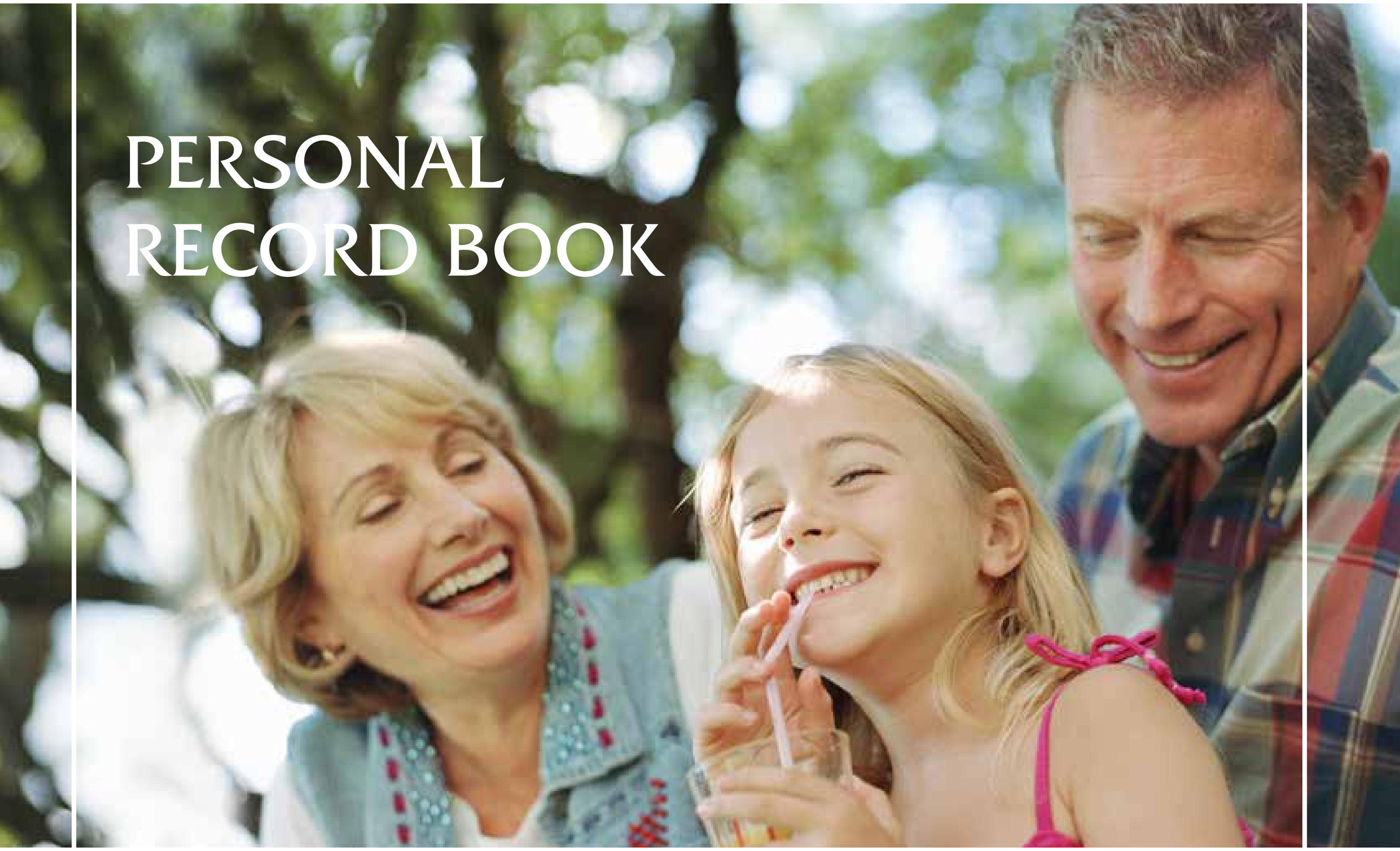
PERSONAL RECORD BOOK



This booklet is a tool to provide you with a clear, precise record of your personal and financial information. It can be used to prepare an estate plan and is also a convenient way of organizing information for your loved ones. You may wish to provide a copy to a family member and to your executor as a safeguard against loss.

Update your records annually. You should enter the date every time you look over the booklet even if you don't change any of the information. This will assure the reader of the current accuracy of the entries.

This document should not be returned to the Presbyterian Foundation or its representatives.

