







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.

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This is the personal affairs record of:

Name		
Information contained is current as of		
Date		
Revised on		

Date







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.



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

☐ Separated ☐ Widowed



Personal Affairs Record

Spouse's Full Name ____

PERSONAL VITAL STATISTICS

	Date and Place Married
Full Legal Name	Location of Marriage Certificate
Permanent Home Address	Location of Prenuptial Agreement, If Any
	Former Spouse's Name
Telephone	Date and Place of Prior Marriage
Address of Part-Time Residence	Terminated by:
	☐ Divorce ☐ Annulment ☐ Separation
Telephone	□ Death
Business Address	
	Date and Place of Termination
Telephone	Location of Termination Papers
Date and Place of Birth	
Social Security Number	FAMILY RECORDS*
Taxpayer Identification Number (If used on feder-	
al income tax returns)	Father's Name
Persons to Notify in Emergency	Age
■ Name	Address
Address	
Telephone	Mother's Name
■ Name	Age
Address	Address
Telephone	
Passport Number	Children's Names, Ages, Addresses:
Issue Date	
Issued At (City, State)	
Location of Passport	
Military Service Number	
	Brothers' and Sisters' Names, Ages, Addresses
MARITAL INFORMATION	
Present Marital Status:	
☐ Single ☐ Married ☐ Divorced	







Names, Ages and Addresses of Grandchildren or	Bonuses: Amount \$		
Other Close Relatives	How Paid		
	Remarks		
	Incentive Pay: Amount \$		
	How Paid		
	Remarks		
	My Firm □ has □ has not contracted to pur-		
	chase any interests in the event of my		
Other Intended Beneficiaries of Your Will (Include	death.		
Charitable or Educational Organizations)	Location of Professional and Business		
	Arrangements		
	Other Business Interests		
	■ Name of Business		
	Type: □ Sole Proprietorship		
	□ Partnership		
Incompetent Beneficiaries, If Any	☐ Close Corporation		
	Value of My Interest \$		
	V (D)		
	Name of Business		
*If a family member is deceased, list name followed by	Type: □ Sole Proprietorship		
"(deceased)."	□ Partnership		
EMPLOYMENT	☐ Close Corporation		
AND BUSINESS INTERESTS	Value of My Interest \$		
Place of Employment	■ Name of Business		
Date Employed	Type: □ Sole Proprietorship		
Position or Title	☐ Partnership		
Location of Any Employment Agreement	☐ Close Corporation		
Location of Any Employment Agreement	Value of My Interest \$		
Companyation Assessments	· ····· · · · · · · · · · · · · · · ·		
Compensation Agreements:	Arrangements or Suggested Arrangements for		
Salary: \$ per Time of Payment	Disposition of Business Interests After My Death		
Time of rayment			





Personal Affairs Record

■ Name	NOTES AND SUGGESTIONS TO
Telephone	EXECUTOR OR BENEFICIARIES
Address	
They have agreed to accept this position	
□ Yes □ No	
Date of My Last Will	
Attorney Who Drew My Last Will	
Name	
Telephone	
Address	
Location of My Last Will (all copies)	
☐ I have ☐ I have not added codicils to my will	
Dates of Codicils	









■ Clergyman	\square I do \square I do not desire a Fraternal Service.
Telephone	Please make memorial gifts to
Address	☐ I have a cemetery plot
■ Incurrence A cont	☐ I have a cemetery vault
■ Insurance Agent	Cemetery Name
Telephone	Cemetery Location
Address	Section Number
■ Attorney	Plot Number
Telephone	Location of Deed to Plot
Address	Other Specific Burial Instructions
■ Trust Officer	
Telephone	
Address	
■ Investment Banker	
Telephone	
Address	LAST WILL AND TESTAMENT
■ Tax Consultant	LAST WILL AND TESTAMENT
Telephone	\Box I have \Box I have not made a will.
Address	The executor(s) of my will is:
	Name
Financial Planner	Telephone
Telephone	Address
Address	
	■ Name
	Telephone
FUNERAL AND BURIAL DIRECTIONS	Address
Name of Funeral Director	I have named/wish to name the following
Address	person(s) as guardians or conservators:
\square I do \square I do not desire a military burial.	Name
Fraternal Affiliation	Telephone
I am a member of Lodge of	Address





