



Digital Data Summary

Goodman & Hubbard²

Jerry W. Goodman, CFP[®]
Managing Principal

Jared T. Hubbard, CPA[®]
Financial Advisor

Megan G. Hubbard
Client Relationship Manager

Libby L. Underwood
Operations Manager

Organized Investor Workbook – (*Documentation*)



We created the *DOCUMENTATION* part of the Organized Investor Workbook as a tool for a diverse group of people. Since everyone is different, it was a rather daunting task to include virtually every item that someone might have an interest in documenting. So hopefully we didn't miss anything that relates to your situation. And when it's completed, we suggest that you not just tell your family about this... **SHOW IT TO THEM**, so they'll know what to look for if they need it.

Why Is This Important? Getting your affairs both consolidated and organized can yield significant benefits both immediately as well as off into the future.

Immediate and Longer-Term benefits may include:

- The hope that your family won't inherit a "complicated mess" at your death.
- A better understanding of your current situation and your lifetime goals.
- Uncovering critical issues that need to be addressed.
- Restructuring investment assets to bring them in alignment with your goals.
- Having one comprehensive document for current & future reference.
- Simplifying the very difficult job of dealing with the affairs of someone deceased.
- Assuring a smooth transition of assets and investment process to another person.

It is advisable to NOT include any personal information that could comprise your identity such as... complete social security numbers, dates-of-birth, driver's license or credit card numbers, passwords, etc. A secure location that your family is aware of, would be a good place for a list of this type of confidential information.

Congratulations for getting started and remember that we're here to answer your questions, to help you to stay focused, and to offer our insight and guidance in dealing with any important issues that may surface from this exercise. And once again... please make your family members aware of this document that you've taken the time to complete. The intended benefit is lost if they are not aware of its existence.

Jerry Goodman, CFP®

Jared T. Hubbard, CPA®

Megan G. Hubbard

Libby Underwood

I. Personal Information - Person #1

Full Legal Name		Nickname
Year of Birth	Birthplace	Last 4 digits of your Social Security Number
Marital Status	Spouse's Name	
Home Address		
Home Phone #	Work Phone #	Cell Phone #
Email Address:		

Safe Deposit Location & Key Location	Safe Deposit Box #
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Current Employer	Job Title	Date Employment Began
Employer's Address		
List Benefits Due	Location Of Benefit Documentation	

Previous Employer	Job Title of Previous Employment	Date Employment Began & Ended
Previous Employer's Address		
List Benefits Due	Location of Benefit Documentation	

Previous Employer	Job Title of Previous Employment	Date Employment Began & Ended
Previous Employer's Address		
List Benefits Due	Location of Benefits Documentation	

Previous Employer	Job Title of Previous Employment	Date Employment Began & Ended
Previous Employer's Address		
List Benefits Due	Location of Benefits Documentation	

To help protect your identity, only indicate the last 4 digits of any account #, policy #, or social security #, etc. Also... only indicate the YEAR-of-birth (where referenced) and never indicate any User I.D.s or Passwords used for online account access.

I. Personal Information - Person #1 (Continued)

Military Service

Military Service – Branch	Military Service Number	Date of Enlistment
Rank at Discharge	Date of Discharge	Location of Military Service Records

Education

Schools Attended	From	To	Degrees, Diploma, Honors, Etc
Schools Attended	From	To	Degrees, Diploma, Honors, Etc
Schools Attended	From	To	Degrees, Diploma, Honors, Etc
Schools Attended	From	To	Degrees, Diploma, Honors, Etc

Personal Document Storage

Personal Documents	Keep Original	Suggested Location	Actual Location
Birth/Adoption Certificates	Permanently	Safe Deposit Box	Actual Location
Marriage Certificate	Permanently	Safe Deposit Box	Actual Location
Pre-Nuptial Agreement	Permanently	1-Safe Dep. Box 1-Your Attorney	Actual Location
Divorce &/or Separation	Permanently	1-Safe Dep. Box 1-Your Attorney	Actual Location
Religious Papers & Certificates	Permanently	Safe Deposit Box	Actual Location
Guardianship & Custody Papers	Permanently	Safe Deposit Box	Actual Location
Court Decrees	Permanently	Safe Deposit Box	Actual Location
Naturalization / Citizenship	Permanently	Safe Deposit Box	Actual Location
Passports & Visas	Permanently	Safe Deposit Box	Actual Location
Military / Discharge Forms	Permanently	Safe Deposit Box	Actual Location
Computer IDs & Passwords	Permanently	Safe Deposit Box	Actual Location
Other:			Actual Location

Personal Information - Person #2

Full Legal Name		Nickname
Year of Birth	Birthplace	Last 4 digits of your Social Security Number
Marital Status	Spouse's Name	
Home Address		
Home Phone #	Work Phone #	Cell Phone #
Email Address:		

Safe Deposit Location & Key Location	Safe Deposit Box #
--------------------------------------	--------------------

Current Employer	Job Title	Date Employment Began
Employer's Address		
List Benefits Due	Location Of Benefit Documentation	

Previous Employer	Job Title of Previous Employment	Date Employment Began & Ended
Previous Employer's Address		
List Benefits Due	Location of Benefit Documentation	

Previous Employer	Job Title of Previous Employment	Date Employment Began & Ended
Previous Employer's Address		
List Benefits Due	Location of Benefits Documentation	

Previous Employer	Job Title of Previous Employment	Date Employment Began & Ended
Previous Employer's Address		
List Benefits Due	Location of Benefits Documentation	

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I. Personal Information - Person #2 (Continued)

Military Service

Military Service – Branch	Last 4 Digits of Military Service # *	Date of Enlistment
Rank at Discharge	Date of Discharge	Location of Military Service Records

