

ORGANIZATION IS THE KEY

PERSONAL DATA RECORD
PROVIDED BY

**1ST FIRST
NATIONAL
BANK**
AMES • ANKENY

PERSONAL DATA

OF

I. PERSONAL

Date of Birth _____ Place of Birth _____ Co. _____

Location of Birth Certificate _____

Location of School Records _____

If not a Citizen:

Date and Place of Naturalization _____

Location of Naturalization Papers _____

II. PARENTS

Father:

Name _____ Place of Birth _____

Location of Birth Certificate _____

If not a Citizen:

Date and Place of Naturalization _____

Location of Naturalization Papers _____

Date of Death (If Deceased) _____ Place of Birth _____ Co. _____

Mother:

Name _____ Place of Birth _____

Location of Birth Certificate _____

If not a Citizen:

Date and Place of Naturalization _____

Location of Naturalization Papers _____

Date of Death (If Deceased) _____ Place of Birth _____ Co. _____

III. SPOUSE

Name _____

Date of Birth _____ Place of Birth _____ Co. _____

Location of Birth Certificate _____

If not a Citizen:

Date and Place of Naturalization _____

Location of Naturalization Papers _____

Date of Marriage _____ Place of Marriage _____ Co. _____

Location of Marriage Certificate _____

IV. CHILDREN

Name (s)	Date of Birth	Place of Birth	Co.

Location of Birth Certificate (s):

Location of School Records:

V. GRANDCHILDREN

Name (s)	Date of Birth	Place of Birth	Co.

Location of Birth Certificate (s):

Location of School Records:

VI. PRIOR MARRIAGE

Name of Spouse _____

Date of Marriage _____ Place of Marriage _____ Co. _____

Date Marriage Terminated _____ Place Terminated _____

Location of Divorce Decree (If Any) _____

VII. PROFESSIONAL ADVISORS

Name of Physician _____ Address _____

Name of Attorney _____ Address _____

Name of Accountant _____ Address _____

VIII. SOCIAL SECURITY

Social Security Number _____ Location of Card _____

Location of Employment Records _____

Other Arrangements _____

PERSONS TO NOTIFY OF DEATH:

Name

Address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

IX. SOLELY OWNED, OR PARTNERSHIP BUSINESS, EMPLOYMENT

Address _____

Location of Lease _____

Location of Contracts of Work in Progress _____

Location of Business Records _____

ASSOCIATES:

Partner (s) _____ Address _____

_____ Address _____

_____ Address _____

Partnership Contract Yes ___ No ___ Location of Contract _____

Business Corporation Yes ___ No ___ Location of Documents _____

Associate (s) _____ Address _____

_____ Address _____

COMPANY VEHICLES:

Registered in Name (s) of _____

Location of Registration Certificate (s) _____

Location of Vehicle Insurance Policy (ies) _____

Insurance Agent _____ Address _____

Recommendation regarding disposition: (Explain factors which in your judgement should be considered in arriving at the price and terms of the sale):

Names of business friends who will help in disposing of company or who can help complete work in progress:

_____ Address _____

_____ Address _____

PENSION OR RETIREMENT PLANS: Yes ____ No ____

Type _____

Location of Documents Relating Thereto _____

X. BANKING

1. Accounts

Checking & Savings (Indicate Whether Joint Account and With Whom)

Identifying Number	Bank	Location	Name
_____	1. _____	_____	_____
_____	2. _____	_____	_____
_____	3. _____	_____	_____
_____	4. _____	_____	_____
_____	5. _____	_____	_____
_____	6. _____	_____	_____
_____	7. _____	_____	_____
_____	8. _____	_____	_____

Location of Cancelled Checks (Which should be Retained for a Minimum of 5 years)

2. Certificate of Deposits (Indicate Whether Joint Account and With Whom)

Identifying Number	Bank	Location	Name
_____	1.	_____	_____
_____	2.	_____	_____
_____	3.	_____	_____
_____	4.	_____	_____
_____	5.	_____	_____
_____	6.	_____	_____
_____	7.	_____	_____
_____	8.	_____	_____

3. NAME OF BANK OFFICER _____

4. SAFETY DEPOSIT BOX (S) _____

A. Bank Location _____

B. Box Number _____

C. Location of Key _____

D. Person (s) with Right to Enter Box _____

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XI. REAL ESTATE

RESIDENCE

Description _____

Title in Name of _____ Location of Deed _____

Mortgage (or Lien)

