

SAMPLE



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To Do TO DONE!!

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Personal Information Organizer

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Family Information

Name

Address

City, State, Zip

Date of Birth

Social Security #

Spouse/Partner

Name

Date of Birth

Social Security #

Child #1

Name

Address

City, State, Zip

Phone #

Date of Birth

Social Security #

Child #2

Name

Address

City, State, Zip

Phone #

Date of Birth

Social Security #

Child #3

Name

Address

City, State, Zip

Phone #

Date of Birth

Social Security #

Financial Information (continued)

Investment/Brokerage Account (additional)

Type of Account	Account #
_____	_____
Name of Institution/Bank	Name of Account Manager
_____	_____
Address	

City, State, Zip	Phone #
_____	_____
Beneficiary	

Stock Information (not included in Investment/Brokerage Account)

Name of Stock/Ticker	Account #
_____	_____
Name of Institution/Bank	Name of Account Manager
_____	_____
Address	

City, State, Zip	Phone #
_____	_____
Beneficiary	

Estate Documents (continued)

Power of Attorney - Durable

Location of Document

Agent/Executor	Phone #
_____	_____
Agent/Executor Address, City, State, Zip	

2 nd Agent/Co-Executor	Phone #
_____	_____
2 nd Agent/Executor Address, City, State, Zip	

Power of Attorney - Medical

Location of Document

Agent/Executor	Phone #
_____	_____
Agent/Executor Address, City, State, Zip	

2 nd Agent/Co-Executor	Phone #
_____	_____
2 nd Agent/Executor Address, City, State, Zip	

Trust

Name of Trust

Location of Document	Type of Trust
_____	_____
Trustee	Phone #
_____	_____
Trustee Address, City, State, Zip	

2 nd Trustee	Phone #
_____	_____
2 nd Trustee Address, City, State, Zip	
