benefit?

We invite you to consider the great personal satisfaction you can experience by actively participating in our great challenges, our hopes and our opportunities. Specifically, we invite you to visit our offices and facilities to talk with our administrators and staff, and to see for yourself what is now being done – and what we

plan to do – to carry out our objectives.

Our development staff will be happy to review with you the many opportunities now available to make a completely personalized gift to advance our important work . . . a gift that can, at the same time, have extremely favorable tax consequences.

We hope you will take the time to review the many fine opportunities available to benefit our institution at only modest cost to you and your family. As a first step, why not write or call our office now and arrange a meeting at a time and place convenient to you? We look forward to hearing from you.

*The materials contained in this booklet are intended to show only some of the ways you can benefit our future and minimize your federal tax liability – with examples of anticipated federal tax liability. Thus, you should not take any action without first consulting your attorney.*



**COUNCIL on AGING**  
Martin County

Bonnie Ares Royster, CFRE  
Director of Development

**Council on Aging of  
Martin County**

The Charles and Rae Kane Center  
900 SE Salerno Road  
Stuart, FL 34996  
(772) 223-7831  
Solicitation Registration No. CH2307

# Personal Affairs Record

## PERSONAL VITAL STATISTICS

Full Legal Name \_\_\_\_\_  
 Permanent Home Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Address of Part-Time Residence \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Date and Place of Birth \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Taxpayer Identification Number (If used on federal income tax returns) \_\_\_\_\_  
 Persons to Notify in Emergency  
 ■ Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 ■ Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Passport Number \_\_\_\_\_  
 Issue Date \_\_\_\_\_  
 Issued At (City, State) \_\_\_\_\_  
 Location of Passport \_\_\_\_\_  
 Military Service Number \_\_\_\_\_

## MARITAL INFORMATION

Present Marital Status:  
 Single  Married  Divorced  
 Separated  Widowed

Spouse's Full Name \_\_\_\_\_  
 Date and Place Married \_\_\_\_\_  
 Location of Marriage Certificate \_\_\_\_\_  
 Location of Prenuptial Agreement, If Any \_\_\_\_\_  
 Former Spouse's Name \_\_\_\_\_  
 Date and Place of Prior Marriage \_\_\_\_\_  
 Terminated by:  
 Divorce  Annulment  Separation  
 Death  
 Date and Place of Termination \_\_\_\_\_  
 Location of Termination Papers \_\_\_\_\_

## FAMILY RECORDS\*

Father's Name \_\_\_\_\_  
 Age \_\_\_\_\_  
 Address \_\_\_\_\_  
 Mother's Name \_\_\_\_\_  
 Age \_\_\_\_\_  
 Address \_\_\_\_\_  
 Children's Names, Ages, Addresses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Brothers' and Sisters' Names, Ages, Addresses \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**COUNCIL on AGING**  
Martin County



- **Clergyman** \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Address \_\_\_\_\_
- **Insurance Agent** \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Address \_\_\_\_\_
- **Attorney** \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Address \_\_\_\_\_
- **Trust Officer** \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Address \_\_\_\_\_
- **Investment Banker** \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Address \_\_\_\_\_
- **Tax Consultant** \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Address \_\_\_\_\_
- **Financial Planner** \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Address \_\_\_\_\_

- I do    I do not desire a Fraternal Service.  
 Please make memorial gifts to \_\_\_\_\_
- I have a cemetery plot  
 I have a cemetery vault
- Cemetery Name \_\_\_\_\_  
 Cemetery Location \_\_\_\_\_  
 Section Number \_\_\_\_\_  
 Plot Number \_\_\_\_\_  
 Location of Deed to Plot \_\_\_\_\_  
 Other Specific Burial Instructions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### LAST WILL AND TESTAMENT

- I have    I have not made a will.  
 The executor(s) of my will is:
- **Name** \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Address \_\_\_\_\_
  - **Name** \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Address \_\_\_\_\_

### FUNERAL AND BURIAL DIRECTIONS

Name of Funeral Director \_\_\_\_\_  
 Address \_\_\_\_\_

I do    I do not desire a military burial.

