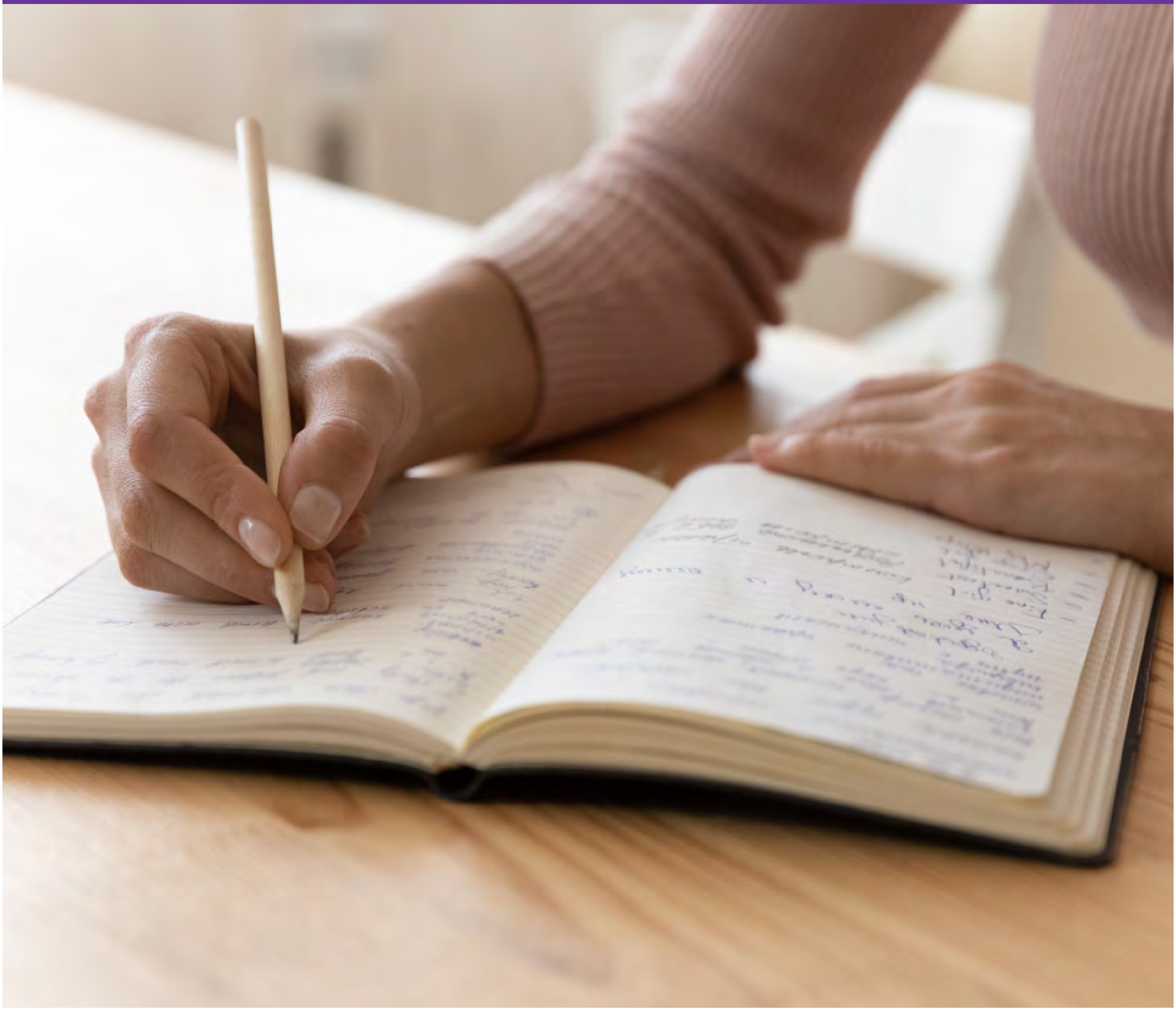
Personal Financial Affairs

Your Book of Records



YOUR LEGACY

We invite you to continue the Legacy of Caring provided by John Muir Health by establishing your own Legacy of Giving through your charitable estate plans.

For more information on how to create a Legacy of Caring and Giving that is meaningful to you and your family, please contact the Office of Legacy Giving at 925-947-4449.

JOHN MUIR HEALTH FOUNDATION

Record of Personal Financial Affairs for (name):

____

Information contained here is current as of (date):

____

This form provides you with a convenient method of recording information about your personal financial affairs. The information you collect in your Record of Personal Financial Affairs can have several practical uses:

- Summarize your present financial position
- Inform your attorney and other advisors of your assets and objectives
- Assist your family members in the event of your absence or incapacity

Review the form first to determine the information you will need to complete it. Then collect the certificates, documents, records, and other information and record accurate financial data.

Preparing your Record of Personal Financial Affairs may reveal areas where you want to make changes or take some additional action. If you do so, make it a point to update this form. We strongly recommend an annual review.

The time you spend compiling this information can be very rewarding. You will have the satisfaction of knowing that your financial affairs are in order and that you have taken steps to ensure the effective management of your assets.