Held by _____ Address _____

If Paid, Location of Records _____

Insurance

Fire	\$ _____
Extended Coverage	\$ _____
Liability	\$ _____
Mortgage	\$ _____

Location of Policies _____

Insurance Agent _____ Address _____

OFFICE, SHOP, WAREHOUSE:

Description _____

Title in Name of _____ Location of Deed _____

Mortgage (Or Lien)

Held by _____ Address _____

If Paid, Location of Records _____

Insurance

Fire	\$ _____
Extended Coverage	\$ _____
Liability	\$ _____
Mortgage	\$ _____

Location of Policies _____

Insurance Agent _____ Address _____

OTHER:

Description _____

Title in Name of _____ Location of Deed _____

Mortgage (or Lien)

Held by _____ Address _____

If Paid, Location of Records _____

Insurance

Fire	\$ _____
Extended Coverage	\$ _____
Liability	\$ _____

Mortgage \$ _____

Location of Policies _____

Insurance Agent _____ Address _____

For Any Real Estate Which is Rented, Show the Rental Income and the Location of Leases, if any.

Attach List of Additional Real Estate Held, if any, With Similar Information

XII. STOCKS, BONDS, AND INVESTMENTS

BROKERS:

Name (s) _____ Address _____

_____ Address _____

SECURITIES:

Type (s) _____ Company (ies) _____

Location of Certificates, Bonds, or Securities _____

Location of Records of Transactions _____

XIII. MISCELLANEOUS

AUTOMOBILES: (Owned Personally)

Registered in Names (s) of _____

Location of Registration Certificate (s) _____

Location of Automobile Insurance Policy (ies) _____

Insurance Agent _____ Address _____

Other Items of Personal Property Having Particular Value

Description _____ Location _____

XIV. OTHER BUSINESS OR FINANCIAL INTERESTS

Nature _____

Approximate Value _____

Location of Agreement Reflecting Such _____

INSURANCE:

Insurance

Fire \$ _____

Extended Coverage \$ _____

Liability \$ _____

Mortgage \$ _____

Location of Policies _____

Insurance Agent _____ Address _____

OTHER:

Description _____

Title in Name of _____

MORTGAGE (or Lien):

Held by _____ Address _____

If Paid, Location of Records _____

Insurance

Fire \$ _____

Extended Coverage \$ _____

Liability \$ _____

Mortgage \$ _____

Location of Policies _____

Insurance Agent _____ Address _____

OTHER:

Description _____

Title in Name of _____ Location of Deed _____

Mortgage (or Lien)

Held by _____ Address _____

If Paid, Location of Records _____

Insurance

Fire \$ _____

Extended Coverage \$ _____

Liability \$ _____

Mortgage \$ _____

Nature _____

Approximate Value _____

Location of Agreement Reflecting Such _____

Nature _____

Approximate Value _____

Location of Agreement Reflecting Such _____

XV. MONEY DUE FROM OTHERS

	From Whom	Amount
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____

LIABILITIES

You may have incurred liabilities other than those previously listed. These should be disclosed to your professional advisors as they are a necessary consideration in your estate planning. Care should be taken to keep your professional advisors informed of any changes in your liabilities.

XVI. MILITARY

Branch of Service _____

Dates of Service, From _____

Serial Number _____ Rank at Discharge _____

Location of Discharge Papers _____

Disability Rating (if any) _____ Claim Number _____

XVII. FRATERNAL ORGANIZATIONS

Notify for Funeral Services _____

XVIII. WILL

Location of Original Will _____ Date of Will _____

Name of Executor _____ Address _____

Name of Attorney _____ Address _____

Trusts of Estates of Others Naming Members of Family as Beneficiary

Member (s) of Family _____

Name of Trust or Testator _____

XIX. MISCELLANEOUS

Location of Income Tax Records _____

XX. FUNERAL ARRANGEMENTS

Preference for Arrangements and Preparations

MORTICIAN

Name _____

Location _____

I wish to be Buried _____ or Cremated _____

CEMETERY

Name _____

Location _____

Preference as to Flowers or Contributions to Selected Charity (ies) _____

What Charity, if so Desired _____

XXI. INSURANCE

Company	Face Amount	Policy #	Type of Policy	Date of Issue	Beneficiary (ies)	Policy Owned By

ON SPOUSE'S LIFE _____

ON CHILDREN'S LIVES _____

Location of Policy (ies): _____

Location of Premium Receipt (s): _____

Insurance Agent: _____ Address _____

DATES OF REVIEW OF INSURANCE PROGRAMS: _____