Education

Schools Attended	From	To	Degrees, Diploma, Honors, Etc
Schools Attended	From	To	Degrees, Diploma, Honors, Etc
Schools Attended	From	To	Degrees, Diploma, Honors, Etc
Schools Attended	From	To	Degrees, Diploma, Honors, Etc

Personal Document Storage

Personal Documents	Keep Original	Suggested Location	Actual Location
Birth/Adoption Certificates	Permanently	Safe Deposit Box	Actual Location
Marriage Certificate	Permanently	Safe Deposit Box	Actual Location
Pre-Nuptial Agreement	Permanently	1-Safe Dep. Box 1-Your Attorney	Actual Location
Divorce &/or Separation	Permanently	1-Safe Dep. Box 1-Your Attorney	Actual Location
Religious Papers & Certificates	Permanently	Safe Deposit Box	Actual Location
Guardianship & Custody Papers	Permanently	Safe Deposit Box	Actual Location
Court Decrees	Permanently	Safe Deposit Box	Actual Location
Naturalization / Citizenship	Permanently	Safe Deposit Box	Actual Location
Passports & Visas	Permanently	Safe Deposit Box	Actual Location
Military / Discharge Forms	Permanently	Safe Deposit Box	Actual Location
Computer IDs & Passwords	Permanently	Safe Deposit Box	Actual Location
Other:			Actual Location

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II . Personal & Professional Relationships – Relatives & Spouses

Relative's Name	Relative's Year of Birth *	Relationship to you:
Their Spouse's Name	Their Spouse's Year-of-Birth * (if known)	Is the relative alive or deceased?
Home Address		Is the relative's spouse alive or deceased?
Comments / Notes		Phone #

Relative's Name	Relative's Year of Birth *	Relationship to you:
Their Spouse's Name	Their Spouse's Year-of-Birth * (if known)	Is the relative alive or deceased?
Home Address		Is the relative's spouse alive or deceased?
Comments / Notes		Phone #

Relative's Name	Relative's Year of Birth *	Relationship to you:
Their Spouse's Name	Their Spouse's Year-of-Birth * (if known)	Is the relative alive or deceased?
Home Address		Is the relative's spouse alive or deceased?
Comments / Notes		Phone #

Relative's Name	Relative's Year of Birth *	Relationship to you:
Their Spouse's Name	Their Spouse's Year-of-Birth * (if known)	Is the relative alive or deceased?
Home Address		Is the relative's spouse alive or deceased?
Comments / Notes		Phone #

Relative's Name	Relative's Year of Birth *	Relationship to you:
Their Spouse's Name	Their Spouse's Year-of-Birth * (if known)	Is the relative alive or deceased?
Home Address		Is the relative's spouse alive or deceased?
Comments / Notes		Phone #

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II. Personal & Professional Relationships – Relatives & Spouses

Relative's Name	Relative's Year of Birth *	Relationship to you:
Their Spouse's Name	Their Spouse's Year-of-Birth * (if known)	Is the relative alive or deceased?
Home Address		Is the relative's spouse alive or deceased?
Comments / Notes		Phone #

Relative's Name	Relative's Year of Birth *	Relationship to you:
Their Spouse's Name	Their Spouse's Year-of-Birth * (if known)	Is the relative alive or deceased?
Home Address		Is the relative's spouse alive or deceased?
Comments / Notes		Phone #

Relative's Name	Relative's Year of Birth *	Relationship to you:
Their Spouse's Name	Their Spouse's Year-of-Birth * (if known)	Is the relative alive or deceased?
Home Address		Is the relative's spouse alive or deceased?
Comments / Notes		Phone #

Relative's Name	Relative's Year of Birth *	Relationship to you:
Their Spouse's Name	Their Spouse's Year-of-Birth * (if known)	Is the relative alive or deceased?
Home Address		Is the relative's spouse alive or deceased?
Comments / Notes		Phone #

Relative's Name	Relative's Year of Birth *	Relationship to you:
Their Spouse's Name	Their Spouse's Year-of-Birth * (if known)	Is the relative alive or deceased?
Home Address		Is the relative's spouse alive or deceased?
Comments / Notes		Phone #

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II. Personal & Professional Relationships – Social / Religious / Personal

Religious Organization	Contact	Work Phone #
Address		Fax #
Comments		Other #

Religious Organization	Contact	Work Phone #
Address		Fax #
Comments		Other #

Social Club / Organization	Contact	Work Phone #
Address		Fax #
Comments		Other #

Personal Friend / Contact	Work Phone #
Address	Cell #
Comments	Other #

Personal Friend / Contact	Work Phone #
Address	Cell #
Comments	Other #

Other	Work Phone #
Address	Cell #
Comments	Other #

II. Personal & Professional Relationships – Medical / Dental

Medical Group	Contact Person / Physician	Phone #
Address		Fax #
Specialty / Comments		Other #

Medical Group	Contact Person / Physician	Phone #
Address		Fax #
Specialty / Comments		Other #

Medical Group	Contact Person / Physician	Phone #
Address		Fax #
Specialty / Comments		Other #

Dental Practice	Contact Person / Dentist	Phone #
Address		Fax #
Specialty / Comments		Other #

Dental Practice	Contact Person / Dentist	Phone #
Address		Fax #
Specialty / Comments		Other #

Other	Contact Person	Phone #
Address		Fax #
Specialty / Comments		Other #

II. Personal & Professional Relationships - Professionals

Law Firm	Attorney	Work Phone #
Address		Fax #
Comments		Other #

Accounting Firm	CPA / Accountant	Work Phone #
Address		Fax #
Comments		Other #

Investment Firm	Financial Advisor / CFP	Work Phone #
Address		Fax #
Comments		Other #

