

DANZIGER &
MARKHOFF LLP

A t t o r n e y s a t L a w

Your Financial Affairs Summary

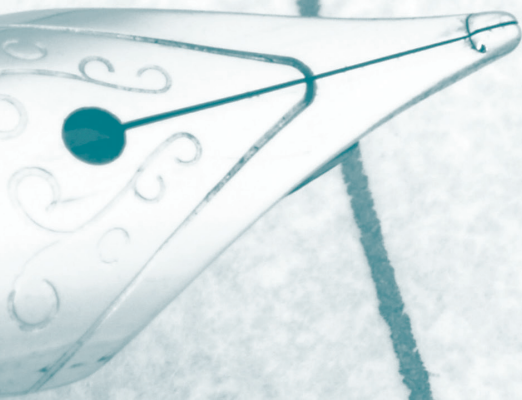


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PERSONAL HISTORY

Name _____

Address _____

Telephone _____

Person(s) to Notify in Case of Emergency:

Name _____

Address _____

Telephone _____

E-Mail _____

Name _____

Address _____

Telephone _____

E-Mail _____

Name _____

Address _____

Telephone _____

E-Mail _____

EMPLOYMENT/INCOME INFORMATION

Latest Employer _____

Address _____

Telephone _____

Date Employed _____

Position _____

BUSINESS INTERESTS

Business Information (Proprietorship, Partnership, Corporation)

Description

Share of Ownership

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Persons to Contact Regarding Business Interests

(Attorneys, Accountants, Other Advisors)

Name _____

Business _____

Address _____

Name _____

CITIZENSHIP INFORMATION

Date of Birth _____

Social Security # _____

Place of Birth _____

Birth Certificate # _____

Location _____

If No Birth Certificate Exists, Other Proof of Birth

Date and Place _____

Citizenship _____

(Name of Country)

PASSPORT INFORMATION

Passport Number _____

Date Issued _____

Valid Until _____

Location _____

FINANCIAL ADVISORS

Estate Attorneys

Michael Markhoff, Esq.
(914) 948-1556 x8017
mmarkhoff@dmlawyers.com

Harris Markhoff, Esq.
(914) 948-1556 x8001
hmarkhoff@dmlawyers.com

Danziger & Markhoff LLP
123 Main Street
White Plains, New York 10601
Fax (914) 948-1706

Accountant

Name _____

Address _____

Telephone _____

Fax _____

Financial Advisor

Name _____

Address _____

Telephone _____

Fax _____

Insurance Agent

Name _____

Address _____

Telephone _____

Fax _____

DURABLE POWER OF ATTORNEY

Location of Original Documents

Person(s) to whom I have given a Durable Power of Attorney

LIVING WILLS/HEALTH CARE PROXIES

Location of Original Documents

Person(s) to whom I have given my health care proxy

MILITARY SERVICE

Branch of Service _____

From _____ To _____

Rank _____

Service # _____

Discharge Date _____

Status _____

Service-connected Disability and Income _____

Pensions Due _____

FUNERAL INSTRUCTIONS

Arrangements to be made by _____

Address _____

Telephone () _____

Type of Service I Prefer _____

Manner of Burial or Cremation Instructions

Cremation Instructions _____

Cemetery _____

Address _____

Please Suggest Memorial Gifts to These Organizations

Organization _____

Address _____

Organization _____

Address _____

Funeral Home _____

MY ESTATE PLANNING DOCUMENTS

Location of my final Will & Trust _____

Date of Will _____

Date of Trust _____

Executor(s) _____

Address _____

Telephone _____

Trustee(s) _____

Address _____

Telephone _____

Guardian(s) _____

Address _____

Telephone _____

HEIRS TO MY ESTATE

Name _____

Address _____

Age _____ Relationship _____

Name _____

Address _____

Age _____ Relationship _____

Name _____

Address _____

Age _____ Relationship _____

Name _____

Address _____

Age _____ Relationship _____

Name _____

Address _____

Age _____ Relationship _____

Name _____

Address _____

Age _____ Relationship _____

**SPECIAL INSTRUCTIONS
CONCERNING PETS**

MEDICAL INFORMATION

Primary Physician _____

Address _____

Telephone _____

Dentist _____

Address _____

Telephone _____

Special Medications and/or Conditions _____

Organ Donor Information _____

FAMILY HISTORY

Spouse's Name _____

Address _____

Father's Name _____

Mother's Name _____

Maiden Name (if applicable) _____

Former Spouse's Name (if applicable) _____

Address _____

Children's Names, Ages, Addresses

Grand children's Names, Ages, Addresses

FINANCIAL ASSETS

BANK ACCOUNTS

**Financial Institution/
Account Number**

Type of Account

_____ /

_____ /

_____ /

_____ /

_____ /

_____ /

_____ /

_____ /

_____ /

**CERTIFICATES OF DEPOSIT/
OTHER INVESTMENTS**

**Financial Institution/
Account Number**

Type of Account

_____/

_____/

_____/

_____/

_____/

Special Information (such as form of ownership) Relating to Above:

