

William Blair

This document is designed to help you organize your personal financial information as a consolidated record of your property

A Record of Personal Financial and Family Information



We encourage you to keep an updated copy of this document in a safe, secure location, and to make trusted individuals aware of its existence and location in the event of an emergency.

Personal Information

Self

Name

Date of Birth (MM/DD/YYYY)

Social Security Number

Previous Name (If changed due to marriage, divorce, other)

Mother's Name

Date of Birth

Father's Name

Date of Birth

Address

City

State

Zip

Home Telephone Number

Mobile Telephone Number

E-mail Address

Alternate E-mail Address

Business

Address Line 1

Address Line 2

City

State

Zip

E-mail Address

Telephone Number

Spouse

Name

Date of Birth (MM/DD/YYYY)

Social Security Number

Previous Name (If changed due to marriage, divorce, other)

Mother's Name

Date of Birth

Father's Name

Date of Birth

Address

City

State

Zip

Home Telephone Number

Mobile Telephone Number

E-mail Address

Alternate E-mail Address

Business

Address Line 1

Address Line 2

City

State

Zip

E-mail Address

Telephone Number

Personal Information (continued)

Children

.....
Name

.....
Date of Birth (MM/DD/YYYY)

.....
Social Security Number

.....
Name

.....
Date of Birth (MM/DD/YYYY)

.....
Social Security Number

.....
Name

.....
Date of Birth (MM/DD/YYYY)

.....
Social Security Number

.....
Name

.....
Date of Birth (MM/DD/YYYY)

.....
Social Security Number

.....
Name

.....
Date of Birth (MM/DD/YYYY)

.....
Social Security Number

.....
Name

.....
Date of Birth (MM/DD/YYYY)

.....
Social Security Number

Stepchildren

.....
Name

.....
Date of Birth (MM/DD/YYYY)

.....
Social Security Number

.....
Name

.....
Date of Birth (MM/DD/YYYY)

.....
Social Security Number

.....
Name

.....
Date of Birth (MM/DD/YYYY)

.....
Social Security Number

Grandchildren

.....
Name

.....
Date of Birth (MM/DD/YYYY)

.....
Social Security Number

.....
Name

.....
Date of Birth (MM/DD/YYYY)

.....
Social Security Number

.....
Name

.....
Date of Birth (MM/DD/YYYY)

.....
Social Security Number

.....
Name

.....
Date of Birth (MM/DD/YYYY)

.....
Social Security Number

.....
Name

.....
Date of Birth (MM/DD/YYYY)

.....
Social Security Number

.....
Name

.....
Date of Birth (MM/DD/YYYY)

.....
Social Security Number

Great-Grandchildren

.....
Name

.....
Date of Birth (MM/DD/YYYY)

.....
Social Security Number

.....
Name

.....
Date of Birth (MM/DD/YYYY)

.....
Social Security Number

.....
Name

.....
Date of Birth (MM/DD/YYYY)

.....
Social Security Number

Personal Advisors

Attorney

.....
Name

.....
Firm

.....
Telephone Number

.....
Address

.....
City

.....
State

.....
Zip

.....
E-mail Address

Trust Officer

.....
Name

.....
Trust Company

.....
Telephone Number

.....
Address

.....
City

.....
State

.....
Zip

.....
E-mail Address

Accountant/Tax Preparer

.....
Name

.....
Firm

.....
Telephone Number

.....
Address

.....
City

.....
State

.....
Zip

.....
E-mail Address

.....
Are your tax returns on file with this individual?

.....
☐ Yes

.....
☐ No

Banker

.....
Name

.....
Firm

.....
Telephone Number

.....
Address

.....
City

.....
State

.....
Zip

.....
E-mail Address

Wealth Advisor

.....
Name

.....
Firm

.....
Telephone Number

.....
Address

.....
City

.....
State

.....
Zip

.....
E-mail Address

Insurance Agents

.....
Name

.....
Firm

.....
Type of Insurance

.....
Address

.....
City

.....
State

.....
Zip

.....
E-mail Address

.....
Telephone Number

.....
Name

.....
Firm

.....
Type of Insurance

.....
Address

.....
City

.....
State

.....
Zip

.....
E-mail Address

.....
Telephone Number

Personal Advisors (continued)

