



## ORGANIZING YOUR FINANCIAL LIFE

Last Updated \_\_\_\_\_  
Month/Year

Building the life you always wanted takes careful planning and preparation. With this in mind, you may find it helpful to have all your important financial information in one place. This document is intended to be that place for you.

### Family Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Birth City/State: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Prior Marriages: \_\_\_\_\_

Prior State(s) of Residence: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Birth City/State: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Prior Marriages: \_\_\_\_\_

Prior State(s) of Residence: \_\_\_\_\_



211 Saint Francis Drive, Cape Girardeau, Mo. 63703  
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Child's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Birth City/State: \_\_\_\_\_  
Child's Spouse's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Child's Children and Ages: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Birth City/State: \_\_\_\_\_  
Child's Spouse's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Child's Children and Ages: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Birth City/State: \_\_\_\_\_  
Child's Spouse's Name: \_\_\_\_\_  
Child's Children and Ages: \_\_\_\_\_

Do you or your spouse have any children from a previous marriage or relationship?  
You  Yes  No List Names: \_\_\_\_\_  
Spouse  Yes  No List Names: \_\_\_\_\_  
Have they been adopted?  Yes, by whom: \_\_\_\_\_  No

Are your parents living? Are your spouse's parents living?  
Mother  Yes  No Name: \_\_\_\_\_ Mother  Yes  No Name: \_\_\_\_\_  
Father  Yes  No Name: \_\_\_\_\_ Father  Yes  No Name: \_\_\_\_\_

Are any of your siblings living? Are any of your spouse's siblings living?  
 Yes  No Names: \_\_\_\_\_  Yes  No Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any dependents other than your immediate family: \_\_\_\_\_  
\_\_\_\_\_



**Financial Information**

Advisors (include names and phone numbers):

Estate Planning Attorney: \_\_\_\_\_

Insurance Representative: \_\_\_\_\_

Trust Officer: \_\_\_\_\_

Accountant: \_\_\_\_\_

Banker: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_

Banking (include bank name, account no., account type, authorized signatures, beneficiaries, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ownership (include real estate deeds, motor vehicle title(s), other titles of ownership, appraisals, beneficiaries and inventory of valuable items):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Credit and Lending (include creditor name, account no., account type, authorized signatures, balances, beneficiaries, where you keep these types of documents, etc.):

Mortgage: \_\_\_\_\_

Home Equity: \_\_\_\_\_

Car Loans: \_\_\_\_\_

Student Loans: \_\_\_\_\_

Other Outstanding Loans: \_\_\_\_\_

Promissory Notes: \_\_\_\_\_

Credit Cards: \_\_\_\_\_



Rental and/or Lease Agreements: \_\_\_\_\_

Other: \_\_\_\_\_

Tax Information (include prior year's federal and state tax returns, gift tax returns, property and school tax records, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Retirement & Investment Accounts (include names, advisor names, account no., account types, authorized signatures, balances, where you keep these types of documents, beneficiaries, etc.)

Bonds: \_\_\_\_\_

Company Retirement Plan: \_\_\_\_\_

IRA: \_\_\_\_\_

Mutual Funds: \_\_\_\_\_

Stocks: \_\_\_\_\_

Annuities: \_\_\_\_\_

Other: \_\_\_\_\_

Business Interests:

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Ownership Structure: \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_



## Estate Planning Information

**Date of Last Review:** \_\_\_\_\_

Estate (include contact information, where you keep these types of documents, names of Trustees and any pertinent information):

Last Will and Testament: \_\_\_\_\_

Living Trust: \_\_\_\_\_

Irrevocable Trust: \_\_\_\_\_

Charitable Trust: \_\_\_\_\_

Living Will/Healthcare Proxy: \_\_\_\_\_

Durable Power of Attorney: \_\_\_\_\_

Letter of Instruction to Executor/Executrix: \_\_\_\_\_

Certificates of Deceased Family Members: \_\_\_\_\_

Other: \_\_\_\_\_

Insurance (include contact information, where you keep these types of documents and any pertinent information):

Long-term Care: \_\_\_\_\_

Life Insurance: \_\_\_\_\_

Group Life: \_\_\_\_\_

Health and Accident: \_\_\_\_\_

Mortgage Insurance: \_\_\_\_\_

Travel Insurance: \_\_\_\_\_

Automobile Insurance: \_\_\_\_\_

Other: \_\_\_\_\_

Funeral and Burial Arrangements:

Funeral Home Preference: \_\_\_\_\_

Prepaid Funeral Plan: \_\_\_\_\_

Burial Instructions or Cemetery Plot Deed: \_\_\_\_\_



## Key Contacts

Personal (include contact information, account no., security codes and any pertinent information):

Family Member: \_\_\_\_\_

Family Member: \_\_\_\_\_

Friend: \_\_\_\_\_

Friend: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Other Physician: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

Guardian or Emergency Contacts for Minor(s): \_\_\_\_\_

Home Health: \_\_\_\_\_

Primary Medical Insurance: \_\_\_\_\_

Secondary Medical Insurance: \_\_\_\_\_

Executor: \_\_\_\_\_

Power of Attorney: \_\_\_\_\_

Employer: \_\_\_\_\_

Dentist: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Telephone Provider: \_\_\_\_\_

Cellular Phone Provider: \_\_\_\_\_

Cable/Internet Provider: \_\_\_\_\_

Gas or Electric Company: \_\_\_\_\_

Other: \_\_\_\_\_



### Other Important Documents

Personal (include contact information, account no., security codes, where you keep these types of documents and any pertinent information):

Social Security Card: \_\_\_\_\_

Birth Certificates: \_\_\_\_\_

Passport: \_\_\_\_\_

Driver's License: \_\_\_\_\_

Adoption Papers: \_\_\_\_\_

Marriage Certificates: \_\_\_\_\_

Prenuptial Agreement: \_\_\_\_\_

Divorce or Separation Paperwork: \_\_\_\_\_

Military Discharge Papers: \_\_\_\_\_

Safe and Combination: \_\_\_\_\_

Safe Deposit Box and Key: \_\_\_\_\_

Prepaid Funeral Documents: \_\_\_\_\_

Please consider remembering Saint Francis Healthcare System Foundation in your will.