Fraternal Affiliation \_\_\_\_\_  
 I am a member of Lodge \_\_\_\_\_ of \_\_\_\_\_

I have named/wish to name the following person(s) as guardians or conservators:

- **Name** \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Address \_\_\_\_\_



### EMPLOYMENT BENEFITS IN WHICH I PARTICIPATE

- Hospitalization Insurance**  
 Brief Description \_\_\_\_\_  
 Location of Papers \_\_\_\_\_
- Surgical Insurance**  
 Brief Description \_\_\_\_\_  
 Location of Papers \_\_\_\_\_
- Group Life Insurance**  
 Primary Beneficiary \_\_\_\_\_  
 Secondary Beneficiary \_\_\_\_\_  
 Amount \$ \_\_\_\_\_  
 Location of Papers \_\_\_\_\_
- Major Medical Insurance**  
 Brief Description \_\_\_\_\_  
 Location of Papers \_\_\_\_\_
- Accident and Health Insurance**  
 Brief Description \_\_\_\_\_  
 Location of Papers \_\_\_\_\_

- Pension Plan/Profit Sharing**  
 Brief Description \_\_\_\_\_  
 Location of Papers \_\_\_\_\_  
 Death Benefits Payable to \_\_\_\_\_  
 Second Beneficiary is \_\_\_\_\_  
 Beneficiaries are    Revocable    Irrevocable
- Deferred Compensation Plan**  
 Payable as Lump Sum \$ \_\_\_\_\_ or  
 Payable \$ \_\_\_\_\_ Per Month for \_\_\_\_\_ Years  
 Location of Agreement \_\_\_\_\_  
 \_\_\_\_\_
- Stock Option**  
 Nature of Option \_\_\_\_\_  
 Restrictions \_\_\_\_\_  
 Location of Documents \_\_\_\_\_
- Individual Retirement Account/Keogh Plan**  
 Amount Invested \$ \_\_\_\_\_  
 Type of Investments \_\_\_\_\_  
 Death Benefits Payable to \_\_\_\_\_
- Other Employment Benefits** \_\_\_\_\_  
 \_\_\_\_\_

### FINANCIAL INFORMATION

#### BANKS

- **Name of Bank** \_\_\_\_\_  
 Officer or Branch \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_





# Personal Affairs Record

- I am  I am not the beneficiary of a trust.  
 Nature of Interest \_\_\_\_\_  
 Trustee Name \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Address \_\_\_\_\_
- I have the right to exercise a power of appointment under a trust or will.  
 Explanation \_\_\_\_\_

Due Date \_\_\_\_\_  
 Collateral \_\_\_\_\_  
 Terms of Payment \_\_\_\_\_  
 Remarks \_\_\_\_\_

- **I am owed money or other assets by** \_\_\_\_\_  
 \_\_\_\_\_  
 Amount \$ \_\_\_\_\_  
 Location of Note \_\_\_\_\_  
 Due Date \_\_\_\_\_  
 Collateral \_\_\_\_\_  
 Terms of Payment \_\_\_\_\_  
 Remarks \_\_\_\_\_

## ACCOUNTS RECEIVABLE

- **I am owed money or other assets by** \_\_\_\_\_  
 \_\_\_\_\_  
 Amount \$ \_\_\_\_\_  
 Location of Note \_\_\_\_\_  
 Due Date \_\_\_\_\_  
 Collateral \_\_\_\_\_  
 Terms of Payment \_\_\_\_\_  
 Remarks \_\_\_\_\_
- **I am owed money or other assets by** \_\_\_\_\_  
 \_\_\_\_\_  
 Amount \$ \_\_\_\_\_  
 Location of Note \_\_\_\_\_  
 Due Date \_\_\_\_\_  
 Collateral \_\_\_\_\_  
 Terms of Payment \_\_\_\_\_  
 Remarks \_\_\_\_\_
- **I am owed money or other assets by** \_\_\_\_\_  
 \_\_\_\_\_  
 Amount \$ \_\_\_\_\_  
 Location of Note \_\_\_\_\_

## LIABILITIES

- **I owe money or am obligated financially to** \_\_\_\_\_  
 \_\_\_\_\_  
 Amount \$ \_\_\_\_\_  
 Location of Note \_\_\_\_\_  
 Due Date \_\_\_\_\_  
 Collateral \_\_\_\_\_  
 Terms of Payment \_\_\_\_\_  
 Remarks \_\_\_\_\_
- **I owe money or am obligated financially to** \_\_\_\_\_  
 \_\_\_\_\_  
 Amount \$ \_\_\_\_\_  
 Location of Note \_\_\_\_\_  
 Due Date \_\_\_\_\_  
 Collateral \_\_\_\_\_  
 Terms of Payment \_\_\_\_\_  
 Remarks \_\_\_\_\_