EMPLOYMENT BENEFITS

_____ Major Medical Insurance

_____ Accident and Health Insurance

_____ Life Insurance _____ Stock Option

_____ Pension or Deferred Compensation Plan

_____ Profit-Sharing _____ Other

Contact for Benefits _____

Location of Proof of Benefits _____

Benefits from Previous Employers _____

INSURANCE POLICIES/ANNUITIES

LIFE:

Company/Agent_____

Phone ()_____

Policy #_____ Value \$_____

Location of Original Policy_____

Owner_____

Beneficiary_____

Company/Agent_____

Phone ()_____

Policy #_____ Value \$_____

Location of Original Policy_____

Owner_____

Beneficiary_____

Company/Agent_____

Phone ()_____

Policy #_____ Value \$_____

Location of Original Policy_____

Owner_____

Beneficiary_____

HEALTH/ACCIDENT:

Company/Agent _____

Phone () _____

Policy # _____ Value \$ _____

Location of Original Policy _____

DISABILITY:

Company/Agent _____

Phone () _____

Policy # _____ Value \$ _____

Location of Original Policy _____

AUTOMOBILE:

Company/Agent _____

Phone () _____

Policy # _____ Value \$ _____

Location of Original Policy _____

HOMEOWNERS:

Company/Agent _____

Phone () _____

Policy # _____ Value \$ _____

Location of Original Policy _____

OTHER:

Company/Agent_____

Phone ()_____

Policy #_____ Value \$_____

Location of Original Policy_____

REAL ESTATE HOLDINGS

Description/Address_____

City_____

State_____ County_____

Purchase Date_____ Cost \$_____

Mortgage Held By (Bank)_____

Ownership_____

Location of Relevant Documents_____

Description/Address_____

City_____

State_____ County_____

Purchase Date_____ Cost \$_____

Mortgage Held By (Bank)_____

Ownership_____

Location of Relevant Documents_____

RETIREMENT ACCOUNTS/IRAs

Type of Plan

Financial Institution
Address/Representative
Telephone Number

<hr/>	<hr/> <hr/> <hr/> <hr/>
<hr/>	<hr/> <hr/> <hr/> <hr/>
<hr/>	<hr/> <hr/> <hr/> <hr/>
<hr/>	<hr/> <hr/> <hr/> <hr/>

STOCKS/BONDS/MUTUAL FUNDS

A. Asset _____
Investment Co./Representative _____

Address _____
Phone() _____
Date Acquired _____
Cost or Basis \$ _____
Current Value \$ _____
Location of Documents _____

B. Asset _____
Investment Co./Representative _____

Address _____
Phone() _____
Date Acquired _____
Cost or Basis \$ _____
Current Value \$ _____
Location of Documents _____

C. Asset _____
Investment Co./Representative _____

Address _____
Phone() _____
Date Acquired _____
Cost or Basis \$ _____
Current Value \$ _____
Location of Documents _____

D. Asset _____
Investment Co./Representative _____

Address _____
Phone() _____
Date Acquired _____
Cost or Basis \$ _____
Current Value \$ _____
Location of Documents _____

PERSONAL PROPERTY OF VALUE

(Automobiles, Furniture, Jewelry, Collections, Artwork, Etc.)

Location of Safe-Deposit Boxes and/or Safes

Item _____ Location _____

Fair Market Value \$ _____

Cost (Basis) \$ _____

Item _____ Location _____

Fair Market Value \$ _____

Cost (Basis) \$ _____

Item _____ Location _____

Fair Market Value \$ _____

Cost (Basis) \$ _____

Item _____ Location _____

Fair Market Value \$ _____

Cost (Basis) \$ _____

Item _____ Location _____

Fair Market Value \$ _____

Cost (Basis) \$ _____

Item _____ Location _____

Fair Market Value \$ _____

Cost (Basis) \$ _____

Item _____ Location _____

Fair Market Value \$ _____

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Fair Market Value \$ _____

Cost (Basis) \$ _____

Item _____ Location _____

Fair Market Value \$ _____

Cost (Basis) \$ _____

Item _____ Location _____

Fair Market Value \$ _____

Cost (Basis) \$ _____

Item _____ Location _____

Fair Market Value \$ _____

Cost (Basis) \$ _____

