



PERSONAL RESOURCES *Workbook*





THE VILLAGE AT ROCKVILLE

Sponsored by National Lutheran Communities & Services (NLCS), The Village at Rockville is a faith-based, not-for-profit ministry of the Evangelical Lutheran Church In America (ELCA). NLCS honors, inspires, and supports choice and opportunity in partnership with older adults.

We are called to be faithful financial stewards and agents of God's abundant grace, committed to care for our neighbors, emboldened to extend our mission to older adults aging with choice and inspired to seek innovative care interventions that promote aging with dignity and choice.

With integrity and care, our dedicated leadership and team members are called to ensure the well-being of our residents and to provide information appropriate to their individual needs and stage in life.

By completing this comprehensive Personal Resources Workbook, you will be prepared to:

- ▶ Keep your important information current and in one location
- ▶ Keep your financial information up to date
- ▶ Ensure your last wishes are known
- ▶ Help your executor manage your affairs
- ▶ Provide for the orderly distribution of your estate
- ▶ Create a meaningful legacy

INTRODUCTION

The Personal Resources Workbook is intended to help you gather a comprehensive list of all information you may need in one convenient place as an easy reference source for your financial matters such as:

- ▶ Personal information
- ▶ Professional advisors
- ▶ Banking
- ▶ Credit
- ▶ Investments
- ▶ Personal assets
- ▶ Real estate
- ▶ Pension and retirement
- ▶ Insurance
- ▶ Location of important documents

This workbook is a useful tool for you in regularly reviewing and updating your plans, and for your family members if you should become incapacitated.

You should review this workbook at least every two years or when there are changes in the law, your life or financial status. Changes may include, but are not limited to, loss of a spouse or significant other, loss of a child, a change in federal tax law, or receipt of an unexpected gift or inheritance. Due to the level of detail and personal information included in this workbook, be certain to keep your information secure.

It is recommended that you consult with legal counsel for answers to questions concerning creating or revising your estate plan.

If you have other questions while using this workbook, please contact Alice Benson, *Philanthropy Director* at abenson@nationallutheran.org or 301-354-8422.

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The Personal Resources Workbook is offered solely as a resource. We hope this helps you be organized. It does not constitute an offer of specific legal or financial advice and should not be construed to do so. Because you may have special needs, you should contact your own attorney and other trusted advisors as you deem appropriate. They will be your independent advisors and will have an obligation of trust and confidence to you. With their advice, you may have a customized estate plan that meets your unique planning circumstances. Please remember to keep this updated -- and date when you made your entries.

2 PERSONAL INFORMATION

Date prepared: _____ Date of most recent update: _____

YOUR INFORMATION

| | |
|----------|-------------------------------------|
| Name: | Date and place of birth: |
| SSN: | Date and place of current marriage: |
| Address: | Phone: |

SPOUSE OR PARTNER

| | |
|----------|-------------------------------------|
| Name: | Date and place of birth: |
| SSN: | If widowed, date of spouse's death: |
| Address: | Phone: |

DEPENDENTS OR LOVED ONES

| | |
|----------------|--|
| Name: | Date of birth: |
| Relationship*: | Is this person a current dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SSN: | Place of birth: |
| Address: | Phone: |
| Name: | Date of birth: |
| Relationship*: | Is this person a current dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SSN: | Place of birth: |
| Address: | Phone: |
| Name: | Date of birth: |
| Relationship*: | Is this person a current dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SSN: | Place of birth: |
| Address: | Phone: |
| Name: | Date of birth: |
| Relationship*: | Is this person a current dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SSN: | Place of birth: |
| Address: | Phone: |

*e.g. son, daughter, grandchild, niece, nephew. Please use "Notes" in the back for additional people.