Investment Firm	Financial Advisor / CFP	Work Phone #
Address		Fax #
Comments		Other #

Investment Firm	Financial Advisor / CFP	Work Phone #
Address		Fax #
Comments		Other #

Other	Phone #	
Address		Fax #
Comments		Other #

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II. Personal & Professional Relationships – Insurance Companies

Health Insurance Company	Contact Person	Phone #
Address		Fax #
Description / Explanation		Other #

Health Insurance Company	Contact Person	Phone #
Address		Fax #
Description / Explanation		Other #

Auto / Home Insurance Company	Contact Person	Phone #
Address		Fax #
Description / Explanation		Other #

Auto / Home Insurance Company	Contact Person	Phone #
Address		Fax #
Description / Explanation		Other #

Auto / Home Insurance Company	Contact Person	Phone #
Address		Fax #
Description / Explanation		Other #

Other	Contact Person	Phone #
Address		Fax #
Description / Explanation		Other #

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III. Organizing Your Affairs - Legal Arrangements – Person #1

Name of Person #1	Location of Original Will:	Date Will was most recently reviewed:
Attorney who prepared Will:	Attorney's Address & Phone #	
Who is the executor designated by the Will:	Executor's Address / Phone #	
Does the Will appoint a financial guardian for a dependent child? (Yes or No)	If yes, list names of dependent children	
Name of the financial guardian:	Address & Phone # of the financial uardian:	
Does the Will appoint a personal guardian for a dependent child? (Yes or No)	If yes, list names of dependent children	
Name of personal guardian	Address & Phone # of personal guardian	
Does the include special codicils, or letters of instruction? (Yes or No)	If Yes, location of original Codicils / Letters	
Is there a Living Will ? (Yes or No)	If yes, location of original of Living Will	
Has an Organ or Body Donor Certification form been signed? (Yes or No)	If yes, location of original Donor form.	
Has a Durable Power of Atty. been appointed for Health Care? (Yes or No)	If yes, location of original POA	
Name of Health Care Power of Attorney	Address & Phone # of Health Care POA	
Has a Durable Power of Atty in place for property decisions? (Yes or No)	If yes, location of original POA	
Name of Property Power of Attorney	Address & Phone # of Property POA	

Has any assets or property been transferred into a Trust? (Yes or No)	Does any property or assets flow into a Trust upon death? (Yes or No)	Has any property or assets been transferred through a Life Estate? (Yes or No)
Description of Trust #1 (for Person #1)(Purpose / Beneficiaries, etc.)		Type of Trust (Revocable, Life Insurance, Charitable, Family, Asset Protection, etc.)
Name of Trustee(s) for Trust #1	Date of Trust Agreement #1:	Appox. \$ Value of Trust #1
Description of Trust #2 (for Person #1) (Purpose / Beneficiaries, etc.)		Type of Trust (Revocable, Life Insurance, Charitable, Family, Asset Protection, etc.)
Name of Trustee(s) for Trust #2	Date of Trust Agreement #2:	Appox. \$ Value of Trust #2

To help protect your identity, only indicate the last 4 digits of any account #, policy #, or social security #, etc. Also... only indicate the YEAR-of-birth (where referenced) and never indicate any User I.D.s or Passwords used for online account access.

III. Organizing Your Affairs - Legal Arrangements – Person #2

Name of Person #2	Location of Original Will:	Date Will was most recently reviewed:
Attorney who prepared Will:	Attorney's Address & Phone #	
Who is the executor designated by the Will:	Executor's Address / Phone #	
Does the Will appoint a financial guardian for a dependent child? (Yes or No)	If yes, list names of dependent children	
Name of the financial guardian:	Address & Phone # of the financial uardian:	
Does the Will appoint a personal guardian for a dependent child? (Yes or No)	If yes, list names of dependent children	
Name of personal guardian	Address & Phone # of personal guardian	
Does the include special codicils, or letters of instruction? (Yes or No)	If Yes, location of original Codicils / Letters	
Is there a Living Will ? (Yes or No)	If yes, location of original of Living Will	
Has an Organ or Body Donor Certification form been signed? (Yes or No)	If yes, location of original Donor form.	
Has a Durable Power of Atty. been appointed for Health Care? (Yes or No)	If yes, location of original POA	
Name of Health Care Power of Attorney	Address & Phone # of Health Care POA	
Has a Durable Power of Atty in place for property decisions? (Yes or No)	If yes, location of original POA	
Name of Property Power of Attorney	Address & Phone # of Property POA	

Has any assets or property been transferred into a Trust? (Yes or No)	Does any property or assets flow into a Trust upon death? (Yes or No)	Has any property or assets been transferred through a Life Estate? (Y or N)
Description of Trust #1 (for Person #2)(Purpose / Beneficiaries, etc.)		Type of Trust (Revocable, Life Insurance, Charitable, Family, Asset Protection, etc.)
Name of Trustee(s) for Trust #1	Date of Trust Agreement #1:	Appox. \$ Value of Trust #1
Description of Trust #2 (for Person #2) (Purpose / Beneficiaries, etc.)		Type of Trust (Revocable, Life Insurance, Charitable, Family, Asset Protection, etc.)
Name of Trustee(s) for Trust #2	Date of Trust Agreement #2:	Appox. \$ Value of Trust #2

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IV. Organizing Your Affairs - Final Arrangements – Person #1

Name of Person #1	Attendee should include... (Family only, include friends, or open to public)	
Disposition of Body (Burial or Cremation)	If cremation, ashes scattered where...	If burial, casket viewing (Y or N)
Name of person to conduct funeral service.	Address & phone #	
Alternate person to conduct funeral service	Address & phone #	
Desired Funeral Home or Mortuary	Address & phone #	
Service to be held at (Mortuary or Place of Worship)	If Church, Synagogue, or Mosque: Indicate name address & phone #	
Has a prepaid funeral plan been purchased? (Y or N)	Name, Address & phone # for funeral plan	
Has a burial location been purchased? (Yes or No)	Name/Location of burial place	
Instead of flowers, please request donations to the following Charity...		
Other Special Request (Clothing, type of casket, etc)		

