

# PERSONAL AND FINANCIAL ORGANIZER

Sokol & Mazian, 60 Orland Square Drive, Suite 202, Orland Park, IL 60462  
sokolmazian@gmail.com (708) 460-2266

## SECTION 1. GENERAL INFORMATION

Date: \_\_\_\_\_

Current Marital Status (circle one):      Married      Single      Divorced      Widowed

\_\_\_\_\_  
Your Name (First, Middle, Last)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone(s)

\_\_\_\_\_  
Work Phone(s)

\_\_\_\_\_  
Email

If you or your spouse had any prior marriages, please complete:

Name of former spouse: \_\_\_\_\_ Date of Dissolution or Decease: \_\_\_\_\_

Name of former spouse: \_\_\_\_\_ Date of Dissolution or Decease: \_\_\_\_\_

List all the children born to or adopted by you and your spouse. If any of your children are disabled or have predeceased you, please indicate.

<u>Children's Names</u>	<u>Born to</u>	<u>Date of Birth</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Grandchildren's Names</u>	<u>Born to Which Child</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 2. FINANCIAL INFORMATION

A. Do you own a home or any other real estate?

<u>Address</u>	<u>Titled in whose name</u>	<u>Market Value</u>	<u>Mortgage</u>	<u>Equity</u>
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
Total Net Value				\$ _____

B. Do you own any other titled property such as a car, boat, etc.?

<u>Description</u>	<u>Titled in whose name</u>	<u>Market Value</u>	<u>Mortgage</u>	<u>Equity</u>
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
Total Net Value				\$ _____

C. Do you have any checking accounts, savings accounts, money markets and/or CDs?

<u>Name of Bank</u>	<u>Titled in whose name</u>	<u>Approx. Balance</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Value		\$ _____

D. Do you own any stocks, bonds or mutual funds (including company stock)?

<u># of Shares</u>	<u>Name of Security</u>	<u>Titled in whose name</u>	<u>Purchase Price</u>	<u>Current Value</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
Total Value				\$ _____

E. Do you have any profit sharing, IRAs or pension plans?

<u>Description/Location</u>	<u>Beneficiary</u>	<u>Current Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Value		\$ _____

F. Do you have any life insurance policies and/or annuities?

<u>Name of Company</u>	<u>Policy Owner</u>	<u>1<sup>st</sup> Beneficiary</u>	<u>2<sup>nd</sup> Beneficiary</u>	<u>Death Benefit</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Total Value				\$ _____

G. Do you have any debts other than mortgages/loans listed above (credit cards, personal loans, etc.)?

<u>Description</u>	<u>Amount Owed</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Debt		\$ _____

H.	Total value of everything you (and your spouse) own (add totals of A thru F above).....	\$ _____
I.	Total amount you (and your spouse) owe (total of line G above).....	- \$ _____
J.	Subtract line I from line H	TOTAL NET ESTATE VALUE = \$ _____

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SECTION 3. *TRUST DECISION: YOUR LIVING TRUST TEAM*

A. Trustee(s)—Manages your trust now; usually you (and your spouse), then upon your disability or death, name a Successor Trustee:

#1 Choice: Name \_\_\_\_\_

Address \_\_\_\_\_

#2 Choice: Name \_\_\_\_\_

Address \_\_\_\_\_

#3 Choice: Name \_\_\_\_\_

Address \_\_\_\_\_

B. Guardians For Minor Children—Responsible adult who will raise your children if something happens to both of you.

#1 Choice: Name \_\_\_\_\_

Address \_\_\_\_\_

#2 Choice: Name \_\_\_\_\_

Address \_\_\_\_\_

#3 Choice: Name \_\_\_\_\_

Address \_\_\_\_\_

C. Trustees For Minor Children—Manages your children's inheritance.

#1 Choice: Name \_\_\_\_\_

Address \_\_\_\_\_

#2 Choice: Name \_\_\_\_\_

Address \_\_\_\_\_

#3 Choice: Name \_\_\_\_\_

Address \_\_\_\_\_

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SECTION 4. *BENEFICIARIES*

A. Special Gifts to Organizations. Do you want to make a gift (cash or a specific item) to a charity, foundation, religious or fraternal organization?

Name of Organization

Description of Gift

_____	_____
_____	_____

B. Primary Beneficiaries. Who do you want to receive the rest of your estate after these special gifts have been distributed? (For example, to all my children in equal shares or percentages to specific beneficiaries)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Alternate Beneficiaries. If any of your primary beneficiaries predecease you, who do you want to receive that share or do you want the surviving primary beneficiaries to receive that share?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. If you have children (or minors) as beneficiaries, do you want them to receive their inheritance in installments, at certain ages, or all at once? (for example, 1/3 at 22, 1/2 at 25 and the balance at 29)

\_\_\_\_\_

\_\_\_\_\_

E. Disinheriting. Are there any relatives that you specifically do not want to receive anything from your estate?

\_\_\_\_\_

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SECTION 5. SPECIAL INSTRUCTIONS FOR INCOMPETENCY

A. A Power of Attorney for Health Care allows your agent to make medical decisions for you. If you want one prepared, please indicate your designated agent(s):

You: #1 Choice: Name: \_\_\_\_\_

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

#2 Choice: Name: \_\_\_\_\_

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

#3 Choice: Name: (optional) \_\_\_\_\_

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

Spouse: #1 Choice: Name: \_\_\_\_\_

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

#2 Choice: Name: \_\_\_\_\_

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

#3 Choice: Name: (optional) \_\_\_\_\_

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

B. A Power of Attorney for Property will allow your agent(s) to make certain financial-related decisions for you. If you want one prepared, please indicate your designated agent(s):

You: #1 Choice: Name: \_\_\_\_\_

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

#2 Choice: Name: \_\_\_\_\_

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

#3 Choice: Name: (optional) \_\_\_\_\_

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

Spouse: #1 Choice: Name: \_\_\_\_\_

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

#2 Choice: Name: \_\_\_\_\_

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

#3 Choice: Name: (optional) \_\_\_\_\_

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