3 ► PROFESSIONAL ADVISORS

ACCOUNTANT

| | | |
|----------|------|--------|
| Name: | | Firm: |
| Address: | | |
| Phone: | Fax: | Email: |

LAWYER

| | | |
|----------|------|--------|
| Name: | | Firm: |
| Address: | | |
| Phone: | Fax: | Email: |

INVESTMENT ADVISOR

| | | |
|----------|------|--------|
| Name: | | Firm: |
| Address: | | |
| Phone: | Fax: | Email: |

BANKER

| | | |
|----------|------|--------|
| Name: | | Firm: |
| Address: | | |
| Phone: | Fax: | Email: |

TRUST COMPANY

| | | |
|----------|------|--------|
| Name: | | Firm: |
| Address: | | |
| Phone: | Fax: | Email: |

OTHER

| | | |
|----------|------|--------|
| Name: | | Firm: |
| Address: | | |
| Phone: | Fax: | Email: |

4 ► BANKING INFORMATION

| ACCOUNTS | | Date updated: |
|---------------------------|----------------|---------------|
| 1. Financial institution: | Contact: | |
| Address: | | |
| Phone: | Balance: \$ | |
| Account number: | Account type*: | |
| 2. Financial institution: | Contact: | |
| Address: | | |
| Phone: | Balance: \$ | |
| Account number: | Account type*: | |
| 3. Financial institution: | Contact: | |
| Address: | | |
| Phone: | Balance: \$ | |
| Account number: | Account type*: | |
| 4. Financial institution: | Contact: | |
| Address: | | |
| Phone: | Balance: \$ | |
| Account number: | Account type*: | |

| ATM CARDS | |
|-----------|--------------|
| 1. Issuer | Card number: |
| 2. Issuer | Card number: |

| REFUNDABLE DEPOSITS | |
|---------------------|---------|
| 1. Institution: | Amount: |
| Beneficiary: | Notes: |
| 2. Institution: | Amount: |
| Beneficiary: | Notes: |

*Include all banking accounts — e.g. checking, savings.

5 ► CREDIT INFORMATION

LOAN ACCOUNTS

| | |
|--------------------------------|-----------------|
| 1. Financial Institution: | Contact: |
| Address: | |
| Phone: | Balance: \$ |
| Account number and loan type*: | Loan amount: \$ |
| 2. Financial Institution: | Contact: |
| Address: | |
| Phone: | Balance: \$ |
| Account number and loan type*: | Loan amount: \$ |
| 3. Financial Institution: | Contact: |
| Address: | |
| Phone: | Balance: \$ |
| Account number and loan type*: | Loan amount: \$ |
| 4. Financial Institution: | Contact: |
| Address: | |
| Phone: | Balance: \$ |
| Account number and loan type*: | Loan amount: \$ |

CREDIT CARDS

| | |
|------------------|------------------|
| 1. Issuer | Card number: |
| Expiration date: | Credit limit: \$ |
| 2. Issuer | Card number: |
| Expiration date: | Credit limit: \$ |
| 3. Issuer | Card number: |
| Expiration date: | Credit limit: \$ |

*Include all banking liabilities — e.g. mortgage, credit line, loans.

6 ► INVESTMENTS

Date updated:

| | |
|-----------------------------|-----------------|
| 1. Firm: | |
| Account type*: | Account number: |
| Ownership type/beneficiary: | Value: \$ |
| 2. Firm: | |
| Account type*: | Account number: |
| Ownership type/beneficiary: | Value: \$ |
| 3. Firm: | |
| Account type*: | Account number: |
| Ownership type/beneficiary: | Value: \$ |
| 4. Firm: | |
| Account type*: | Account number: |
| Ownership type/beneficiary: | Value: \$ |
| 5. Firm: | |
| Account type*: | Account number: |
| Ownership type/beneficiary: | Value: \$ |
| 6. Firm: | |
| Account type*: | Account number: |
| Ownership type/beneficiary: | Value: \$ |
| 7. Firm: | |
| Account type*: | Account number: |
| Ownership type/beneficiary: | Value: \$ |
| 8. Firm: | |
| Account type*: | Account number: |
| Ownership type/beneficiary: | Value: \$ |

*e.g. checking, savings, money market, annuity, etc.

7 ► PERSONAL ASSETS

| ASSETS (E.G. CARS, JEWELRY, ART, ETC.) | | | |
|--|----------|-------------|-----------------|
| Item description | Location | Beneficiary | Estimated value |
| 1. | | | \$ |
| 2. | | | \$ |
| 3. | | | \$ |
| 4. | | | \$ |
| 5. | | | \$ |
| 6. | | | \$ |
| 7. | | | \$ |
| 8. | | | \$ |
| 9. | | | \$ |
| 10. | | | \$ |
| 11. | | | \$ |
| 12. | | | \$ |
| 13. | | | \$ |
| 14. | | | \$ |
| 15. | | | \$ |
| 16. | | | \$ |
| 17. | | | \$ |
| 18. | | | \$ |
| 19. | | | \$ |
| 20. | | | \$ |
| 21. | | | \$ |
| 22. | | | \$ |

