PERSONAL INFORMATION
Prepared on March 13, 2005

Personal information for:

Name	Robert Smith
Address	123 Main Street
	Aiken, SC 29801
SSN	234-45-6789
Date of birth	__________________
Phone	(803)641-6789

Occupation:

Title	Manager
Employer	Stone Cold Tavern
Address	234 Country Road
	Aiken, SC 29801
Phone	(803)641-3456

WILL INFORMATION

Executor:

Name	Betty Baker
Address	345 Main Street
	Aiken, SC 29801
Phone	(803)641-0000

Location of Will:

Citizens Bank Downtown Branch

LIVING TRUST INFORMATION

Trustee:

Name	Arnold Smith
Address	789 Homer Street
	Augusta, GA 30001
Phone	(706)234-6789

Location of Living Trust Agreement:

Big Bank

JOINT LIVING TRUST INFORMATION

Trustee:

Name	Arnie Shyster
Address	2000 Goldbrick Lane
	Aiken, SC 29801
Phone	(803)641-0000

Location of Joint Living Trust Agreement:
Shyster's office

LIVING WILL INFORMATION

Relationship ___________

Location of Living Will:
Shyster's office

SAFE DEPOSIT BOX INFORMATION

Institution:

Name	First Big Bank
Address	123 Main Street
	Aiken, SC 29801

Location of Safe Deposit Box Keys:
master bedroom dress drawer

BANK ACCOUNTS
(checking, savings, time certificates)

Account:

Name	____________________________	$0.00
Acct. Type	_____________	
Owner	____________________________	

Total Bank Accounts ***$0.00***

IRA ACCOUNTS

Account:

Name ______________________________ $0.00

Owner ______________________________

Beneficiary ____

Total IRA Accounts ***$0.00***

<u>RETIREMENT/PROFIT SHARING PLANS</u>

Plan:

Name ____ $0.00

Owner ______________________________

Beneficiary ____

Total Retirement/Profit Sharing ***$0.00***

<u>INVESTMENT ACCOUNTS</u>
<u>(brokerage accounts, mutual funds)</u>

Account:

Name ______________________________ $0.00

Owner ______________________________

Total Investment Accounts ***$0.00***

<u>STOCKS</u>

Stock:

Name ______________________________

Owner ______________________________

Purchase Date ______________________

Number of Shares/Units 0 at $0.00 per share/unit $0.00

Total Value of Stocks ***$0.00***

<u>BONDS</u>

Bond:

Type ______________________________ $0.00

Owner ______________________________

Purchase Date _____________________

Face Value $0.00

Total Value of Bonds ***$0.00***

REAL ESTATE

Real Estate:

Type ______________________________ $0.00

Address ______________________________

______________________________, ___

Legal Description

____

____

Owner ______________________________

Total Value of Real Estate ***$0.00***

BUSINESS INTERESTS

Business Interest:

Description ______________________________ $0.00

Owner ______________________________

Comments ______________________________

Total Business Interest ***$0.00***

MOTOR VEHICLES

Vehicle:

Make/Year ______________________________ $0.00

Owner ______________________________

Total Value of Vehicles ***$0.00***

PERSONAL PROPERTY AND HOUSEHOLD FURNISHINGS

Property/Furnishings:

Description	____________________________	$0.00
Owner	____________________________	

Total Personal Property/Household Furnishings ***$0.00***

OTHER ASSETS

Asset:

Type	____________________________	$0.00
Owner	____________________________	

Total Other Assets ***$0.00***

LOANS

Loan:

Lender	____________________________	$0.00
Borrower	____________________________	
Account No.	__________________	
Date of Loan	____________________	
Due Date	____________________________	
Payment	$0.00 per ___________	
Interest Rate	0.00%	
Collateral	____________________________	

Total Loans ***$0.00***

OTHER LIABILITIES

Liability:

Type	____________________________	$0.00
Debtor	____________________________	

Total Other Liabilities ***$0.00***

GRAND TOTAL - ASSETS AND LIABILITIES

Total Bank Accounts	$0.00
Total IRA Accounts	$0.00

Total Retirement/Profit Sharing Accounts	$0.00
Total Investment Accounts	$0.00
Total Value of Stocks	$0.00
Total Value of Bonds	$0.00
Total Value of Real Estate	$0.00
Total Business Interests	$0.00
Total Vehicles	$0.00
Total Personal Property/Household Furnishings	$0.00
Total Other Assets	$0.00
Total Assets	***$0.00***
Total Loans	$0.00
Total Other Liabilities	$0.00
Total Liabilities	***$0.00***
NET WORTH:	***$0.00***

AUTO INSURANCE

Policy:

Company	________________________
Insured	________________________
Policy Number	__________________
Vehicle Insured	__________________
Date Issued	_____________
Annual Premium	$0.00

Coverage:	*Per Person*	*Per Accident*
Personal Injury	$0.00	$0.00
Property Damage	$0.00	$0.00
Medical Payment	$0.00	$0.00
Uninsured Motorists	$0.00	$0.00
Underinsured Motorists	$0.00	$0.00
Comprehensive	$0.00	$0.00
Collision	$0.00	$0.00

Deductible:

____

HOMEOWNERS INSURANCE

Policy:

Company	________________________________
Policy Number	_______________________
Date Issued	________________
Annual Premium	$0.00
Home Address	_______________________
	______________________, ___ _________

Coverage:	*Amount*
Other Structures	
_______________________	$0.00
Dwelling	$0.00
Personal Liability	$0.00
Medical Payments	$0.00
Loss of Use	$0.00
Deductible	$0.00

LIFE INSURANCE

Policy:

Company	________________________________
Policy Number	_______________________
Type	_______________________
Date Issued	________________
Annual Premium	$0.00
Owner	_______________________
Insured	________________________________
Death Benefit	$0.00
Beneficiary	________________________________
Contingent Beneficiary	________________________________
Cash Surrender Value	$0.00

MEDICAL INSURANCE

Policy:

Company	________________________________
Policy Number	_______________________
Type	_______________________
Date Issued	________________
Annual Premium	$0.00

Insured	______________________________
Deductible per Person	$0.00
Deductible per Family	$0.00
Lifetime Maximum	$0.00

DISABILITY INSURANCE

Policy:

Company	______________________________
Policy Number	______________________
Type	______________________
Date Issued	________________
Annual Premium	$0.00
Monthly Benefit	$0.00
Owner	______________________
Insured	______________________________
Elimination Period	______________________
Accident Benefit Period	______________________
Sickness Benefit Period	______________________

OTHER POLICIES

Policy:

Company	______________________________
Policy Number	______________________
Date Issued	________________
Annual Premium	$0.00
Insured	______________________________
Additional Information:	______________________________

Final Checklist for Personal Fact Sheet
Robert Smith
March 13, 2005

Make It Legal

_____ The Personal Fact Sheet is not a legal document and does not require any signature, witnesses or notarization. It is merely a worksheet to assemble and organize your personal data and financial information.

Other Information

* The document should be stored in a location where the person who will become responsible for your affairs would expect to find such information. In addition to organizing financial matters, this document may be useful to your spouse or other family members if you become incapacitated, or upon your death. It contains the type of information needed if another person is required to manage your financial affairs, such as a conservator appointed by a court, or your agent as designated under a Power of Attorney. Also, this document contains the type of information that a lawyer or an executor would need for the administration of your estate.

When to Update

* The document should be reviewed and updated at least annually in order to reflect additions or changes to the information.