IV. Organizing Your Affairs - Final Arrangements – Person #2

Name of Person #2	Attendee should include... (Family only, include friends, or open to public)	
Disposition of Body (Burial or Cremation)	If cremation, ashes scattered where...	If burial, casket viewing (Y or N)
Name of person to conduct funeral service.	Address & phone #	
Alternate person to conduct funeral service	Address & phone #	
Desired Funeral Home or Mortuary	Address & phone #	
Service to be held at (Mortuary or Place of Worship)	If Church, Synagogue, or Mosque: Indicate name address & phone #	
Has a prepaid funeral plan been purchased? (Y or N)	Name, Address & phone # for funeral plan	
Has a burial location been purchased? (Yes or No)	Name/Location of burial place	
Instead of flowers, please request donations to the following Charity...		
Other Special Request (Clothing, type of casket, etc)		

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V. Organizing Your Affairs - Financial Summary

< Calculating Your Personal Net Worth >

as of (date) _____

Assets

Description	Valuation determined ...	Value
Banking / Credit Union Accounts	From	\$
Investment Company Accounts	From	\$
Retirement Plans	From	\$
Employer Stock Options	From	\$
Series E / EE Savings Bonds	From	\$
Real Estate Holdings	From	\$
Business Investments	From	\$
Miscellaneous Investments	From	\$
Life Insurance-Cash Surrender Value	From	\$
Annuities-Current Market Value	From	\$
Personal Property/Autos/Boats/ Etc.	From	\$
Notes Receivable & Misc. Assets	From	\$
Other	From	\$
Other	From	\$
Other	From	\$

Total Assets \$

Liabilities & Net Worth

Description	Valuation determined ...	Value
Liabilities	From	\$
Other	From	\$
Other	From	\$
Other	From	\$

Total Liabilities \$

Total Net Worth (assets - liabilities) \$

Total Liabilities & Net Worth \$

V. Organizing Your Affairs - Asset Ownership Worksheet

as of _____

The actual ownership/title of assets can affect a variety of issues including the transfer/probate of assets at death as well as any potential inheritance/estate taxes. While the table below can prove helpful in summarizing how your assets are collectively titled, it's not critical that you complete it. These topics are discussed in greater detail in the Estate Planning section.

Asset Ownership

Description	Joint	Person #1	Person #2	Community Property	Total
Banking / Credit Union Accounts	\$	\$	\$	\$	\$
Investment Company Accounts	\$	\$	\$	\$	\$
Retirement Plans	\$	\$	\$	\$	\$
Employer Stock Options	\$	\$	\$	\$	\$
Series E / EE Savings Bonds	\$	\$	\$	\$	\$
Real Estate Holdings	\$	\$	\$	\$	\$
Business Investments	\$	\$	\$	\$	\$
Miscellaneous Investments	\$	\$	\$	\$	\$
Life Insurance-Cash Surrender Value	\$	\$	\$	\$	\$
Annuities-Current Market Value	\$	\$	\$	\$	\$
Personal Property/ Autos/Boats/ Etc.	\$	\$	\$	\$	\$
Notes Receivable	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$
Total Assets	\$	\$	\$	\$	\$

• **Organizing Your Affairs - Assets – Banking/Credit Union Accounts**

Bank / Credit Union Name	Indicate last 4 digits of the Acct # *		Account Type (Checking, Savings,CDs, College, IRA/Retirement, Business Account, etc.)
Address			
Phone Number	Name of Contact		Beneficiary designated for this account? (Y or N)
Comments	Approx. \$ Balance	As of . . .	Ownership (Joint, Person 1,Person 2, Trust, etc.)

Bank / Credit Union Name	Indicate last 4 digits of the Acct # *		Account Type (Checking, Savings,CDs, College, IRA/Retirement, Business Account, etc.)
Address			
Phone Number	Name of Contact		Beneficiary designated for this account? (Y or N)
Comments	Approx. \$ Balance	As of . . .	Ownership (Joint, Person 1,Person 2, Trust, etc.)

Bank / Credit Union Name	Indicate the last 4 digits of the Acct #		Account Type (Checking, Savings,CDs, College, IRA/Retirement, Business Account, etc.)
Address			
Phone Number	Name of Contact		Beneficiary designated for this account? (Y or N)
Comments	Approx. \$ Balance	As of . . .	Ownership (Joint, Person 1,Person 2, Trust, etc.)

Bank / Credit Union Name	Indicate last 4 digits of the Acct # *		Account Type (Checking, Savings,CDs, College, IRA/Retirement, Business Account, etc.)
Address			
Phone Number	Name of Contact		Beneficiary designated for this account? (Y or N)
Comments	Approx. \$ Balance	As of . . .	Ownership (Joint, Person 1,Person 2, Trust, etc.)

Bank / Credit Union Name	Indicate last 4 digits of the Acct # *		Account Type (Checking, Savings,CDs, College, IRA/Retirement, Business Account, etc.)
Address			
Phone Number	Name of Contact		Beneficiary designated for this account? (Y or N)
Comments	Approx. \$ Balance	As of . . .	Ownership (Joint, Person 1,Person 2, Trust, etc.)