# Personal Affairs Record

## LIFE INSURANCE

### Policies on My Life, Owned by Me

- **Company** \_\_\_\_\_  
 Face Amount \$ \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Description of Policy \_\_\_\_\_  
 Location \_\_\_\_\_  
 Date of Issue \_\_\_\_\_ Premium \$ \_\_\_\_\_  
 Due \_\_\_\_\_  
 Primary Beneficiary \_\_\_\_\_  
 Secondary Beneficiary \_\_\_\_\_  
 Cash Value \$ \_\_\_\_\_  
 Loans Outstanding \$ \_\_\_\_\_  
 Settlement Options Elected \_\_\_\_\_

- **Company** \_\_\_\_\_  
 Face Amount \$ \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Description of Policy \_\_\_\_\_  
 Location \_\_\_\_\_  
 Date of Issue \_\_\_\_\_ Premium \$ \_\_\_\_\_  
 Due \_\_\_\_\_  
 Primary Beneficiary \_\_\_\_\_  
 Secondary Beneficiary \_\_\_\_\_  
 Cash Value \$ \_\_\_\_\_  
 Loans Outstanding \$ \_\_\_\_\_  
 Settlement Options Elected \_\_\_\_\_

- **Company** \_\_\_\_\_  
 Face Amount \$ \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Description of Policy \_\_\_\_\_  
 Location \_\_\_\_\_

Date of Issue \_\_\_\_\_ Premium \$ \_\_\_\_\_  
 Due \_\_\_\_\_  
 Primary Beneficiary \_\_\_\_\_  
 Secondary Beneficiary \_\_\_\_\_  
 Cash Value \$ \_\_\_\_\_  
 Loans Outstanding \$ \_\_\_\_\_  
 Settlement Options Elected \_\_\_\_\_

- **Company** \_\_\_\_\_  
 Face Amount \$ \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Description of Policy \_\_\_\_\_  
 Location \_\_\_\_\_  
 Date of Issue \_\_\_\_\_ Premium \$ \_\_\_\_\_  
 Due \_\_\_\_\_  
 Primary Beneficiary \_\_\_\_\_  
 Secondary Beneficiary \_\_\_\_\_  
 Cash Value \$ \_\_\_\_\_  
 Loans Outstanding \$ \_\_\_\_\_  
 Settlement Options Elected \_\_\_\_\_

### Policies Owned by Me on the Lives of Others

- **Company** \_\_\_\_\_  
 Name of Insured \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Description of Policy \_\_\_\_\_  
 Location \_\_\_\_\_  
 Date of Issue \_\_\_\_\_ Premium \$ \_\_\_\_\_ Due \_\_\_\_\_  
 Primary Beneficiary \_\_\_\_\_  
 Secondary Beneficiary \_\_\_\_\_  
 Face Value \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_  
 Loans \$ \_\_\_\_\_  
 Settlement Options Elected \_\_\_\_\_



# Personal Affairs Record

## Policies Owned by Others on My Life

**Company** \_\_\_\_\_  
 Name of Insured \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Face Amount \$ \_\_\_\_\_  
 Location \_\_\_\_\_  
 Date of Issue \_\_\_\_\_  
 Premium Paid by \_\_\_\_\_  
 Primary Beneficiary \_\_\_\_\_  
 Secondary Beneficiary \_\_\_\_\_  
 Cash Value \$ \_\_\_\_\_  
 Loans Outstanding \$ \_\_\_\_\_  
 Date of Gift or Issuance \_\_\_\_\_  
 Settlement Options Elected \_\_\_\_\_  
 **Company** \_\_\_\_\_  
 Name of Insured \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Face Amount \$ \_\_\_\_\_  
 Location \_\_\_\_\_  
 Date of Issue \_\_\_\_\_  
 Premium Paid by \_\_\_\_\_  
 Primary Beneficiary \_\_\_\_\_  
 Secondary Beneficiary \_\_\_\_\_  
 Cash Value \$ \_\_\_\_\_  
 Loans Outstanding \$ \_\_\_\_\_  
 Date of Gift or Issuance \_\_\_\_\_  
 Settlement Options Elected \_\_\_\_\_  
 Remarks on Life Insurance Coverage \_\_\_\_\_

### OTHER INSURANCE

**Automobile Insurance**  
 **Company** \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Location of Policy \_\_\_\_\_



### Nature of coverage :

- Collision Amount \$ \_\_\_\_\_
- Liability Amount \$ \_\_\_\_\_
- Comprehensive Amount \$ \_\_\_\_\_
- Medical Benefits Amount \$ \_\_\_\_\_
- Other (describe) \_\_\_\_\_

**Company** \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Location of Policy \_\_\_\_\_

### Nature of Coverage:

- Collision Amount \$ \_\_\_\_\_
- Liability Amount \$ \_\_\_\_\_
- Comprehensive Amount \$ \_\_\_\_\_
- Medical Benefits Amount \$ \_\_\_\_\_
- Other (describe) \_\_\_\_\_

