



Baker Law Group, LLC

ATTORNEY AT LAW  
8301 E. Prentice Ave.  
Suite 405  
Greenwood Village, CO 80111  
Telephone: 303.862.4564

## Personal & Financial Information Worksheet

Last Updated \_\_\_\_\_

### Personal Information

My Name: \_\_\_\_\_

Place and Date of Birth: \_\_\_\_\_

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

Place and Date of Birth: \_\_\_\_\_

### Estate Planning Documents

Location of Will(s) and/or Trust \_\_\_\_\_

Will(s)/ Trust prepared by: \_\_\_\_\_

### Records Location

Medical Records \_\_\_\_\_

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

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

Social Security Cards \_\_\_\_\_

Divorce Documents \_\_\_\_\_

Other Important Family Records \_\_\_\_\_

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

Assets

**Bank Accounts (Including Savings & Loan Associations, Credit Union)**

Account Type	Account #	Owner	Bank
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Retirement Accounts (Including IRAs, 401ks, Pensions, etc.)**

Account Type	Account #	Owner	Bank/ Institution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Stocks, Bonds, and Securities Portfolio**

Stocks, bonds, securities: YES NO

Mutual Fund Companies: YES NO

Money Market account(s): YES NO

Records located \_\_\_\_\_

Financial advisor/ broker information \_\_\_\_\_

Tax preparer/ accountant information \_\_\_\_\_

**Real Estate**

Home address: \_\_\_\_\_

It is owned: Jointly    Singly    by \_\_\_\_\_

Mortgagor: \_\_\_\_\_

Location of mortgage and/or deed: \_\_\_\_\_

We have additional real estate at: \_\_\_\_\_

It is owned: Jointly    Singly    by \_\_\_\_\_

Mortgagor: \_\_\_\_\_

Other real estate owned (excluding business, farm, or other enterprise):

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

**Additional Asset Information**

Major debts (other than first mortgages and revolving charge accounts): \_\_\_\_\_

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

Money owed to us: \_\_\_\_\_

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

Location of notes payable and receivable: \_\_\_\_\_

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

Location of Vehicle Titles: \_\_\_\_\_

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

**Business, Farm, or Other Enterprise Information** (name, percentage of ownership, form of business, other owners, and location of business records)

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

**Safe deposit boxes**

- I do not have a safety deposit box
- It is held in my name only
- It is held jointly with \_\_\_\_\_

Box number \_\_\_\_\_

Name and location of bank \_\_\_\_\_

Location(s) of keys \_\_\_\_\_

**Insurance, Annuities & Death Benefits**

**Life Insurance**

I have the following life & Life/long-term care insurance policies:

Insurance Company	Policy #	Owner	Beneficiary

**Government Life Insurance/ Benefits**

I served in the (branch of service) \_\_\_\_\_ from \_\_\_\_\_  
to \_\_\_\_\_, and my serial number was \_\_\_\_\_

My V.A. Claim number is: \_\_\_\_\_

I have the following policies/ am entitled to the following benefits \_\_\_\_\_  
\_\_\_\_\_

Policy and/or documents needed to apply for benefits are located at \_\_\_\_\_  
\_\_\_\_\_

**Membership Organizations** (union, trade associations, fraternal benefit society, etc.)

<b>Organization</b>	<b>Type of Benefit</b>

**Health Insurance** (hospitalization, disability income, accident, long-term care, etc.)

<b>Insured</b>	<b>Insurance Co.</b>	<b>Policy No.</b>	<b>Type of Insurance</b>

**Annuities**

<b>Insurance Co.</b>	<b>Policy No.</b>	<b>Annuitant</b>	<b>Beneficiary</b>

**Property/casualty insurance** (homeowners, automobile, personal liability, business coverages, fire, vehicle, and disability etc.):

<b>Insurance Co.</b>	<b>Policy No.</b>	<b>Type of Insurance</b>

Policies for all insurance converges and annuities are located\_\_\_\_\_

**Available Death Benefits**

We have the following death benefits available through current or past employers (including group life insurance, deferred compensation, etc.)

**Employer**

**Benefit**

---

---

---

---

---

Papers needed to apply for benefits are located at:\_\_\_\_\_

---

**Sources of Immediate Cash / Care of Dependent Children**

**Sources of Immediate Cash**

During the period immediately following my death and/or my spouse's death, the best sources for my family to obtain cash for immediate needs are as follows: \_\_\_\_\_

---

---

---

**Service Providers**

(Basic utilities, internet, and wireless services as well as subscription-based services or memberships, such as entertainment streaming services, club memberships, etc.)

**Service**

**Provider**

---

---

---

---

**Digital Information**

We have the following online accounts that require password information to access (including social media accounts, email accounts, online financial management portals, subscription-based services, etc.)

<b>Website/ Account Type</b>	<b>Username</b>	<b>Password</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Funeral/ Burial Arrangements**

We have the following plans in place regarding funeral services and/or disposition of last remains (including pre-paid plans, purchased burial plots, etc.):

<b>Item Purchased/ Reserved</b>	<b>Provider (funeral home, cemetery, church, etc.)</b>
---------------------------------	--

_____	_____
_____	_____
_____	_____
_____	_____

Location of documentation regarding the above plans and/or plots \_\_\_\_\_

_____
_____
_____