FDN 02-13-02

Presbyterian FOUNDATION

NAME ______________________________

DATE REVISED ______________________ DATE REVIEWED ______________________

PERSONAL INFORMATION

Date of Birth ______________________

Birth Certificate ☐ No ☐ Yes Located ______________

Citizenship - date/place of naturalization if not U.S. citizen by birth ______________________

Social Security # ______________________

Father's Full Name ______________________

Mother's Full Name ______________________

Religious Affiliation ______________________

Church ______________________

Address ______________________

Marital Status

☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Spouse's Name ______________________

Date & State married ______________________

Certificate located ______________________

Previous marriage ☐ Yes ☐ No

Date ____________ Name ______________________

Marriage ended by ☐ Death ☐ Divorce

Children

Name ______________________

Address ______________________

Name ______________________

Address ______________________

Name ______________________

Address ______________________

Military Service - Date(s) ______________________

Service Serial # ______________________

Discharge papers located ______________________

LIVING WILL DIRECTIVE & ORGAN DONATION

I have a living will directive stating my wishes for medical care and treatment. The document is dated ______________

and is located ______________________

Individuals having copies

Name ______________ Phone ______________

Address ______________________

Name ______________ Phone ______________

Address ______________________

Name ______________ Phone ______________

Address ______________________

I have agreed to donate organs to [organization]

____

Papers are located ______________________

I have given the following person durable power of attorney which will go into effect upon my inability to act for myself

Name ______________ Phone ______________

Address ______________________

LAST WILL & TESTAMENT

Will written __________ Located ______________

Executor of Will ______________________

Address ______________________

Attorney ______________________

Address ______________________

In my will, I have left the following charitable bequests

Charity ______________________

Bequest Amount ______________________

Charity ______________________

Bequest Amount ______________________

FUNERAL & BURIAL ARRANGEMENTS

I have given instructions regarding my funeral in

☐ Will ☐ Letter ☐ Other

I own ☐ Cemetery plot ☐ Cemetery vault ☐ None

Name ____

Location ______________ Section # ____ Plot # ______

Location of Deed ________________________________

Other funeral arrangements ________________________

____

BANK ACCOUNTS & SAFE DEPOSIT BOX

Bank Name ____________________________________

☐ Checking ☐ Saving Account # __________________

☐ Joint ☐ Individual

Bank Name ____________________________________

☐ Checking ☐ Saving Account # __________________

☐ Joint ☐ Individual

Bank Name ____________________________________

☐ Checking ☐ Saving Account # __________________

☐ Joint ☐ Individual

Safe Deposit Box Location ________________________

Box # ______ Key Location __________________________

RETIREMENT ACCOUNTS

Company Name _________________________________

Address ____

Account # _______________________________________

Beneficiary ______________________________________

Company Pension _________________________________

Social Security _________________________________

Individual Retirement Acct ________________________

Annuities _____________________________________

Beneficiary(ies) __________________________________

Other Retirement benefits ________________________

Beneficiary(ies) __________________________________

INVESTMENTS

I own various stocks and bonds, held in street name, which are located at ____________________________________

____

____

Stocks/Bonds/Mutual Funds

Company ____

Shares _______ Date Purchased _______ Cost Basis _______

Company ____

Shares _______ Date Purchased _______ Cost Basis _______

Company ____

Shares _______ Date Purchased _______ Cost Basis _______

Records of purchase and sale are located ______________

____

U.S. Savings Bonds - I own under the following ownership registrations ☐ My name alone

☐ Joint with ___________________________

Type ____________________ Face Value ______________

Issue Date _______________ Maturity Date ____________

Serial Number ___________________________________

Type ____________________ Face Value ______________

Issue Date _______________ Maturity Date ____________

Serial Number ___________________________________

Certificates of Deposit ___________________________

Amount _________________ Date of Redemption ________

Certificates of Deposit _____________________________

Amount _________________ Date of Redemption ________

Partnerships ___________________________________

____

TRUST FUNDS

Description of my Trusts

Testamentary Trust ______________________________

Trustee ______________________________

Assets in Trust ______________________________

Beneficiaries ______________________________

Attorney of Record ______________________________

Firm ______________________________

Address ______________________________

____

Charitable Remainder Trust ______________________________

Trustee ______________________________

Assets in the trust ______________________________

Income Recipients ______________________________

Charitable Beneficiaries ______________________________

Papers are located ______________________________

Existing Trust ______________________________

I have created a trust for the benefit of ______________________________

____

Date established ______________________________

Trust Agreement located ______________________________

Attorney who drafted the Trust Agreement

____

Firm ______________________________

Address ______________________________

____

I am a beneficiary under a Trust established by ______________________________

____

Papers are located ______________________________

PERSONAL EMPLOYMENT

My employer ______________________________

Address ______________________________

I participate in the following benefit plans ______________________________

____

Other business interests ______________________________

LIFE INSURANCE

All policies owned by me on my life

Insurance Company ______________________________

Policy # ______________ Amount of policy ______________

Location ______________________________

Beneficiary(ies) ______________________________

____

Policies owned by others on my life (including charities)