If we can be of assistance to you, please feel free to call. As with all other sensitive legal and personal information, keep this document in a secure location and share it only with those who need access to such information.

Individual and Family Background

Legal residence ____________________

____

____

____

Occupation ____________________

____

Social Security # ____________________

Date and place of birth ____________________

____

- ❑ married ❑ single
- ❑ divorced ❑ widowed

Date and place of marriage ____________________

____

Prior marriages (date and place) ____________________

____

____

____

Children: name, DOB, natural, adopted, or stepchild? ____________________

____

____

____

____

____

____

____

Other close relatives (if any):

Name ____________________

Relationship ____________________

Address ____________________

Name ____________________

Relationship ____________________

Address ____________________

Employment, Compensation, and Benefits

Employer ____________________

Date of hire ____________________

Position/Title ____________________

____

Salary $ ____________ per ____________

Bonus/commission ____________________

Check all that apply:

- ❑ Medical Insurance
- ❑ Group Life Insurance

Amount $ ____________________

Primary beneficiary ____________________

Secondary beneficiary ____________________

- ❑ Disability Insurance
- ❑ IRA (Specify: ❑ Traditional ❑ Roth)
- ❑ Pension/Profit Sharing/401(k) Plan

Value of death benefits $ ____________________

Beneficiary ____________________

Form of payout elected ____________________

- ❑ Other employment benefits (describe)

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Wills

Have you executed a will? ____________

Date of execution ____________________

Drafting attorney (name and address) ___

____

____

____

____

____

Executor of will (name and address) _____

____

____

____

____

Special instructions to executor or beneficiaries ____________________

____

____

____

____

____

Has your spouse executed a will? ________

Date of execution ____________________

Drafting attorney (name and address) ___

____

____

____

____

Executor of will (name and address) _____

____

____

____

____

Trusts

Have you created a living trust agreement? ___________________

How many? ___________________

____

Are these agreements

- ❑ revocable?
- ❑ irrevocable?

Are any of the trusts related to a pour-over provision in your will? __________

Names and addresses of the trustees __

____

____

____

____

____

Names and addresses of the beneficiaries

____

____

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____

____

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____

Approximate value of trusts $ __________

Nature of properties included in trusts __

____

____

____

____

____

Name and address of the attorney drafting the trust(s) ______________________________

____

____

____

____

Have you executed a

- ❑ power of attorney?
- ❑ health care proxy?
- ❑ living will?

Residential Real Estate

Location #1 ______________________________

____

Description ______________________________

____

Approx. Value $ ______________________________

Mortgage $ ______________________________

Mortgagor ______________________________

____

If the property is not in your name alone, who is/are the co-owner(s)? ______________

____

____

____

Is there a right of survivorship? ____________

Location#2 ______________________________

____

Description ______________________________

____

Approx. Value $ ______________________________

Mortgage $ ______________________________

Mortgagor ______________________________

____

If the property is not in your name alone, who is/are the co-owner(s)? ______________

____

____

____

Is there a right of survivorship? ____________

Non-Residential Real Estate

Location #1 ______________________________

____

Description ______________________________

____

Approx. Value $ ______________________________

Mortgage $ ______________________________

Mortgagor ______________________________

____

Is the property leased? ______________

Name of lessee ______________________________

____

____

Duration of lease ______________________________

Annual rent $ ______________________________

If the property is not in your name alone, who is/are the co-owner(s)? ______________

____

____

Is ownership

- ❑ tenancy-in-common?
- ❑ joint tenancy?
- ❑ community property?

Location #2 ______________________________

____

Description ______________________________

____

Approx. Value $ ______________________

Mortgage $ ______________________

Mortgagor ______________________

____

Is the property leased? ______________

Name of lessee ______________________

____

____

Duration of lease ______________________

Annual rent $ ______________________

If the property is not in your name alone, who is/are the co-owner(s)? ______________

____

____

Is ownership

- ❑ tenancy-in-common?
- ❑ joint tenancy?
- ❑ community property?

Stock

Name	Shares	Purchase Date	Cost	Value

Name of co-owner, if any ______________________

Special dividend arrangements ______________________

Bonds

Denomination	Purchase Date	Cost	Value

Mutual Fund Shares

Shares	Purchase Date	Cost	Value

Name of co-owner, if any ______________________

Bank Accounts and Certificates

Checking Accounts

Bank	Account Number	Co-owner	Avg. Balance

Savings Accounts

Bank	Account Number	Co-owner	Avg. Balance

Certificates of Deposit

Bank/Financial Institution	Amount	Maturity Date	Co-owners

Life Insurance Policies

1) On your own life

Policy number ______________________

Company ______________________

____

Principal amount $ ______________________

Cash value $ ______________________

Beneficiaries ______________________

____

Loans against the policy $ ______________

____

Location of policy ______________________

2) You own on the life of another

Policy number ______________________

Company ______________________

____

Principal amount $ ______________________

Cash value $ ______________________

Beneficiaries ______________________

____

Loans against the policy $ ______________

____

Location of policy ______________________

Business Interests

Nature of Ownership

Do you have ownership in a business? ____

Is the business

- ❑ a proprietorship?
- ❑ a partnership?
- ❑ a corporation (❑ C or ❑ S)?
- ❑ a family limited partnership?
- ❑ a limited liability company?