**General Liability**  
 Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Location of Policy \_\_\_\_\_  
 Nature and Amount of Coverage \_\_\_\_\_



# Personal Affairs Record

## INVESTMENT REALTY – UNIMPROVED

**Description of Property** \_\_\_\_\_  
 Current Value \$ \_\_\_\_\_ Date Acquired \_\_\_\_\_  
 Cost Basis \$ \_\_\_\_\_  
 Mortgage Lender \_\_\_\_\_  
 Terms \_\_\_\_\_  
 Balance \$ \_\_\_\_\_  
 Remarks \_\_\_\_\_  
 **Description of Property** \_\_\_\_\_  
 Current Value \$ \_\_\_\_\_ Date Acquired \_\_\_\_\_  
 Cost Basis \$ \_\_\_\_\_  
 Mortgage Lender \_\_\_\_\_  
 Terms \_\_\_\_\_  
 Balance \$ \_\_\_\_\_  
 Remarks \_\_\_\_\_

## OIL AND GAS INTERESTS

Description	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Remarks _____	

## PATENTS, COPYRIGHTS, TRADEMARKS OR ROYALTIES

Description	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## FARMING INTERESTS

Description	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Remarks _____	

## TRUSTS

I have  I have not established living trusts.  
 **Trustee Name** \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 **Trustee Name** \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Attorney Who Drew Trust Agreement  
 Name \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Location of Trust Agreement \_\_\_\_\_  
 The trust is  revocable  irrevocable  
 Approximate value \$ \_\_\_\_\_  
 Names of Beneficiaries \_\_\_\_\_



# Personal Affairs Record

## MUTUAL FUNDS

Company	Shares	Date Purchased	Cost Basis	Current Value
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Location of Certificates \_\_\_\_\_  
 Records of Sales and Purchases are Located at \_\_\_\_\_

## U.S. SAVINGS BONDS

Type	Face Amount	Issue Date	Beneficiary	Serial Number
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

## INVESTMENT REALTY – IMPROVED

Description of Property	Description of Property
Current Value \$ _____ Date Acquired _____	Current Value \$ _____ Date Acquired _____
Cost Basis \$ _____	Cost Basis \$ _____
Mortgage Lender _____	Mortgage Lender _____
Terms _____	Terms _____
Balance \$ _____	Balance \$ _____
Remarks _____	Remarks _____

# Personal Affairs Record

## PERSONAL PROPERTY

I maintain an inventory or video tape of valuable personal property:  Yes  No  
 Location \_\_\_\_\_  
 Date Prepared or Revised \_\_\_\_\_

## SAFETY DEPOSIT BOX

■ **Box Location** \_\_\_\_\_  
 Box Number \_\_\_\_\_  
 Key Location \_\_\_\_\_  
 ■ **Box Location** \_\_\_\_\_  
 Box Number \_\_\_\_\_  
 Key Location \_\_\_\_\_

## REAL PROPERTY

I am sole owner of the following real estate:

■ **Description** \_\_\_\_\_  
 Date Acquired \_\_\_\_\_  
 Original Cost Basis \$ \_\_\_\_\_  
 Carryover Basis \$ \_\_\_\_\_  
 Additions to Basis (Specify) \_\_\_\_\_  
 Current Value \$ \_\_\_\_\_  
 Mortgage(s) held by \_\_\_\_\_  
 Mortgage Balance \$ \_\_\_\_\_  
 Terms \_\_\_\_\_  
 Location of Mortgage Instrument \_\_\_\_\_  
 ■ **Description** \_\_\_\_\_  
 Date Acquired \_\_\_\_\_  
 Original Cost Basis \$ \_\_\_\_\_  
 Carryover Basis \$ \_\_\_\_\_

- Fire Insurance**  
 Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Location of Policy \_\_\_\_\_  
 Property Covered \_\_\_\_\_  
 Amount \$ \_\_\_\_\_
- Theft Insurance**  
 Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Location of Policy \_\_\_\_\_  
 Property Covered \_\_\_\_\_  
 Amount \$ \_\_\_\_\_
- Accident and Health Insurance**  
 Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Location of Policy \_\_\_\_\_  
 Description of Coverage \_\_\_\_\_
- Other Policies**  
 ■ **Type of Policy** \_\_\_\_\_  
 Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Location of Policy \_\_\_\_\_  
 Description of Coverage \_\_\_\_\_
- **Type of Policy** \_\_\_\_\_  
 Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Location of Policy \_\_\_\_\_  
 Description of Coverage \_\_\_\_\_