8 ► REAL ESTATE AND PENSION PLANS

REAL ESTATE

Principal residence address:

Title held by:

Mortgage held by:

Date of purchase:

Deed location:

Purchase price: \$

Estimated market value: \$

Beneficiary and how transferred:

1. Other property address:

Title held by:

Mortgage held by:

Date of purchase:

Deed location:

Purchase price: \$

Estimated market value: \$

Beneficiary and how transferred:

2. Other property address:

Title held by:

Mortgage held by:

Date of purchase:

Deed location:

Purchase price: \$

Estimated market value: \$

Beneficiary and how transferred:

PENSION PLANS

1. Company:

Contact:

Phone:

Plan type:

Beneficiary:

Value: \$

2. Company:

Contact:

Phone:

Plan type:

Beneficiary:

Value: \$

3. Company:

Contact:

Phone:

Plan type:

Beneficiary:

Value: \$

9 ► BUSINESS INVESTMENTS

PRIVATE CORPORATIONS

1. Company:

Type*:

Percentage of interest held:

Location of documents:

Legal counsel:

Beneficiary:

Accountant:

2. Company:

Type*:

Percentage of interest held:

Location of documents:

Legal counsel:

Beneficiary:

Accountant:

3. Company:

Type*:

Percentage of interest held:

Location of documents:

Legal counsel:

Beneficiary:

Accountant:

NOTES: _____

*Sole proprietorship, partnership, corporation, etc.

10 ▶ LIFE INSURANCE

INDIVIDUAL COVERAGE

| | |
|--------------------|--------------------------|
| 1. Issuer: | Insured: |
| Agent's name: | Phone: |
| Insurance type*: | Policy number: |
| Face value: \$ | Cash surrender value: \$ |
| Death benefit: | |
| Contract location: | Beneficiary: |
| 2. Issuer: | Insured: |
| Agent's name: | Phone: |
| Insurance type*: | Policy number: |
| Face value: \$ | Cash surrender value: \$ |
| Death benefit: | |
| Contract location: | Beneficiary: |

GROUP COVERAGE

| | |
|--------------------|--------------------------|
| 1. Issuer: | Insured: |
| Agent's name: | Phone: |
| Insurance type*: | Policy number: |
| Face value: \$ | Cash surrender value: \$ |
| Death benefit: | |
| Contract location: | Beneficiary: |
| 2. Issuer: | Insured: |
| Agent's name: | Phone: |
| Insurance type*: | Policy number: |
| Face value: \$ | Cash surrender value: \$ |
| Death benefit: | |
| Contract location: | Beneficiary: |

*e.g. Term coverage, Permanent coverage, etc.

11 ▶ OTHER INSURANCE

Medicare Info: _____

OTHER LIFE COVERAGE (E.G. TRAVEL INSURANCE, CREDIT CARDS, ETC.)

| | |
|-----------------|--------------------|
| 1. Issuer: | Insured: |
| Insurance type: | Policy number: |
| Death benefit: | Contract location: |
| 2. Issuer: | Insured: |
| Insurance type: | Policy number: |
| Death benefit: | Contract location: |

HEALTH INSURANCE

| | |
|---------------------|----------|
| 1. Company: | |
| Contact name: | Phone: |
| Group or Medical #: | Insured: |
| 2. Company: | |
| Contact name: | Phone: |
| Group or Medical #: | Insured: |

PRIVATE DISABILITY INSURANCE

| | |
|-------------------------------|--------------------|
| 1. Company: | |
| Contact name: | Phone: |
| Coverage type/person insured: | Policy number: |
| Coverage: \$ | Annual premium: \$ |
| Benefit period: | |
| 2. Company: | |
| Contact name: | Phone: |
| Coverage type/person insured: | Policy number: |
| Coverage: \$ | Annual premium: \$ |
| Benefit period: | |

11 ▶ OTHER INSURANCE

CRITICAL ILLNESS / LONG-TERM CARE / DISABILITY INSURANCE

| | |
|-------------------------------|----------------------------|
| 1. Company: | |
| Contact: | Phone: |
| Coverage type/person insured: | Certificate/policy number: |
| Coverage: \$ | Annual premium: \$ |
| Benefit period: | |