Clergy

Name			
Congregation/Church/Etc.		Telephone Number	
Address	City	State	Zip
E-mail Address			

Doctor

Name			
Hospital		Telephone Number	
Address	City	State	Zip
E-mail Address			

Dentist

Name			
Association		Telephone Number	
Address	City	State	Zip
E-mail Address			

Other

Name			
Association		Telephone Number	
Address	City	State	Zip
E-mail Address			
Name			
Association		Telephone Number	
Address	City	State	Zip
E-mail Address			
Name			
Association		Telephone Number	
Address	City	State	Zip
E-mail Address			

Important Documents

Will

.....
Location

.....
Address City State Zip

.....
Dated as of

.....
Codicils Dated as of

.....
Executor Named

.....
Address City State Zip

.....
Telephone Number

.....
Guardian Named

.....
Address City State Zip

.....
Telephone Number

Trust Agreement

.....
Location if different than Will

.....
Dated as of

.....
Amendments Dated

.....
Trustee(s) Named

.....
Address City State Zip

.....
Telephone Number

Living Will, Trust Agreement, and Health Care POA

.....
Location

.....
Dated as of

Health Care Power of Attorney

.....
Location

.....
Dated as of

.....
Appointee

.....
Address City State Zip

.....
Telephone Number

Medical Insurance and Long-Term Care Policies

.....
Company

.....
Policy Number

.....
Type

.....
Location of Policy

.....
Agent

.....
Telephone Number

Long-Term Care Policies

.....
Company

.....
Policy Number

Important Documents (continued)

Medicare and Homeowners Insurance

.....
Policy Number

.....
Supplemental Medicare Policy

Homeowner's Insurance

.....
Company

.....
Policy Number Location of Policy

.....
Agent

.....
Telephone Number

Durable POA for Property

.....
Location

.....
Dated as of

.....
Appointee

.....
Address City State Zip

.....
Telephone Number

Passport

.....
Number

.....
Issue Date

Marriage Certificate

.....
Location

.....
Dated as of

Location of Tax Returns and Other Financial Documents

Location of Judgements or Other Legal Documents

Military Discharge

.....
Location

.....
Branch

.....
Rank Service Number

Safe Deposit Box*

.....
Location of Key

.....
Bank

.....
Number

.....
Title and Authorized Signers

Home Safe*

.....
Location Password or Combination

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Important Documents (continued)

Adoption Papers

.....
Name

.....
Date of Adoption

.....
Location of Certificate

.....
Name

.....
Date of Adoption

.....
Location of Certificate

.....
Name

.....
Date of Adoption

.....
Location of Certificate

Birth Certificates for Family Members

.....
Self

.....
Date of Birth

.....
Location of Certificate

.....
Spouse

.....
Date of Birth

.....
Location of Certificate

.....
Name

.....
Date of Birth

.....
Location of Certificate

.....
Name

.....
Date of Birth

.....
Location of Certificate

Divorce Decrees

.....
Name

.....
Location

.....
Dated as of

.....
Name

.....
Location

.....
Dated as of

Death Certificates for Family Members

.....
Name of Deceased

.....
Relationship to You

.....
Date of Death

.....
Location of Certificate

.....
Name of Deceased

.....
Relationship to You

.....
Date of Death

.....
Location of Certificate

.....
Name of Deceased

.....
Relationship to You

.....
Date of Death

.....
Location of Certificate

.....
Name of Deceased

.....
Relationship to You

.....
Date of Death

.....
Location of Certificate

Summary of Property

Cash and Bank Accounts

Bank

Address

City

State

Zip

Account Number

Type of Account

Title of Account

Bank

Address

City

State

Zip

Account Number

Type of Account

Title of Account

Bank

Address

City

State

Zip

Account Number

Type of Account

Title of Account

Credit Cards

Card Number

Issuer/Phone Number

Card Number

Issuer/Phone Number

Card Number

Issuer/Phone Number

Card Number

Issuer/Phone Number

Card Number

Issuer/Phone Number

Card Number

Issuer/Phone Number

Loans/Obligations

Lending Company

Due Date

Interest (%)

Amount (\$)