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• **Organizing Your Affairs - Assets – Investment Accounts**

Investment Company / Mutual Fund	Indicate last 4 digits of the Acct # *		Account Type (Personal Investments, IRA/SEP, Roth IRA, College, Business Assets, etc.)
Address			
Phone Number	Name of Contact		Beneficiary designated for this account? (Y or N)
Comments	Approx. \$ Balance	As of . . .	Ownership (Joint, Person 1, Person 2, Trust, etc.)

Investment Company / Mutual Fund	Indicate last 4 digits of the Acct # *		Account Type (Personal Investments, IRA/SEP, Roth IRA, College, Business Assets, etc.)
Address			
Phone Number	Name of Contact		Beneficiary designated for this account? (Y or N)
Comments	Approx. \$ Balance	As of . . .	Ownership (Joint, Person 1, Person 2, Trust, etc.)

Investment Company / Mutual Fund	Indicate last 4 digits of the Acct # *		Account Type (Personal Investments, IRA/SEP, Roth IRA, College, Business Assets, etc.)
Address			
Phone Number	Name of Contact		Beneficiary designated for this account? (Y or N)
Comments	Approx. \$ Balance	As of . . .	Ownership (Joint, Person 1, Person 2, Trust, etc.)

Investment Company / Mutual Fund	Indicate last 4 digits of the Acct # *		Account Type (Personal Investments, IRA/SEP, Roth IRA, College, Business Assets, etc.)
Address			
Phone Number	Name of Contact		Beneficiary designated for this account? (Y or N)
Comments	Approx. \$ Balance	As of . . .	Ownership (Joint, Person 1, Person 2, Trust, etc.)

Investment Company / Mutual Fund	Indicate last 4 digits of the Acct # *		Account Type (Personal Investments, IRA/SEP, Roth IRA, College, Business Assets, etc.)
Address			
Phone Number	Name of Contact		Beneficiary designated for this account? (Y or N)
Comments	Approx. \$ Balance	As of . . .	Ownership (Joint, Person 1, Person 2, Trust, etc.)

**To help protect your identity, only indicate the last 4 digits of any account #, policy #, or social security #, etc. Also... only indicate the YEAR-of-birth (where referenced) and never indicate any User I.D.s or Passwords used for online account access.*

• Organizing Your Affairs - Assets – Retirement Plans

(To avoid duplication - do not include accounts/assets shown on prior summary pages.)

Plan Description (401K, SEP, IRA, etc.)		Acct. Ownership (Person 1 or person 2)
Approximate Current \$ Balance	Approximate Annual \$ Contributions	Acct Type (IRA/SEP; 401k, 403b, 457, other)

Plan Description (401K, SEP, IRA, etc.)		Acct. Ownership (Person 1 or person 2)
Approximate Current \$ Balance	Approximate Annual \$ Contributions	Acct Type (IRA/SEP; 401k, 403b, 457, other)

Plan Description (401K, SEP, IRA, etc.)		Acct. Ownership (Person 1 or person 2)
Approximate Current \$ Balance	Approximate Annual \$ Contributions	Acct Type (IRA/SEP; 401k, 403b, 457, other)

Plan Description (401K, SEP, IRA, etc.)		Acct. Ownership (Person 1 or person 2)
Approximate Current \$ Balance	Approximate Annual \$ Contributions	Acct Type (IRA/SEP; 401k, 403b, 457, other)

Plan Description (401K, SEP, IRA, etc.)		Acct. Ownership (Person 1 or person 2)
Approximate Current \$ Balance	Approximate Annual \$ Contributions	Acct Type (IRA/SEP; 401k, 403b, 457, other)

• Organizing Your Affairs - Assets – Employer Stock Options

Company Name	Plan Description
--------------	------------------

Number of Options:	Type (Incentive or Non-qualified)	Exercise Price	Expiration Date

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• **Organizing Your Affairs - Assets – E / EE Savings Bonds** as of _____

Denomination	Current Value	Purchase Date	Purchase Price	Maturity Date	Maturity Value	Bond Ownership (Person 1, Person 2, Joint, Trust, etc)
Denomination	Current Value	Purchase Date	Purchase Price	Maturity Date	Maturity Value	Bond Ownership (Person 1, Person 2, Joint, Trust, etc)
Denomination	Current Value	Purchase Date	Purchase Price	Maturity Date	Maturity Value	Bond Ownership (Person 1, Person 2, Joint, Trust, etc)
Denomination	Current Value	Purchase Date	Purchase Price	Maturity Date	Maturity Value	Bond Ownership (Person 1, Person 2, Joint, Trust, etc)
Denomination	Current Value	Purchase Date	Purchase Price	Maturity Date	Maturity Value	Bond Ownership (Person 1, Person 2, Joint, Trust, etc)

• **Organizing Your Affairs - Assets – Real Estate Holdings** as of _____

Description / Purchase Date / Approximate Cost	Approximate \$ Value	Realty Ownership (Person 1, Person 2, Joint, Trust, etc)
Description / Purchase Date / Approximate Cost	Approximate \$ Value	Realty Ownership (Person 1, Person 2, Joint, Trust, etc)
Description / Purchase Date / Approximate Cost	Approximate \$ Value	Realty Ownership (Person 1, Person 2, Joint, Trust, etc)
Description / Purchase Date / Approximate Cost	Approximate \$ Value	Realty Ownership (Person 1, Person 2, Joint, Trust, etc)
Description / Purchase Date / Approximate Cost	Approximate \$ Value	Realty Ownership (Person 1, Person 2, Joint, Trust, etc)
Description / Purchase Date / Approximate Cost	Approximate \$ Value	Realty Ownership (Person 1, Person 2, Joint, Trust, etc)
Description / Purchase Date / Approximate Cost	Approximate \$ Value	Realty Ownership (Person 1, Person 2, Joint, Trust, etc)
Description / Purchase Date / Approximate Cost	Approximate \$ Value	Realty Ownership (Person 1, Person 2, Joint, Trust, etc)
Description / Purchase Date / Approximate Cost	Approximate \$ Value	Realty Ownership (Person 1, Person 2, Joint, Trust, etc)