PROPERTY INSURANCE (HOME / AUTO / OTHER)

| | |
|--------------------------|--------------------|
| 1. Property description: | |
| Company: | |
| Contact: | Phone: |
| Policy number: | Contract location: |
| 2. Property description: | |
| Company: | |
| Contact: | Phone: |
| Policy number: | Contract location: |
| 3. Property description: | |
| Company: | |
| Contact: | Phone: |
| Policy number: | Contract location: |

OTHER COVERAGE (E.G. MORTGAGE, CREDIT CARDS, ETC.)

| | |
|--------------|--------------------|
| 1. Company: | |
| Insured: | Policy number: |
| Coverage: \$ | Contract location: |
| 2. Company: | |
| Insured: | Policy number: |
| Coverage: \$ | Contract location: |

12 ► LOCATION OF OTHER IMPORTANT DOCUMENTS

| | |
|--|--------|
| Your birth certificate: | |
| Spouse's or partner's birth certificate: | |
| Dependent Children Birth Certificate: | |
| Marriage license: | |
| Medical records: | |
| Medical power of attorney: | |
| Physician's name: | Phone: |
| Physician's name: | Phone: |
| Physician's name: | Phone: |
| Physician's name: | Phone: |
| Physician's name: | Phone: |
| Physician's name: | Phone: |
| Citizenship and passport papers: | |
| Income tax returns: | |
| Custody/adoption papers: | |
| Pre-nuptial/cohabitation papers: | |
| Separation/divorce papers: | |
| Social Security cards: | |
| Other: | |
| Other: | |
| Other: | |

13 ▶ YOUR FUNERAL AND WILL

PRE-PLANNED FUNERAL

Funeral Home or Crematorium:

Contact:

Phone:

Details:

Cemetery plot:

Plot location:

Deed location:

YOUR WILL

Date of last Will/Codicil:

Will location:

Lawyer:

Phone:

Address:

Executor(s)/trustee(s):

Phone:

Address:

BENEFICIARIES LISTED IN WILL OR TRUST

Name:

Phone:

Address:

Name:

Phone:

Address:

Name:

Phone:

Address:

Name:

Phone:

Address:

Will instructions/special clauses/charitable beneficiaries: _____

14 ► YOUR SPOUSE'S OR PARTNER'S FUNERAL AND WILL

YOUR SPOUSE'S OR PARTNER'S PRE-PLANNED FUNERAL

Funeral Home or Crematorium:

Contact:

Phone:

Details:

Cemetery plot:

Plot location:

Deed location:

YOUR SPOUSE'S OR PARTNER'S WILL

Date of last Will/Codicil:

Will location:

Lawyer:

Phone:

Address:

Executor(s)/trustee(s):

Phone:

Address:

BENEFICIARIES LISTED IN WILL OR TRUST

Name:

Phone:

Address:

Name:

Phone:

Address:

Name:

Phone:

Address:

Name:

Phone:

Address:

Will instructions/special clauses/charitable beneficiaries: _____

15 ▶ POWER OF ATTORNEY

POWER OF ATTORNEY

| | |
|-----------|--------|
| Location: | Type: |
| Name: | Phone: |
| Address: | |
| Lawyer: | Phone: |
| Address: | |

YOUR SPOUSE'S OR PARTNER'S POWER OF ATTORNEY

| | |
|-----------|--------|
| Location: | Type: |
| Name: | Phone: |
| Address: | |
| Lawyer: | Phone: |
| Address: | |

NOTES

| | |
|-----------|--------|
| Location: | Type: |
| Name: | Phone: |
| Address: | |
| Lawyer: | Phone: |
| Address: | |

Please indicate any other important information; e.g. child support, other outstanding debts, trusts, etc. _____

16 ► COMPUTER, SOCIAL MEDIA, AND ONLINE ACCOUNT INFORMATION

(e.g. Email and social media accounts, user name, password, email you signed up with.) _____

NOTES AND ADDITIONAL INFORMATION

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*The content contained in this Personal Resources Workbook was originally
created by Hammond Iles Wealth Advisors. www.hammondiles.com*

*The Village at Rockville, Inc., is a tax-exempt, charitable organization
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