Description

Lending Company

Due Date

Interest (%)

Amount (\$)

Description

Lending Company

Due Date

Interest (%)

Amount (\$)

Description

Lending Company

Due Date

Interest (%)

Amount (\$)

Description

Lending Company

Due Date

Interest (%)

Amount (\$)

Description

Summary of Property (continued)

Investment Accounts

.....
Title of Account

.....
Account Number Value of Portfolio (\$)

.....
Institution

.....
Broker/Portfolio Manager

.....
Telephone Number

.....
Title of Account

.....
Account Number Value of Portfolio (\$)

.....
Institution

.....
Broker/Portfolio Manager

.....
Telephone Number

.....
Title of Account

.....
Account Number Value of Portfolio (\$)

.....
Institution

.....
Broker/Portfolio Manager

.....
Telephone Number

.....
Title of Account

.....
Account Number Value of Portfolio (\$)

.....
Institution

.....
Broker/Portfolio Manager

.....
Telephone Number

Investment Accounts

.....
Title of Account

.....
Account Number Value of Portfolio (\$)

.....
Institution

.....
Broker/Portfolio Manager

.....
Telephone Number

.....
Title of Account

.....
Account Number Value of Portfolio (\$)

.....
Institution

.....
Broker/Portfolio Manager

.....
Telephone Number

Individual Retirement Accounts (IRAs)

.....
Institution

.....
Type of Investment

.....
Institution

.....
Type of Investment

.....
Institution

.....
Type of Investment

.....
Institution

.....
Type of Investment

Summary of Property (continued)

Individual Securities/Certificates Held By Me

Security	Amount (\$)	
Number of Shares	Purchased Date	Cost
Title		
Location		

Security	Amount (\$)	
Number of Shares	Purchased Date	Cost
Title		
Location		

Security	Amount (\$)	
Number of Shares	Purchased Date	Cost
Title		
Location		

Security	Amount (\$)	
Number of Shares	Purchased Date	Cost
Title		
Location		

Notes, Accounts Receivable (Owed to You)

Payor	Date of Note	Interest (%)
Due Date	Amount (\$)	
Description		
Payor	Date of Note	Interest (%)
Due Date	Amount (\$)	
Description		
Payor	Date of Note	Interest (%)
Due Date	Amount (\$)	
Description		

Foreign Assets

Summary of Property (continued)

Life Insurance Policies

.....
Company

.....
Policy Number

.....
Type

.....
Face Value

.....
Date of Policy

.....
Location of Policy

.....
Owner

.....
Beneficiary(ies)

.....
Agent Telephone Number

.....
Company

.....
Policy Number

.....
Type

.....
Face Value

.....
Date of Policy

.....
Location of Policy

.....
Owner

.....
Beneficiary(ies)

.....
Agent Telephone Number

Employee Benefits

The following benefits are in force where I work:

.....
Health Insurance/Health Savings Account (HSA) Vested Amount (\$)

.....
Disability Insurance

.....
Life Insurance

.....
Pension or Retirement Plan

.....
Employee Savings Plan

.....
Profit Sharing Plan/401(k)

.....
Survivor's Benefits

.....
Name of person in charge of employee benefits at work

.....
Telephone Number

Summary of Property (continued)

Annuities

.....
Company

.....
Date of Purchase Cost

.....
Payment Period Amount (\$)

.....
Term

.....
Beneficiary(ies)

.....
Agent

.....
Telephone Number

.....
Company

.....
Date of Purchase Cost

.....
Payment Period Amount (\$)

.....
Term

.....
Beneficiary(ies)

.....
Agent

.....
Telephone Number

Education Savings Plan

.....
Description

.....
Trustee or Custodian For

.....
Description

.....
Trustee or Custodian For

.....
Description

.....
Trustee or Custodian For

Real Estate: Property 1

.....
Property 1 Description

.....
Address

.....
City State Zip

.....
Appraised Value (\$) Date of Last Appraisal

.....
Purchase Price (\$) Date of Purchase

.....
Deed in Name of Location of Deed

.....
Amount of Mortgage (\$) Type of Mortgage

.....
Mortgage Holder/Number

.....
Amount of Real Estate Taxes (\$) Payable On

.....
Insurance of Property Policy Number

.....
Company

.....
Agent

.....
Income/Lease (\$)

