

CONFIDENTIAL

FINANCIAL INFORMATION PLANNER

The following information is to be completed to the best of your ability in order to provide information to your Attorney-in-Fact, Personal Representative and Trustee of your Revocable Trust.

FINANCIAL AGENTS

FINANCIAL

ADVISOR (check one): ___ I do not have one ___ I do have one

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

ACCOUNTANT (check one): ___ I do not have one ___ I do have one

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

ATTORNEY (check one): ___ I do not have one ___ I do have one

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

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LIFE INSURANCE

AGENT (check one): ___ I do not have one ___ I do have one

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

BANKER (check one): ___ I do not have one ___ I do have one

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

FINANCIAL INFORMATION

Please describe each asset in the space provided including the name of the financial institution, account numbers, names of contacts and phone numbers, names on account or title, approximate value of assets, etc. I recommend you attach copies of statements and other evidence of title.

	Description of Asset
Bank & Credit Union Accounts (checking, savings, money market, CDs)	
Securities (stocks, bonds, mutual funds)	

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	Description of Assets
Pension and Profit-Sharing Plans, IRAs, Annuities	
Real Estate	
Businesses (corporation, partnership, sole proprietorships)	
Personal and Household articles (collections, antiques or other valuable personal items)	
Less Debts (mortgages, credit cards, loans, etc.)	

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INSURANCE

Name of Company and Agent	Address	Telephone and Fax Numbers	Type of Policy (e.g., life, disability, health) & Policy Number

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LOCATION OF ASSETS AND DOCUMENTS

Safe Deposit Box (location of box, who is on the lease, where the key is located):

Is your agent listed on your box, so he or she can gain access? _____

Private Safe (location, who has combination): _____

Original Current Estate Planning Documents: _____

(Copy also held by Terri L. Giampetroni, Legal Strategies, P.C., 74 Market Street, Mt. Clemens, Michigan 48043 (586) 783-8350)

Life, Health and Accident Insurance Policies: _____

Homeowners' Insurance: _____

Stock Certificates/Records: _____

Tax Returns; Years Covered: _____

Real Estate Documents (deeds, title policy): _____

Leases: _____

Jewelry, Trading cards and Other Valuable Tangibles: _____

Cemetery Plot (location of plot and deed; care arrangements): _____

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Birth Certificate: _____

Marriage Certificates _____

Divorce Papers: _____

Employee Benefit Statements: _____

Military Discharge Papers: _____

Naturalization Papers: _____

Passports: _____

Adoption Papers: _____

Computer Records (file names, passwords, and who has access): _____

Firearms and Registration Requirements: _____

Other information that you would think would be helpful for your personal representative or Trustee: _____