____

Policies which I own on the lives of others ______________________________

____

Location ______________________________

Person insured ______________ Amount ______________

Address ______________________________

____

Insurance Agents or Brokers

Name ______________________________

Company ______________________________

Address______________ Phone ______________

Name ______________________________

Company ______________________________

Address______________ Phone ______________

I have unpaid loans against these policies

Policy # ______________ Amount Due ______________

OTHER INSURANCE

I personally carry accident, disability, sickness, hospitalization and other such forms of insurance (this is in addition to and exclusive of any such insurance or benefits provided through my employer). ☐ Yes ☐ No

Company ______________________________

Coverage ______________________________

Insurance Agent ______________________________

Phone ______________ Policy # ______________

Location of Policy ______________________________

RESIDENCE & OTHER REAL ESTATE

Residence Address ______________________________

____

I own residence ☐ Yes ☐ No

Ownership title is held in

☐ My name alone

☐ Joint with ______________________________

Mortgage on property ☐ Yes ☐ No

Held by ______________________________

Documents concerning this property are located __________

____

I own other real estate located ______________________________

____

Homeowner's insurance broker ______________________________

Firm ______________ Phone ______________

Address ______________________________

TANGIBLE PERSONAL PROPERTY

Automobile(s) ______________________________

Jewelry, Art, Antiques, Collectibles ______________________________

____

Complete inventory of my personal property is located

____

____

PERSONAL DEBTORS & CREDITORS

Name of Debtor ______________________________

Address ______________________________

Amount owed to me ______________________________

Name of Debtor ______________________________

Address ______________________________

Amount owed to me ______________________________

I have the following outstanding loans

Creditor ______________________________

Loan # ______________________________

Amount of Loan __________ Date of Final Payment __________

Creditor ______________________________

Loan # ______________________________

Amount of Loan __________ Date of Final Payment __________

Credit Card Debt

Company ______________________________

Account # ______________________________

Phone ______________________________

Company ______________________________

Account # ______________________________

Phone ______________________________

TAX RETURNS

My tax preparer ______________________________

Firm ______________________________

Address ______________________________

Phone ______________________________

Copies of my income tax returns are located ______________

____

PERSONAL ADVISORS

Physician ____________________

Address ____________________

Specialty __________ Phone __________

Physician ____________________

Address ____________________

Specialty __________ Phone __________

Clergy person ____________________

Address ____________________

Phone ____________________

Attorney ____________________

Address ____________________

Phone ____________________

Accountant ____________________

Address ____________________

Phone ____________________

Insurance Agent ____________________

Address ____________________

Phone ____________________

Trust Officer ____________________

Address ____________________

Phone ____________________

Investment Broker ____________________

Address ____________________

Phone ____________________

Other ____________________

Address ____________________

Phone ____________________

LOCATION OF IMPORTANT PAPERS

Vital Statistics ____________________

Trust Agreements ____________________

____

Last Will & Testament ____________________

Bonds & Securities ____________________

____

Bank Books ____________________

Insurance Policies ____________________

Business Agreements ____________________

Titles & Deeds ____________________

Tax Papers ____________________

Charitable Documents ____________________

Military Service Documents ____________________

Others ____________________

____

A CHRISTIAN'S OPPORTUNITY

The Christian tradition of giving is both a privilege and an opportunity. What we now enjoy and cherish - our church, our schools, our hospitals - were in large part created by those who came before us. We all have the opportunity to follow this example by giving something of ourselves to assure the future of our Christian witness. Please remember your church and favorite ministries in your estate plans.

For additional copies of this booklet, please visit www.PresbyterianFoundation.org or contact the Foundation at the address below.

200 East Twelfth Street, Jeffersonville, In 47130 | 800.858.6127 | www.PresbyterianFoundation.org