**Financial Assets -** Note Confidential Information – Keep in a safe/safety deposit box or with your Financial Advisor

Personal Information Based on *Seven Critical Conversations* *by Stan Craig*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bank #1 Name |  |  |  |  |  |
| ☐ Checking☐ Savings | AccountNumber |  | Representative Name/Phone |  |  |
| Website |  | User Name |  | Password/Security Answers |  |
| Safety Deposit Box # and location of key |  |  |  |
| Automatic Bill Pay? | ☐ Yes | ☐ No | Total amount/month |  |  |
| Bank #2 Name |  |  |  |  |  |
| ☐ Checking☐ Savings | AccountNumber |  | Representative Name/Phone |  |  |
| Website |  | User Name |  | Password andSecurity Answers |  |
| Brokerage Name | Account # | Advisor Name | Advisor Email | Advisor Phone |  |
|  |  |  |  |  |  |
| Website |  | Username |  | Password andSecurity Answers |  |
| VISA/AMEX/MC associated with any of these accounts? | *If yes, photocopy and include with this document* | Automatic Pay? | ☐Yes☐ No |
|  | Website  | Username | Password | Security Q/A |  |
| VISA |  |  |  |  |  |
| MC |  |  |  |  |  |
| AMEX |  |  |  |  |  |
| Other Accounts |  |
| Brokerage Name | Account # | Advisor Name | Advisor Email | Advisor Phone |
|  |  |  |  |  |
| Website |  | User Name |  | Password  |  |
| DeferredCompensation  |  | Owner |  | Institution  |  |
| Retirement 401(k) |  | Owner |  | Institution |  |
| Retirement 401(k) |  | Owner |  | Institution |  |
| Non U.S. Holdings |  | Account Name |  | Contact  |  |
| Insurance Policies | Include copy of policies  | Value | Agent Name/Phone | Agent Email Address | Payment schedule |
| Term | ☐ |  |  |  |  |
| Life | ☐ |  |  |  |  |
| Disability | ☐ |  |  |  |  |
| Annuities | ☐ |  |  |  |  |
| Long Term Care | ☐ |  |  |  |  |
| Health Insurance | ☐ |  |  |  |  |
| Medicare  | ☐ |  |  |  |  |
| Supplemental Care | ☐ |  |  |  |  |
| Home/Contents | ☐ |  |  |  |  |
| Auto | ☐ |  |  |  |  |
| Buy/Sell Agree. | ☐ |  |  |  |  |

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**Personal Property** *Attach copies of appraisals*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| AutomobilesAttach list if necessary | Year/ModelLocation | Service Contact | Bill of sale/title | Insured? | Value |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| BoatsAttach list if necessary | Year/ModelLocation | Service Contact | Bill of sale/title | Insured? | Value |
| 1. |  |  |  |  |  |
| 2.  |  |  |  |  |  |
| Airplanes | Year/ModelLocation | Service Contact | Bill of sale/title | Insured? | Value |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| Art/collectablesAttach list if necessary | Description | Location | Insurance | Appraised Value | Other |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| JewelryAttach list if necessary | Description | Location | Insurance | Appraised Value | Other |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| Antiques/FurnitureAttach list if necessary | Description | Location | Insurance | Appraised Value | Other |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| Family Heirlooms Attach list if necessary | Description | Location | Insurance | Appraised Value | Other |
| 1. |  |  |  |  |  |
| 2.  |  |  |  |  |  |
| 3.  |  |  |  |  |  |
| Suites/season tickets/miscel. | Description | Location | Insurance | Appraised Value | Other |
| 1. |  |  |  |  |  |
| 2.  |  |  |  |  |  |

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**Real Estate**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Address | Rent/Mortgage Payment To: | DeedLocation | Housekeeper/Maintenance  | Phone Number/Email |
| Primary Residence |  |  |  |  |  |
| Secondary Residences |  |  |  |  |
| 1.  |  |  |  |  |  |
| 2.  |  |  |  |  |  |
| 3. |  |  |  |  |  |
| Interest/ Time Share |  |  |  |  |
| 1.  |  |  |  |  |  |
| 2.  |  |  |  |  |  |
| Undeveloped Ground/Farm land |  |  |  |  |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| Investment Properties-attach list  |  |  |  |  |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| Commercial property/1031 Exchanges |  |  |  |  |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |

**Location of Important Documents**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Location | Last Updated | Legal Counsel Name | Phone/Email |
| Last Will &Testament |  |  |  |  |
| Trust Documents |  |  |  |  |
| Last 2 years Fed/State Tax Returns |  |  |  |  |
| Power of Attorney |  |  |  |  |
| Birth Certificate |  |  |  |  |
| Passport/SS/Marriage |  |  |  |  |
| Divorce/Prenup Docs |  |  |  |  |
| Military Discharge |  |  |  |  |
| Business Docs |  |  |  |  |
| Computer Passwords |  |  |  |  |
| Funeral Arrangements |  |  |  |  |
| Burial Plot Info |  |  |  |  |
|  |  |  |  |  |

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