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• **Organizing Your Affairs – Assets – Business Investments/Holdings**

as of _____

Description	Approximate \$ Value	Business Ownership (Person 1, Person 2, Joint, Trust, etc)
Description	Approximate \$ Value	Business Ownership (Person 1, Person 2, Joint, Trust, etc)
Description	Approximate \$ Value	Business Ownership (Person 1, Person 2, Joint, Trust, etc)
Description	Approximate \$ Value	Business Ownership (Person 1, Person 2, Joint, Trust, etc)
Description	Approximate \$ Value	Business Ownership (Person 1, Person 2, Joint, Trust, etc)
Description	Approximate \$ Value	Business Ownership (Person 1, Person 2, Joint, Trust, etc)

• **Organizing Your Affairs - Assets – Miscellaneous Investments**

as of _____

Description	Approximate \$ Value	Ownership (Person 1, Person 2, Joint, Trust, etc)
Description	Approximate \$ Value	Ownership (Person 1, Person 2, Joint, Trust, etc)
Description	Approximate \$ Value	Ownership (Person 1, Person 2, Joint, Trust, etc)
Description	Approximate \$ Value	Ownership (Person 1, Person 2, Joint, Trust, etc)
Description	Approximate \$ Value	Ownership (Person 1, Person 2, Joint, Trust, etc)

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• **Organizing Your Affairs – Assets - Life Insurance** as of _____

Life Insurance Company	Indicate the last four digits of the policy # *	Type (Whole Life, Term, Universal, etc.)
Contact	Phone #	Name of the insured:
Address	Annual Premium Payment	Name(s) of the policy owner
Description	Approximate Cash Surrender Value	Approximate Death Benefit

Life Insurance Company	Indicate the last four digits of the policy # *	Type (Whole Life, Term, Universal, etc.)
Contact	Phone #	Name of the insured:
Address	Annual Premium Payment	Name(s) of the policy owner
Description	Approximate Cash Surrender Value	Approximate Death Benefit

Life Insurance Company	Indicate the last four digits of the policy # *	Type (Whole Life, Term, Universal, etc.)
Contact	Phone #	Name of the insured:
Address	Annual Premium Payment	Name(s) of the policy owner
Description	Approximate Cash Surrender Value	Approximate Death Benefit

Life Insurance Company	Indicate the last four digits of the policy # *	Type (Whole Life, Term, Universal, etc.)
Contact	Phone #	Name of the insured:
Address	Annual Premium Payment	Name(s) of the policy owner
Description	Approximate Cash Surrender Value	Approximate Death Benefit

Life Insurance Company	Indicate the last four digits of the policy # *	Type (Whole Life, Term, Universal, etc.)
Contact	Phone #	Name of the insured:
Address	Annual Premium Payment	Name(s) of the policy owner
Description	Approximate Cash Surrender Value	Approximate Death Benefit

** To help protect your identity, only indicate the last 4 digits of any account #, policy #, or social security #, etc. Also... only indicate the YEAR-of-birth (where referenced) and never indicate any User I.D.s or Passwords used for online account access.*

Organizing Your Affairs - Assets – Disability/Long-term Care Insurance

Insurance Company	Indicate the last 4 digits of the policy # *	Type (Disability, Long-term care, etc.,)
Contact	Phone #	Name of insured:
Description of coverage	Approximate amount of coverage	Name of policy owner:

Insurance Company	Indicate the last 4 digits of the policy # *	Type (Disability, Long-term care, etc.,)
Contact	Phone #	Name of insured:
Description of coverage	Approximate amount of coverage	Name of policy owner:

Insurance Company	Indicate the last 4 digits of the policy # *	Type (Disability, Long-term care, etc.,)
Contact	Phone #	Name of insured:
Description of coverage	Approximate amount of coverage	Name of policy owner:

Insurance Company	Indicate the last 4 digits of the policy # *	Type (Disability, Long-term care, etc.,)
Contact	Phone #	Name of insured:
Description of coverage	Approximate amount of coverage	Name of policy owner:

- Organizing Your Affairs - Assets – Umbrella / Liability Policy**

Insurance Company	Indicate last 4 digits of the policy # *	Type (Umbrella, Bus. Liability, Jewlery, etc.,)
Contact	Phone #	Name of insured:
Description of coverage	Approximate amount of coverage	Comments:

Insurance Company	Indicate last 4 digits of the policy # *	Type (Umbrella, Bus. Liability, Jewlery, etc.,)
Contact	Phone #	Name of insured:
Description of coverage	Approximate amount of coverage	Comments:

** To help protect your identity, only indicate the last 4 digits of any account #, policy #, or social security #, etc. Also... only indicate the YEAR-of-birth (where referenced) and never indicate any User I.D.s or Passwords used for online account access.*

• **Organizing Your Affairs - Assets – Annuities**

Annuity Company	Annuity Company Ph #		Annuity company address:
Agent / representative contact name	Agent / Representatyiive Phone #		Agent / Representative address:
Ownership (Person1, Person2, Joint, Trust)	Indicate last 4 digits of the contract # *		Amount of annual income paid (if any)
Description / Notes	Approx. Value	As of . . .	Approximate death benefit (if known)...

Annuity Company	Annuity Company Ph #		Annuity company address:
Agent / representative contact name	Agent / Representatyiive Phone #		Agent / Representative address:
Ownership (Person1, Person2, Joint, Trust)	Indicate last 4 digits of the contract # *		Amount of annual income paid (if any)
Description / Notes	Approx. Value	As of . . .	Approximate death benefit (if known)...