Summary of Property (continued)

Real Estate: Property 2

Property 2 Description

Address

City State Zip

Appraised Value (\$) Date of Last Appraisal

Purchase Price (\$) Date of Purchase

Deed in Name of Location of Deed

Amount of Mortgage (\$) Type of Mortgage

Mortgage Holder/Number

Amount of Real Estate Taxes (\$) Payable On

Insurance of Property Policy Number

Company

Agent

Income/Lease (\$)

Real Estate: Property 3

Property 3 Description

Address

City State Zip

Appraised Value (\$) Date of Last Appraisal

Purchase Price (\$) Date of Purchase

Deed in Name of Location of Deed

Amount of Mortgage (\$) Type of Mortgage

Mortgage Holder/Number

Amount of Real Estate Taxes (\$) Payable On

Insurance of Property Policy Number

Company

Agent

Income/Lease (\$)

Business Interest

Business Interests

Name of Firm

Address

City

State

Zip

Taxpayer Identification Number

Telephone Number

Type of Account

Principals

Date Acquired

Cost (\$)

Owned (%)

Partner (General or Limited, %)

Amount of Real Estate Taxes (\$)

Payable On

Income (\$)

Is a buy/sell agreement in effect?

Name of Firm

Address

City

State

Zip

Taxpayer Identification Number

Telephone Number

Type of Account

Principals

Date Acquired

Cost (\$)

Owned (%)

Partner (General or Limited, %)

Amount of Real Estate Taxes (\$)

Payable On

Income (\$)

Is a buy/sell agreement in effect?

Other Business Interest or Interest in Trust

Title

Date of Trust

Beneficial Interest

Power of Appointment

Title

Date of Trust

Beneficial Interest

Power of Appointment

Title

Date of Trust

Beneficial Interest

Power of Appointment

Personal Property

Automobiles

Make and Year

Insurance Company

Policy Number

Telephone Number

Make and Year

Insurance Company

Policy Number

Telephone Number

Make and Year

Insurance Company

Policy Number

Telephone Number

Jewelry

Insurance Company

Policy Number

Telephone Number

Description

Appraised Value (\$)

Location

Description

Appraised Value (\$)

Location

Description

Appraised Value (\$)

Location

Username and Passwords*

Alternate location of username/password document or name of centralized password management service/software

Website Address or Device

Username

Password

Website Address or Device

Username

Password

Website Address or Device

Username

Password

Website Address or Device

Username

Password

Website Address or Device

Username

Password

Website Address or Device

Username

Password

Website Address or Device

Username

Password

Website Address or Device

Username

Password

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Personal Property (continued)

Collections

Insurance Company	
Policy Number	Telephone Number
Description	
Appraised Value (\$)	Location
Description	
Appraised Value (\$)	Location
Description	
Appraised Value (\$)	Location

Other (Paintings, Furniture, Etc.)

Insurance Company	
Policy Number	
Telephone Number	
Description	
Appraised Value (\$)	Location
Description	
Appraised Value (\$)	Location
Description	
Appraised Value (\$)	Location

Irrevocable Gifts (Values at more than \$10,000)