If you do not have sole interest, what is the percent of your ownership? ____________

Other owners of the business:

Name ______________________________

Age ______________________________

Percentage of ownership ____________

Name ______________________________

Age ______________________________

Percentage of ownership ____________

Name ______________________________

Age ______________________________

Percentage of ownership ____________

Sale of the Business after Death

Is your estate committed to sell the business after your death? ____________

Indicate the parties to this agreement ___

____

____

____

Date of agreement ________________

Sources of funds to carry out transaction

____

____

Value of the business $ ______________

Your interest in it __________________

____

Tangible Personal Property

Do you maintain a list of your valuable possessions? ____________________

Where is the list located? ____________

____

Indicate the major items of value within each category:

Automobiles ____________________

____

____

____

Home furnishings ________________

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Jewelry ________________________

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Antiques and art ________________

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Other tangibles _________________

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Liabilities

I owe money or am financially obligated to

____

____

Amount $ ______________________

Location of note ________________

____

Due date ______________________

Collateral ______________________

____

Terms of payment _______________

____

I owe money or am financially obligated to

____

____

Amount $ ______________________

Location of note ________________

____

Due date ______________________

Collateral ______________________

____

Terms of payment _______________

____

I owe money or am financially obligated to

____

____

Amount $ ______________________

Location of note ________________

____

Due date ______________________

Collateral ______________________

____

Terms of payment _______________

____

Personal Advisors

Indicate the name, address, telephone number and email of your:

Physician(s) ____________________

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Clergy ________________________

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Insurance agent ________________

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Attorney _______________________

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Trust officer ___________________

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Accountant

Investment broker

Financial planner

Other

Location of Key Documents

Birth certificate

Marriage certificate

Prenuptial agreement

Divorce papers

Naturalization (citizenship) papers

Passport

Employment, pension, and benefit records

Tax returns

Last will and testament (original)

Funeral/burial instructions

Deeds to real estate

Stock certificates, bonds, mutual fund shares

Living will

Power of attorney

Health care proxy

Safety deposit box

Business buy-sell agreements

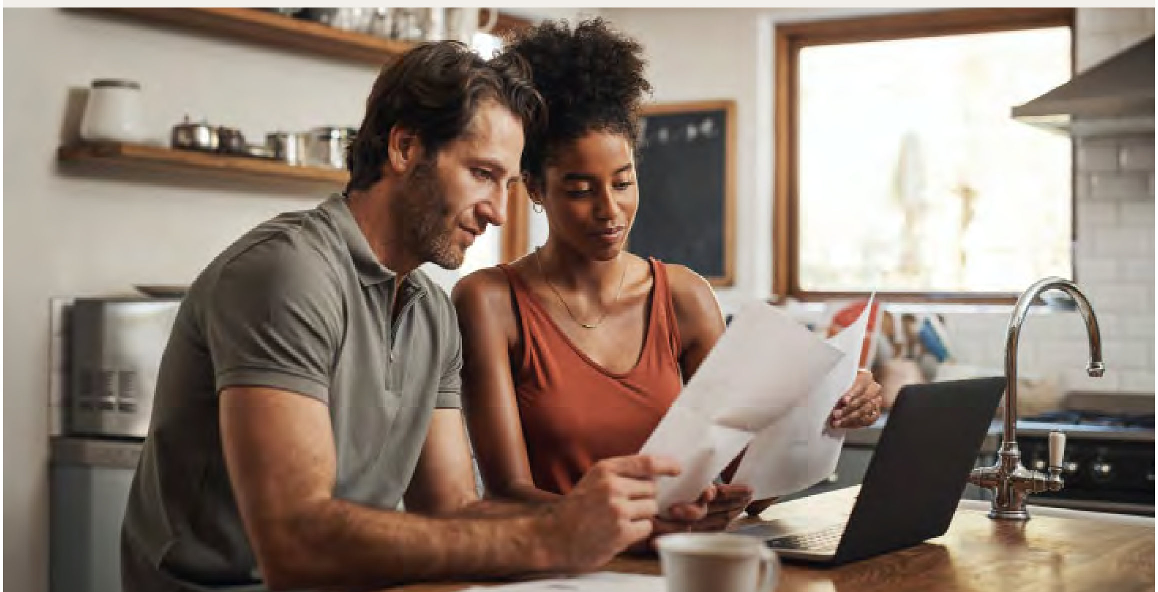
Digital Assets—Usernames and Passwords

Email

Social Media

Financial Accounts

Digital Currency (location/instructions)



Notes

JOHN MUIR HEALTH FOUNDATION

MISSION

John Muir Health is dedicated to improving the health of the communities we serve with quality and compassion.

John Muir Health Foundation is a 501(c)(3) nonprofit organization. Federal Tax ID 94-2650855.

Mary Sherman, CSPG
Gift Officer, Leadership and Planned Gifts

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