Personal Affairs Record



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 forYears		
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 ____









Type of Account □ Joint □ Individual	CERTIFICATES OF DEPOSIT		
In Name of	■ Kank		
Account Number	- Amount \$		
Balance \$ Date	Owner		
Type of Account □ Joint □ Individual	Time of Maturity		
In Name of	Location of Papers		
Account Number	*		
Balance \$ Date			
	■ Bank		
Name of Bank	7111οατι ψ		
Officer or Branch	Owner		
Address	Time of Maturity		
	Location of Papers		
Type of Account □ Joint □ Individual	-		
In Name of			
Account Number			
Balance \$ Date			
	Owner		
Type of Account □ Joint □ Individual	Time of Maturity		
In Name of	Location of Paners		
Account Number	-		
Balance \$ Date	-		
Name of Bank	_		
Officer or Branch	ANINILIITIE		
Address	Terms of		
	Company Amount Invested Payment Agreement		
Type of Account □ Joint □ Individual	\$		
In Name of	Ψ		
Account Number			
Balance \$ Date	Remarks		
Type of Account □ Joint □ Individual			
In Name of	-		
Account Number			
Balance \$ Date	_		





The attorney handling my interests is _____

Telephone _____

Personal Affairs Record

I owe money or am obligated financially to		CREDIT CARDS	
Amount \$	Company	Account Number	Average Balance
Location of Note		\$	
Due Date		\$	
Collateral		\$	
Terms of Payment		\$	
Remarks		\$	
I owe money or am obligated financially to		\$	
		TAXES	
Amount \$	I a sation of some	.:	- L
Location of Note	Location of cop	pies of my income tax re	eturns
Due Date			
Collateral	Name and add	ress of tax preparer	
Terms of Payment			
Remarks	Location of cop	oies of gift tax returns _	
	Tax Preparer _		
CLAIMS OR LAW SUITS	Controversies p	oending with IRS or sta	te or local ta
My assets may be affected by the following claims	authorities (des	scribe)	
r law suits (specify)			
	PE	RSONAL ADVISOR	S
	■ Physician _		
	Telephone_		
	Address		





Physician ____

Address ____

Telephone _____





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\square I am \square I am not the beneficiary of a trust.	Due Date		
Nature of Interest	Collateral		
Trustee Name	Terms of Payment		
Telephone	Remarks		
Address	■ I am owed money or other assets by		
\square I have the right to exercise a power of			
appointment under a trust or will.	Amount \$		
Explanation	Location of Note		
	Due Date		
	Collateral		
ACCOUNTS RECEIVABLE	Terms of Payment		
■ I am owed money or other assets by	Remarks		
Amount \$	LIABILITIES		
Location of Note			
Due Date	I owe money or am obligated financially to		
Collateral			
Terms of Payment	Amount \$		
Remarks	Location of Note		
■ I am owed money or other assets by	Due Date		
and owed money of other assets by	Collateral		
Amount \$	Terms of Payment		
	Remarks		
Location of Note			
Due Date	I owe money or am obligated financially to		
Collateral			
Terms of Payment	Amount \$		
Remarks	Location of Note		
■ I am owed money or other assets by	Due Date		
	Collateral		
Amount \$	Terms of Payment		
Location of Note	Pomarka		





Personal Affairs Record

LIFE INSURANCE

Policies on My Life, Owned by Me	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
C
Company
Face Amount \$
Policy Number
Description of Policy