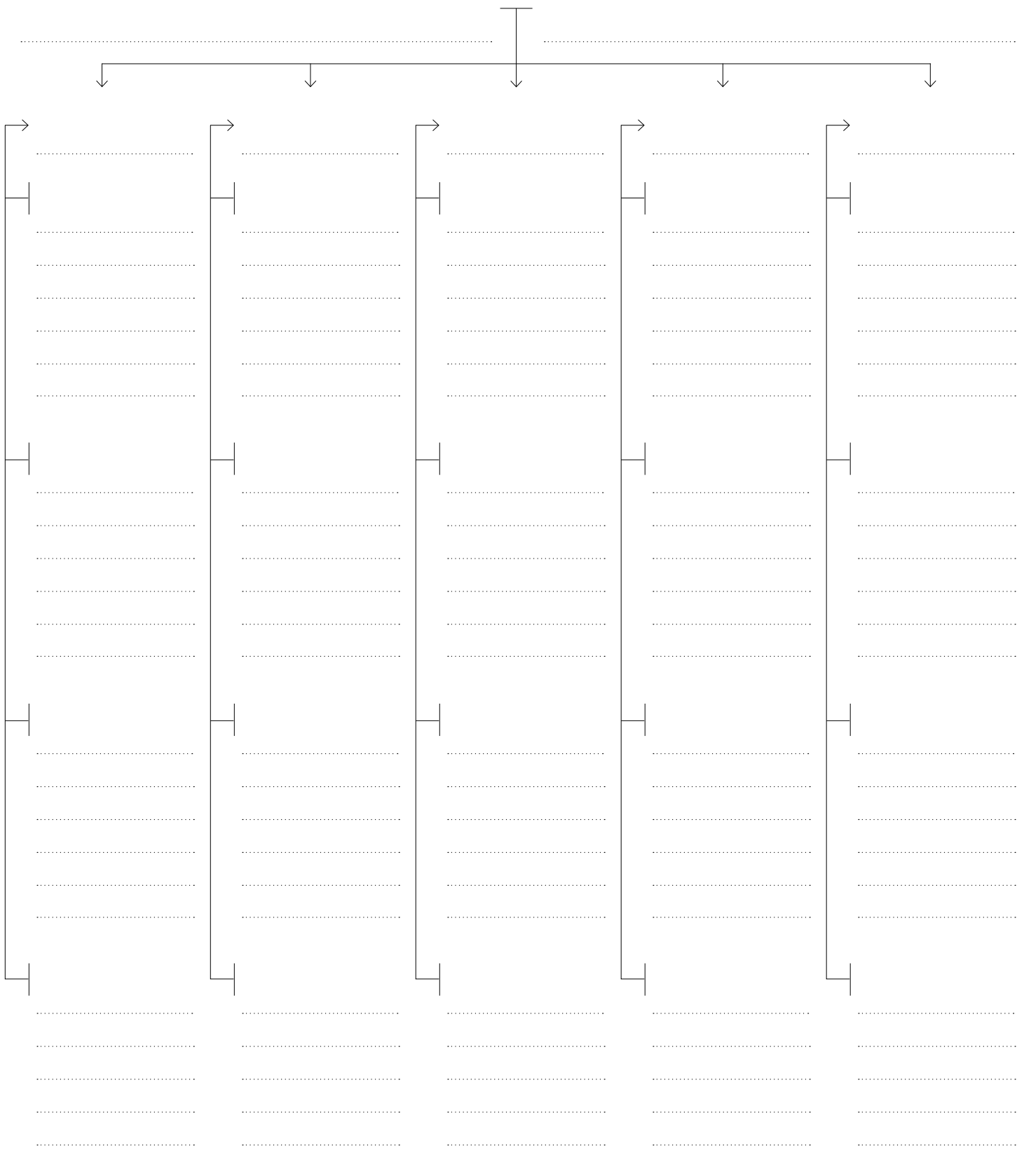
By Whom	Date of Gift	Amount (\$)
To Whom		
Description of Gift (stock, cash, property)		
By Whom	Date of Gift	Amount (\$)
To Whom		
Description of Gift (stock, cash, property)		
By Whom	Date of Gift	Amount (\$)
To Whom		
Description of Gift (stock, cash, property)		

Club Memberships

Special Instructions

Burial Instructions
Funeral Home
Other

Family Relationship Tree



Notes

Handwriting practice lines consisting of 20 horizontal dotted lines.

Notes

Handwriting practice lines consisting of 20 horizontal dotted lines.

Notes

August 2026

This information has been prepared solely for informational purposes and is not intended to provide or should not be relied upon for accounting, legal, tax, or investment advice. We recommend consulting your attorney, tax advisor, investment, or other professional advisor about your particular situation. Investment advice and recommendations can be provided only after careful consideration of an investor's objectives, guidelines, and restrictions. Any investment or strategy mentioned herein may not be suitable for every investor, including retirement strategies. The factual statements herein have been taken from sources we believe to be reliable, but accuracy, completeness, or interpretation cannot be guaranteed. Past performance is not necessarily an indication of future results. "William Blair" is a registered trademark of William Blair & Company, L.L.C.