Annuity Company	Annuity Company Ph #		Annuity company address:
Agent / representative contact name	Agent / Representatyiive Phone #		Agent / Representative address:
Ownership (Person1, Person2, Joint, Trust)	Indicate last 4 digits of the contract #		Amount of annual income paid (if any)
Description / Notes	Approx. Value	As of . . .	Approximate death benefit (if known)...

Annuity Company	Annuity Company Ph #		Annuity company address:
Agent / representative contact name	Agent / Representatyiive Phone #		Agent / Representative address:
Ownership (Person1, Person2, Joint, Trust)	Indicate last 4 digits of the contract # *		Amount of annual income paid (if any)
Description / Notes	Approx. Value	As of . . .	Approximate death benefit (if known)...

Annuity Company	Annuity Company Ph #		Annuity company address:
Agent / representative contact name	Agent / Representatyiive Phone #		Agent / Representative address:
Ownership (Person1, Person2, Joint, Trust)	Indicate last 4 digits of the contract # *		Amount of annual income paid (if any)
Description / Notes	Approx. Value	As of . . .	Approximate death benefit (if known)...

** To help protect your identity, only indicate the last 4 digits of any account #, policy #, or social security #, etc. Also... only indicate the YEAR-of-birth (where referenced) and never indicate any User I.D.s or Passwords used for online account access.*

- **Organizing Your Affairs - Assets – Financial Document Storage**

<i>Documentation</i>	<i>Keep Original</i>	<i>Suggested Location</i>	
Checking Acct. Statements	1 Year	Home File	Actual Location
Checkbook Records	7 years	Home File	Actual Location
Personal Financial Statement	Permanently	Organizer	Actual Location
Bank and Trust Account Info.	Permanently	Organizer	Actual Location
Bank Statements	7 years	Home File	Actual Location
CDs	Permanently	Safe Deposit Box	Actual Location
Stock Information	While You Own	Organizer	Actual Location
Bond Information	While You Own	Organizer	Actual Location
Mutual Funds Information	While You Own	Organizer	Actual Location
Money Market Funds Info.	While You Own	Organizer	Actual Location
Stock Option Information	While You Own	Organizer	Actual Location
Certificates and Options	While You Own	Safe Deposit Box	Actual Location
Transactions Statements	7 Years After You Sell	Home File	Actual Location
Trade Confirmations	7 Years After You Sell	Home File	Actual Location
Dividend Reinvestments	7 Years After You Sell	Home File	Actual Location
Year-End Account Statements and 1099s	7 Years After You Sell	Home File	Actual Location
Other Investments, Info.	While You Own	Organizer	Actual Location
Other Investments, Ownership Documents	While You Own / 7 Years After You Sell	Safe Deposit Box	Actual Location

• **Organizing Your Affairs - Liabilities – Mortgages/Consumer Debt/Etc.**

as of _____

Description / Interest Rate / Payment Amount / Loan-end Date	Approximate Value	Debt in the name of...
Description / Interest Rate / Payment Amount / Loan-end Date	Approximate Value	Debt in the name of...
Description / Interest Rate / Payment Amount / Loan-end Date	Approximate Value	Debt in the name of...
Description / Interest Rate / Payment Amount / Loan-end Date	Approximate Value	Debt in the name of...
Description / Interest Rate / Payment Amount / Loan-end Date	Approximate Value	Debt in the name of...
Description / Interest Rate / Payment Amount / Loan-end Date	Approximate Value	Debt in the name of...
Description / Interest Rate / Payment Amount / Loan-end Date	Approximate Value	Debt in the name of...
Description / Interest Rate / Payment Amount / Loan-end Date	Approximate Value	Debt in the name of...
Description / Interest Rate / Payment Amount / Loan-end Date	Approximate Value	Debt in the name of...
Description / Interest Rate / Payment Amount / Loan-end Date	Approximate Value	Debt in the name of...

• **Organizing Your Affairs -Liabilities – Document Storage**

Documentation	Keep Original	Suggested Location	Actual Location
Interest Payments (if Tax Deductible)	7 Years	Home File	Actual Location
Credit Card Statements	2 Years	Home File	Actual Location
Year-End Account Statements and 1099s	7 Years After You Sell	Home File	Actual Location
Amounts We Owe, Information	While You Owe Loan	Organizer	Actual Location
Amounts We Owe, Documents	7 Years After You Pay	Home File	Actual Location

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- **Organizing Your Affairs - Income/Expenses/Taxes – Document Storage**

<i>Documentation</i>	<i>Keep Original</i>	<i>Suggested Location</i>	<i>Actual Location</i>
Checks if NOT Tax Deductible	2 Years	Home File	Actual Location
Checks if Tax Deductible	7 Years	Home File	Actual Location
Credit Card Receipts (NOT Tax Deductible)	2 Years	Home File	Actual Location
Credit Card Receipts (if Tax Deductible)	7 Years	Home File	Actual Location
Transaction Statements	7 Years After You Sell	Home File	Actual Location
Checking Acct. Statements	1 Year	Home File	Actual Location
Checkbook Records	7 years	Home File	Actual Location
Personal Financial Statement	Permanently	Organizer	Actual Location
Bank and Trust Account Info.	Permanently	Organizer	Actual Location
Bank Statements	7 years	Home File	Actual Location
Trade Confirmations	7 Years After You Sell	Home File	Actual Location
Dividend Reinvestments	7 Years After You Sell	Home File	Actual Location
Year-End Account Statements and 1099s	7 Years After You Sell	Home File	Actual Location
Paid Bills / Receipts (if NOT Deductible)	2 Years	Home File	Actual Location
Paid Bills /Cash Receipts (if Deductible)	7 Years	Home File	Actual Location
Rent Receipts	2 Years	Home File	Actual Location
Other Receipts, such as Groceries	Do Not Keep	Discard Immediately	Actual Location
Salary and Wage Statements	Until Compared with your W-2 at year end	Home File	Actual Location