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 \$

Policies Owned by Me on the Lives of Others

Settlement Options Elected _____

Loans Outstanding \$_____

Company			
Name of Insured			
Policy Number			
Description of Policy _			
Location			
Date of Issue			_Due
Primary Beneficiary_			
Secondary Beneficiary			
Face Value \$		Cash Val	ue \$
Loans \$			
Settlement Options Ele			
1	_		









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

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	
TermsBalance \$	

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









MUTUAL FUNDS

Company	Shares	Date Purchased	Cost Basis	Current Value
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Location of Certificat	es			
Records of Sales and	Purchases are Loc	ated at		

U.S. SAVINGS BONDS

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

INVESTMENT REALTY – IMPROVED

■ 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	

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Personal Affairs Record

☐ Fire Insurance	PERSONAL PROPERTY
Company	I maintain an inventory or video tape of valuable
Policy Number	personal property: Yes No
Location of Policy	personal property. \Box res \Box res
Property Covered	—— Date Prepared or Revised
Amount \$	
☐ Theft Insurance	SAFETY DEPOSIT BOX
Company	■ Box Location
Policy Number	D 37 1
Location of Policy	T
Property Covered	
Amount \$	
☐ Accident and Health Insurance	Key Location
Company	REAL PROPERTY
Policy Number	
Location of Policy	I am sole owner of the following real estate:
Description of Coverage	■ Description
	Date AcquiredOriginal Cost Basis \$
☐ Other Policies	Commence of Province
Type of Policy	Additions to Basis (Specify)
Company	Current Value \$
Policy Number	Mortgage(s) held by
Location of Policy	Mortgage Balance \$
Description of Coverage	Terms
■ Type of Policy	
Company	Description
Policy Number	•
Location of Policy	
Description of Coverage	Carryover Basis \$









Additions to Basis (Specify)	Original Cost Basis \$		
Current Value \$	Carryover Basis \$		
Mortgage(s) held by	Additions to Basis (Specify)		
Mortgage Balance \$	Current Value \$		
Terms	Mortgage(s) held by		
Location of Mortgage Instrument	Mortgage Balance \$		
Description	Terms		
Date Acquired	Location of Mortgage Instrument		
Original Cost Basis \$	Names of Joint Owners and Percent		
Carryover Basis \$	Contributed by Each		
Additions to Basis (Specify)	■ Description		
Current Value \$	Date Acquired		
Mortgage(s) held by	Original Cost Basis \$		
Mortgage Balance \$	Carryover Basis \$		
Terms	Additions to Basis (Specify)		
Location of Mortgage Instrument	Current Value \$		
am a joint owner of the following real property:* Include property owned as tenant in common, as	Mortgage(s) held by Mortgage Balance \$		
community property, and owned jointly.	Terms		
Description	Location of Mortgage Instrument		
Date Acquired	Names of Joint Owners and Percent		
Original Cost Basis \$	Contributed by Each		
Carryover Basis \$	Description		
Additions to Basis (Specify)	Date Acquired		
Current Value \$	Original Cost Basis \$		
Mortgage(s) held by	Carryover Basis \$		
Mortgage Balance \$	Additions to Basis (Specify)		
Terms	Current Value \$		
Location of Mortgage Instrument	Mortgage(s) held by		
Names of Joint Owners and Percent	Mortgage Balance \$		
Contributed by Each	Terms		
	Location of Mortgage Instrument		
Description	Names of Joint Owners and Percent		
Date Acquired	Contributed by Each		



Personal Affairs Record

■ Description	Location of Mortgage Instrument
Date Acquired	Names of Joint Owners and Percent
Original Cost Basis \$	Contributed by Each
Carryover Basis \$	<u>,</u>
Additions to Basis (Specify)	Remarks on Real Estate Holdings
Current Value \$	<u> </u>
Mortgage(s) held by	
Mortgage Balance \$	<u> </u>
Terms	

STOCKS AND BONDS

Company	Shares	Date Purchased	Cost Basis	Current Value
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
	rtificatos (or Braker	; If Held in "Street Name")	





10 COUNCIL on AGING
Martin County

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