Footnotes & Disclosures

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Goodman & Hubbard²
 1111 Northshore Shore Drive – Ste. P250
 Knoxville, TN 37919



Jerry W. Goodman, CFP[®]
 Managing Principal
 Goodman & Hubbard²
 Work # 865-415-2070
 Fax # 865-415-2069
 Email Jerry@TNWealthMgt.com



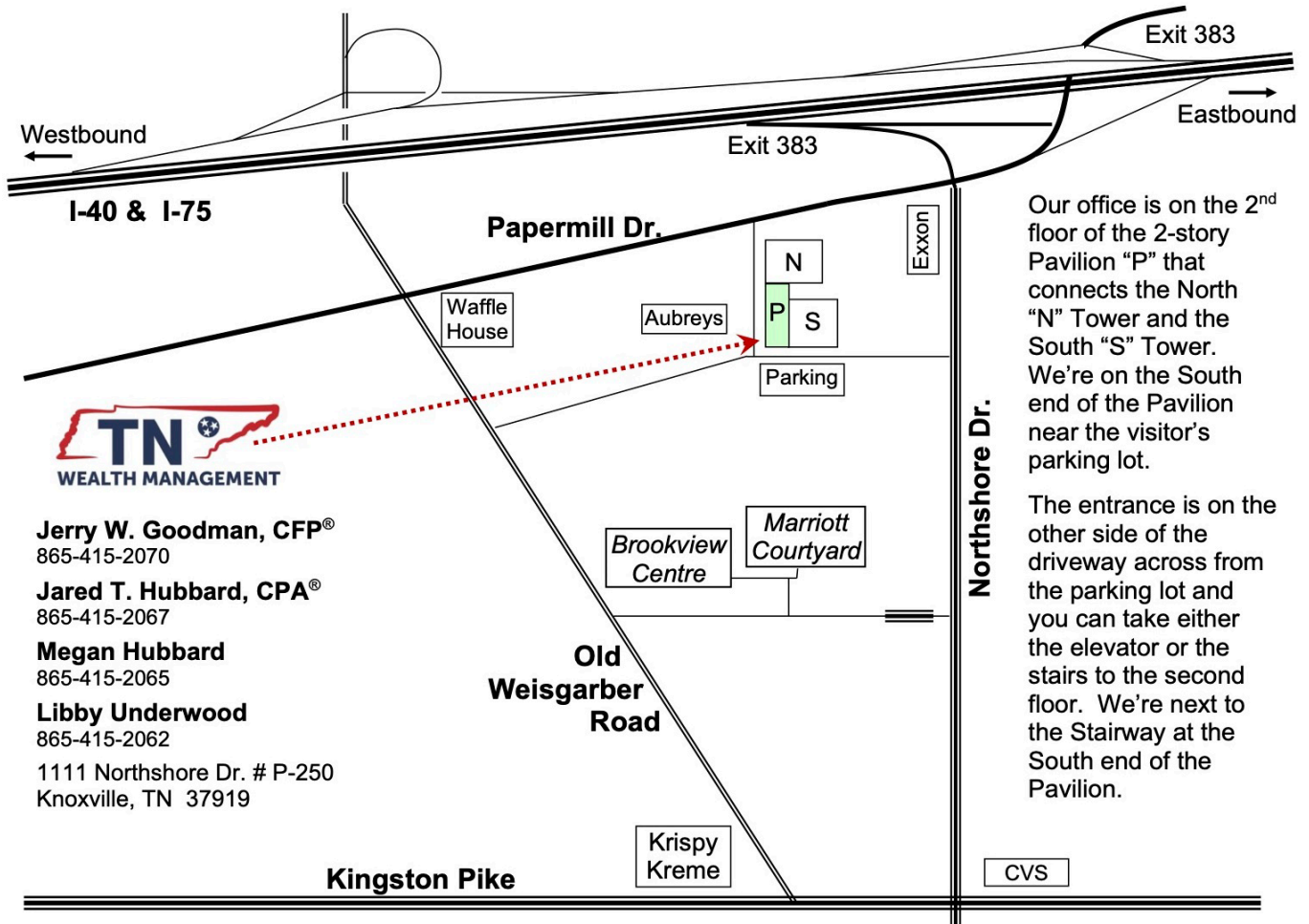
Jared T. Hubbard, CPA[®]
 Financial Advisor
 Goodman & Hubbard²
 Work # 865-415-2067
 Fax # 865-415-2066
 Email Jared@TNWealthMgt.com



Libby L. Underwood
 Operations Manager
 Goodman & Hubbard²
 Work # 865-415-2062
 Fax # 865-415-2061
 Email Libby@TNWealthMgt.com



Megan G. Hubbard
 Client Relationship Manager
 Goodman & Hubbard²
 Work # 865-415-2065
 Fax # 865-415-2066
 Email Megan@TNWealthMgt.com



Our office is on the 2nd floor of the 2-story Pavilion "P" that connects the North "N" Tower and the South "S" Tower. We're on the South end of the Pavilion near the visitor's parking lot.

The entrance is on the other side of the driveway across from the parking lot and you can take either the elevator or the stairs to the second floor. We're next to the Stairway at the South end of the Pavilion.

Jerry W. Goodman, CFP[®]
 865-415-2070
Jared T. Hubbard, CPA[®]
 865-415-2067
Megan Hubbard
 865-415-2065
Libby Underwood
 865-415-2062
 1111 Northshore Dr. # P-250
 Knoxville, TN 37919

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